Mental Health Services Act

AN ANNUAL UPDATE TO THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FISCAL YEAR 2021-2022,

PUBLISHED JUNE 2021

INCLUDES DATA FROM FISCAL YEAR 2019-20, ALONG WITH THE ANNUAL INNOVATIONS AND PREVENTION AND EARLY INTERVENTION REPORTS

Shasta County
Health & Human Services Agency

Table of Contents

A Vision of Recovery

Recovery is a process of change through which people improve their health and wellness, live a self-directed life and strive to reach their full potential. There are many different pathways to recovery, and each individual determines his or her own way.

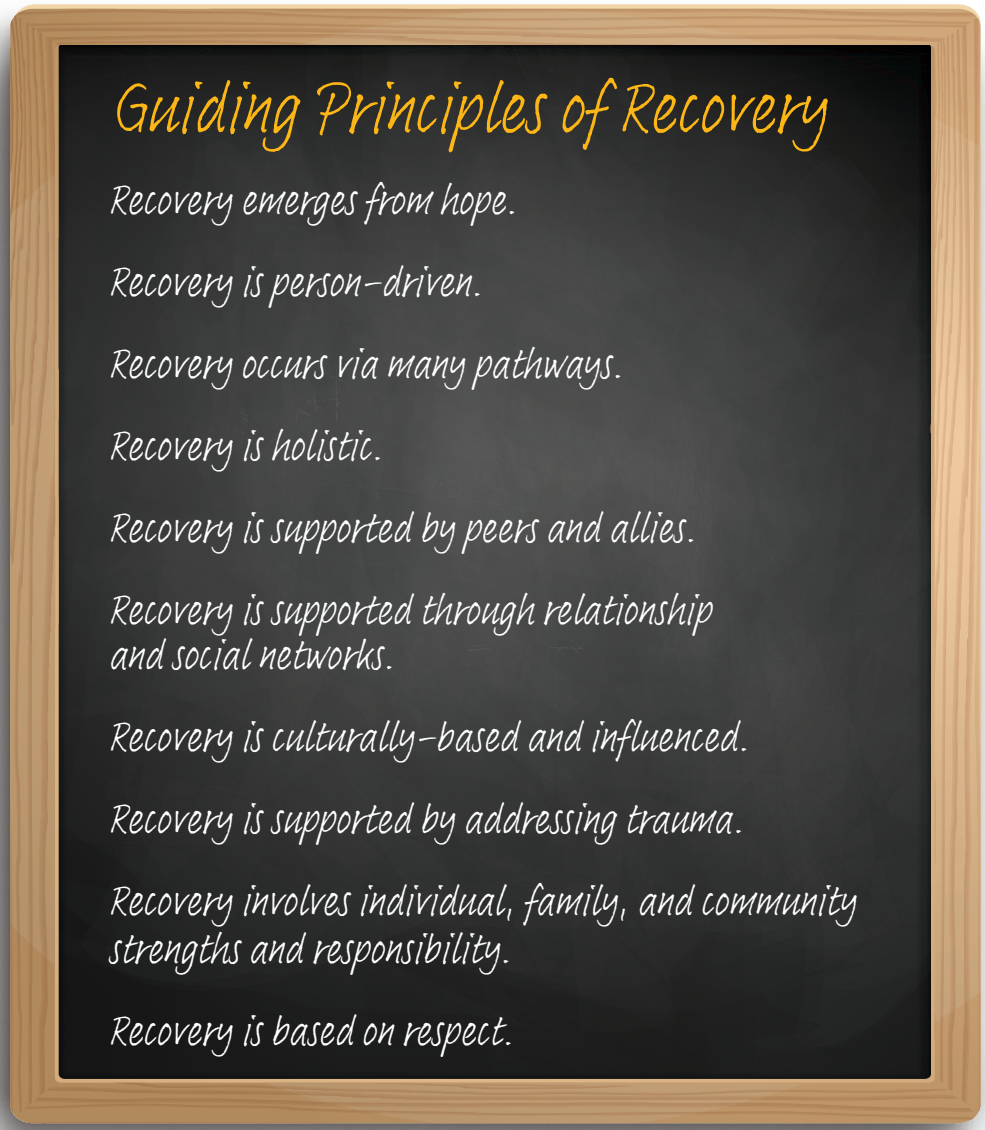
Supporting a Life in Recovery

Health: Overcoming or managing one's disease(s) or symptoms and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home: A stable and safe place to live.

Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking or creative endeavors, and the independence, income and resources to participate in society.

Community: Relationships and social networks that provide support, friendship, love, and hope.



Message from the Director

The COVID-19 pandemic has forced all of us to change the way we deliver mental health services in Shasta County. We had to think quickly and creatively to continue providing critical services while protecting the community from the physical and mental health threats posed by this deadly pandemic. Our staff, our community partners, our clients and their families all stepped up to provide people with the tools they need to make progress in their recovery from mental illness, and to address the long-lasting emotional impacts of COVID-19.

The Mental Health Services Act was designed to create a system that promotes recovery and wellness for adults with serious mental illness and resiliency for children with severe emotional disturbance and their families. With the help of community partners, the Shasta County Health and Human Services Agency continues to provide Mental Health Services Act-funded programs that serve children, transitional age youth, adults and older adults.

We continue to fine-tune our programs based on feedback from our community, and we measure the results of these programs so we know what needs to be adjusted to make them work better.

Thank you for reviewing this report and providing the feedback that continues to help us meet the needs of all Shasta County residents.

Sincerely,

Donnell Ewert, MPH

Shasta County Health and Human Services Agency Director

Mental Health Services Act Overview

Proposition 63, known as the Mental Health Services Act, was approved by California voters in November 2004 and became law in January 2005. The Mental Health Services Act is an additional 1 percent tax on individual taxable income in excess of $1 million, and that money funds a comprehensive approach to developing a system of community-based mental health services and supports. It addresses a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements that effectively support this system.

The purpose and intent of the Mental Health Services Act is:

To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services, and medical and supportive care.

To reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness.

To expand the kinds of successful, innovative service programs begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.

To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs.

To ensure that all funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

The Mental Health Services Act is divided into five components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN), and Innovation (INN). Through the community planning process, the projects and programs under each of these components are planned, developed, approved, implemented, monitored and updated.

Shasta County Health and Human Services Agency spearheads the community planning process and is responsible for outreach, providing opportunities to participate, involving consumers and/or family members and providing training when necessary. The community planning process involves many stakeholders, both individuals and agencies with an interest in mental health services in Shasta County.

Community Program Planning

The Mental Health Services Act community stakeholder process is a collaboration that adheres to California Code of Regulations § 3320 to plan, implement and evaluate Shasta County's Mental Health Services Act programs. We take care to ensure that we reach out to people of all ages, ethnicities and socioeconomic backgrounds, mental health clients and family members, people who provide services to people with mental health challenges and substance use disorders, and people from all corners of our county. The goal is to work together to gather diverse opinions to ensure that our wellness-, recovery- and resilience-focused programs will be successful.

Community program planning for the Mental Health Services Act in Shasta County happens throughout the year, at locations all over the county. We encourage each participant to complete a demographic survey, which includes a verbal explanation of why; we want to ensure that people of all ages, races, genders, income levels, etc. are fairly represented in our information gathering efforts. This includes unserved, underserved and fully served county residents who qualify for MHSA services.

The stakeholder process also uses e-mail, websites, newsletters, social media, trainings and webinars to communicate with stakeholders.

Underserved cultural populations	
Good News Rescue Mission	Pit River Health Services
Hispanic Latino Coalition	Redding Rancheria
Local Indians for Education	Shasta County Citizens Against Racism
NorCal OUTReach	Victor Youth Services (LGBT)
Consumer-based organizations	
Circle of Friends Wellness Center	Sunrise Mountain Wellness Center
Consumer and/or family member	
Adult/Youth Consumers & Family Members	Public Health Advisory Board
Mental Health, Alcohol and Drug Advisory Board	Rowell Family Empowerment
NAMI Shasta County	
Health and Human Services Agency	
Law Enforcement	
Redding Police Department	Shasta County Sheriff's Department
Shasta County Probation Department	Anderson Police Department
Education	
All Shasta County Schools	Shasta Community College
Chico State University	Shasta County Office of Education
National University	Simpson University
Community-based organizations	
Area Agency on Aging	Tri-Counties Community Network
Shasta County Chemical People	Youth Violence Prevention Council
Health care	
Hill Country Health and Wellness Center	Shasta Community Health Center
Mountain Valleys Health Center	Shingletown Medical Center

Community Program Planning

Regular stakeholder committees:

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.

Meeting dates: July 16, 2019; October 15, 2019; January 14, 2020 (these meetings were put on hold after March 2020 due to the pandemic)

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.

Meeting dates: July 9, 2019; September 10, 2019; October 8, 2019; November 12, 2019; December 10, 2019; January 14, 2020; February 11, 2020; March 10, 2020; May 12, 2020; June 9, 2020 (during the pandemic, meetings have been moved online)

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.

Meeting dates: August 20, 2019; September 17, 2019; October 15, 2019; November 19, 2019; January 21, 2020; March 17, 2020 (during the pandemic, meetings have been moved online)

The **Mental Health, Alcohol and Drug Advisory Board** also provides opportunities for discussion, education and input at its meetings. A Mental Health Services Act update report is given at its regular bi-monthly meeting, and they hear periodic presentations on Mental Health Services Act programs.

Meeting dates: July 10, 2019; September 4, 2019; November 6, 2019; January 8, 2020; February 5, 2020; March 4, 2020 (these meetings were put on hold after March 2020 due to the pandemic)

Community Stakeholder Meetings

Three in-person general community stakeholder meetings were held in Fiscal Year 2019-20 to provide guidance on MHSA programs. Each meeting included updates on projects outlined in the Three-Year Program and Expenditure Plan, along with robust discussion about ideas for upcoming Innovations projects. Meetings included representatives from the following groups:

- 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

Stakeholder meetings in Fiscal Year 2019-20 continued to focus on selecting Shasta County's next Innovations project.

Stakeholders also shared feedback about successes and gaps in the existing mental health system. Veterans and people hospitalized for mental illness are some of the groups of concern to stakeholders, and expanding Wellness Recovery Action Planning (WRAP) and suicide awareness trainign were both of high interest. Respite care for families, effective discharge planning and more outreach to the homeless were other concerns brought forward from the group. At stakeholders' request, HHSA began offering two different times for each stakeholder meeting, to make them more accessible to those who might be unable to attend a morning meeting.

All stakeholder meetings were advertised in press releases and on social media, and we encouraged our partners and committee members to also share them in their circles. Stakeholders suggested recording the meetings to share online for those who were unable to attend in person.

Because Shasta County does not have any threshold languages, all meetings were conducted in English. However, the county has interpreters who were available to translate verbally and a translation service that could translate the survey into other languages if we were to receive such a request. The Stakeholder Survey Results Report can be found in Appendix A.

Program Evaluation

In the mental health treatment field, outcomes are used to understand and measure how a person responds to programs. They are important because they help answer the question:

Are we offering effective services that are helping individuals have more meaningful lives?

Shasta County Health and Human Services Agency is dedicated to measuring mental health outcomes for the purpose of guiding treatment practices at both the individual and service level. Our youth mental health services use Child and Adolescent Needs and Strengths (CANS), while our adult mental health services are measured in part by the Milestones of Recovery Scale (MORS).

CANS: Child and Adolescent Needs and Strengths

CANS is a multipurpose tool for use in children's programs to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to monitor outcomes of services. It was developed to help link the assessment process with the design of individualized service plans. The CANS is well liked by parents, providers and other partners because it is easy to understand and does not necessarily require scoring to be meaningful to an individual child and family.

This tool addresses the mental health of youth and their families. It is a comprehensive assessment of psychological and social factors, as well as the strengths of the family/caregiver and child/youth, for use in treatment planning. It was developed with the objectives of permanency, safety and improved quality of life.

MORS: Milestones of Recovery Scale

The MORS is an effective evaluation tool for tracking the process of recovery for adults with persistent, serious mental illness. It is rooted in the principles of psychiatric rehabilitation and defines recovery as a process beyond symptom reduction, client compliance and use of services. It operates from a perspective that meaningful roles and relationships are the driving forces behind achieving recovery and leading a fuller life.

The MORS provides a snapshot of an individual's progress toward recovery. It uses milestones that include level of risk, level of engagement and level of skills and supports. The MORS helps staff tailor services to fit each individual's needs, assign individuals to the right level of care and assist with treatment plan design. By administering the MORS on a regular basis, an individual's process of recovery can be monitored and treatment adjusted with the goal of achieving positive outcomes for the individual.

Client satisfaction

The Health and Human Services Agency uses feedback from clients, family members and the general public to help ensure a positive experience for people using our services. The Consumer Perception Survey is conducted twice a year. The California Department of Health Care Services requires all California counties to make the survey available, but client participation is voluntary. Our Service Satisfaction Survey results and timeliness reports are in Appendix B.

New Three-Year Goal: Health and Human Services Agency staff will continue to look at ways to deliver excellent, timely and sensitive customer service to all people who walk through our doors. We will also work to increase participation in our surveys, so we can effectively respond to client feedback.

Mental Health Services Act Programs

Community Services and Supports	
Client and Family Operated Services	
• NAMI	• Wellness centers
STAR (Shasta Triumph and Recovery)	
Rural Health Initiative	
Older adult services	
Crisis services	
Housing continuum	
Co-occurring disorders	
Outreach	
Prevention and Early Intervention (PEI)	
Children and Youth in Stressed Families	
• Triple P	• 0-5
• Trauma-Focused Treatment	• Adverse Childhood Experiences
• Community programs for At-Risk Middle School Students	• Launch
	• IMPACT
Older adult	
Individuals experiencing the onset of serious psychiatric illness	
Stigma and discrimination reduction	
Suicide prevention	

Workforce Education and Training (WET)
Volunteer program
Comprehensive training program – MHSA Academy
Internship/residency program

Innovation (INN)
CARE Center
Pending: Hope Park Project
Capital Facilities/Technological Needs (CF/TN)
None during this reporting period

Community Services and Supports (CSS)

Community Services and Supports (CSS) programs aim to change the public mental health system by providing for system improvement, service expansion and new systems of delivery. CSS programs are designed with a comprehensive and inclusive approach for individuals with serious mental illness or serious emotional disturbance.

The nine CSS projects, along with the number of unique individuals served by HHSA staff in Fiscal Year 2019-20, are:

CSS Projects	No. Individuals Served
1. Client- and family-operated systems	(unduplicated number can't be determined)
2. Shasta Triumph and Recovery (STAR)	112
3. Rural health initiative	(unduplicated number can't be determined)
4. Older adult	54
5. Crisis services	1,482
6. Crisis Residential and Recovery Center	156
7. Housing continuum	101
8. Co-occurring disorders integration	116
9. Outreach/Access	1,458

1. Client- and Family-Operated Systems

Shasta County has two consumer-run wellness centers: the Sunrise Mountain Wellness Center in Redding, and Circle of Friends in Burney. Both wellness centers are funded through contracts with community providers. Circle of Friends is operated by Hill Country Health and Wellness Center. The Sunrise Mountain Wellness Center is run by Kings View, and was formerly the Olberg Wellness Center operated by Northern Valley Catholic Social Service. Unfortunately, due to the pandemic, these centers had to close most of their in-person operations and offer services online only. Under normal circumstances, these multi-service mental health programs provide ethnically and culturally diverse opportunities in a healthy, inclusive manner with a wide spectrum of activities. Both centers provide services and activities for people with mental illness and/or their family members. In Fiscal Year 2019-20, the centers offered 2,074 individual workshops, groups, activities and 12-step recovery meetings.

Some of the goals for wellness center participants include an increased ability to spend time in meaningful activities, increased community involvement, a reduction in the consequences of untreated or under-treated mental illness, and increased linkages to services. The contracts for both wellness centers require participant involvement in the planning and direction of services and activities provided there. Staffing for the centers, including the use of volunteers, must meet requirements for consumer and/or family member employment. Services and activities support consumers in reaching and maintaining their wellness and recovery goals; foster recovery and resiliency; and are therapeutic, social and educational in nature.

The Wellness Centers Summary Report can be found in Appendix C.

Also through Client- and Family-Operated Systems, the Health and Human Services Agency contracts with the Shasta County National Alliance on Mental Illness (NAMI) to provide education programs in the community, including NAMI Basics, NAMI Family-to-Family, NAMI Peer-to-Peer, Family Support Group and NAMI On Campus, along with numerous community activities. They operate out of the Hill Country CARE Center, where they facilitate peer support groups and offer one-on-one mentoring in person and over the phone. The NAMI Summary Report can be found in Appendix D. For more information on NAMI educational programs, please visit www.nami.org/find-support/nami-programs.

Community Services and Supports (CSS)

2. Shasta Triumph and Recovery (STAR)

Requirements and guidelines for Full Service Partnership programs are in Title 9 of the California Code of Regulations. Each county provides a Full Service Partnership program through the Mental Health Services Act. Shasta Triumph and Recovery (STAR) is the Full Service Partnership program in the urbanized I-5 corridor that includes Redding, Anderson, and the City of Shasta Lake. This program serves all age groups, is enrollee-based, and can serve up to 60 members. The STAR program through Adult Services serves 21 years old or older, and STAR program through Children's Services serves ages up to 21 years old.

The Health and Human Services Agency also contracts with Hill Country Health and Wellness Center to provide a Full Service Partnership program, which has the capacity to serve up to 15 individuals in the Intermountain area, plus another five in North Redding.

Full Service Partnership programs are wellness-, recovery-, and resiliency-based and practice the 24/7 "whatever it takes" model to provide access to services. People eligible for partnership include those with severe and persistent mental illness or children with severe emotional disturbance, who are homeless or at risk of homelessness and/or incarceration, have an increased risk of hospitalization or multiple hospitalizations and/or emergency department contacts, at risk of being conserved or on LPS conservatorship, difficult to engage or not in treatment, multiple functional impairments and struggles to complete activities of daily living tasks without support or prompts from intensive case management, and who may also have a substance use disorder. The individuals who meet this criteria are provided with outreach until they either become a Full Service Partner or are transferred to other appropriate programs. Services include individual and group therapy, rehabilitation activities, case management, medication support, transportation, supports for housing, employment or employment preparation, peer relations, social activities and education. This program also has very strong links to the wellness centers, which provide additional support and services.

The Woodlands permanent supportive housing complex has been increased by 20 units, 10 of which are be for Full Service Partner-eligible tenants.

Three-Year Goal: More Full Service Partners (FSP) will be able to access supportive housing through Woodlands' Phase II Housing. STAR Team will continue to provide extensive social and supportive services with the goal of maintaining permanent housing. The STAR Team will continue its efforts to reach out to the hardest-to-reach populations, including people who are homeless and suffer from severe and persistent mental illness, which was identified as an underserved group by stakeholders. The goal is to increase supportive independent housing for our FSP and expanding STAR services to provide comprehensive intensive services to decrease placing clients in out of county higher level of care placements while also increasing and adding Assisted Outpatient Treatment services. Adult STAR Team would also like to increase the number of FSP served by the team to 80 partners.

Year One Progress: The number of FSP served by the Adult STAR team is almost 80. The number of FSP clients housed at The Woodlands has increased by 40 percent. Multiple mental health group services and support is being offered throughout the week, with an emphasis of helping FSPs increase coping skills and life skills to enjoy and maintain their independence.

The Children's STAR team has one clinician providing services to 18 clients and families. The STAR program utilizes a Parent Partner, a Peer Support Specialist, as well as case managers in Children's Services to round out a comprehensive service delivery aimed at keeping youth out of the hospital, off the streets and out of correctional facilities. Services are provided in the office, community settings, hospitals and correctional facilities.

Community Services and Supports (CSS)

3. Rural Health Initiative

The focus of the Rural Health Initiative is to engage people of all ages who are living with severe and persistent mental illness, are unserved or underserved, and have previously not been able to access mental health services in the rural areas. The Rural Mental Health Committee meets monthly and is a forum for service providers to discuss barriers and service options for the rural population.

Because people of all ages and ethnicities were unserved and underserved in Shasta County's rural areas, the Health and Human Services Agency has contracts with four Federally Qualified Health Centers, which provide integrated primary and mental health care to these populations. These are Hill Country Health and Wellness Center in Round Mountain, Shingletown Medical Center, Mountain Valleys Health Centers in Burney, and Shasta Community Health Center in Redding. Services include telepsychiatry, intensive case management, medication management, crisis services and support, and integration with primary care physicians.

The Federally Qualified Health Center Annual Summary Report can be found in Appendix E.

Three-Year Goal: Our Federally Qualified Health Centers are in the unique position of being able to attend to patients' physical and mental health in rural areas, and this dovetails with stakeholders' interest in treating "the whole person." We will work to ensure that programs and services offered in the larger cities are as accessible as possible to those in rural areas, potentially increasing the use of technology that helps to bridge geographical gaps, such as telepsychiatry.

Year One Progress: The number of people who received mental health services at a Federally Qualified Health Center dropped by 4 percent this fiscal year, with most people seeking services for substance-related disorders, anxiety, depressive, bipolar and adjustment disorders. The Health and Human Services Agency continues to work closely with administrators to ensure that programs meet community needs.

Community Services and Supports (CSS)

4. Older Adult

This program focuses on older adults with severe and persistent mental illness who are transitioning from acute care medical hospitals, psychiatric hospitals, board and care homes or jail. Outreach and engagement activities in the community are age appropriate, culturally competent and accessible, and they support recovery or rehabilitation as deemed appropriate by the client and his/her natural support system of family and community. Services also include access to increased housing options, depending upon the level of care the person needs.

The Health and Human Services Agency serves on the Shasta County Older Adult Policy Council, which meets monthly. It is also involved with the Area Agency on Aging. This collaboration among government and community-based agencies aims to enhance the well-being of Shasta County adults aged 50 and older. It develops policies to increase resources and the effectiveness of services available to seniors. These services address co-occurring substance use disorders, including prescription drug abuse, homelessness, physical disabilities, chronic serious medical illness and risk of loss of independence.

Three-Year Goal: We will continue to ensure that outreach and stakeholder groups include older adults.

Year One Progress: Older adults continue to participate in stakeholder meetings at a rate that's proportional to the Shasta County overall population. The Area Agency on Aging is an active participant in stakeholder meetings.

Community Services and Supports (CSS)

5. Crisis Services

The Crisis Services work plan serves people experiencing a mental health emergency. Participants include people who come to local emergency rooms on an involuntary mental health hold, people with a psychiatric diagnosis who visit emergency rooms frequently, people who may need acute psychiatric hospitalization, and people who require specialized services to maintain a lower level of care and stability. Services include discharge planning to coordinate and ease transition of care, emergency services and 24/7 telephone crisis services. Clinical staff are co-located in Redding's two emergency rooms, which allows for more rapid assessment and shortens the time people spend in the emergency room. For people who don't need inpatient psychiatric hospitalization, the time from evaluation to discharge is shorter. One local hospital now has an inpatient psychiatric wing.

A care coordination program helps facilitate successful discharge of clients from both the emergency department and inpatient facilities. This case manager coordinates with emergency department crisis staff, HHSA outpatient services and community providers for successful linkage to ongoing services, reducing the need for continued use of emergency/crisis services.

A mobile crisis team is now provided in Shasta County through a contract with Hill Country Health and Wellness Center.

Three-Year Goal: Stakeholders have identified that providing services for people in crisis continues to be a relevant concern. HHSA's new discharge planner is a case manager who will continue to coordinate with co-located emergency department crisis staff, HHSA outpatient services and community providers to help facilitate discharges from emergency departments and psychiatric hospitalizations and link clients with ongoing services. We will identify and address challenges in the inpatient admissions and discharge processes. Ongoing evaluation of the program will identify additional needs, which may include additional clinical support to better meet the needs of client especially in the area of engaging and supporting high utilizers.

Year One Progress: A Care Coordination program was started in HHSA which consisted of a case manager dedicated to facilitating successful discharge of clients from both the emergency department and inpatient facilities. This case manager coordinated with co-located emergency department and crisis staff, HHSA outpatient services, and community providers for successful linkage to ongoing services, thus reducing the need for continued access of emergency/crisis services. The need for a second discharge planner has been identified and requested.

Community Services and Supports (CSS)

6. Crisis Residential and Recovery Center

The Crisis Residential and Recovery Center provides services for up to 30 days to people 18 years of age and older. The center provides support to people following a mental health crisis, and aims to prevent the need for the person to be hospitalized. Stays are voluntary and include such services as daily groups focused on wellness and recovery, coping skills, medication support, education, daily living activities, peer support, and short-term respite care.

The center is designed for adults with mental illness who have become suicidal, critically depressed or otherwise psychiatrically incapacitated. These services help people move from crisis into short-term transitional housing and stabilization and Full Service Partnership enrollment, Whole Person Care enrollment, or to outpatient intensive case management and support, as needed. For some, the Crisis Residential and Recovery Center is the initial access point into the public mental health system.

The center's Program Activity Report can be viewed in Appendix F.

Three-Year Goal: To develop systems that accurately standardize practice and approach in service delivery so that we may adjust our current model in order to assist clients in connecting to appropriate level of care. We will focus on increasing the level of clinical intervention and documentation within the center and linkage to outside clinical resources in an effort to prevent / reduce the need for future psychiatric hospital stays in Shasta County.

Year One Progress: The Crisis Residential and Recovery Center continues to fill a gap, particularly for people who need temporary, less-intensive services after experiencing a mental health crisis. While at the CRRC, people can be connected to community mental health resources such as Shasta County Mental Health, Kings View's Sunrise Mountain Wellness Center, North American Mental Health, Whole Person Care, medication monitoring, groups designed to improve the client's quality of life, a safe environment to recover from trauma and caring staff that assist clients on their road to recovery.

7. Housing Continuum

Housing remains a challenge for many consumers, and we have maintained our focus on addressing the need for housing for people with serious mental illness. The primary goal is to help people who have serious mental illness and their families who are homeless or at risk of homelessness by providing access to housing options, both transitional and permanent supportive, in the least restrictive setting possible.

Permanent Supportive Housing

The Woodlands was expanded to include 75 units, with 29 MHSA funded and designated for people who are eligible for Full Service Partnership services. A Health and Human Services Agency case manager and peer support specialist provide case management, links to community resources and more for people in the MHSA-funded apartments. The Woodlands Permanent Supportive Housing Report can be viewed in Appendix G.

Northern Valley Catholic Social Service is responsible for providing various life skills classes to help clients maintain permanent housing. Classes offered to Woodlands residents included Wellness Recovery Action Planning (WRAP), life skills, nutrition education, after-school homework help, suicide prevention, seeking safety and peer support. Alcoholics Anonymous classes are offered weekly. A residents' council gives residents an avenue to address concerns and voice their opinions about decisions that affect them.

Permanent supportive housing in the Burney area is still needed. Finding appropriate land and funding has proven quite challenging, and a local developer continues to troubleshoot this problem.

Another housing project is in the works next to Hill Country Community Clinic's new 40,000-square-foot medical facility. Spearheaded by ADK Properties and The McConnell Foundation, the Center for Hope Apartments is funded by No Place Like Home and it will be a 49-unit complex with up to 15 units reserved for people who need permanent supportive housing services delivered by Hill Country Community Clinic.

Community Services and Supports (CSS)

Transitional Housing

For individuals with severe mental illness, accessing and maintaining housing can be very difficult and housing can be lost very quickly if that individual suffers a mental health crisis, has a loss of income, or experiences a loss of their support system. The Health and Human Services Agency aims to house people in the least restrictive setting possible and help move them toward permanent independent living situations. The Transitional Housing program helps people find affordable, accessible housing near their support systems with adequate access to transportation to services. Activities that support this goal include:

- Evaluate all placement options locally and in neighboring counties
- Expand local placement options with existing providers
- Develop new placement options with existing providers
- Review existing Board and Care contracts for the purposes of:
  - Expanding current capacity
  - Developing levels of care for varying client needs
- Evaluate financial leveraging opportunities

Board and care facilities in Shasta County are privately owned and receive their funding from residents. Most individuals receive Social Security Income, which pays for their board and care. Some residents require additional supports due to their mental illness, and in those instances, the Health and Human Services Agency will provide “patch” funding to cover the costs of the increased care.

Three-Year Goal: Despite improvements in recent years, housing is always identified by stakeholders as a significant barrier to wellness. Whole Person Care, No Place Like Home and other programs provide opportunities for collaboration, and we will continue working collaboratively to identify ways to secure funding for housing in our county.

Year One Progress: The Woodlands 2 is complete and occupied, partners continue to work on solutions for permanent supportive housing in Burney, and the Center of Hope Apartments continues to move forward.

Community Services and Supports (CSS)

8. Co-occurring/Primary Care Integration

The Co-occurring/Primary Care Integration program serves people who have both mental illness and substance use problems, as well as people who have a mental illness and another physical illness. The mind and body are intrinsically connected, and what happens to one profoundly impacts the other. This program coordinates needed care for easier access, greater consumer satisfaction and better outcomes.

People with serious mental health conditions die an average of 25 years earlier than the general population. For those with a physical illness, the goal is to connect them to primary care to provide coordinated care to treat the whole person, and to provide services that focus on both their mental and physical illnesses and how the two can interact. Providers coordinate the detection, treatment and follow-up of mental and physical conditions. Services include outreach, education, case management, treatment, medication support, and clinical and nursing services. This program looks at the following diagnoses:

- Diabetes
- Hypertension
- Chronic Obstructive Pulmonary Disease
- Hepatitis B or C
- Metabolic Syndrome (could include anything that leads to obesity)
- Chronic Heart Failure

Three-Year Goal: The Health and Human Services Agency, along with community providers, will continue to work together to improve the integrated treatment of co-occurring disorders in order to improve the quality of life for people who have both co-occurring severe mental illness and substance use disorders.

Year One Progress: Clinical staff continue to identify ways to effectively identify whether a client's symptoms are due to a mental health disorder or substance use, and treatment programs look at clients holistically. Whole Person Care has made significant progress in this work.

Community Services and Supports (CSS)

9. Outreach

Outreach services help people who are unserved and underserved using a "whatever it takes" approach. Case management, nursing and clinical staff reach out to bring people in need into the behavioral health system. Access services are provided in the main mental health services building and out in the field. The Access Team evaluates and assesses everyone who is referred to (or is seeking) mental health services. During this process, the person's level of need is determined and they are referred to a service provider, which can include county mental health outpatient programs, contract service providers, primary care physicians, wellness centers and other community behavioral health providers.

Three-Year Goal: We will reinstate our field-based nursing services to help people remain as stable and independent as possible by working collaboratively with clients, health care providers, and community partners.

Year One Progress: The field-based nursing program has been reinstated, with a full-time nurse and a part-time nurse, and is working collaboratively with clients, healthcare providers and community partners.

Prevention and Early Intervention (PEI)

Shasta County's Prevention and Early Intervention Plan is designed to bring mental health awareness to the entire community. Reducing stigma and discrimination against people with mental health problems helps encourage people to seek the help they need. Early intervention programs provide help at the earliest possible signs of concern.

Prevention includes promoting wellness, fostering health and preventing suffering that can result from untreated mental illness. Early intervention involves identifying mental health problems early, so they can be addressed quickly, ideally avoiding the need for more extensive treatment.

The five projects in Prevention and Early Intervention are:

1. Children and Youth in Stressed Families
2. Older Adult Gatekeeper Program
3. Individuals Experiencing Onset of Serious Psychiatric Illness
4. Stigma and Discrimination
5. Suicide Prevention

Unlike programs in Community Services and Supports, it is difficult to measure the number of people served by these programs during a specific time period. Therefore, we have done our best to quantify their impact in ways that make the most sense for each unique program. People reached by PEI programs has been captured in Appendix H.

1. Children and Youth in Stressed Families

The goal of this project is to help parents become positive change agents for their children and enhance the community's capacity to support at-risk children and their families. This project includes Triple P - Positive Parenting Program, Trauma Focused Treatment, At Risk Middle School Students, and Adverse Childhood Experiences.

In school year 2019/20, a community stakeholder group developed a new County Student Attendance Review Board model for supporting school attendance. The new model, consisting of a three-tier system, was implemented at the beginning of the school year 2020/21. On December 15, 2020, the Board of Supervisors approved a nine-month agreement with the Shasta County Office of Education to fund a case manager for the new model. The new model, which includes Community Connect, has been successful and the need for attendance and family support has continued to increase. More than 40 schools have provided referrals to Community Connect and, from August 2020 to January 2021, 380 students from pre-kindergarten to high school were referred. Community Connect has been able to make contact with 174 students' families and more than 100 of them have agreed to engage in care coordination services. For families needing specialized services, the engagement rate is high, with a reach rate double than the standard good reach rate of 15%. Due to the steady increase in referrals, the care coordination caseload has exceeded the staff currently assigned. MHSA funding supported two additional case managers and two college interns for the remainder of the school year. In addition to providing services to additional students and their families, one of the new case managers was assigned to families that require more intensive help due to mental health issues in the family and homelessness.

Launch was provided in partnership with First 5 Shasta through parent partners at Pathways to Hope for Children to serve the families of kindergarten-age youth with attendance issues in kindergarten. Services have included Parent Cafés, case management to connect to additional resources/supports, parenting education, and collaboration with local school sites to identify families that can be referred to this program for additional supports.

Prevention and Early Intervention (PEI)

Triple P – Positive Parenting Program®

Triple P is an evidence-based, multi-level parenting and family support strategy that aims to prevent severe behavioral, emotional and developmental problems in children by enhancing parents' knowledge, skills and confidence. This program is done in partnership with First 5 Shasta.

The Triple P Sustainability Committee continues to meet quarterly to discuss program barriers, successes and training needs.

The Triple P Shasta County Evaluation Report can be found in Appendix I.

Three-Year Goal: Going forward, the Health and Human Services Agency will study how the program is being used, what barriers prevent the use of the program and its tools, how to address the barriers and how organizations can fund Triple P in the future. The Agency implemented a new version of the Triple P Scoring Application that Triple P Australia has built, specifically to help address ease of use for practitioners and the availability of data reports and their content.

Year One Progress: Triple P services to address and prevent serious mental health needs for underserved populations within Shasta County were procured through competitive procurement and are provided through Wright Education, Northern Valley Catholic Social Service and the Shasta County Office of Education. A variety of Triple P parenting levels are offered in individual and group settings, with services offered in person and virtually. We continue to do outreach to the community to ensure that all parents are aware of Triple P resources in the community and address with local providers ongoing technical support related to reporting, training resources, and service delivery.

Prevention and Early Intervention (PEI)

Trauma Focused Treatment

Trauma focused treatment is a necessity for serving youth and families today. Trauma-informed treatment addresses the unique needs of children with difficulties related to traumatic life experiences. This is imperative to helping those affected by Adverse Childhood Experiences move through their trauma and increase resiliency for the future. In the past, the Health and Human Services Agency has used Trauma Focused-Cognitive Behavioral Therapy, a psychotherapy model, to address these children's needs.

Another area of training includes the Trust-Based Relational Intervention (TBRI), an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI is designed for children from "hard places" such as abuse, neglect and/or trauma. Because of their histories, it is often difficult for these children to trust the loving adults in their lives, which often results in perplexing behaviors. TBRI offers practical tools for parents, caregivers, teachers or anyone who works with children to see the "whole child" in their care and help that child reach his highest potential.

Three-Year Goal: The agency will be evaluating both evidence-based practices and promising practices to best meet the needs of the youth and families in our community.

Year One Progress: HHSA continues provide the evidence-based Trauma-Focused Cognitive Behavioral Therapy and Trust-Based Relational Intervention. Community providers and resource families serving foster youth received TBRI training throughout the last year from the HHSA TBRI certified staff. Additional trainings identified include but are not limited to: Applied Motivational Interviewing, Feedback-Informed Treatment, Strengths Model Case Management, and Wellness Management and Recovery

Prevention and Early Intervention (PEI)

Community Implemented Programs for At-Risk Middle School Students

During the transition from middle school to high school, adolescents frequently establish patterns of behavior and make lifestyle choices that affect their current and future mental well-being. This is especially true for children and youth in stressed families or in underserved populations. Evidence supports the idea that a prevention or early intervention approach which targets mental health during the adolescent years is appropriate and effective, with both short-term and lifespan benefits. The target population for this strategy is at-risk middle school students from stressed families who either live in an underserved geographic location or are a member of an underserved cultural population.

The Botvin LifeSkills Training for Middle School is provided by teachers trained in the evidence-based curriculum. The Botvin LifeSkills program is flexible in that it can be delivered by multiple different types of trained staff. Dunamis Counseling provides the training at Anderson Middle School, and it was expanded in Spring 2020 to include Turtle Bay, Pacheco and Happy Valley schools. Each school selected has committed to providing the curriculum for a three-year period to build upon student exposure and increase individual student outcomes in reduced harmful substance use, increased coping skills, and improved school attendance.

The INVO/IMPACT program was launched in October 2020 to serve youth identified through Shasta County Office of Education, Child Welfare and Mental Health as benefiting from early intervention services.

The Botvin LifeSkills Evaluation Report can be found in Appendix J.

Three-Year Goal: HHSA will evaluate the pilot programs to determine program outcomes and potentially expand the program to other schools in the future.

Year One Progress: Botvin LifeSkills was provided at Anderson Middle School and in the Spring 2021 expanded to Turtle Bay, Pacheco and Happy Valley schools. In the Fall 2020, the INVO/IMPACT program kicked off with multiple referrals received for youth to address mental health and behavior interventions through a team of therapists and applied behavior analysts. HHSA will evaluate the two pilots to determine program outcomes and possible expansion to other schools in the future.

Prevention and Early Intervention (PEI)

0-5 Program

The 0-5 program addresses concerns about toddlers who have significant emotional and behavioral challenges, and how these challenges keep them from being successful in preschool and unprepared for kindergarten. These early challenges and failures, if extreme enough, can set the stage for continuing school challenges, as behavior struggles increase with age and become more entrenched and difficult to manage. HHSA has partnered with Shasta County Office of Education (SCOE) and its Bridges Program to provide support to children and their families. Bridges has been such a successful program and example of how to work with young children experiencing emotional and developmental challenges that we have used other funding to expand other 0-5 clinicians to work in Child Welfare and the outpatient setting. This rich group of staff have also now expanded to a wraparound-like model of serving treatment-resistant children and families when little to no progress is made with the usual Bridges collaborative. Bridges serves 30-50 kids per year, although those numbers have dipped in the past year due to the pandemic.

Increasing prevention efforts and responding to early signs of emotional and behavioral health problems among children aged 0-5 years old can reset the trajectory toward better health and success of children and young people. The 0-5 clinician uses Triple P with parents of young children to get them focused on positive parenting, and uses Trauma-Focused Cognitive Behavioral Therapy with the little ones to address any traumatic events that may be driving the behavioral issues the children are exhibiting.

Prevention and Early Intervention (PEI)

Adverse Childhood Experiences (ACEs)

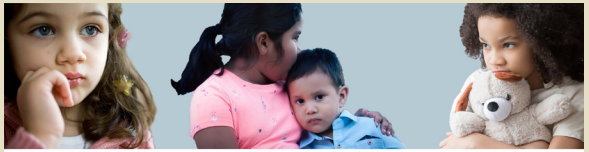
The experiences of childhood impact our health, behavior and overall well-being in adulthood - for better or worse. Adverse Childhood Experiences (ACEs) are traumatic experiences in the first 18 years of a person's life and include abuse, neglect and household dysfunction, which produce toxic stress. Toxic stress harms the brains and bodies of children, increasing their likelihood of chronic disease, cancer, mental health issues, drug addiction, homelessness, incarceration, decreased work productivity and even early death.

The Strengthening Families Collaborative was founded in 2011 to begin addressing the abnormally high numbers of Adverse Childhood Experiences in Shasta County and to build resiliency in those who have experienced ACEs. This collaborative, along with the HHSA and ACE Interface Trainers, have partnered with the community to work toward building resilience and transformational change.

More about this work is available at www.shastastrongfamilies.org.

Three-Year Goal: The Strengthening Families Collaborative and ACE Interface Trainers will work on ways to reduce Adverse Childhood Experiences and build resilience in Shasta County. They will also encourage other community partners to invest in creating innovating and impactful programs that will reduce the prevalence of ACEs in Shasta County.

Year One Progress: The pandemic put much of this work on hold, but we continued to spread the word about recognizing Adverse Childhood Experiences. A newspaper ad designed to raise awareness is shown at right.



Heard about

ACEs?

We're all struggling during these uncertain times. For those of us with Adverse Childhood Experiences (or ACEs), it can be particularly tough, because ACEs change the way we respond to stress.

By caring for our own stress and anxiety, we are better prepared to help our children through theirs. Use these six stress-busters to build resilience at any age.

To learn more about ACEs, visit

ShastaStrongFamilies.org

shasta Strengthening Families strong · safe · connected

Shasta County Health & Human Services Agency

Prevention and Early Intervention (PEI)

2. Older Adult Gatekeeper Program

This was completed, as reflected in a prior Three-Year Plan, and is therefore not included in this report.

3. Individuals Experiencing Onset of Serious Psychiatric Illness

Early Onset

Serious psychiatric illnesses such as schizophrenia and bipolar often emerge in late adolescence or early adulthood. This project targets individuals between ages 15 and 25 who have symptoms that might indicate the start of a serious and persistent mental illness. The priority components of the Early Onset Program are early detection, engagement and prompt assessment, referral, treatment, and family support. In addition to the treatment interventions, outreach and education helps the community understand that this program has the expertise and resources to address the first signs of serious mental illness.

Treatment objectives of the program are psychoeducation for client and family on serious mental illness, individual therapy, individual rehabilitation services, family therapy, cognitive behavioral group therapy and parent support groups for families on the Early Onset caseload.

Challenges to the program continue to be providing the best client care for engaged people, while also being engaged in consistent outreach to community stakeholders.

New Three-Year Goal: The Early Onset clinician and peer support specialist will continue working with other Shasta County intensive programs and supportive staff, such as parent partners, to increase service breadth and depth to clients.

Year One Progress: The Early Onset clinician and peer support specialist continue to meet with the Children's Access Team, providing information regarding early signs and symptoms of serious mental illness and when to refer to the program for further evaluations. The Early Onset clinician and other children's mental health staff provided presentations and information at fairs, local colleges, high schools, continuation and independent study schools, and has met with local school counselors who provide services to multiple school districts.

4. Stigma and Discrimination Reduction

Shasta County's Stand Against Stigma campaign works to promote mental wellness, increase community awareness of mental health and end the stigma surrounding mental illness and substance abuse. The stakeholder-developed messages used in this project are strength-based and focused on recovery:

- Mental health problems affect almost every family in America.
- People with mental health problems make important contributions to our families and communities.
- People with mental health problems recover, often by working with mental health professionals and by using medication, self-help strategies, and community supports.
- Stigma and fear of discrimination keep many people from seeking help.
- You can make a difference in the way people view individuals' mental health problems if you:
    - Learn and share the facts about mental health and about people with mental health problems, especially if you hear or read something that isn't true;
    - Treat people with mental health problems with respect and dignity; and
    - Support the development of community resources for people with mental health problems and their friends and family.

Stand Against Stigma includes the following strategies:

- Media campaign
- Community education and open-to-the-public forums as part of the "Stand Against Stigma: Changing Minds About Mental Illness" and "Get Better Together" awareness campaigns
- Promoting and rewarding positive portrayals of people with mental health problems
- Brave Faces Portrait Gallery and Speakers Bureau featuring more than 25 local residents who share their experiences with mental illness, substance abuse disorders and suicide loss
- Annual Minds Matter Mental Health Resource Fair and Music Festival
- The mental health-themed "Hope Is Alive!" Open Mic series
- Becoming Brave trainings (based on the Honest, Open and Proud curriculum) that provide guidance on how and when to disclose
- Recovery Happens events to celebrate recovery from substance use disorders
- Social media campaigns/awareness
- Multimedia and short documentaries

Stand Against Stigma activities are directed by input and guidance from the Stand Against Stigma Committee, which includes people with lived experience, family members, representatives from community-based organizations and members of the Shasta County Mental Health, Alcohol and Drug Advisory Board. Thousands of people have witnessed or taken part in Stand Against Stigma activities in person, and social media campaigns have reached tens of thousands more.

Shasta County's Stand Against Stigma: Changing Minds About Mental Illness campaign has been in place since 2012. Its strength-based messages promote mental wellness, and counter the discrimination and stigma associated with mental health problems. The Get Better Together campaign aims to connect 16- to 25-year-olds with peers who are dealing with heavy issues, educating them about the normalcy of struggles with mental illness, asking them to help themselves, help others, and share what they live and know. Plans are under way to partner with the youth-focused programs and revitalize the Get Better Together website.

In addition, the Stand Against Stigma Committee has collaborated with local musicians and performers to hold 22 Hope Is Alive! Open Mic nights over the past five years, which encourage any local performer to show up and present

music, dance or art that connects with overcoming difficult times or promoting awareness of misunderstood issues. This theme has led to many performers sharing creative works that are mental health related. More than 1,000 people have attended the open mic nights, and more than 110 performers have participated.

The Brave Faces Portrait Gallery and Speakers Bureau use true stories of hope and recovery to fight stigma by improving our understanding of mental illness and suicide. About one in four people will struggle with a mental illness every year, and about 45 people in Shasta County die by suicide every year. Because of shame and discrimination associated with mental health problems, many people don't seek the help they need. Brave Faces are people with lived experience of mental illness, suicide and substance abuse. They go into the community and talk about their lives and their experiences, using their stories to offer hope and recovery, provide education, promote seeking help and end stigma. Audiences include faith-based organizations, media organizations, local businesses, community-based organizations, cultural groups, county and state government agencies, junior high and high schools, local colleges and more. More than 250 Brave Faces presentations have been done within our community, and more than 7,000 people have been reached through these presentations. Our growing number of speakers (about 30 active participants in total) allows us to effectively tailor our messages to the audiences we serve.

The Stand Against Stigma Committee also produces short documentaries and promotes them on social media as a way to reach more people online. See Appendix K for more information.

Three-Year Goal: In addition to all of the activities outlined above, we will continue producing short films and social media content to expand our reach. We are pursuing a Minds Matter podcast and television show in partnership with a local nonprofit. We will also actively participate in local Recovery Happens activities to focus more heavily on addiction related issues. We will continue to evaluate our cadre of Brave Faces speakers to ensure that they are a diverse and dynamic mix.

Year One Progress: We maintained a strong presence on social media throughout the pandemic, and worked closely with Cal HOPE to reach out to people who were struggling. The cadre of Brave Faces portrait participants expanded this year, and now includes a subsection on mothers experiencing postpartum mood and anxiety disorders. The pandemic derailed plans for the traditional Minds Matter Mental Health Fair, but we adjusted those plans in 2021 to provide a drive-through event, where people could safely receive information about mental health resources, and also receive cheerful greetings from socially distanced volunteers with encouraging signs. We will continue to come up with creative ways to help people recover from the pandemic.

Prevention and Early Intervention (PEI)

5. Suicide Prevention

From 2017 to 2019, an average of 48 Shasta County residents died by suicide each year. Hundreds more are left to cope with the aftermath. This does not include the many more who struggle to cope with or recover from attempted suicide or self-injury. Suicide prevention project activities are implemented by the Health and Human Services Agency in partnership with the Shasta Suicide Prevention Workgroup, a collaborative of local public and private agencies and concerned community members working to decrease suicide attempts and deaths in Shasta County.

Prevention activities must meet five fundamental concepts of the MHSA: cultural competence; wellness, recovery, resilience; community collaboration; client- and family-driven mental health system; and integrated service experience. A suicide prevention website promotes these ideas and keeps the community up to date on local meetings, trainings and events. The page also promotes local and national resources, such as the National Suicide Prevention Lifeline, the Institute on Aging Friendship Line for older adults, and the Alex Project Crisis Text Line.

Captain Awesome, a men's mental health campaign launched in 2017, continues to combat the societal pressures for men to repress emotions and not show weakness. Captain Awesome demystifies mental health and depression while giving men the tools to maintain their mental and emotional health. "More than Sad", an evidence-based educational program developed by the American Foundation for Suicide Prevention, teaches teens to recognize signs of depression in themselves and others, challenges the stigma surrounding depression, and demystifies the treatment process. Question, Persuade, Refer (QPR) trainings teaches people the warning signs of suicide and provide them with tools to respond to a person in suicide crisis. These trainings are given to groups or organizations in the county upon request. Since 2015, 1,355 people have received Question, Persuade, Refer (QPR) Suicide Prevention Training.

Additional suicide prevention activities include:

- Continued collaboration with local law enforcement, firearms vendors and concealed weapon training instructors about decreasing the access to lethal means for suicide attempts.
- Participation at community outreach events (health fairs), especially those concerning mental health, support services and suicide prevention, such as Running Brave, the American Foundation for Suicide Prevention's Out of the Darkness Walk and Suicide Loss Survivor Day.
- Promotion of the Directing Change Program and Student Film Contest to local high schools.
- Annual Suicide Prevention and Mental Health Symposium.
- Educating local media and news outlets regarding the importance of appropriate and responsible reporting of suicide.
- Providing suicide prevention resources to local medical professionals.
- Utilize techniques from The Center for Mind-Body Medicine (CMBM) to provide mind-body skills small groups and workshops to high-risk populations to help reduce stress.
- Promotion of Hill Country's Mobile Crisis Outreach Team (MCOT) – Mobile Health Van.

Three-Year Goal: Continue to grow and evaluate the Captain Awesome campaign with ongoing input from the Men's Advisory Group. Explore postvention and lethal means safety approaches, and pursue opportunities for collaboration with agency partners, including but not limited to law enforcement and community organizations.

Year One Progress: The Captain Awesome campaign was updated and rolled out, after receiving feedback from the Men's Advisory Group. Mind-body skills groups continue throughout the community, and community-wide Mental Health First Aid courses have been offered.

Prevention and Early Intervention (PEI)

5. CalMHSA Statewide Projects

CalMHSA provides California counties, including Shasta, with a flexible, efficient and effective administrative and fiscal structure. It helps counties collaborate and pool their efforts in:

- Development and implementation of common strategies and programs
- Fiscal integrity, protections and management of collective risk
- Accountability at state, regional and local levels

CalMHSA administers three MHSA Prevention and Early Intervention statewide initiatives on behalf of California counties:

- Suicide Prevention
- Stigma and Discrimination Reduction
- Student Mental Health Initiative

Workforce Education and Training (WET)

Workforce Education and Training (WET) programs are designed to create a public mental health workforce which includes clients and family members; is sufficient in size; has the diversity, skills, and resources to deliver compassionate, safe, timely and effective mental health services to all individuals who are in need; and contributes to increased prevention, wellness, recovery, and resiliency. The intent of WET is to provide programs to address identified shortages in occupations, skill sets, and individuals with unique cultural and linguistic competence in public mental health programs. These projects are included in the Health and Human Services Agency's WET plan:

1. Comprehensive Training
2. Consumer and Family Member Volunteer Program
3. Internship Program
4. Superior Region WET Partnership
5. Office of Statewide Health Planning and Development

1. Comprehensive Training

The Comprehensive Training project provides trainings on specific strategies and skills to help people working in the public mental health field learn more about providing services that meet the community's needs. Trainings provide opportunities to increase competencies of the community workforce and are available to HHSA staff, contract providers, private practice professionals, community-based organizations, consumers, family members, and students.

The HHSA's De-Escalation Training teaches employees how to identify behaviors that could lead to a crisis, effectively respond to prevent the situation from escalating, use verbal and nonverbal techniques to defuse hostile behavior and resolve a crisis before it becomes violent, cope with one's own fear and anxiety, and avoid injury if behavior does become physical. This program has been incorporated into HHSA's human resources unit and is no longer funded by MHSA.

2. Volunteer Program

The Mental Health Services Act Volunteer Program addresses the WET goals of increasing mental health career development opportunities and promoting employment of consumers and family members. This program is open to anyone over age 18 who desires an introduction to the public mental health system and the opportunity to explore their interest in and suitability for this type of work. Prior to volunteering, each participant completes the Shasta MHSA Academy training program. These projects have been put on hold during the pandemic.

Wellness Recovery Action Planning (WRAP)

Shasta County has several certified Advanced Level WRAP facilitators (ALFs), which has increased capacity to provide WRAP trainings in the community. Anyone can use this evidence-based prevention and wellness process to get well, stay well and make their life the way they want it to be. It is used by health care and mental health systems all over the world to address physical, mental health and life issues. The majority of WRAP courses are now being provided by a community partner, Sunrise Mountain Wellness Center.

3. Internship Program

This program gives people working toward a degree or licensure the opportunity to gain required internship supervision hours. Internships and residencies are available for Marriage and Family Therapists, Masters of Social Work, and Psychiatric Mental Health Nurse Practitioners. Supervision is provided by Health and Human Services Agency staff, including the Chief Psychiatrist and a Marriage and Family Therapist.

Students (employees and non-employees) are provided internship hours required by their educational programs as they work toward a master's degree. Once an employee has graduated and starts working toward licensure, clinical supervision hours are provided to meet licensure requirements.

Workforce Education and Training (WET)

4. Superior Region WET Partnership

WET funds from the state are paying for regional county partnerships throughout California that focus on increasing the education and training resources dedicated to the public mental health system workforce. These regional partnerships are supported by staff from participating counties. Shasta County is part of the Superior Region WET Partnership, which has been revitalized in the past year. Led by Butte County's Mental Health Services Act coordinator, the Superior Region WET Partnership looks to increase offerings in months to come.

Shasta County has also expanded its peer support program, and continues to integrate these valuable employees into its programs.

Three-Year Goal: We plan to expand peer mentoring support and volunteer support throughout the community, and we continue to monitor California peer certificaiton efforts. We will continue working with California State University Chico, California State University Humboldt, Simpson University and National University to provide internship opportunities to students in their master's programs.The Health and Human Services Agency will continue to participate in the Superior WET Regional Partnership to bring statewide projects to Shasta County.

Year One Update: All HHSA employees received De-Escalation training. WRAP Level 1 training has been provided throughout the community. Peer support specialists continue to provide critical support to clients at HHSA facilities and through community partners.

Innovation

Innovation projects are novel, creative and/or ingenious mental health practices or approaches that contribute to learning. In 2019, MHSA staff sought feedback from community stakeholders for a new Innovation project. The process focused on reviewing the current mental health continuum of care, identifying weaknesses or absences in services, and brainstorming ideas for a new project that would fill the identified gaps and better meet community needs. The idea that bubbled to the top was an intergenerational project that addressed two things – the high number of Adverse Childhood Experiences in Shasta County, and isolation and the resulting depression that can occur in older adults.

After receiving direction from stakeholders and going through the Request for Proposals process, Pathways to Hope for Children was selected to create a teen center staffed by older adults that builds hope and resiliency among youth, while also reinforcing a sense of purpose for older adults. This project will be presented to the Mental Health Services Oversight and Accountability Commission later this year.

This is also the final year for the Counseling and Recovery Engagement (CARE) Center to receive Innovations funding. Stakeholders supported continuing this program using Community Services and Supports funding starting in early 2021, as it has met its objectives:

1. Improve access to services, particularly for people unserved or underserved by the existing mental health system.
2. Reduce mental health crises, including trips to the hospital emergency room, in both human and economic benefits.
3. Bridge service gaps, facilitate access to community-based resources and better meet individual and family needs.
4. Help families by partnering with other agencies and community-based organizations, including family-focused services, to increase access to mental health services and supports for families with competing daytime responsibilities.
5. Identify services that are most associated with successful individual and family outcomes, with a particular focus on effective collaborative approaches.

In addition, Shasta County has been participating in the planning process for a multi-county Innovations project regarding Psychiatric Advance Directives,and the planning process for another Innovations project will begin in Fall 2021.

The CARE Center Activity Report and the Innovation Project Outcome Tracking Report can be found in Appendices L and M.

Mental Health Services Act Budgets

FY 2019/20 Mental Health Services Act Annual Update Funding Summary

	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
Estimated FY 2019/20 Funding						
Estimated Unspent Funds from Prior Fiscal Years	5,533,207	2,760,712	2,163,462	0	0	
Estimated New FY2019/20 Funding	6,423,207	1,605,802	422,579			
Transfer in FY2019/20a/	0					
Access Local Prudent Reserve in FY2019/20						0
Estimated Available Funding for FY2019/20	11,956,414	4,366,514	2,586,041	0	0	
Estimated FY 2019/20 MHSA Expenditures	7,457,618	1,674,356	749,000	0	0	

Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Distributions from the Local Prudent Reserve in FY 2019/20	0
4. Estimated Local Prudent Reserve Balance on June 30, 2020	0

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Mental Health Services Act Budgets

Community Services and Supports (CSS) Component Worksheet

Fiscal Year 2019/20	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Client Family Operating Services	505,098	505,070				28
2. Shasta Triumph and Recovery	2,098,758	1,605,539	465,935			27,284
3. Crisis Residential and Recovery	896,177	0	893,560			2,617
4. Crisis Response	1,295,543	895,825	332,483			67,235
5. Outreach-Access	1,440,656	1,102,909	322,690			15,057
6. Housing	1,034,780	962,647	18,036			54,097
Non-FSP Programs						
1. Rural Health Initiative	905,799	457,890	99,541			348,368
2. Older Adult Services	46,423	24,876	19,357			2,190
3. Co-Occurring/Primary Care Integration	252,261	48,123	167,817			36,321
4. Laura's Law	401,115	382,979	18,136			
5.				0	0	
CSS Administration	1,477,490	1,471,760				5,730
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	10,354,100	7,457,618	2,337,555	0	0	558,927
FSP Programs as Percent of Total	97.5%					

Mental Health Services Act Budgets

Prevention and Early Intervention (PEI) Component Worksheet

Fiscal Year 2019/20	Total Mental Health Expenditures	PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
Prevention Programs						
1. Stigma and Discrimination	210,848	210,808				40
2. Suicide Prevention	228,913	228,913				
3.						
4.						
5.						
6.						
Early Intervention Programs						
7. Children and Youth in Stressed Families:	0					
a. Triple P	568,658	521,854	46,545			259
b. Middle School	342,464	314,394	28,031			39
c. ACE	61,155	56,144	5,006			5
e. Trauma Training	114	105	9			
8. Individuals Experiencing Early Onset of Serious Psychiatric Illness	106,302	75,201	30,869			232
						0
				0	0	
PEI Administration	267,024	266,937				87
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	1,785,478	1,674,356	110,460	0	0	662

Mental Health Services Act Budgets

Innovations (INN) Component Worksheet

Fiscal Year 2019/20	Total Mental Health Expenditures	INN Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
Innovation Programs						
1. Counseling and Recovery Engagement Center	755,399	742,880	12,519			
INN Administration	6,120	6,120				
Total INN Program Estimated Expenditures	761,519	749,000	12,519			

Public Comment/Public Hearing

The public comment period for the Annual Update to the Three-Year Program and Expenditure Plan, which includes data from Fiscal Year 2019-20 along with the annual Innovations and Prevention and Early Intervention Reports, began May 24, 2021. A public notice regarding the public comment period and public hearing was published on www.ShastaMHSA.net and the Shasta County Health and Human Services Agency's Facebook, Instagram and Twitter pages during the 30-day public comment period of May 24, 2021, to June 23, 2021. The public notice was also sent to local media, and a copy of the draft document was posted on ShastaMHSA.net. A link to the draft document was e-mailed to stakeholders, advisory board members and stakeholder workgroup members, and copies were available upon request. The public comment period was closed and a public hearing was conducted by the Shasta County Mental Health, Alcohol and Drug Advisory Board during their June 23, 2021, special meeting; no comments were received, and the board approved this report. The report was approved by the Shasta County Board of Supervisors on June 29, 2021.

For information regarding this document, please contact:

Kerri Schuette, Mental Health Services Act Coordinator

Shasta County Health and Human Services Agency

(530) 245-6951

kschuette@co.shasta.ca.us