



SHASTA COUNTY INNOVATIVE PROJECT PLAN: HOPE PARK

<b>COMPLETE APPLICATION CHECKLIST</b>	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.  <i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p>	
<p><input type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: _____</p>
<p><input type="checkbox"/> Completed 30-day public comment period</p>	<p>Dates: <u>12/7/2020-1/6/2021</u></p>
<p><input type="checkbox"/> BOS approval date</p>	<p>Approval Date: _____</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p>	
<p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: _____</p>	
<p><b><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></b></p>	



County Name: **Shasta**  
Date Submitted:  
Project Title: **Hope Park**  
Total amount requested: **\$1,750,000**  
Duration of project: **5 years**

## Section 1: Innovations Regulations Requirement Categories

### CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

#### **This proposed project:**

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

#### **The primary purpose of this proposed project:**

- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

## Section 2: Project Overview

### **Primary Problem**

When stakeholders in Shasta County were presented with the opportunity to brainstorm ideas for new MHSA Innovations projects, the concept of an intergenerational project rose to the top of their priority list. Stakeholders supported finding a way to incorporate youth and older adults into a shared project that would benefit both groups. The nonprofit Pathways to Hope for Children's Hope Park proposal was selected through a competitive Request for Proposals process. This project is designed to meet two distinct community-identified needs with one forward-thinking solution.

Older adults often feel a sense of isolation as their circle of influence diminishes. When the joy of retirement fades, the realization sets in that their daily interaction with others may become more limited, as does the



opportunity to contribute to society and their community. Often, their social circles start to become smaller as spouses, friends, and family members move or pass away. Some older adults will go days or weeks without meaningful contact with others. Senior isolation is one of the biggest threats to the health of America's older adults, and yet it remains among the most difficult to recognize and break. It is a health risk not often discussed and many times stigmatized, but at least a quarter of older adults over 65 feel isolated, and the devastating effects of isolation manifest physically, mentally, and emotionally (medicareadvantage.com).

Additionally, Shasta County's families are faring worse than many throughout the state and nation when it comes to exposure to trauma in childhood. An Adverse Childhood Experiences (ACEs) study was conducted in 2012 in Shasta County, adapted from a 2009 Behavioral Risk Factor Surveillance System study, and of the 281 Shasta County residents who participated, 29% of respondents reported five or more ACEs in their life compared with just 9% in other parts of the country. Youth with high ACE scores are highly likely to fall victim to tragic health outcomes as adults (Hunt, Berger, Slack, 2018), and physical and mental health issues dramatically increase. The study showed alarming links between ACEs and risky behavior, psychological issues, serious illness (including mental health), and early death.

However, high ACE scores don't need to be a death sentence. With early intervention and programs that provide pathways to hope and healing, ACE scores among youth can be mitigated or reduced. That is the goal of the Hope Park Program and teen centers. Teens need activities and connection with caring adults in their lives, and volunteering can help older adults feel connected and give them a sense of purpose. Older adults have life experience that can benefit youth. While Shasta County resident and older adult Laural Park was volunteering at Camp HOPE, a camp for children who have witnessed family violence, she shared, "I was one of those kids. Now I am having a great time at camp alongside them." Laural's story of childhood sexual assault was documented in the book "Hope Rising: How the Science of Hope can Change Your Life" (Gwinn & Hellman, 2019). Her life experience was her motivation for volunteering to work with high ACE teens, and her interactions with the teens are the inspiration for Hope Park.

## **Proposed Project**

### **A) Overview Description**

The multifaceted Hope Park Project centers on a new teen center in Redding and the existing teen center in Anderson (a rural town south of Redding), which will become multigenerational hubs for older adults and teens. Older adults will have meaningful activities to help prevent the negative physical and mental health effects of loneliness, and teens will have a safe place to gather at a time of day that they are most likely to engage in risky behavior. Older adult volunteers will be recruited to participate in high-adventure activities, and they will commit to staffing the teen center from 3 pm to 7 pm for a minimum of four hours per week. All older adult volunteers will be required to complete a volunteer academy with a minimum of 20 hours of training that will include, but not be limited to, Mental Health First Aid for youth, suicide awareness, motivational interviewing, mentoring, healthy relationships, teen dating violence, sexual assault prevention and intervention, domestic violence awareness, mandated child abuse reporter training, the 40 Developmental Assets, and hope theory. Volunteers will be background checked, fingerprinted, and cleared through the National Sex Offender Registry before interacting with youth. After graduating the volunteer academy, the volunteers will take part in high-adventure activities with teens from the Redding and Anderson communities. Pathways to Hope for Children (PHC) has a long-standing relationship with Kidder Creek Ranch Camp and will contract with them to host older adults and youth in adventure activities, including whitewater river rafting, ropes courses, zip lines, and more. The program may



include an overnight stay and bonding time. Pathways to Hope for Children’s staff, including teen center Parent Partners and Youth Champions, will accompany cohorts on their adventures to support older adult and youth participants. Sharing these experiences should create strong bonds that will carry over to interactions in the teen center.

Teens participating in this pilot program will be selected through outreach in local high schools, youth groups, community programs, and referrals from partner agencies. Once selected, the teens and their parents/guardians will agree to be part of the Hope Park Project for the entire school year. The teen centers will welcome additional youth and older adult volunteers, but the Hope Park Project volunteers will focus on the youth they bonded with through their high-adventure experience.

Ongoing programming for Hope Park will be robust. Each qualified older adult volunteer will become part of the Hope Park Volunteer Committee, where they will take part in raising awareness, recruiting others and assisting the coordinator with other activities. They will work with teens to help them learn to identify their strengths and build upon them when making life decisions and personal choices. With the help of the older adult volunteers, teens will develop new skills that help them reduce stress and gain more control of their own lives. Working in small groups helps build trust and feelings of acceptance in a nonjudgmental environment. With the guidance and support of their peers and the older adult volunteers, teens will learn to understand their emotions and behaviors, including the situations that trigger negative emotions, high-risk behaviors and substance use. Older adult volunteers will help teens develop social skills, problem solving, goal setting, impulse control, self-confidence, anger management and more. During the training academy and through continuing education with older adult volunteers, the center will help them recognize and address the mental health challenges brought on by isolation and loneliness. They will be an engaged audience, and the innovative programming will create a healthier older adult population.

Shared experiences are key. The teen centers will have kitchens where older adult volunteers can teach youth how to prepare healthy meals. Teens can then bring those meals home for their families to enjoy. Programs at the teen center will engage older adults and teens in karate classes, yoga classes, financial literacy, life skills, basketball, and more, with a focus on accountability, respect, and bonding. The teen centers will also provide unstructured activities for older adults and teens to do together, creating shared experiences and improving social and emotional well-being. By participating in arts and crafts, cooking, sports, music, community service, and leadership, older adults and teens will build social skills, develop positive communication skills and engage in healthy self-expression and awareness.

Pathways to Hope for Children will also offer whole-family care to participants. Families will have access to a Parent Partner, a dedicated caseworker who will help them navigate parenting and family resources in Shasta County. This will help develop a community of supportive adults, and families will reap the benefits and resources from the program, thus helping mitigate the impact of ACEs and/or address any ongoing mental health issues in the family.

**B) CCR, Title 9, Sect. 3910(a) Requirement**

Hope Park Project will address area (1) of CCR, Title 9, Sect. 3910(a): Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.



### **C) Appropriateness of Selected Approach**

Mentoring is a youth development strategy that is a proven foundational asset for a young person's successful path to adulthood. It is also effectively used as an intervention strategy to redirect a young person toward a healthy and productive future (mentoring.org, 2015). The Hope Park Project will incorporate a group mentoring program where cohorts of teens and older adults engage with each other on a weekly or daily basis. Mentoring works, and at its core, it guarantees young people have someone who cares about them. It assures them they are not alone in dealing with day-to-day challenges, and it helps them know they matter. Research confirms that quality mentoring relationships have powerful positive effects on young people in a variety of personal, academic, and professional settings (mentoring.org, 2019). Ultimately, mentoring helps a young person with personal growth, development, social and economic opportunities. Even with these clear benefits, one in three young people grow up without a mentor (mentoring.org).

This project aims to replicate the deep connection that is demonstrated by Shasta County resident Laural Park, who was 67 when she spent a week participating with teens in high-adventure activities and intentional programming that created bonds that have lasted for years. These activities broke down the generational gap and created deep, meaningful connections. Teens learned to respect what the older generation has to offer, and in turn, Laural gained more respect and admiration for the younger generation because she took the time to get to know them. Many older adults struggle to fend off isolation and the mental illness that can accompany it; meanwhile, teens desire connection and caring adults in their lives. The Hope Park Project will bridge this gap and provide the connections for these two generations to find community, meaning, and purpose. In turn, it is anticipated that the project will reduce isolation and loneliness among participating older adults, while reducing ACEs in participating youth.

### **D) Number of Individuals to be Served**

Some details of this project may need to be adjusted based on COVID restrictions, but the Hope Park Project will host four high-adventure activity weekends per year. These outings will be limited to 50 youth and 20 older adult volunteers per session. Additionally, Pathways to Hope for Children will take 10 staff to facilitate the gatherings. The goal is to serve 200 youth from Anderson and Redding during the first year, then maintain 200 teen program participants for the life of the grant. Older adult volunteers could come from anywhere in Shasta County, and the goal is to engage 80 older adult volunteers per year. The teen centers in Anderson and Redding would be open to all teens in Shasta County who want to engage. The average daily attendance for the teen centers is estimated at 75 students per day, for a total of 19,000 visits per year. It is estimated that at full implementation of Hope Park, more than 16,640 volunteer-hours per year from older adults will be provided (4 hours per week, 52 weeks, 80 volunteers). There will also be recruiting, screening and training for older adults who wish to volunteer at the teen center but not be part of the Hope Park Project.

### **E) Description of the Population(s) to be Served**

The primary populations served will be older adults (ages 60+) and teens (ages 12-18). Shasta County is home to approximately 26,000 older adults (65+) and more than 15,000 youth ages 11 to 17. Pathways to Hope for Children's Hope Park Project and teen centers will be open to all teens and older adults, regardless of their gender identity, race, ethnicity, sexual orientation or religious belief. Hope Park will be open, affirming, and welcoming to all those who walk through the doors. According to kidsdata.org, 71.2% of Shasta County youth are white, 15.3% are Hispanic/Latino, and 6.4% are multiracial. It is expected the population in the Hope Park Project will reflect these numbers. The online report also shows that only 1.2% of Shasta County teens are American Indian/Alaska Native, but due to Pathways to Hope's strong ties to the Redding Rancheria, the proportion of Native population



served may exceed this percentage. Currently, a Teen LGBTQ club is offered at the Anderson Teen Center, and Hope Park participants will have the opportunity to join that club or a similar club at the teen center in Redding. Although English will be the primary language for this innovative program, multilingual volunteers and staff will be sought out.

## **Research on INN Component**

### **A) What Distinguishes this Project from Similar Projects?**

Hope Park Project's integrates well-trained older adult volunteers bonding with at-risk youth through high-adventure activities, followed by year-round, daily group mentoring in a teen center program design. This multigenerational model has not been done before.

Traditionally, multigenerational programs have teens and older adults meeting each other at senior centers, or school performing arts programs perform for older adults at care homes. These one-time activities rarely create lasting engagement. Hope Park flips that narrative and puts older adults where teens gather. This program engages older adults who are active, and helps keep them that way. At times, teens will be leading older adults in activities, and at other times, older adults will be leading teens; this will empower both groups and put them in a position to learn from one another.

Older adult volunteers will be provided with trauma-informed training and undergo an intensive 20-hour training academy that will provide them with the skills and background necessary to be successful in the Hope Park Project. Then, older adult volunteers and teens will attend high-adventure activities and bond through "challenge by choice" activities. These bonds will be further developed through meaningful daily activities at the teen centers. Teens will benefit from meaningful connection and cheerleading from adults who care and who are willing to share life skills with them, while older adults will be provided with opportunities to stay active, have a purpose and learn from youth.

### **B) Existing Models or Approaches Investigated**

Extensive investigation and lived experiences are the basis of this proposal. Many programs researched around the country and locally provide services to older adults, children, and families. Similar programs have already happened on a micro level with older adults who volunteered at Camp HOPE and bonded with campers and teen counselors. The bonds were strengthened through quarterly activities, but it was not enough. There were not enough volunteers or teens engaged. There was not enough time shared together to create sustaining and meaningful intervention that the Hope Park project and the teen centers will provide.

Research showed that most programs connecting youth and older adults are centered around the lives of older adults, oftentimes only providing youth the opportunity to share one-time activities and experiences with older adults, where the scope is limited and the impact is often short. Research did not find any programs that required the extensive training of older adults, or that used high-adventure experiences followed by volunteering to create deeper bonds with teens in centers designed specifically for youth at critical times of the day.

Programs providing senior and teen services include:

<http://www.nsyssc.com/index.html>



## Shasta County Health & Human Services Agency

Literature that shows existing programs typically take place at senior homes and through one-time encounters:

[https://www-tc.pbs.org/inthemix/educators/lessons/bridgingtheyears\\_guide.pdf](https://www-tc.pbs.org/inthemix/educators/lessons/bridgingtheyears_guide.pdf)

<https://www.nextavenue.org/old-young-better/>

<https://www.mentalhelp.net/blogs/intergenerational-programs-keeping-seniors-young-making-youth-wiser/>

Sources that show that older adult isolation has negative mental health outcomes:

<https://www.aplaceformom.com/blog/10-17-14-facts-about-senior-isolation/>

<https://www.agingcare.com/articles/loneliness-in-the-elderly-151549.html>

References that prove older adults benefit from volunteering and interactions with youth:

<https://www.seniorlifestyle.com/resources/blog/fun-value-intergenerational-programming/>

<https://www.aplaceformom.com/blog/9-26-14-reasons-seniors-volunteer/>

<https://www.bayshorehomecare.com/10-benefits-connecting-youth-seniors/>

Facts and research that shows 3-7 pm is the time of day that teens need the most supervision:

<https://www.ojjdp.gov/ojstatbb/offenders/qa03301.asp>

<https://www.blogtalkradio.com/denise-bolds/2010/09/16/the-most-dangerous-time-of-your-childs-day-afterschool-between-2pm-6pm>

[https://www.pennlive.com/editorials/2009/07/the\\_danger\\_zone\\_afterschool\\_pr.html](https://www.pennlive.com/editorials/2009/07/the_danger_zone_afterschool_pr.html)

[http://afterschoolalliance.org/documents/issue\\_briefs/issue\\_KeepingKidsSafe\\_65.pdf](http://afterschoolalliance.org/documents/issue_briefs/issue_KeepingKidsSafe_65.pdf)

Research that shows bonding through high-adventure activities increases hope and resiliency:

<https://www.camphopeamerica.org/outcomes/>

<https://www.youtube.com/watch?v=ad6NDXy18qw> At the time marker 4:40 after the video begins, Laural Park shares her story.

<https://www.amazon.com/Hope-Rising-Science-HOPE-Change/dp/168350965X>

### Learning Goals/Project Aims

**A) What is to be learned or better understood over the course of the INN project, and why have these goals have been prioritized?**

The Hope Park project aims to discover whether intergenerational connection based on shared experiences and meaningful interactions can improve the mental health of older adults and mitigate risky behavior with teens. Proof that increasing hope in the lives of older adults and teens can mitigate the effects of adverse childhood experiences and improve the lives of all involved would add to the collective knowledge in the mental health field.

The goals of the Hope Park project include:

- Mitigating the mental health effects of isolation and loneliness with older adults;
- Increasing hope with teens and older adults;
- Reducing exposure to Adverse Childhood Experience with teens;
- Reducing suicidal ideation among teens and older adults; and
- Reducing the number of teens who access the juvenile justice system.

These goals have been prioritized because older adults need to feel connected to a community in order to have better mental health outcomes. Also, teens engaged with meaningful activities during critical hours are less likely to engage in risky behavior. Investing in hope is the key to the success of Hope Park. Hope is the belief that one's future can be brighter than one's past, and that person has a role in making it so (Gwinn & Hellman 2019). Hope is a function of goal setting, motivation (agency) to achieve goals and the ability to access pathways to said goals. "In over 2,000 published studies on hope, every single one, hope is the single best predictor of well-being compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived" (Gwinn & Hellman, 2019). Gallup research shows that hope is a stronger predictor of college success than grade-point average or SAT and ACT scores, and caring or emotional support elements are crucial to success in life after college (originally published in Education Week magazine). Therefore, improving hope in the lives of teens and older adult volunteers will dramatically improve their long-term outcomes and provide them with the agency and motivation to pursue their dreams.

**B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?**

The key learning goals are based on approaches that have not been tried on a large scale. By bonding older adults and teens in high adventure – shared experiences followed by year-round group mentoring in teen centers – the Hope Park Project will introduce a practice and approach that is new and unique to the overall mental health system that targets the youth and elderly in the community. Creating mutual accountability is the key to Hope Park. Older adults will not feel as isolated or alone, teens will feel valued and honored. Pathways to Hope for Children will focus programming for Hope Park that specifically targets ACEs intervention, older adult mental health, generational accountability and meaningful engagement.

**Evaluation or Learning Plan**

The Hope Park Project will use several evaluation measures. To begin, they will measure hope using the validated Children's Hope Scale for teens and the Adult Hope Scale for older adults. This six-item self-report questionnaire assesses dispositional hope. The measure is "based on the premise that goal directed and that their goal-related thoughts can be understood according to two components: agency and pathways" (Snyder, et al, 1997). These two components, agency (ability to initiate and sustain action toward goals) and pathways (capacity to find a means to carry out goals) are assessed by the measure.

Pathways to Hope for Children will work with the University of Oklahoma, Tulsa's Hope Research Center to evaluate the Hope Park project. With the help and guidance of OU's Hope Research Center, the following will be measured:

- Hope
- Flourishing



- Perceived stress
- Emotional wellbeing
- Suicidal ideation
- Ability to accomplish self-defined goals
- ACE scores on older adults and youth ages 13 and older

The teens will take assessments at intake, another round of assessments at the end of the high-adventure activity, and a final assessment 60 days after the activity. Hope Park will work with teens and parents to monitor grades, interactions with law enforcement and truancy to measure the reduction in risky behavior and improvement in school engagement. With older adult participants, research will start with assessments during the application process, prior to them starting the 20-hour volunteer academy. They will take another round of assessments at the end of the high-adventure activity and a final assessment 60 days after the activity.

Children and families will have the opportunity to opt out of taking part in the evaluation process. Services will not be dependent on participation in evaluations.

The Hope Park project will use Social Solutions for its data platform. This robust program extracts nonidentifiable demographic data to show programs are having the desired effect. Additionally, Hope Park will document client experiences using photos, videos and testimonials. The Hope Park Program Coordinator will be required to fill out monthly reports that outline the work being done, the success of the individuals and other important data and milestones.

### [Section 3: Additional Information for Regulatory Requirements](#)

#### **Contracting**

Shasta County uses a robust competitive procurement process to identify and contract with the most appropriate and skilled provider(s) possible. For this new intergenerational Innovations project, the proposal from Pathways to Hope for Children was selected for several reasons. Pathways to Hope for Children has been operating as the Shasta County Child Abuse Prevention Coordinating Council since 1987. The organization has a long history working with children, teens, adults and older adults. Their community partnerships are strong as they partner with government agencies, non-profit organizations, school systems, medical systems and more. Their work with teens is extensive as they have been operating the Anderson Teen Center since 2001. Pathways to Hope for Children staff are well-trained, as all providers are Triple P certified, Safe Care accredited and have implemented the Five Protective Factors framework. They have strong ties with mental health services and have a certified drug and alcohol counselor on staff. Additionally, they have extensive experience in administering high-adventure camps and bonding activities. PHC Executive Director Michael Burke first ran Camp HOPE in 2012 based on a San Diego program, and the camp held in Shasta County inspired Camp HOPE America. Michael worked nationally growing the program as part of Alliance for HOPE International, and was key in the early development of the camping and mentoring program. PHC Associate Director Patty Price implemented the local Camp HOPE program for four years. Five of the PHC staff have attended several weeks of Camp HOPE and been involved with the year-round mentoring component. Over the years, PHC has also recruited older adults to volunteer in various programs.

Pending project approval from the Shasta County Board of Supervisors and the Mental Health Services Oversight and Accountability Commission, a detailed contract will be executed. The Hope Park Program Coordinator will be



required to fill out monthly reports that outline the work being done, the success of the individuals, and other important data and milestones. The project will include options to course-correct if outcomes do not meet projected expectations.

### **Community Program Planning**

The Shasta County MHSA Community Planning Process includes several standing committees and workgroups that actively involve a wide array of people and agencies, and their input helps guide the Health and Human Services Agency as it administers the Mental Health Services Act in Shasta County. These groups provide ideas and feedback for plans and updates, mental health policies, programs, budgets, and outreach and engagement efforts. This project idea was developed and/or vetted by each of these committees, which include:

- **MHSA Stakeholder Workgroup:** The MHSA Stakeholder Workgroup meets quarterly and as needed, depending upon the needs of the Health and Human Services Agency in administering the Mental Health Services Act. The workgroup provides input for the planning, implementation and oversight of the Mental Health Services Act. Any community member, including consumers, family members, Health and Human Services Agency staff, peer support staff and any other interested individual, organization or agency are invited to attend. This meeting is the platform where priorities for each component of MHSA are established and decisions about how to implement, improve or expand programs are made. Meetings are announced via a press release, social media, outreach to community partners and e-mail to the Mental Health Services Act distribution e-mail list. The MHSA Stakeholder Workgroup is where the idea for an intergenerational INN project originated.
- **Stand Against Stigma Committee:** This committee works to promote mental wellness, increase community awareness of mental health and end the stigma surrounding mental illness and substance abuse. The community-based committee supported by the Health and Human Services Agency meets monthly and is open to all interested members of the public.
- **Suicide Prevention Workgroup:** The Suicide Prevention Workgroup is a local collaboration of community members and public and private agencies who focus on reducing suicide in Shasta County. This active workgroup discusses the progress being made in suicide prevention, as well as action planning, implementation and evaluation.
- The **Mental Health, Alcohol and Drug Advisory Board** also provides opportunities for discussion, education and input at its meetings, and liaisons are assigned to all of the above workgroups. This board is appointed by the Shasta County Board of Supervisors. A Mental Health Services Act update report is given at its regular bi-monthly meeting, and the board hears periodic presentations on Mental Health Services Act programs.

The Community Planning Process also engages people who are not able to attend meetings in person. This is done through social media, press releases, outreach to community partners and e-mail to the Mental Health Services Act distribution e-mail list on items that are impacted by MHSA funding. In addition to ensuring representation from the demographic groups required by the Mental Health Services Act, the Community Planning Process intentionally seeks feedback from people with the following experience:

- People who have severe mental illness
- Families of children, adults, and seniors who have severe mental illness
- People who provide mental health services
- Law enforcement agencies
- Educators
- Social services agencies



- Veterans
- Providers of alcohol and drug services
- Health care organizations

### **MHSA General Standards**

Hope Park will introduce a new approach to the overall mental health system, including, but not limited to, prevention and early intervention through shared experience and meaningful interaction. Hope Park will increase access to underserved groups by engaging at-risk youth, older adults at risk of loneliness and isolation with high adventure activities and daily contact at the teen centers. This program will increase the quality of mental health services by providing education and outreach to the population it serves. Hope Park will work with government and non-profit partners to promote interagency and community collaboration as they seek referrals into the program through allied agencies. As part of the Strengthening Families Collaborative, the Continuum of Care Collaborative, School Attendance Review Board Restructuring Committee, Anderson Partners and Neighbors Collaborative, participant in the Northern California Resilience Training and many other community efforts, the Pathways to Hope for Children staff are strategically aligned to carry out this important and innovate effort. They will be able to address all the general MHSA standards of: Community Collaboration; Cultural Competency; Client-Driven; Family-Driven; Wellness, Recovery, and Resilience-Focused; and Integrated Service Experience for Clients and Families.

### **Cultural Competence and Stakeholder Involvement in Evaluation**

Pathways to Hope for Children contracts with Strategies 2.0 of Sacramento to provide annual cultural competency training to all staff. The older adult volunteers will be added to this training. The Culturally Proficient Professional Training includes a workshop that looks at effective methods to enhance diversity and inclusion within family resource centers and family strengthening organizations. Participants are asked to identify and reflect upon personal biases, beliefs and opinions. Throughout the day, participants learn how to recognize healthy and non-productive practices and policies related to cultural proficiency and how to apply strategies for cultural proficiency in partner relationships. This training and the skills learned will be applied in program planning, staff and volunteer development, and be reflected in the activities carried out during this project.

As described in the "Evaluation or Learning Plan" section, both older adult and teen participants will be asked to complete self-report assessments or questionnaires. The Social Solutions data platform shows whether programs are having the desired effect and help assess if an appropriate cross-section of the local community is represented in participants. This data will be shared periodically with stakeholders, both for information and feedback, and formal reports will be included in the Shasta County MHSA Annual Update/3-Year Performance and Expenditure Plan.

### **Innovation Project Sustainability**

This project is a new practice, primarily focused on prevention, early intervention, and promoting interagency and community collaboration related to mental health supports. It does not provide clinical or traditional services, so continuity of care is not applicable to this project. If the lessons learned and data gathered from this project conclusively demonstrate significant benefit and stakeholder support remains strong, other funding sources, including MHSA CSS or PEI, or other grant funding may be pursued at the end of the Innovations project to maintain the program, either in part or as a whole.



**Communication and Dissemination Plan**

**A) Dissemination of Information to Stakeholders and Others**

As described in the Community Planning Process section, the Shasta County MHSA Community Planning Process includes several standing committees and workgroups that actively involve a wide array of people and agencies, and their input helps guide the Health and Human Services Agency as it administers the Mental Health Services Act in Shasta County. Progress, updates and outcomes of Hope Park will be shared during regular meetings of the MHSA Stakeholder Workgroup, the Stand Against Stigma Committee, the Suicide Prevention Workgroup and the Mental Health, Alcohol and Drug Advisory Board, as well as the Shasta County Board of Supervisors when appropriate. Pathways to Hope and the Shasta County Health and Human Services Agency will also engage people who are not able to attend meetings in person through social media, press releases, outreach to community partners and e-mail to the Mental Health Services Act distribution e-mail list. Data, photographs, videos and testimonials will be shared throughout the life of the project to show progress, monthly reports will be posted on the Shasta County Mental Health Services Act website, and formal reports will be included in the Shasta County MHSA Annual Update/3-Year Performance and Expenditure Plan.

**B) Keywords for Search**

Hope Park, hope, intergenerational mental health, older adult volunteers, adverse childhood experiences (ACES)

**Timeline**

This timeline assumes a fiscal year start of July 1, 2021. Dates may need to be adjusted during the contract process depending on the speed of the approval processes and the COVID-19 pandemic. Please see the chart below for initial estimates. Please see the chart below:

Timeline	Quarter	Task	Time Period	Completion date
July 1, 2021	1	Hire new staff for grant funded positions	Four weeks	August 1, 2021
July 1, 2021	1	Retain real-estate professional to help find a suitable space for a teen center in Redding	Two months	Sept. 1, 2021
Aug. 1, 2021	1	Start recruiting older adult volunteers	Two months	Ongoing
August 1, 2021	1	Establish curriculum for Hope Park Volunteer Academy	One Month	September 1, 2021
Sept. 15, 2021	1	First Volunteer Academy starts	Two months	November 15, 2021
Sept. 15, 2021	1	Sign Lease on Redding Teen Center		Sept. 15, 2021
Sept. 30, 2021	1	First quarterly report on Hope Park due		Sept. 30, 2021
Oct. 1, 2021	2	Set up Redding Teen Center	Two months	December 1, 2021
Oct. 1, 2021	2	Start community awareness campaign for Hope Park Project to recruit teens	Two months	December 1, 2021



Shasta County  
**Health & Human  
 Services Agency**

Nov. 1, 2021	2	Research and plan high adventure activity	One month	December 1, 2021
Dec. 1, 2021	2	Sign contract for 1 <sup>st</sup> high adventure activity		December 1, 2021
Dec. 1, 2021	2	Ongoing recruitment of older adults	Ongoing	Ongoing
Dec. 1, 2021	2	Grand Opening of Redding Teen Center	Ongoing	December 1, 2021
Dec. 15, 2021	2	Selection of first cohort of teens for project	Two weeks	Dec. 30, 2021
Dec. 31, 2021	2	Quarterly report on Hope Park due		Dec. 31, 2021
Jan 9, 2022	3	First High Adventure Activity for older adults and teens	One day	January 9, 2022
Jan. 4, 2022	3	Selection of Older Adult Cohort	One week	January 11, 2022
Jan. 11, 2022	3	Cohort of older adults and teen group together at Anderson and Redding Teen Centers	Ongoing	Ongoing
Jan. 11, 2022	3	Ongoing Hope Park program with older adults mentoring youth at teen centers	Ongoing	Ongoing
Jan. 15, 2022	3	Volunteer Academy starts	Two months	March 15, 2022
March 2022	3	Monitoring of program and adjusting if necessary	Ongoing	Ongoing
March 30, 2022	3	Quarterly report on Hope Park due		March 30, 2022
April 2022	4	Monitoring of program and adjusting if necessary	Ongoing	Ongoing
April 2022	4	Identify teens for next cohort	Two weeks	April 2022
April 2022	4	Child Abuse Prevention Awareness activities – Cohorts of older adults and teens will participate	Month long	April 2022
May 1, 2022	4	High Adventure Activity for older adults and teens	One day	May 1, 2022
May 3, 2022	4	Selection of Older Adult Cohort	One week	May 10, 2022
May 3, 2022	4	Cohort of older adults and teen group together at Anderson and Redding Teen Centers	Ongoing	Ongoing
May 4, 2022	4	Ongoing Hope Park program with older adults mentoring youth at teen centers	Ongoing	Ongoing
May 10, 2022	4	Evaluate if Hope Park Participants can participate in Camp HOPE – Pathways	Two weeks	Selection by June 1, 2022



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June 2022	4	Monitoring of program and adjusting if necessary	Ongoing	Ongoing
June 30, 2022	4	Yearly report on Hope Park due		June 30, 2022
July 2022 - 2026	1	Camp HOPE – Pathways week happens	One week	July 2022 -2026
July 2022 - 2026	1	Monitoring of program and adjusting if necessary	Ongoing	Ongoing
Aug. 2022 - 2026	1	Identify teens for next cohort	Two weeks	Aug. 2022 -2026
Aug. 2022 - 2026	1	High Adventure Activity for older adults and teens	One day	Aug. 2022 -2026
Aug. 2022 - 2026	1	Selection of Older Adult Cohort	One week	Aug. 2022 -2026
Aug. 2022 - 2026	1	Cohort of older adults and teen group together at Anderson and Redding Teen Centers	Ongoing	Ongoing
Sept. 2022 - 2026	1	Ongoing Hope Park program with older adults mentoring youth at teen centers	Ongoing	Ongoing
Sept. 2022- 2026	1	First quarterly report on Hope Park due		Sept. 2022 -2026
Oct. 2022 - 2026	2	Monitoring of program and adjusting if necessary	Ongoing	Ongoing
Oct. 2022 - 2026	2	Identify teens for next cohort	Two weeks	Oct. 2022 -2026
Nov. 2022 - 2026	2	High Adventure Activity for older adults and teens	One day	Nov. 2022 -2026
Nov. 2022 - 2026	2	Selection of Older Adult Cohort	One week	Nov. 2022 -2026
Nov. 2022 - 2026	2	Cohort of older adults and teen group together at Anderson and Redding Teen Centers	Ongoing	Ongoing
Dec. 2022 - 2026	2	Ongoing Hope Park program with older adults mentoring youth at teen centers	Ongoing	Ongoing
Dec. 2022 - 2026	2	Quarterly report on Hope Park due		Dec. 2022 -2026
Jan. 2026	3	Ensure adequate funding has been secured to keep program going and Redding teen center operational.	Ongoing	Ongoing
Jan. 2026	3	Final High Adventure Activity for older adults and teens	One day	January 2026
Jan. 2026	3	Cohort of older adults and teen group together at Anderson and Redding Teen Centers	Ongoing	Ongoing



Jan. 2026	3	Ongoing Hope Park program with older adults mentoring youth at teen centers	Ongoing	Ongoing
March 2026	3	Monitoring of program and adjusting if necessary	Ongoing	Ongoing
March 2026	3	Quarterly report on Hope Park due		March 2026
April 2026	4	Monitoring of program and adjusting if necessary	Ongoing	Ongoing
April 2026	4	Start work on creation of tool kit on the successful Hope Park program so it can be replicated	Two weeks	April 2026
April 2026	4	Child Abuse Prevention Awareness activities – Cohorts of older adults and teens will participate	Month long	April 2026
May 2026	4	Work on closing out mentorships with Hope Park program with older adults mentoring youth at teen centers	Ongoing	Ongoing
May 2026	4	Throw a big community party to celebrate the success of our five year program	One day	May 2026
June 30, 2026	4	Publish toolkit		June 30, 2026
June 30, 2026	4	Final report on Hope Park due		June 30, 2026

#### Section 4: INN Project Budget and Source of Expenditures

##### **Budget Narrative**

Pathways to Hope for Children will be able to leverage current partnerships to keep the Anderson Teen Center in operation; \$150,000 will be needed to ensure the Redding Teen Center location is secured. The Redding Teen Center will need to be large enough to accommodate 75 to 100 visitors a day. During that same time period, the staffing of the Hope Park program will include the Pathways to Hope for Children's Executive Director's leadership and vision, 50% of a center director's time, a full-time volunteer coordinator and a full-time program coordinator. The executive director's involvement will diminish as the program is up and running. The center director and two full time personnel will stay engaged at the same level for the duration of the grant, and the budget includes fringe benefits and cost of living and performance increases for those positions.

The operating expenses through the life of the grant remain steady. There is up to \$50,000 per year set aside for older adults and teens to participate in high adventure activities at a cost of \$50 per adventure for volunteers, teens and staff. An additional \$65,000 is set aside for activities inside of the two teen centers. This will include, but not be limited to art supplies, games, cooking supplies, tutoring materials and themed gatherings. The proposed budget also includes \$5,000 for stipends for volunteers and teens. These stipends can include gas cards, clothing, or other items needed to take part in the activities involved in the Hope Park project. Also, \$30,000 is allocated for



mileage, buses and other forms of transportation to get older adults, teen participants and staff to the various activities.

Ensuring the proper database system to track, monitor and evaluate the Hope Park program is critical to program success. PHC has budgeted \$15,000 during the initial grant period for the software needed to properly execute this innovative program. Software will include licenses for Apricot Data Base System by Social Solutions, Microsoft Office Suites and the Adobe Creative Cloud subscriptions. PHC will also be looking at a texting platform to clearly communicate with all participants in the program. The program will utilize a Zoom platform and Survey Monkey to communicate and gather information. A portion of these subscriptions are attributed to this area of the budget.

In the Capital Assets category, PHC will need to outfit the new Redding Teen Center and update some of the items in the Anderson Teen Center. This will be done in a multitude of ways, including in-kind donations, volunteer labor, free or discounted furniture and appliances.

The indirect costs of this project are set at 10% of the salaries, and will be used to assist with bookkeeping, audited financial statements, insurance, a portion of the administrative assistant's salary and other costs associated with running Pathways to Hope for Children. Pathways to Hope for Children contracts with JMartan and Associates for all bookkeeping and has audited financials completed each year by Donald R. Reynolds, CPA. This will ensure the financial aspects of the project are well managed.

Through a partnership with the University of Oklahoma, Tulsa's Hope Research Center, Dr. Chan Hellman has agreed to oversee the evaluation of this program as an in-kind donation and will not be charging for being a research partner. The value of this level of work would be an estimated \$15,000 to \$20,000 if PHC were required to hire a research firm. Built into the overall budget is the cost of developing, piloting and refining the project.

The proposed budget of \$1,750,000 over five years considers the startup costs of opening a new teen center in Redding and the costs to develop a new innovative program. Having substantial funds set aside for the activities and the materials needed in the teen centers to operate Hope Park will be pivotal to the success of the program. While the cohort of older adults and teens will bond through high-adventure lived experiences, that connection will carry through to the relationships in the teen center. The goal is to sustain 80 older adult volunteers and 200 youth participants throughout the life of the grant. The funds in this proposal allow for the staff and space to do this.

#### [Budget by Fiscal Year and Specific Budget Category](#)

See next section.



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<b>BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*</b>							
<b>EXPENDITURES</b>							
<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Salaries	\$130,000	\$128,500	\$136,500	\$136,500	\$136,500	\$668,000
2.	Direct Costs	\$40,300	\$41,780	\$43,680	\$43,680	\$43,680	\$213,120
3.	Indirect Costs						
4.	<b>Total Personnel Costs</b>	<b>\$170,300</b>	<b>\$170,280</b>	<b>\$180,180</b>	<b>\$180,180</b>	<b>\$180,180</b>	<b>\$881,120</b>
<b>OPERATING COSTS</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
5.	Direct Costs	\$151,000	\$156,000	\$151,000	\$151,000	\$151,000	\$760,000
6.	Indirect Costs	\$17,000	\$17,000	\$18,000	\$18,000	\$18,000	\$88,000
7.	<b>Total Operating Costs</b>	<b>\$168,000</b>	<b>\$173,000</b>	<b>\$169,000</b>	<b>\$169,000</b>	<b>\$169,000</b>	<b>\$848,000</b>
<b>NON RECURRING COSTS (equipment, technology)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
8.	Kitchen Appliances	\$5,000	\$3,000	\$500	\$500	\$500	\$9,500
9.	Desk, Chairs, Couches	\$6,700	\$3,720	\$320	\$320	\$320	\$11,380
10.	<b>Total Non-recurring costs</b>	<b>\$11,700</b>	<b>\$6,720</b>	<b>\$820</b>	<b>\$820</b>	<b>\$820</b>	<b>\$20,880</b>
<b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
11.	Direct Costs	0	0	0	0	0	0
12.	Indirect Costs	0	0	0	0	0	0
13.	<b>Total Consultant Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
14.		0	0	0	0	0	0
15.		0	0	0	0	0	0
16.	<b>Total Other Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>BUDGET TOTALS</b>							
	Personnel (line 1)	\$130,000	\$128,500	\$136,500	\$136,500	\$136,500	
	Direct Costs (add lines 2, 5 and 11 from above)	\$191,300	\$197,780	\$194,680	\$194,680	\$194,680	
	Indirect Costs (add lines 3, 6 and 12 from above)	\$17,000	\$17,000	\$18,000	\$18,000	\$18,000	
	Non-recurring costs (line 10)	\$11,700	\$6,720	\$820	\$820	\$820	
	Other Expenditures (line 16)	0					
	<b>TOTAL INNOVATION BUDGET</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$1,750,000</b>

\*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect c



**BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)**

**ADMINISTRATION:**

A.	Estimated total mental health expenditures for <b>ADMINISTRATION</b> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MHSA Funds	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 18,750
2.	Federal Financial Participation						\$ -
3.	1991 Realignment						\$ -
4.	Behavioral Health Subaccount						\$ -
5.	Other funding*						\$ -
<b>6.</b>	<b>Total Proposed Administration</b>	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 3,750	\$ 18,750

**EVALUATION:**

B.	Estimated total mental health expenditures for <b>EVALUATION</b> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MHSA Funds	\$ 1,250	\$ 1,250	\$ 1,250	\$ 1,250	\$ 1,250	\$ 6,250
2.	Federal Financial Participation						\$ -
3.	1991 Realignment						\$ -
4.	Behavioral Health Subaccount						\$ -
5.	Other funding*						\$ -
<b>6.</b>	<b>Total Proposed Evaluation</b>	\$ 1,250	\$ 1,250	\$ 1,250	\$ 1,250	\$ 1,250	\$ 6,250

**TOTAL:**

C.	Estimated <b>TOTAL</b> mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MHSA Funds	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000	\$ 1,775,000
2.	Federal Financial Participation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.	1991 Realignment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.	Behavioral Health Subaccount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.	Other funding*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>6.</b>	<b>Total Proposed Expenditures</b>	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000	\$ 1,775,000

\*If "Other funding" is included, please explain.