



## TEHAMA COUNTY HEALTH SERVICES AGENCY MENTAL HEALTH

### MENTAL HEALTH SERVICES ACT (MHSA) Fiscal years 2018-19 and 2019-20

#### **INNOVATION PLAN**

### INCREASING ACCESS TO MENTAL HEALTH SERVICES & SUPPORTS UTILIZING A SUITE OF TECHNOLOGY-BASED MENTAL HEALTH SOLUTIONS

This document was available for public review and comment from April 5, 2018, through May 7, 2018.

This document was approved by the Tehama County Board of Supervisors on June 19, 2018.

Comments or Questions? Please contact:  
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## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Tehama

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

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<b>Local Mental Health Mailing Address:</b> Tehama County Health Services Agency Behavioral Health Services 1860 Walnut St. Red Bluff, CA 96080	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, Annual Revenue and Expenditure Report or Innovation Plan 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 other counties in future years.

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

ELIZABETH GOWAN  
Local Mental Health Director  
(PRINT)

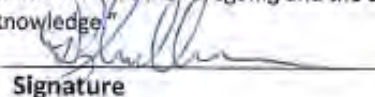
  
Signature

6-20-18  
Date

"I hereby certify that for the fiscal year ended June 30, 2017, 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 December 21, 2016 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfer 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 the attached update/report is true and correct to the best of my knowledge."

LeRoy M. Anderson  
County Auditor  
(PRINT)

  
Signature

6/22/18  
Date

<sup>1</sup>Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and REI Certification (02/14/2013)

**Mental Health Services Act (MHSA) INNOVATION (INN) PLAN  
COUNTY CERTIFICATION**

County: Tehama

<b>Local Mental Health Director</b>  <b>Name:</b> Elizabeth Gowan LMFT <b>Telephone:</b> 530-527-8491 x3026 <b>E-mail:</b> Betsy.Gowan@tchsa.net	<b>Project Lead</b>  <b>Name:</b> Eve Eichwald, MS <b>Telephone:</b> 530-527-8491 x3036 <b>E-mail:</b> Eve.Eichwald@tchsa.net
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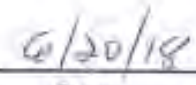
I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

This Innovation Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 19, 2018.

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

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

  
\_\_\_\_\_  
ELIZABETH GOWAN, LMFT  
Mental Health Director/Designee

  
\_\_\_\_\_  
Date

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## INN SECTION 1: PROJECT INTRODUCTION

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*INN projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals. (A)n Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches in communities. To clarify, a practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, unless it is changed in a way that contributes to the learning process. Merely addressing an unmet need is not sufficient to receive funding.*

### **Primary Problem Being Addressed**

*What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.*

Tehama County is a large, rural county that spans the California Central Valley and is bordered by mountains on the east and west. Along with other superior region counties, Tehama has a significant population living both in poverty and in geographic isolation. Tehama County has, in addition, significant rates of suicide among adult males. Tehama also has a large and stressed migrant worker population whose needs may be un- or under-served.

### ***Project Purpose***

The purpose of the Tech Suite innovation project in Tehama County is to address unmet mental health needs of County residents, including residents who are socio-economically and / or geographically isolated (including isolated youth and TAY, migrant workers and adult males at risk of suicide) and as identified by stakeholders participating in the County’s recent MHS Community Planning Process (CPP).

### *Project Need*

Tehama's population of 63,500 is spread over 2,950 square miles. 70% of Tehama County residents live in unincorporated areas, and many of these areas are significantly geographically isolated. Tehama County's largest town, Red Bluff, has a population of 14,000.

Tehama County has a large Latino population, and Spanish is the County's threshold language. The County has a substantial migrant worker population.

Tehama County has five significant issues that, in combination, create unique needs in providing care:

1. Poverty: The poverty level in Tehama County is twice that of state and national averages (2010 census data). The poverty rate for young people is substantially higher than the poverty rate of people 65 and older (2010 census). As of the 2010 census, 34% of Tehama County residents are below the age of 24 and 16% of residents are 65 and older. The rate of children in foster care is more than twice the state average (Lucille Packard foundation's "Kid Facts" website).
2. Geographic isolation: Most major services, including the county's single acute care hospital, are in the town of Red Bluff, in neighboring counties or beyond. Geographic distances in Tehama County are significant: From the rural community of Manton to the town of Red Bluff is 37 miles on an isolated road; Rancho Tehama is another isolated community, 25 miles from Red Bluff; another community, Los Molinos, is 22 miles from Red Bluff. Because of the county's size and sparse population, public transportation is limited. When communities are served by bus service, it can be limited or cumbersome: The community of Rancho Tehama receives bus service to Red Bluff one day a week. Tehama County has a significant migrant worker population that faces myriad challenges, including geographic and logistical isolation (significant amounts of time spent working away from home), in accessing services.
3. Limited transportation options: Because of the County's size and lack of public transportation, travel is private-vehicle dependent. As noted, the County has a significant poverty rate. Poverty, geographic barriers, lack of public transportation and large distances result in transportation becoming an economic challenge and a barrier to care.
4. Workforce shortage: Tehama has significant behavioral health workforce shortage. As a behavioral health employer, the County struggles to find and retain qualified behavioral health staff (psychiatrists, clinicians, nurses and case managers).
5. Stigma discourages individuals from seeking services: Stigma and a lack of understanding about of mental illness symptoms are challenges for Tehama County. Individuals can be wary of using services in a small, deeply interconnected county where maintaining anonymity and/ or privacy may seem difficult.

Tehama County Health Services Agency, Mental Health (TCHSA-MH) recognized a need for identification of the onset of mental illness in youth and transition age youth. As mentioned

above, as of the 2010 census 34% of Tehama County residents are below the age of 24. TCHSA-MH has received ongoing input from the County Mental Health Board, juvenile probation staff, social services staff and Tehama Department of Education regarding greater services for youth and TAY. There have been repeated community member and stakeholder requests to make services more youth friendly and accessible, including requests to use technology to engage youth.

During the recent Community Planning Process, the Technology-based innovation project was presented. There was an enthusiastic response to joining other California counties in a technology-based Innovation project. The County's Mental Health Board is excited about the prospect and offered its express support to pursue the project to help reduce isolation, provide individuals with a private place to increase their knowledge of mental health symptoms, increase access to services for all community members including youth and TAY, and to identify onset of mental illness as early as possible.

### ***Primary Problem Being Addressed: Target Population***

TCHSA-MH and the County's Mental Health Board propose targeting two specific populations with this Innovation plan:

1. Individuals in remote, isolated areas of the county who have less access to social support and mental health services including isolated seniors and isolated youth and transition-aged youth;
2. Youth and TAY, including youth who may be in school (attending local high schools, who may be commuting to nearby California State University, Chico, and / or attending Shasta College at its main site or at the Shasta College Tehama Site), who are in the local workforce or who are not engaged in school or work;
3. Men at risk of suicide who may be more willing to engage in private and confidential services.

TCHSA-MH estimates that the number of individuals served by this Innovation project will be approximately 350 "intensive" users per year for a total of 700 such users. The expectation is a significant higher number of users using the platform/ suite for one-time or time-limited information and / or referral.

An important note: Tehama County sees the Tech Suite as a way—because new consumers who may not be willing to access services through traditional methods may use the Tech Suite —to identify and providing insight to users that have not previously accessed or approached services. In other words, Tehama hopes that the Tech Suite will identify people who we do not yet know have a service need because they have never accessed services (unserved). Of interest now are adult males at risk for suicide and the county's migrant worker population; however, the county is eager to review user trends for further insight related to populations who continue to be un- or under-served.

As the Tech Suite project evolves at the state-wide level, Tehama County will continue to



engage with project lead at CalMHSA to advocate for Tehama’s unique county needs.

Los Angeles County writes in its *Innovation Plan*:

“This project seeks to test out novel approaches to mental illness preemption and prevention, early relapse detection, outreach and engagement as well as the delivery of manualized therapeutic interventions and supportive services through technology-based mental health solutions, delivered by trained peers.

One of the primary objectives of the Mental Health Services Act is to identify and engage individuals with mental illness who are either un-served or under-served by the mental health system. The Los Angeles County Department of Mental Health, through the Mental Health Services Act, has funded outreach and engagement staff, Service Area Navigators, Promotores to outreach and engage individuals with mental health needs into mental health care. While these approaches have been effective, to make a greater impact in reducing the duration of untreated mental illness and disparities in mental health treatment, early detection, outreach and engagement strategies must evolve. This project seeks to test out the use of a set of technology tools to identify individuals who may need mental health care and to reach these individuals for whom we have not been successful in identifying or engaging through methods that have become increasingly relevant to specific populations.”

## Proposed Project

*Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).*

*Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.*

*Provide a brief narrative overview description of the proposed project:*

This project, implemented in multiple counties across California, will bring interactive technology tools into the public mental health system through a highly innovative set or “suite” of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products.

Innovation serves as the vehicle and technology serves as the driver, promoting cross-county collaboration, innovative and creative solutions to increasing access and promoting early detection of mental illness and signs of decompensation, stopping the progression of mental illness and preventing mental illness all together.

In Tehama County specifically, TCHSA-MH envisions accessing the components of the technology suite that meet the needs of the two target populations described above. The TCHSA-MH Director, MHSA Coordinator, with input from peer advocates, the County Mental Health Board as well as the MHSA Stakeholder Subcommittee of the County Mental Health Board will be engaged in the development of the project and technology products to ensure that the applications created will improve social support/engagement, improve access to care, and identify early onset of mental illness among users in small rural communities. Additionally, the TCHSA Information Technology team will be consulted on the project.

Following the development of the applications, TCHSA-MH plans to work with staff members and community partners (education, faith-based organizations, non-profit, law enforcement and social services) to implement the products locally. In addition to participating in the broader multi-county evaluation, TCHSA-MH intends to add some locally specific learning goals and evaluation questions (see below).

*Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).*

This project introduces a practice or approach that is new to the overall mental health system.

*Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.*

TCHSA-MH has determined that this approach is appropriate because it directly addresses

the need for decreased isolation, increased social engagement, a private way of accessing services which would be easily accessible for those who feel stigma when accessing traditional services, and increased access to services in remote, rural Tehama County. It also directly addresses the need for identification of early onset of mental illness.

**How Tehama’s Use of the Tech Suite is Unique**

*What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?*

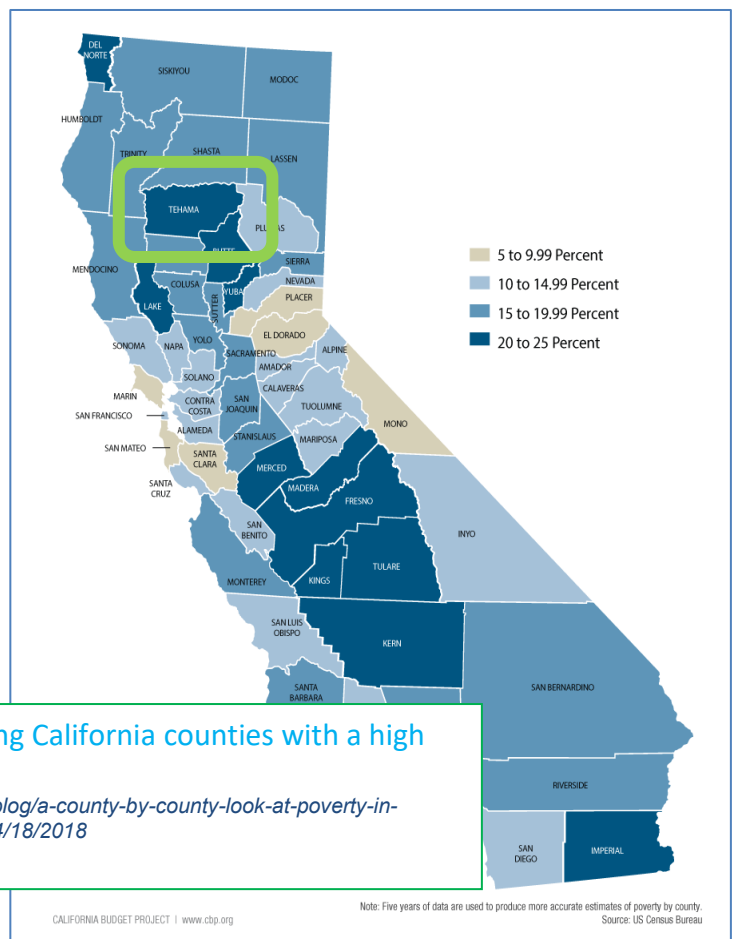
How will the Tech Suite in Tehama County be different than the Tech Suite in other counties? First: Tehama County Mental Health uses no on-line system or virtual tools to provide care and has a limited web presence. As a result, in many ways the Tech Suite will begin the County’s entry into an on-line presence, virtual tools and a platform or platforms that will work with a variety of devices (phones, tablets and PCs).

**Tehama County’s Unique Needs**

The “tech suite” platform may also be a sea change for Tehama County in ways that are unique and significant to rural counties with large geographic areas.

Tehama’s population is stressed by a geographic isolation, poverty, a lack of affordable and/ or public transportation, a health care provider shortage, and stigma and privacy concerns that may be heightened in small counties. Virtual support, information and / or care is likely to be a significant additional tool in addressing issues of geographic and socio-economic isolation.

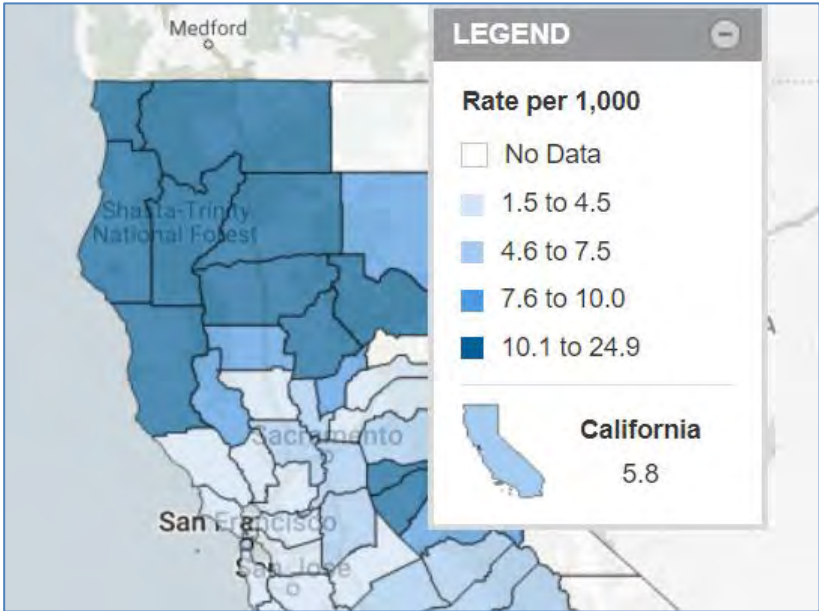
*Figure 1: Tehama County is among California’s high poverty counties*



Along with addressing isolation, the Tech Suite in Tehama may also address how best to reach out to and support youth and TAY in a mode that is most comfortable. Community feedback indicates that youth and TAY are most likely to be comfortable getting information on line, texting for peer or referral support, and using an on-line platform for other modalities and components of care.

**Youth and TAY in foster care or with a foster care history are an at-risk population in Tehama County, and Tehama and neighbor counties have rates of children in foster care that are more than twice the state average.**

Figure 2: California, Children (21 and under) in foster care, rates by 1,000 population. 2016



[www.kidsdata.org](http://www.kidsdata.org) accessed 4/18/19

Tehama County has a large Latino population: Because the Tech Suite is being developed to provide linguistically and culturally competent content, this places another level of Latino support within the County’s system of care.

Unique to the superior region, Tehama County has a significant migrant worker population. In addition, as part of the Interstate 5 agriculture corridor Tehama County is along the major migration of workers who follow agricultural and / or seasonal work from southern California to Oregon and Washington. Migrant workers – either Tehama-based or working in the area seasonally or temporarily – are a difficult population to serve: government services may historically be a “loaded” arena for this population. Further, there may be some cultural stigma around mental health: Services need to be presented in a culturally competent way and in collaboration with trusted cultural brokers.

It is the County’s hope that—for mono- or bi-lingual migrant workers—the Tech Suite may be a format that is both logistically accessible to people who cannot miss a day of work to access care, who spend significant amounts of work time outside of the county and are bi-lingual or mono-lingual. A sub-goal of the Tech Suite for Tehama is whether the new platform can engage this population in services and provide on-going services to a mobile population.

Figure 3: Tehama County, unique in superior region, has a significant migrant worker population

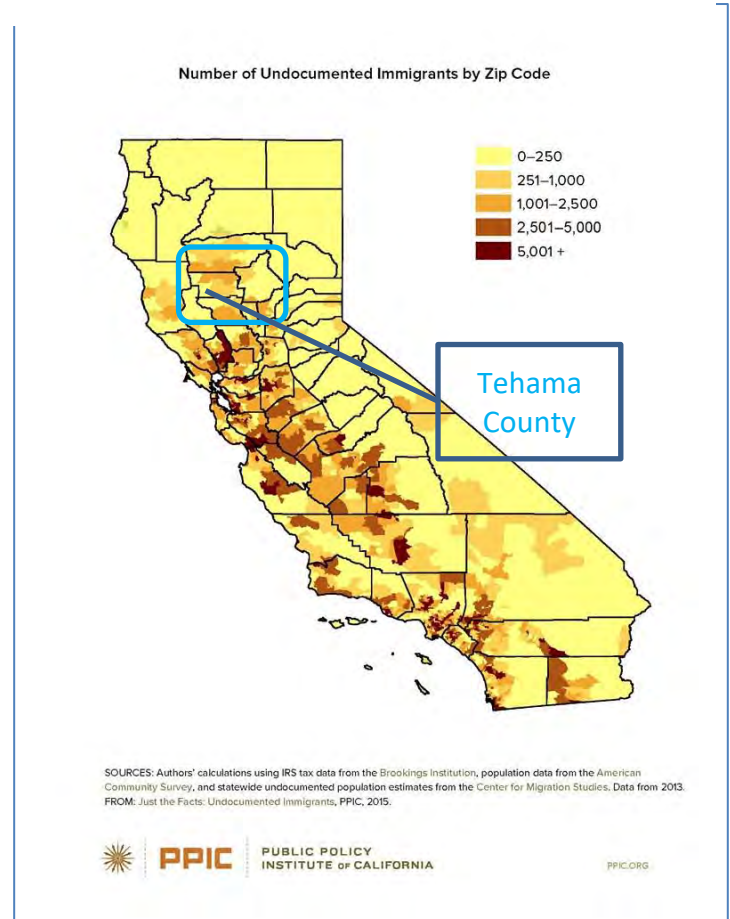
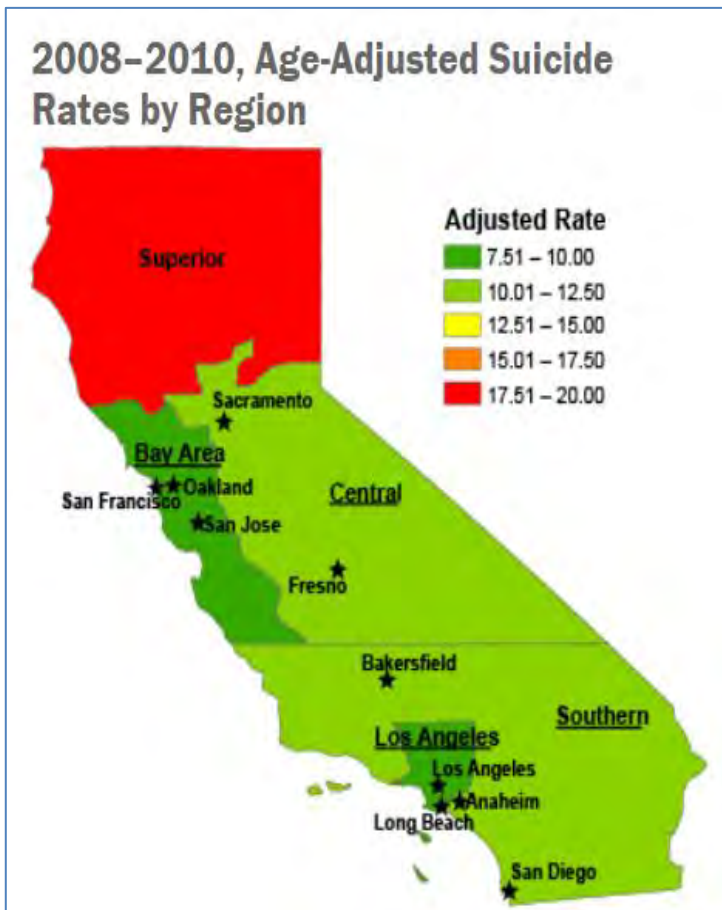


Figure 4: RAND study. Suicide rates in California, superior region dramatically higher



[www.rand.org/pubs/research\\_briefs/RB9737.html](http://www.rand.org/pubs/research_briefs/RB9737.html) accessed 4/18/2018

The rate of suicide in Tehama and neighbor counties are more than twice the state average.

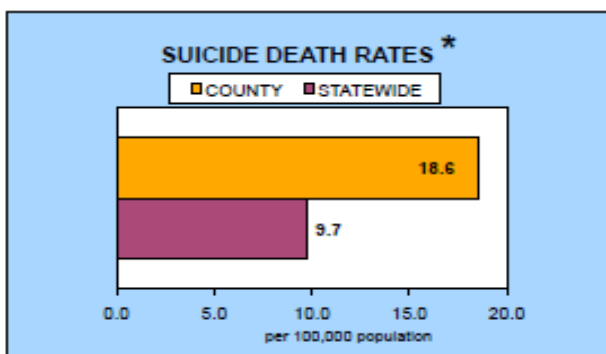
The driver of Tehama’s high suicide rate is the rate among adult males. (See figure 4).

The rural male population is a difficult population to approach around self-care and mental health.

The County Tech Suite may be a format that, in its level of privacy and/ or ease of private access, will draw this at-risk population in either prior to crisis or during crisis: A sub-goal of the Tech Suite for Tehama is an evaluation of whether this new platform and approach can be used to increase service engagement of rural adult men experiencing depression or other pre-suicide risks.

Figure 5: Tehama County, male suicide rates as statistical driver, three times the state average

GENDER	FEMALES	MALES
POPULATION	32,564	32,068
SUICIDE DEATHS	2	10
SUICIDE DEATH RATE	6.1	31.2



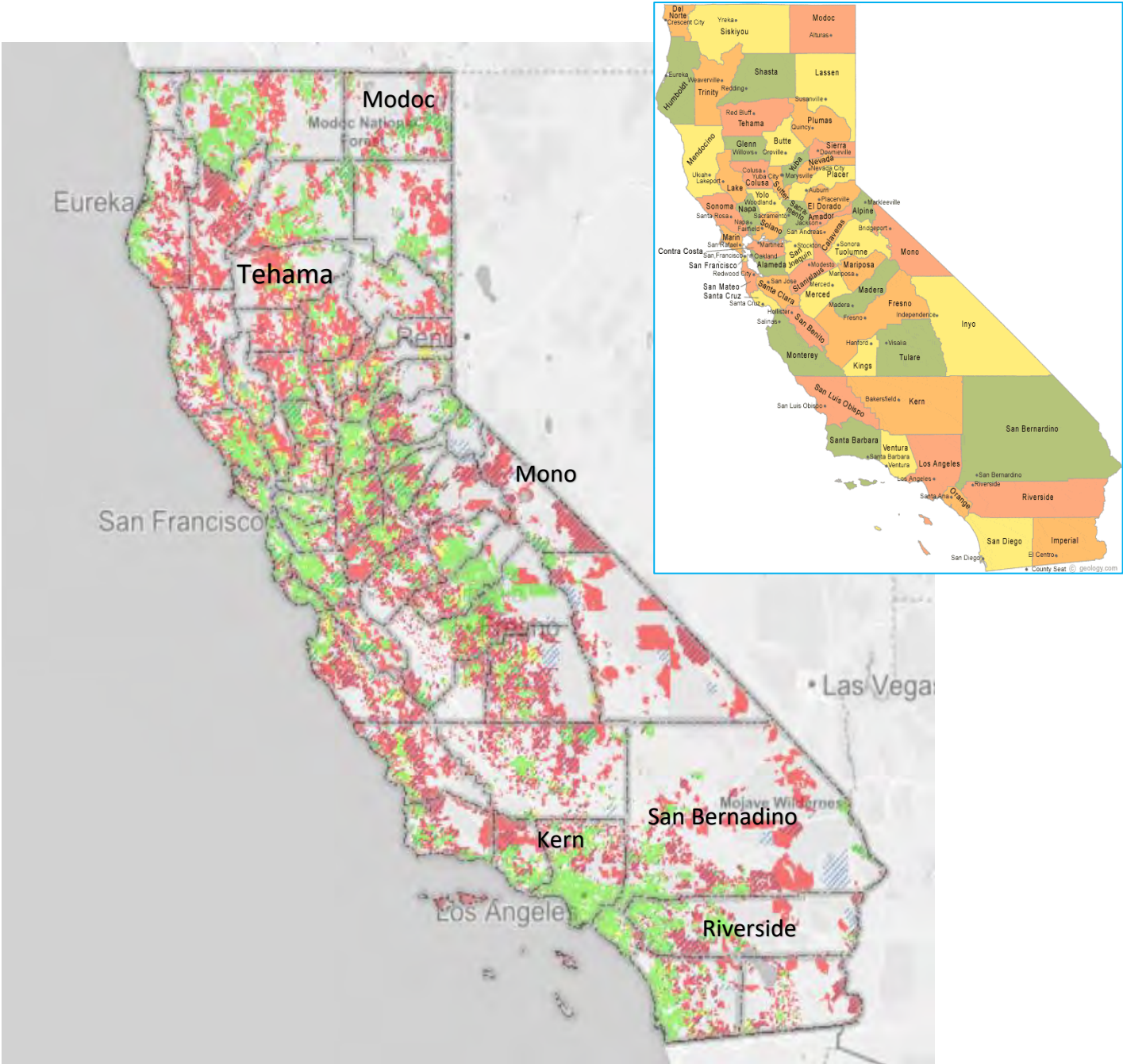
[www.dhcs.ca.gov/services/MH/CountyDataFiles/2009/Tehama2009.pdf](http://www.dhcs.ca.gov/services/MH/CountyDataFiles/2009/Tehama2009.pdf) accessed 3/2/18



**Evaluation of Bandwidth Needed to Access the Tech Suite**

Comparing levels of wireline broadband service, and using the State’s data, Tehama County’s coverage appears reasonable. (See Figure 7.)

Figure 6: California wireline broadband coverage. [www.broadbandmap.ca.gov](http://www.broadbandmap.ca.gov) accessed 4/18/2018



Tehama County feels that there is adequate coverage for residents to access the Tech Suite platform.

The State – specifically the California Public Utilities Commission (CPUC) Broadband, Policy and Analysis Division– estimates that 61.2% of Tehama County households are served by wireline providers that provide highspeed internet. With fixed wireless coverage added, 99% of the households are served by at least 6 Megabits per second (Mbps) download and 1 Mbps upload. With mobile coverage added in, the CPUC estimates the coverage to be 99.6% of households in Tehama County. This relatively robust coverage is due in part to the county being bisected by Interstate 5 (whose coverage spreads into the county) and the county’s geography.

Figure 7: Tehama County, broadband coverage

Source: [www.broadbandmap.ca.gov](http://www.broadbandmap.ca.gov) accessed 4/18/2018

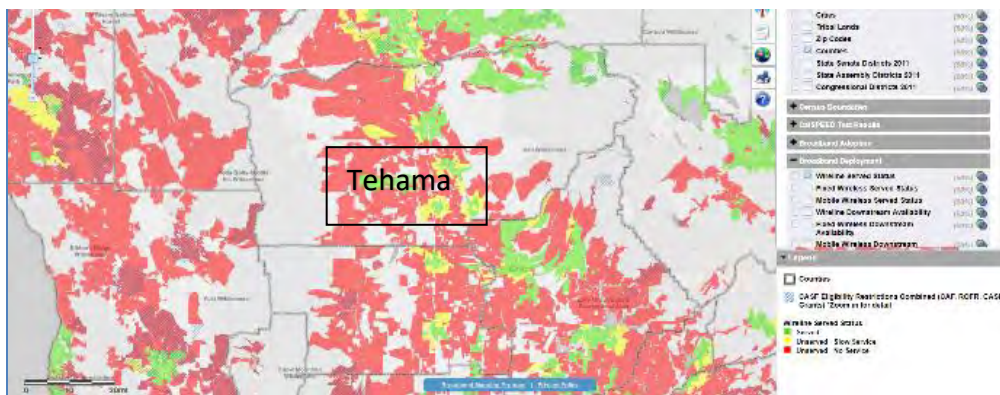
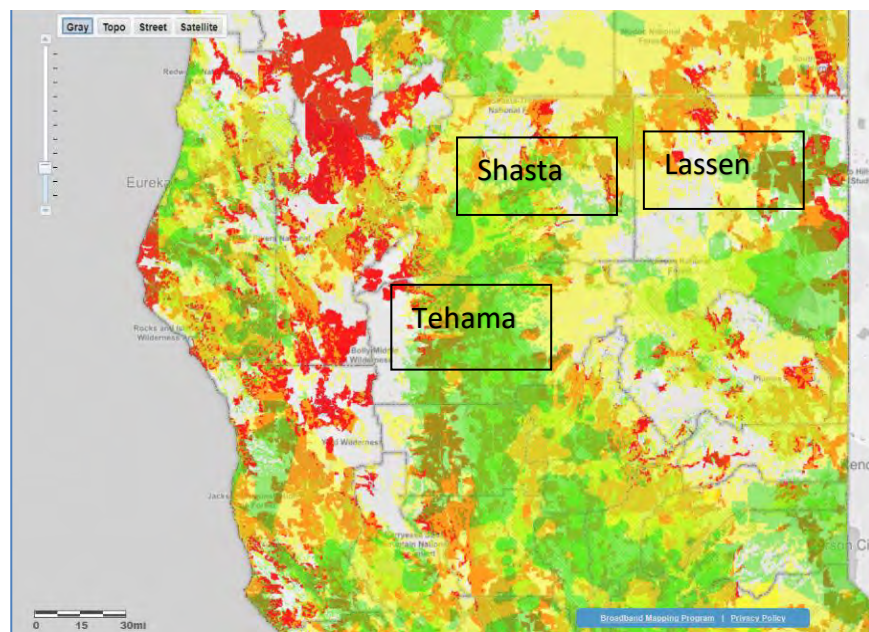


Figure 8: Tehama County, coverage (at least 6 Mbps download, 1 Mbps upload). Red areas are unserved. Source: [www.broadbandmap.ca.gov](http://www.broadbandmap.ca.gov) accessed 4/18/2018



## Components of the Technology Suite

Accessible from a computer, cell phone or tablet utilizing customized applications for:

1. Digital detection of emotional, thought and behavioral disturbances through passively collected data and sophisticated analyses that sense changes in the user interface known to correlate with social isolation, depression, mania, the early psychotic (prodromal) syndrome, and other indicators of either the onset of new mental illness or the recurrence of a chronic condition. As concerning signals are detected, communication to the user is generated through texts, emails, peers or clinician outreach to prompt care.
2. A web-based network of trained and certified peers available to chat 24/7 with individuals (or their family members/caregivers) experiencing symptoms of mental illness. A link to the chatroom will be available through the TCHSA website and possibly through social media or an app. Branding will stress the resource is as both a support and triage tool for anyone experiencing problems at any time, especially those unfamiliar with self-management techniques, confused or unclear about the available resources, or reluctant to visit a mental health clinic.
3. Virtual, evidence-based on-line treatment protocols using treatment algorithm-based avatars to deliver clinical care. By their nature as virtual tools, this client-provider interface is available 24/7 and can be accessed in the home, clinical settings, and mobile devices.

## Overall Goals

1. Detect mental illness earlier, including depression, psychosis, and bipolar disorder.
  - In Tehama County, detect mental illness earlier particularly among youth and transition aged youth (TAY).
2. Intervene earlier to prevent mental illness and improve client outcomes.
  - In Tehama County, intervene earlier particularly among youth and transition aged youth (TAY).
3. Provide alternate modes of engagement, support and intervention.
  - In Tehama County, provide alternate modes of engagement, support, and intervention among individuals living in remote, isolated areas and those who feel stigma in accessing traditionally-presented mental health services (for example, in person, at County mental health outpatient services).

## Learning Goals/Project Aims

*The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and*

*how you hope to contribute to the spread of effective practices.*

*What is it that you want to learn or better understand over the course of the INN Project?*

## **Overarching Learning Questions**

*Please note: the following list of learning questions has been adapted from the list of learning questions proposed by other partners participating in this multi-county Innovation plan.*

*TCHSA-MH has added verbiage to make these learning questions more specific to its own local climate. This verbiage is noted in [brackets].*

1. Will [rural/ isolated youth and transition aged youth (TAY) and] individuals [living in remote, isolated areas] either at risk of or who are experiencing symptoms of mental illness use virtual peer chatting accessed through a website or through a phone application?
2. Will [rural/ isolated youth and transition aged youth (TAY) and] individuals [living in remote, isolated areas] who have accessed virtual peer chatting services be compelled to engage in manualized virtual therapeutic interventions?
3. Will the use of virtual peer chatting and peer-based interventions result in users [from both target populations] reporting greater social connectedness, reduced symptoms and increases in well-being?
4. What virtual strategies contribute most significantly to increasing an individual's capability and willingness to seek support [among both target populations]?
5. Can passive data from mobile devices accurately detect changes in mental status and effectively prompt behavioral change in users [youth/ TAY and individuals living in isolated areas]?
6. How can digital data inform the need for mental health intervention and coordination of care [youth/ TAY and individuals living in isolated areas]?
7. What are effective strategies to reduce time from detection of a mental health problem to linkage to treatment [among both target populations, but especially among rural/ isolated youth and transition aged youth (TAY)]?
8. Can we learn the most effective engagement and treatment strategies for patients from passive mobile device data to improve outcomes and reduce readmissions?
9. Can mental health clinics effectively use early indicators of mental illness risk or of relapse to enhance clinical assessment and treatment [especially among rural/ isolated youth and transition aged youth (TAY)]?
  - a. [Can TCHSA-MH effectively use data from the rural/ isolated youth and transition aged youth (TAY) population to design and implement PEI programs for K-12 educators, staff and family/ caregivers?]
10. Is early intervention effective in reducing relapse, reducing resource utilization and improving outcomes and does it vary by demographic, ethnographic, condition, intervention strategy and delays in receiving intervention [especially among rural/



isolated youth and transition aged youth (TAY)]?

11. Can online social engagement effectively mitigate the severity of mental health symptoms [especially among individuals living in remote, isolated areas]?
12. What are the most effective strategies or approaches in promoting the use of virtual care and support applications and for which populations?

## Evaluation or Learning Plan

*For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met.*

### **Overall Approach to Evaluation**

This project will be evaluated by tracking and analyzing passive data, reach of users, level of user engagement, changes in access to care and clinical outcomes. Furthermore, data from mobile devices would be analyzed to detect changes in mental status and responses to online peer support, digital therapeutics and virtual care. Continuous assessment and feedback would drive the interventions. Specific outcomes are listed below.

*Please note that as with the learning questions, the following list of evaluation outcomes has been adapted from the list of evaluation outcomes proposed by other partners participating in this multi-county Innovation plan. TCHSA-MH has added verbiage to make these evaluation outcomes more specific to its own local climate. This verbiage is noted in [brackets].*

1. Increased purpose, belonging and social connectedness for users [especially for individuals living in remote, isolated areas].
2. Increased ability for users to identify cognitive, emotional and behavioral changes and act to address them [among both target populations].
3. Increases in quality of life, as measured objectively and subjectively (by user and by indicators such as activity level, employment, school involvement, etc.) [among both target populations].
4. For high utilizers of inpatient or emergency services, decreases in utilization for those services.
5. Reduced stigma of mental illness as reported by user [among both target populations].
6. Comparative analyses of population level utilization data [in Tehama County] over the life of the project to determine impact on various types of service utilization.
  - a. [Reach of technology products (number of users, demographics of users) in Tehama County.]
7. For clients with particular sorts of biomarkers (characteristics identified either through history or digital phenotyping analysis), how many clients respond well to

treatment options identified through this project?

8. What is the role of this technology as a source of information that can help guide the interventions provided by mental health clinicians [at TCHSA-MH]?
9. Examine penetration or other unmet need metrics to understand how the technology suite has impacted [TCHSA-MH's] ability to serve those in need.

User outcomes will be measured by analyzing retrospective and prospective utilization of hospital resources from claims data and medical records data. The analysis will incorporate disease risk stratification, digital phenotype and digital biomarker measurement, type of intervention and delay in receiving care. Quality of life impact will include school grades, graduation rates, job retention, absenteeism and presenteeism.

TCHSA-MH will participate in the Innovation plan evaluation primarily by contributing data to the evaluation experts who will be leading this evaluation. The TCHSA-MH MHSA Coordinator will ensure that Tehama County's evaluation needs are articulated in the multi-county evaluation plan that is developed, and that TCHSA-MH is able to access county-level data on the target populations served.



## INN SECTION 2: ADDITIONAL INFORMATION FOR REGULATORY REQUIREMENTS

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### Contracting

*If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?*

Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products. Specifically, in Tehama County, TCHSA-BH's MHSa Coordinator and Fiscal Services Officer will coordinate with CalMHSA to ensure regulatory compliance. The TCHSA-BH Director and MHSa Coordinator will participate as a partner in selecting tools and components. Tehama County will continue to engage with project lead at CalMHSA to advocate for Tehama's unique county needs.

### Certifications

*Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget.*

Answer: Please see BOS Minute Order evidence below.

*Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).*

*Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."*

Answer: Please see *MHSA County Fiscal Accountability Certification* below.

*Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.*

*WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."*

Answer: Please see *MHSA County Fiscal Accountability Certification* below.

### **Community Planning Process (CPP)**

*Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.*

Tehama County Health Services Agency, Behavioral Health (TCHSA-BH) conducted a substantial MHSA community planning process (CPP) January through April of 2018.

In addition, this plan was posted for public comment on TCHSA's main website from April 5 to May 7, 2018. No comments were received.

Tehama County's Spring 2018 MHSA stakeholder outreach process was a multi-pronged / multi-platform approach, including:

1. Re-invigorating the County's MHSA Stakeholder Committee, a standing subcommittee of the County's Mental Health Board. Restructuring of the subcommittee included increasing and deepening the committee's membership, and membership includes adult consumers; families of consumers; seniors; law enforcement; local NAMI; director-level staff of public medical, substance abuse and child protective services; Latino; LGBTQ+; K-12 educators and administrators; health care; social services; faith-based organizations; local non-profit service providers; advocates. The subcommittee met and recommended a draft Community Participation Plan for Mental Health Board approval.
2. A series of four widely-publicized public community stakeholder meetings in diverse county locations, two with bi-lingual Spanish support. Each meeting lasted 1.5 hours.

TCHSA-MH staff recorded significant community input. Significant trends in the public meetings are

3. A series of targeted meetings including LGBTQ+, transition age youth consumers and adult consumers. Each meeting lasted 1.5 hours. TCHSA-MH staff recorded significant input.
4. A major survey, available in English and Spanish, which includes 26 questions focusing on MHSA services, and approximately 10 demographic questions. The survey is an on-line survey that can be completed using a smart phone and hard copies were made available in multiple locations. As of the writing of this report, the survey had 275 responses. Many questions had comment boxes, there are up to 45 comments per question and there are approximately 530 comments.

Stakeholder input contained multiple trends, including:

- The need for information on available to be increased, consistent and readily available in a variety of formats appropriate for all consumers and in a way that demystifies and de-stigmatizes the process of accessing services. The Tech Suite was discussed as a solution and platform for one-stop public information;
- Increasing youth and TAY appropriate services including on-line and tech-based solutions;
- Support for TAY parents “meeting them where they are” including on-line and tech-based solutions;
- Addressing needs of the migrant worker population in a way that is logistically and culturally appropriate (smart phone usage was specifically discussed as a unique opportunity);
- Increasing training options—for example, parenting classes—including remote (on line or app based) training options;
- Increased support for geographic and logistically isolated populations in a way that covers all of Tehama County’s large geography.

Tehama County continues to identify a need for linguistically and culturally appropriate support for youth in the Latino community, and has identified a need for appropriate and accessible outreach to the LGBTQ+ community. Stakeholder input also includes concerns about isolated seniors facing depression and other mental health risks.

For this Innovation Plan, TCHSA-MH decided to join counties across California in implementing technology-based strategies that will meet the needs identified by community members (isolation, social engagement, access to services).

- The Tehama County Mental Health Board first discussed this plan on March 29, 2018, and approved the plan on March 30, 2018.
- The public comment period for this Innovation plan took place from April 5, 2018, to May 7, 2018.
- The plan will be taken before the Tehama County Board of Supervisors on June 5, 2018.

## Primary Purpose

Select one of the following as the primary purpose of your project.

- a) **Increase access to mental health services to underserved groups**
- b) Increase the quality of mental health services, including measurable outcomes
- c) Promote interagency collaboration related to mental health services, supports, or outcomes
- d) Increase access to mental health services

## MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

- a) **Introduces a new mental health practice or approach.**
- b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
- c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

## MHSA General Standards

*Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.*

The services that will result from this Innovation project will reflect and be consistent with all the MHSA General Standards. All services will be culturally and linguistically competent. TCHSA-MH will advocate for all tools in the suite to include Spanish (Tehama County's only threshold language).

In addition, TCHSA-MH will advocate for the tools to provide culturally-sensitive services to all clients to support optimal outcomes: Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery-oriented and promote consumer choice, self-determination, flexibility, and community integration, and services will support wellness and recovery. Evaluation activities will collect information on these demographics to identify if services are effective across diverse populations.

## Continuity of Care for Individuals with Serious Mental Illness

*Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.*

It is TCHSA-MH's hypothesis that individuals with serious mental illness (SMI) will receive enhanced services as a direct result of the proposed project. At the end of this Innovation project, TCHSA-MH will ensure that if the project is successful in the county that individuals will have continued access to the applications developed through this project. TCHSA-MH foresees funding the program through a combination of CSS and PEI dollars.

## Cultural Competence and Stakeholder Involvement in Evaluation

*Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.*

TCHSA-MH will be working with evaluation experts from much larger counties to ensure that the project evaluation is culturally competent and includes meaningful stakeholder participation. In Tehama County, the process of involving stakeholders will start with the County's Mental Health Board and move out into wider circles from that point.

## Innovation Project Sustainability

*Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion.*

Analytics associated with the suite of technology services, coupled with a comprehensive evaluation, will inform actions taken by TCHSA-MH at the conclusion the project. Factors to be considered will include user satisfaction and outcomes, the state of technology after the project and the overall effectiveness of these tools for specific populations. As mentioned above, TCHSA-MH plans to transition the program to CSS and PEI funding sources.

If the technology suite is not "successful"—is not being used for whatever reason with no way to adjust the platform to improve usage—TCHSA-MH has a transition plan for any existing users. The plan would depend on the demographic, and would consist of—at minimum—the following:

- 1) A culturally and linguistically accessible content warning that the platform (suite) is being discontinued. This announcement would be connected to a description of existing services that equate as closely as possible to what the platform was providing (as one example, if the user accessed peer advocacy via the platform TCHSA-MH would recommend peer advocacy via Tehama's similar programs a

MHSA-funded “warmline” that is staffed by peer advocates and/ or peer advocates available in person at both the adult and TAY recovery centers). Engagement in services would be encouraged in as many ways possible, and in ways most effective for each user demographic.

- 2) For any users who may be known or accessible via chat, email or other platform mechanisms, TCHSA-MH would reach out directly to those users to make every effort to engage the user in continuing services.
- 3) Finally, for any portion of the platform that could be continued in whole or in part, within TCHSA-MH capacity, TCHSA-MH would plan for that transition. One example could be if the Tech Suite provided an on-line or app-based one-stop-shop for mental health services information, TCHSA-MH would plan to transition to other
- 4) option (for example, maintaining any existing service information and transitioning it to a robust and well-branded web presence).

### Communication and Dissemination Plan

*Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.*

*How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

TCHSA-MH, as part of a multi-county effort, will share learning as it is occurring internally within TCHSA-MH and the County, and externally throughout California. TCHSA-MH will also participate in cross-county learning opportunities supported by the Mental Health Services Oversight and Accountability Commission or its partner organizations. Impact, reach, implementation status and outcomes will be documented in *Annual Updates* and *MHSA Three-Year Program and Expenditure Plans*. In addition, TCHSA-MH and its partner counties will seek to present the project and its outcomes throughout the project at statewide conferences, meetings and perhaps at relevant national conferences. Finally, there may be opportunity to partner on articles submitted to peer-reviewed journals.

### Timeline

The projected timeframe is as follows but, due to the innovative nature of this project, actual implementation steps may deviate in terms of sequence and/or timeframes.

Please note that as with the learning questions and evaluation outcomes, this timeline was created by the partner counties collaborating on this project. Additions to this timeline that are specific to Tehama County are in orange font.



TEHAMA COUNTY INN PLAN: TECH SUITE

Oct–Dec 2017	Review and selection of technology company(s)
Dec 2017	Selection and awarding of contract
January 2018	Creation of a technology suite steering committee comprised of family members, clients (including a transition age youth client), Department IT staff and other stakeholders that provide feedback on implementation and guide use and scaling of project, as well as shaping the evaluation. This committee will also make recommendations on the use of the technology suite in clinical settings and the role of the services within the county’s mental health system of care.
June 2018	Launch of virtual services on TCHSA website. <i>Tehama County officially joins project with an Innovation Plan approved locally by the County Board of Supervisors.</i>
August 2018	Identify analytics to be collected and reported on, including developing reporting framework. Launch virtual services through identified strategic access points, including schools, libraries, NAMI, client run organizations, social media, senior centers, etc. focused on tablet, smart phone or desktop/laptop computer. <i>In Tehama County, virtual services are launched via a marketing campaign with sister agencies, local non-profits and agency staff working with clients in remote areas to build buy-in around and implement applications.</i>
Aug–Oct 2018	Development, testing and implementation of digital phenotyping (deliverable #2) and introduction of technology- based mental health solutions to users via schools, social media, and other key community organizations.
Aug 2018- June 2020	Development, testing and implementation of deliverable 2, including identifying key access points. <i>Tehama County continues implementation and participates in evaluation.</i>

## INN SECTION 3: INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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### Budget Narrative

Tehama County will contribute a total of \$118,088 to the Tech Suite project over the course of two fiscal years. Of the budget total, \$53,667 will be drawn from fiscal year 2008-09 innovation funds with the remainder 2017-18 innovation funds. As described in the budget table, the funds will be divided vendors, an evaluator and marketing and outreach.

Tehama County's total budget is \$118,088 for fiscal years 2018/19 and 2019/20. The fiscal year 2018/19 budget is \$82,906 and the fiscal year 2019/20 budget is \$35,182.

Should Tehama County need an extension or should this amount change, Tehama will follow all Innovation rules and regulations to update the plan and receive approval.

After two years of vendor and product review, outreach, testing and evaluation, Tehama County will – at the end of fiscal year 2019/20– determine whether the Tech Suite meets the County's goals and objectives.

If project goals and objectives are met, Tehama will—in collaboration with CalMHSA—establish a process to continue the Tech Suite as an on-going service. At this point, continuation will be paid for under Tehama's CSS allocation unless further use of innovation funds is appropriate. If the Tech Suite does not meet project goals and objectives, the project will be stopped, reviewed and reported on, and (as described above) any users will be migrated to other Tehama County services.

### Regarding 2008/09 Reversion funds.

A portion of this INN plan's budget consists of funds subject to reversion June 30, 2018. AB 114 became effective July 10, 2017. The bill amended certain Welfare and Institution Code (WIC) Sections related to the reversion of MHSA funds. AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. By July 1, 2018, counties are required to have a plan to spend those funds by July 1, 2020.

This Innovation Plan serves as the AB114 process for the portion of funds budgeted that are subject to reversion.

AB114 requires that:

- Every county develops a plan to spend its reallocated funds and post it to the county's website.
- The county must submit a link to the plan to DHCS (Department of Health Care

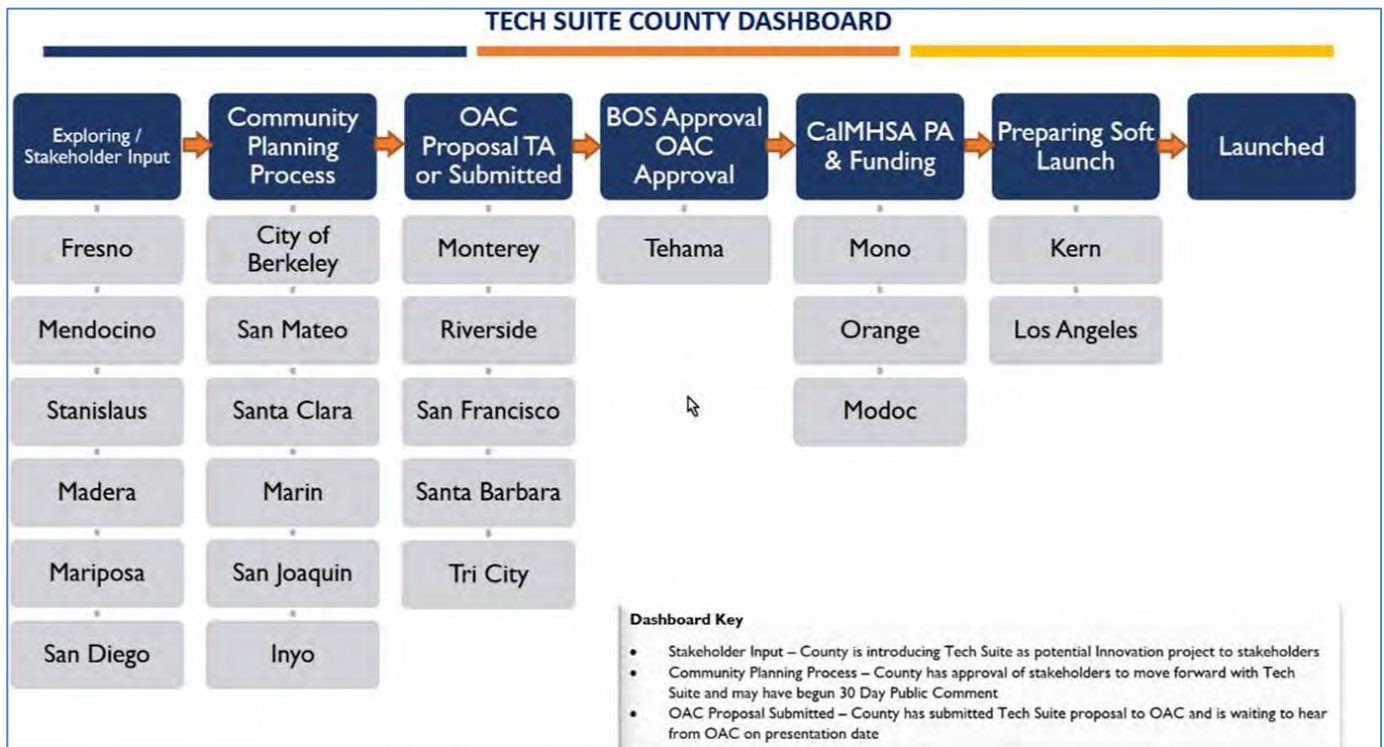
Services) by July 1, 2018.

- Each county’s Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county’s website.
- Each county must submit its final plan to DHCS and the MHSOAC (Mental health Services Oversight and Accountability Commission) within 30 days of adoption by the county’s BOS. A county may not spend funds that are deemed reverted and reallocated to the county until the county’s BOS has adopted a plan to spend those funds

**Budget detail by fiscal year and category**

	<b>FY 17/18</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>Total</b>
CalMHSA Overhead (5%)	-	5,700	-	-	<b>\$ 5,700</b>
Vendor costs	-	41,046	23,454		<b>\$ 64,500</b>
Evaluator costs	-	18,080	5,864		<b>\$ 23,944</b>
Outreach & marketing	-	18,080	5,864		<b>\$ 23,944</b>
<b>Total</b>	<b>\$ -</b>	<b>\$ 82,906</b>	<b>\$ 35,182</b>	<b>\$ -</b>	<b>\$ 118,088</b>

APPENDIX A: CalMHSA process involvement as of June 25, 2018



APPENDIX B: Tehama County Board of Supervisors approval.  
June 19, 2018

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**TEHAMA COUNTY BOARD OF SUPERVISORS**

Steve Chamblin, District 1, Vice-Chair  
Candy Carlson, District 2, Chairman  
Dennis Garton, District 3  
Bob Williams, District 4  
Burt Bundy, District 5



Williams Goodwin  
Chief Administrator

Richard Stout  
County Counsel

Jennifer A. Vise  
Clerk of the Board  
(530) 527-3287

Board Chambers  
727 Oak Street, Red Bluff, CA 96080  
(530) 527-4655  
<http://www.co.tehama.ca.us>

**MINUTES FOR TUESDAY, JUNE 19, 2018**

The Board of Supervisors of the County of Tehama met in regular session at 8:30 a.m. on Tuesday, June 19, 2018 with the following Board members present: Supervisors Burt Bundy, Dennis Garton, Steve Chamblin, Candy Carlson and Bob Williams.

8:30 A.M. PUBLIC COMMENT – None.

8:38 A.M. CONVENED in Closed Session.

8:57 A.M. RECESS to convene for Recommend Budget at 9:15 a.m.

9:15 A.M. CONVENED for Recommended Budget.

Chairman Candy Carlson presided. Present were Clerk of the Board Jennifer Vise by Angela L. Ford, Chief Administrator Williams Goodwin and County Counsel Richard Stout.

The Pledge of Allegiance was led by Chairman Carlson.

**4. COUNTY BUDGET, FISCAL YEAR 2018-2019**

a) Public Comment Period – None.

b) Presentation of FY 2018-2019 Recommended Budget.

Chief Administrator Williams Goodwin said similar to recent post-recession budgets, a slow increase in property values in Tehama County has stabilized revenues. However, expenses for payroll, fixed assets, and general services and supplies have increased at a greater percentage. Counties across the state are recognizing a looming fiscal crisis in FY 2019-2020 as CalPERS unfunded liabilities peak, minimum wage increases to \$15 per hour, and short-term state funding support for IHSS providers expires.



Excerpt, approval of MHSa innovation project:

Minutes Tehama County Board of Supervisors June 19, 2018

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After additional discussion, this item was tabled until the June 26, 2018 meeting to review revisions to the Ordinance.

11:49 A.M. Supervisor Bundy departed the meeting.

**43. HEALTH SERVICES AGENCY / MENTAL HEALTH DIVISION**

- a) **INFORMATIONAL PRESENTATION – On Mental Health Services Act (MHSa) Innovation Funding Utilizing a Suite of Technology - Based Mental Health Solutions (Tech Suite).**

Mental Health Director Betsy Gowen gave a Powerpoint presentation that included where MHSa Innovation Funding was utilized; purpose and method; and goals for Tehama County.

11:51 A.M. Supervisor Bundy rejoined the meeting.

Mrs. Gowen discussed the budget and the value of multi-County collaboration.

11:55 A.M. Supervisor Williams departed the meeting.

Following additional comments;

11:56 A.M. Supervisor Williams rejoined the meeting.

Following additional comments, Mrs. Gowen was thanked for her presentation.

- b) Approval in concept to join the Tech Suite interactive technology platform collaborative.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Steve Chamblin, Supervisor - District 1
<b>SECONDER:</b>	Dennis Garton, Supervisor - District 3
<b>AYES:</b>	Carlson, Garton, Chamblin, Williams, Bundy

**44. HEALTH SERVICES AGENCY / MENTAL HEALTH DIVISION**

- a) **INFORMATIONAL PRESENTATION - On the California Mental Health Services Authority (CalMHSa).**

Mental Health Director Betsy Gowen gave a Powerpoint presentation and said CalMHSa provides administrative and fiscal services. She added it increasingly manages state and regional projects; and provides expertise and technical assistance.

Mrs. Gowen discussed prevention and early intervention campaigns; services; and costs.

Following additional comments, Mrs. Gowen was thanked for her presentation.



BOS approval / minutes, signature page:

Minutes

Tehama County Board of Supervisors

June 19, 2018

Budget Ad Hoc Committee (Carlson, Williams) – Meeting scheduled on the 25<sup>th</sup> at 2:30 p.m.

Planning and Zoning Ordinance Review Ad Hoc Committee (Williams, Bundy) – None.

Marijuana/Cannabis Regulation Ad Hoc Committee (Carlson, Garton) – None.

#### REPORTS OF MEETINGS ATTENDED (AB1234)

1:55 P.M. Supervisor Chamblin departed the meeting.

Supervisor Bundy - Social Services Transportation Advisory Committee; and the Groundwater Commission meeting.

Supervisor Chamblin – Chairman Carlson said Supervisor Chamblin had no meetings to report.

Supervisor Garton – Fire Committee; and the Manton Father's Day breakfast.

Supervisor Williams – Rancho Tehama Board of Directors conference call; and Coming in the Evening.

Chairman Carlson – NACo Economic Development Steering Committee; and Agenda Review.

1:57 P.M. Supervisor Chamblin rejoined the meeting.

#### BOARD MATTERS – None.

1:58 P.M. There being no further business before the Board, the meeting was adjourned.

ATTEST: June 28, 2018

APPROVED

Vice

Chairman of the Board  
of Supervisors

JENNIFER A. VISE, Clerk  
of the Board of Supervisors

by Angela R. Ford Deputy