

Appendix: Shasta County

County Contact and Specific Dates

- Primary County Contact: Kerri Schuette, kschuette@co.shasta.ca.us, (530) 209-6284
- Date Proposal posted for 30-day Public Review: May 24, 2021
- Date of Local MH Board hearing: June 23, 2021
- Date of BOS approval or calendared date to appear before BOS: June 29, 2021

Description of the Local Need

When a person is experiencing a mental health crisis, it can be difficult for that person to state their preferences for treatment. Without a Psychiatric Advance Directive, law enforcement, hospital staff, and other care providers can be operating blindly in terms of what types of medications work well for the patient, what other medical conditions exist, what may de-escalate the patient, what may trigger the patient, and other variables that are critical to safe, effective care. Shasta County patients and families have expressed that they often feel helpless when dealing with law enforcement and hospital staff because they feel they have no control over their own situation, and a Psychiatric Advance Directive would empower that person to use their voice, even when they are incapacitated.

Locally, the timing is very good to begin working on a PAD system, as law enforcement and peer support have been added to the mental health care system in several significant ways. Crisis Intervention Trainings have become more standardized in our local law enforcement agencies, and a mobile crisis team was launched earlier this year, in which law enforcement and clinicians go out on calls together and work as a team to assist people experiencing mental health crisis. Our peer support specialists have trained hundreds of people in WRAP techniques, and they believe a standardized system for creating and retrieving person-centered Psychiatric Advanced Directives would be a useful next step in helping patients access the services they need more effectively, so they can return to independence more quickly. Shasta County is also inspired by other jurisdictions' experiences in which creation of PADs has built trust with community members, prompting them to voluntarily seek more preventative levels of mental health care, and it is our strong desire to replicate that.

We anticipate focusing first on people experiencing homelessness, and will rely on stakeholders to advise on what populations would be a priority next as the program rolls out and we learn more about it.

Description of the Response to the Local Need

This project will help Shasta County:

- Build community capacity among law enforcement, peers, the court system, mental health care providers and others to ensure consumer choice and collaborative decision-making
- Improve participant care in a crisis
- Reduce recidivism
- Engage participants in their treatment and recovery

Description of the Local Community Planning Process

The PAD concept was described to stakeholders during a March 30, 2021, quarterly stakeholder meeting, and the concept was received favorably. Stakeholders were invited to the online informational meeting on April 7, with information also posted on our website. Three Shasta County residents attended the April 7 meeting, including a Mental Health, Alcohol and Drug Advisory Board member. The Mental Health Services Act coordinator also described this project to the Mental Health, Alcohol and Drug Advisory Board on March 3, and board members

supported the concept. This plan will be circulated for public comment starting May 24, 2021, and it will go to the Mental Health, Alcohol and Drug Advisory Board on June 23, 2021. It is scheduled to go before the Shasta County Board of Supervisors on June 29, 2021.

Budget Narrative for County Specific Needs:

In addition to the personnel costs detailed below, Shasta County’s budget includes peer incentives or training, office materials, and technology needs, such as laptops for the three direct services staff. We do not anticipate other large expenses for this project at this time.

Personnel (narrative)

Shasta County will employ a Community Development Coordinator to serve as liaison between the PAD team, the Program Manager II (the Mental Health Services Act coordinator), and the consultant. The PAD team would include a peer support specialist who would conduct the interviews with clients, and a medical services clerk who would take notes during the interviews so the peer support specialist could fully engage with the client. The staff services analyst would be responsible for managing evaluation, and the accountant auditor is responsible for the budget.

Personnel will include:

- Community Development Coordinator (.20 FTE)
- Peer Support Specialist (.20 FTE)
- Medical Services Clerk (.20 FTE)
- Program Manager II (.10 FTE)
- Staff Services Analyst (.20 FTE)
- Accountant Auditor (.20 FTE)

Operating Costs

The total estimated indirect cost for this 4-year project is: \$162,110

Other Costs

N/A

Total Estimated Budget

Shasta County’s total estimated 4-year budget is \$630,731. A detailed breakdown of the budget by fiscal year is provided in the grid below. Budget sheets taken from Innovations Template.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY xx/xx	TOTAL
1.	Salaries	\$24,000	\$24,000	\$24,000	\$24,000		\$96,000
2.	Direct Costs	\$25,000	\$25,000	\$25,000	\$25,000		\$100,000
3.	Indirect Costs	\$34,000	\$34,000	\$34,000	\$34,000		\$136,000
4.	Total Personnel Costs	\$83,000	\$83,000	\$83,000	\$83,000		\$ 332,000
	OPERATING COSTS*						
5.	Direct Costs	\$16,000	\$16,000	\$16,000	\$16,000		\$64,000
6.	Indirect Costs	\$3,000	\$3,000	\$3,000	\$3,000		\$12,000
7.	Total Operating Costs	\$19,000	\$19,000	\$19,000	\$19,000		\$76,000
	NON-RECURRING COSTS (equipment, technology)						
8.	Laptops, iPads, other equipment and technology	\$15,000					\$15,000
9.							
10.	Total non-recurring costs	\$15,000					\$15,000
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs	\$56,798	\$46,722	\$45,477	\$44,624		\$193,621
12.	Indirect Costs	\$1,307	\$4,959	\$3,930	\$3,914		\$14,110
13.	Total Consultant Costs	\$58,105	\$51,681	\$49,407	\$48,538		\$207,731
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	Total Other Expenditures						\$
	BUDGET TOTALS						
	Personnel (total of line 1)	\$24,000	\$24,000	\$24,000	\$24,000		\$96,000

	Direct Costs (add lines 2, 5, and 11 from above)	\$97,798	\$87,722	\$86,477	\$85,624		\$357,621
	Indirect Costs (add lines 3, 6, and 12 from above)	\$38,307	\$41,959	\$40,930	\$40,914		\$ 162,110
	Non-recurring costs (total of line 10)	\$15,000					\$15,000
	Other Expenditures (total of line 16)						\$
	TOTAL INNOVATION BUDGET	\$175,105	\$153,681	\$151,407	\$150,538		\$630,731

Total Budget Context – Expenditures by Funding Source and Fiscal Year (FY):

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

ADMINISTRATION:

		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Administration						

EVALUATION:

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

TOTALS:

		FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds*	\$175,105	\$153,681	\$151,407	\$150,538		\$630,731
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$

6.	Total Proposed Expenditures	\$175,105	\$153,681	\$151,407	\$150,538		\$630,731

* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting

** If "other funding" is included, please explain within budget narrative.