



# Mental Health Services Act

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

FISCAL YEAR 2022-2023,  
PUBLISHED JUNE 2022

INCLUDES DATA FROM FISCAL YEAR 2020-21,  
ALONG WITH THE ANNUAL INNOVATIONS AND  
PREVENTION AND EARLY INTERVENTION REPORTS



Shasta County  
**Health & Human  
Services Agency**

# Table of Contents

A Vision of Recovery.....	3
Message from the Director .....	4
Mental Health Services Act Overview .....	5
Community Program Planning .....	6
Program Evaluation.....	11
Mental Health Services Act Programs .....	12
Community Services and Supports (CSS).....	13
Prevention and Early Intervention (PEI) .....	23
Workforce Education and Training (WET) .....	35
Innovation .....	36
Mental Health Services Act Budgets.....	39
Fiscal Accountability Certification.....	43
Board of Supervisors Minute Order.....	45

## **Appendices (see accompanying document)**

Community Planning Process (Appendix A) .....	1
Child and Adolescent Needs and Strengths (CANS) (Appendix B).....	6
Milestones of Recovery Scale (MORS) (Appendix C).....	14
Customer Perception Survey (Appendix D).....	17
Wellness Center and NAMI Summary Reports (Appendix E).....	23
Full Service Partners (FSP) (Appendix F) .....	29
Federally Qualified Health Centers (Appendix G).....	47
CARE Center (Appendix H).....	54
Crisis Residential and Recovery Center (Appendix I).....	79
The Woodlands (Appendix J) .....	81
Triple P (Appendix K) .....	84
At-Risk Middle School (Appendix L) .....	103
Adverse Childhood Experiences Outreach (Appendix M).....	123
Stigma and Discrimination (Appendix N) .....	124
Suicide Prevention (Appendix O) .....	128
Prevention and Early Intervention (Appendix P) .....	132
Innovations final report, CARE Center (Appendix Q).....	136
Hope Park Innovations plan (Appendix R) .....	161
Psychiatric Advance Directives Innovation plan (Appendix S).....	198
Plan of Correction items (Appendix T) .....	249

# 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 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, clients and families, the Shasta County Health and Human Services Agency provide Mental Health Services Act-funded programs that serve children, transitional age youth, adults and older adults.

This has been an exciting year for Shasta County's Mental Health Services Act programs, as we have launched two new Innovations projects and added several new programs to improve youth mental health. We are delighted to introduce you to Hope Park, a multigenerational project operated out of teen centers that brings teens and older adults together with the goal of improving mental wellness for both populations. Shasta County is also proud to be participating in the multi-county Psychiatric Advance Directives project, which will give people more power to make their own decisions for their psychiatric care during a mental health crisis. The Launch, IMPACT and Mental Health Student Services Act grant programs are helping to put critical services within reach of youth and their families to improve their chances for a bright and healthy future. In addition, the Workforce, Education and Training program has been re-energized to help provide supports to ensure a robust public mental health workforce.

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,

Laura Burch

Acting Director, Shasta County Health and Human Services Agency



# 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. See Appendix A.

Underserved cultural populations	
Level Up NorCal	Pit River Health Services
Hispanic Latino Coalition	Redding Rancheria
Local Indians for Education	Shasta County Citizens Against Racism
NorCal OUTReach	Victor Youth Services (LGBTQ+)
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 College
Chico State University	Shasta County Office of Education
National University	Simpson University
Community-based organizations	
Northern Valley Catholic Social Service	Kings View
Area Agency on Aging	Tri-Counties Community Network
Shasta County Chemical People	Youth Violence Prevention Council
Community Foundation of the North State	United Way of Northern California
Pathways to Hope for Children	One SAFE Place
Good News Rescue Mission	Children's Legacy Center
ShiningCare	Dignity Health Connected Living
Dunamis Wellness Center	Family Dynamics
First 5 Shasta	Golden Umbrella
The McConnell Foundation	Visions of the Cross
Health care	
Hill Country Health and Wellness Center	Shasta Community Health Center
Mountain Valleys Health Centers	Shingletown Medical Center
Dignity Health	Shasta Regional Medical Center
Mayers Memorial Hospital District	Health Alliance of Northern California
Veterans Administration	
...and many, many more.	

# Community Program Planning

## Regular stakeholder committees:

The following meetings were held during Fiscal Year 2020-21.

**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:** March 30, 2021. These quarterly meetings were put on hold during 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 14, 2020; August 11, 2020; Sept. 8, 2020; Oct. 13, 2020; Nov. 10, 2020; Dec. 8, 2020; Jan. 12, 2021; Feb. 9, 2021; March 9, 2021; April 13, 2021; May 11, 2021; June 8, 2021.

**Suicide Prevention Collaborative:** The Suicide Prevention Workgroup was renamed the Suicide Prevention Collaborative to better reflect its purpose. This local collaboration of community members and public and private agencies focuses on reducing suicide in Shasta County. It discusses the progress being made in suicide prevention, as well as action planning, implementation and evaluation. Because the suicide prevention coordinator was reassigned to COVID-19 duties during the pandemic, fewer meetings than usual were held.

**Meeting dates:** March 18, 2021; May 20, 2021.

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:** Oct. 7, 2020; Jan. 6, 2021; March 3, 2021; May 5, 2021; June 23, 2021.

# Community Program Planning

One general stakeholder meeting was held during Fiscal Year 2020-21 (most were postponed due to the pandemic), and three additional stakeholder meetings were held specifically to gather input for this report. In preparation for the creation of this report, this included a general stakeholder meeting held online on January 18, 2022, followed by meetings at the Sunrise Mountain Wellness Center on March 30, 2022, the Circle of Friends Wellness Center in Burney on April 1, 2022, and the Stand Against Stigma Committee on April 12, 2022. 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, including peer support specialists
- Law enforcement agencies
- Educators
- Social services agencies
- Veterans
- Providers of alcohol and drug services
- Health care organizations

All stakeholder meetings were advertised in press releases and on social media, and we encouraged partners and committee members to also share them in their circles. Online meetings were recorded 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.

## **Below is a summary of stakeholder feedback from the general meeting:**

- The new layout for this report is easier to understand.
- Supported the Hope Park and Psychiatric Advance Directives projects.
- Isolation and loneliness is a challenge for older adults, and a community provider would like the Health and Human Services Agency to promote a friendship line.

## **From the Sunrise Mountain Wellness Center meeting:**

- Attendees enjoy the growing number of programs at the center, they appreciate lunch, and they feel communication is excellent.
- They would like to have more art, groups (for topics including anxiety, depression, walking), general wellness, equine therapy, volunteer opportunities. They would also like cooking classes, perhaps taught by a local diabetic-friendly cooking expert.
- Peer support is highly valued and was a popular topic of discussion. Identified needs included a phone line for peer support, train mental health drivers in peer support, peers leading other peers, and peer support at the Center for Behavioral Health at Shasta Regional Medical Center and Restpadd at the beginning of the person's crisis through their journey. The state of Virginia has peer support for crisis, which might serve as a good example for us.



# Community Program Planning

- HHSA's Access program could benefit from connection between visits, as some clients are not well enough to make it a month between visits.
- Transportation continues to be inadequate.
- Veterans Services and Shasta Community Health Center provide good care.
- People without addresses need better access to services, including toilets, water and showers. Staff, perhaps peer support, should go to their communities with resources. A mobile unit could go into communities where people without addresses tend to stay.
- It is difficult to access counselors and therapists if you have Partnership HealthPlan or private insurance.
- North American Mental Health Services' 30-minute appointments are not long enough.
- More housing is needed, including supportive housing and emergency housing.
- Accessing emergency services during a psychiatric emergency is hard. We need more emergency crisis psychiatric services that fall into the continuum of care between the CARE Center and the emergency department.
- Crisis Residential and Recovery Center is valued.
- The new Crisis Intervention and Response Team is amazing! They were fast and provided safety and support.
- The Hill Country mobile crisis van is incredible, professional and caring.
- Restpadd is not warm and welcoming, as the walls are dark and you can't see out the windows.
- People with autism need better support and understanding. The county directs them to Far Northern Regional Center, but the regional center doesn't serve their mental health needs.
- COVID-19 led to a large increase in drug use. The county needs more Narcan and should have testing strips "everywhere."
- Youth need to be able to access Mental Health First Aid in schools. (Stakeholders were then advised that a local provider is pursuing certification to offer youth-focused MHFA training.)
- WRAP should be offered in schools.
- We need more publicity on suicide and attempts so people know it is a problem.

## **From the Circle of Friends meeting:**

- Attendees love the Circle of Friends and the space.
- They would like a community pool for people with disabilities.
- They would like more arts and crafts, including clay.
- Therapy is good at Hill Country Community Clinic in Round Mountain.
- Transportation, which was identified as a major challenge in prior years, has gotten better. MTM Inc.'s non-emergency medical transportation has significantly lightened staff's workload, as it was challenging to have to drive clients places while also ensuring adequate staffing at the center. Shasta Connect runs to McArthur, so clients can go to the DMV. RABA is also available. The main transportation gap now is between Burney and Round Mountain.

# Community Program Planning

- Some clients had their work published in the “Diverse Minds” book and were very proud of that.
- Weekends can feel isolating, and clients recommended having a creative studio offered on days when Circle of Friends is not open, at a community location that would be open to people of all ages and abilities. Painting, jewelry and sewing classes were some of the suggested offerings, and a gallery in the building could allow people to display and potentially sell their work.
- Clients would like local high school students to do senior projects that involve socializing with older people.
- The Intermountain area needs a crisis response team, like the Hope Van or mobile crisis. Resources are limited, including ambulances, and people sometimes cannot access their preferred hospital in Redding because the long drive would leave the Intermountain area without an ambulance.
- Clients were happy about the Burney Commons apartments, which are scheduled to be under construction soon, and additional housing is still needed. It is too expensive.

## **From the Stand Against Stigma meeting:**

- Expanding Wellness Recovery Action Plan (WRAP) offerings to include “Healthy Aging WRAP” for seniors. A community member is willing to be trained to offer this specific WRAP program.
- More “bottom up” feedback from local youth and what they feel they need to take care of their mental health. Youth mental health has been addressed throughout the pandemic, but it was much more from the “top down” or from an adult’s perspective.
- Any program that could provide a link between intensive, such as Assisted Outpatient Treatment, and lower levels of treatment. This link is especially important when changing the contracted partner who is providing the service. They also felt it is important to find a way to identify when someone says they’re doing better while in an intensive program, but it’s not showing to others involved in the person’s life.
- Another committee member requested information on what the Workforce Education and Training funds are being used for currently, and the MHSA coordinator followed up by sharing the information on the “Workforce Education and Training” in this document.

# Program Evaluation

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?**

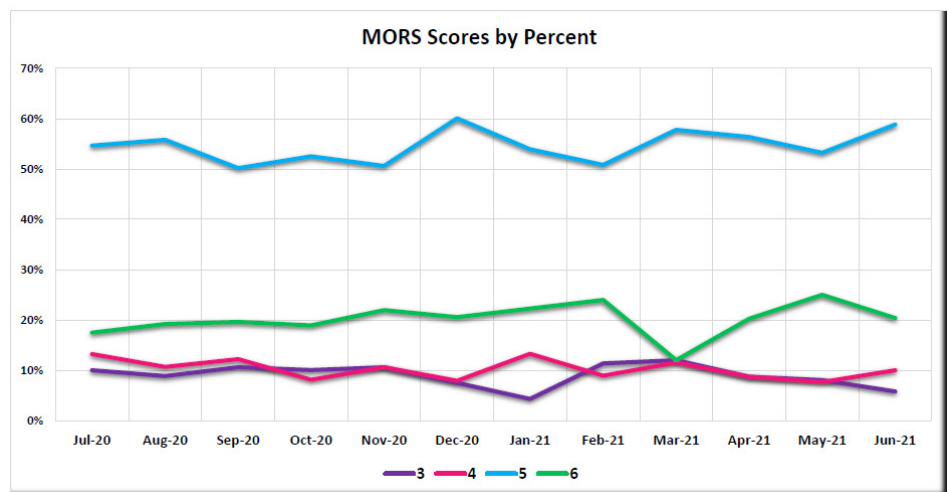
Shasta County Health and Human Services Agency is dedicated to measuring mental health outcomes for the purpose of guiding treatment practices at both the individual and service level.

## **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. The CANS is well liked by parents, providers and partners because it is easy to understand and does not necessarily require scoring to be meaningful. This tool 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. See Appendix B for additional details.

## **MORS: Milestones of Recovery Scale**

Shasta County transitioned from MORS to MORS II in August 2021. It tracks 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 provides a snapshot of an individual's progress toward recovery using milestones that



include level of risk, level of engagement and level of skills and supports. MORS II reflects client progress, monitors changes in the people we serve, is used as a communication tool between practitioners, provides outcome data for decisionmaking, and supports fiscal stewardship by monitoring costs over time.

By administering the MORS II on a regular basis, an individual's recovery process can be monitored and treatment adjusted to support progressive, successful recovery. Learn more in Appendix C.

## **Client satisfaction**

The Health and Human Services Agency aims to use feedback from clients, family members and the general public to help ensure a positive experience for people using our services. The California Department of Health Care Services requires all California counties to make the voluntary Consumer Perception Survey available (see Appendix D). The Service Satisfaction Survey in the lobby of our mental health clinic received no responses this year. The Health and Human Services Agency has launched an Agency-wide customer satisfaction survey, with posters, online links and instructions for front-desk staff on how to encourage clients to take the survey, which should increase our Agency's knowledge about customer experience.

# Mental Health Services Act Programs

Community Services and Supports	
Client and Family Operated Services	
<ul style="list-style-type: none"> <li>NAMI</li> </ul>	<ul style="list-style-type: none"> <li>Wellness centers</li> </ul>
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	
<ul style="list-style-type: none"> <li>Triple P</li> <li>Trauma-Focused Treatment</li> <li>At-Risk Middle School</li> <li>0-5</li> </ul>	<ul style="list-style-type: none"> <li>Adverse Childhood Experiences</li> <li>Launch</li> <li>IMPACT</li> <li>MHSSA grant</li> </ul>
Individuals experiencing the onset of serious psychiatric illness	
Stigma and discrimination reduction	
Suicide prevention	
CalMHSA statewide projects	
Workforce Education and Training (WET)	
Superior WET Partnership	
Innovation (INN)	
CARE Center	
Hope Park Project	
Psychiatric Advance Directives (PADs)	
Capital Facilities/Technological Needs (CF/TN)	
None during this reporting period	

# Community Services and Supports (CSS)

## Client and Family-Operated Systems

**Fiscal Year 2020-21 Expenditures:** \$692,298

**Who this program serves:** People 18 and over with mental illness and their families

**Number of people served:** Approximately 300 (Sunrise Mountain Wellness Center opened mid-year)

### What this program does:

- Operates two consumer-run wellness centers: Sunrise Mountain Wellness Center in Redding, operated by Kings View, and Circle of Friends in Burney, operated by Hill Country Health and Wellness Center.
- Funds the Shasta County National Alliance on Mental Illness (NAMI), which provides education programs in the community including NAMI Basics, NAMI Family-to-Family, NAMI Peer-to-Peer, Family Support Group and NAMI on Campus. NAMI operates out of the CARE Center and facilitates peer support groups and offers one-on-one mentoring.

### Three-year goal:

- Provide programs at the two wellness centers that include engagement activities, peer support, socialization and wellness and recovery activities. Programs shall include partnerships with other community groups. This includes weekly scheduled activities or groups, workshops (employment, housing, independent living skills, personal finances) and 12-step recovery meetings. Increase participants' ability to spend time in meaningful activities, increase satisfaction with level of involvement in the community, and reduce adverse consequences of untreated or undertreated mental illness.
- For NAMI, provide at least four hours of peer support per month, one 10-week Peer-to-Peer program per fiscal year, one 12-week Family-to-Family program per fiscal year, one six-week NAMI Basics program per fiscal year, Family Support Group sessions at least twice a month, 20 hours of one-on-one mentoring, and NAMI On Campus for at least two local high schools.

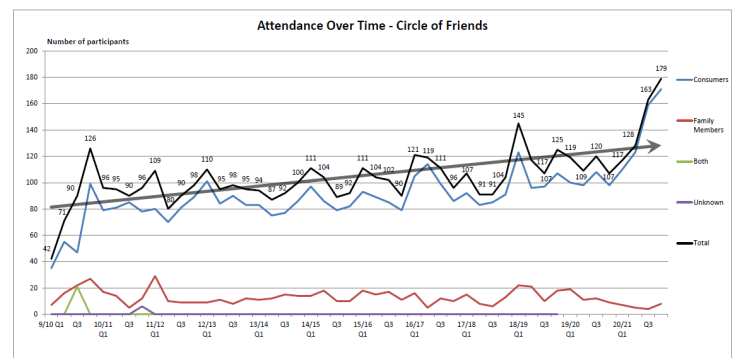
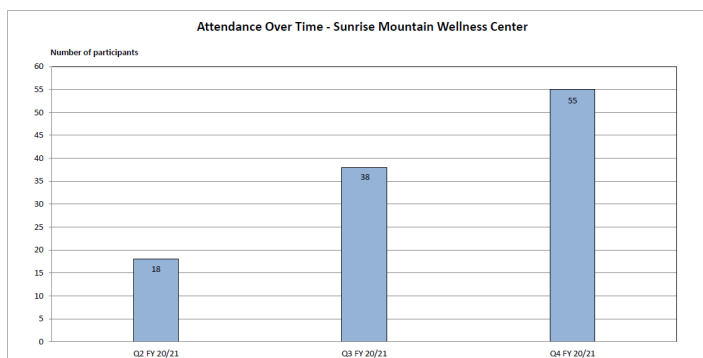
### Achieved in year two:

- The Redding wellness center shifted from Northern Valley Catholic Social Service to Kings View, and the name was changed from the Olberg Wellness Center to Sunrise Mountain Wellness Center. Despite the pandemic, the wellness centers provided a cumulative total of 2,016 workshops, groups, activities and 12-step recovery meetings. Attendance at both centers steadily increased through this fiscal year.
- NAMI volunteers ran Family Support Group sessions every two weeks, and an average of about 17 hours per month were spent on mentoring. There were no facilitated peer support sessions, Peer-to-Peer, Family-to-Family, or NAMI Basics programs, due in large part to COVID challenges.

### Looking to next year:

- Continue to achieve activities outlined in the Three-Year Goal.
- With COVID restrictions now being relaxed, offer the courses outlined in the Three-Year Goal.

Find more information in Appendix E.





# Community Services and Supports (CSS)

## Shasta Triumph and Recovery (STAR)

### Fiscal Year 2020-21 Expenditures:

\$2,155,099

### Number of people served: 130

**Who this program serves:** Adults 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 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

### What this program does:

- Supportive housing, linkage to services to maintain lowest level of care, therapy, crisis interventions, education regarding mental health symptoms and treatment, help identifying and practicing coping skills, around-the-clock support, medication support in the clinic, field-based medication support with nurses, alcohol and drug services, social group activities, employment preparations, peer support

### Three-year goal:

- More Full Service Partners will be able to access supportive housing through The Woodlands.
- Provide extensive social and supportive services with the goal of maintaining permanent housing.
- Continue efforts to reach out to the hardest-to-reach populations, including people who are homeless and suffer from severe and persistent mental illness.
- Expand 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.
- Increase the number of adult FSP served by the team to 80 partners.

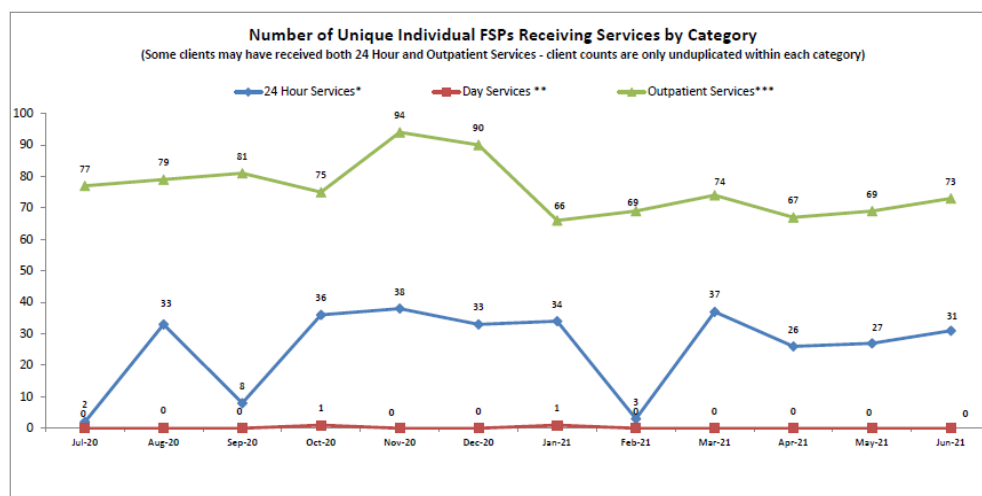
### Achieved in year two:

- Increased the number of FSP into The Woodlands housing.
- Increased caseload and increased clients served by Adult STAR team to more than 100.

### Looking to next year:

- Expand housing options, both independent living and supportive housing.
- Keep more clients off conservatorship and out of the hospital.

Find more information in Appendix F.



# Community Services and Supports (CSS)

## Rural Health Initiative

**Fiscal Year 2020-21 Expenditures:**  
\$837,156

**Who this program serves:** People with severe and persistent mental illness who live in rural areas.

**Number of people served:** 3,176

### What this program does:

- 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.

### Three-year goal:

- A. 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.

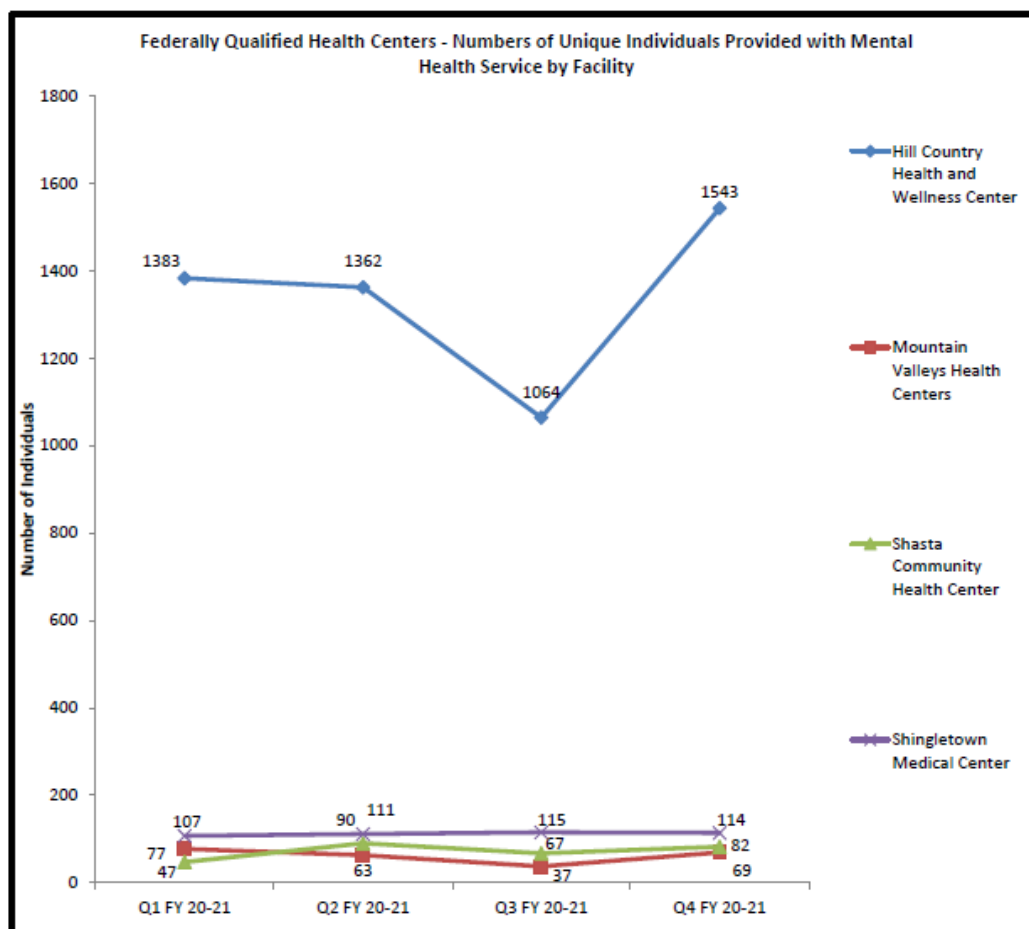
### Achieved in year two:

- A. Increased the number of people served by a Federally Qualified Health Center by 8.4%.

### Looking to next year:

- A. Continue to achieve the Three-Year Goal.

Find more information in Appendix G.



# Community Services and Supports (CSS)

## Older Adult

**Fiscal Year 2020-21 Expenditures:**  
\$9,756

**Who this program serves:** Adults age 60 and older

**Number of people served:** 50

### What this program does:

- Helps 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 support recovery or rehabilitation as deemed appropriate by clients and their natural support system of family and community. Services include medication management, therapy, case management, community connection and connection to transportation.

### Three-year goal:

- A. Continue to ensure that outreach and stakeholder groups include older adults.
- B. Increase number of people served.
- C. Reduce hospitalization.

### Achieved in year two:

- A. Engaged older adults in stakeholder meetings.

### Looking to next year:

- A. Continue to increase the number of older adults served.
- B. Continue to partner with the Area Agency on Aging and engage stakeholders to ensure older adult voices are heard.

# Community Services and Supports (CSS)

## Crisis Services

**Fiscal Year 2020-21 Expenditures:**  
\$1,682,547

**Number of people served:** 1,406

**Who this program serves:** People experiencing a mental health emergency, including those who come to local emergency departments on an involuntary mental health hold, people with a psychiatric diagnosis who visit emergency departments frequently, people who may need acute psychiatric hospitalization, and people who require services to maintain a lower level of care and stability

### What this program does:

- Case management, linkage to services, discharge planning to coordinate care.
- 24/7 telephone crisis services.
- Contracts with Hill Country Health and Wellness Center for a mobile crisis team, and with Redding Police Department for a new Crisis Intervention Response Team.

### Three-year goal:

- A. 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.
- B. Identify and address challenges in the inpatient admissions and discharge processes.

### Achieved in year two:

- A. Care coordination case managers serviced a total of 1,166 clients with a total of 1,691 case management services.
- B. The CARE Center was also shifted from the Innovations component to Community Services and Supports in March 2021.

### Looking to next year:

- A. Hire a second case manager to facilitate successful discharge of client from both the emergency department and inpatient facilities.
- B. Coordinate with emergency department and crisis staff, HHSA outpatient services, and community providers.
- C. Provide linkage to ongoing services to reduce the continue need for access of emergency/crisis services.

Find more information about the CARE Center in Appendix H.

# Community Services and Supports (CSS)

## Crisis Services: Crisis Residential and Recovery Center

### Fiscal Year 2020-21 Expenditures:

\$1,268,214

**Number of people served:** 183 admits,  
135 unduplicated

**Who this program serves:** Clients 18 and older who have become suicidal, critically depressed or otherwise psychiatrically incapacitated. Clients are either being released from a 5150 hold in a psychiatric hospital or are in jeopardy of being placed in a psychiatric facility in the next 30 days.

### What this program does:

- Provides residential services for up to 30 days to adults following a mental health crisis to prevent the need for hospitalization.
- 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.
- Helps 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.

### Three-year goal:

- A. To develop systems that accurately standardize practice and approach in service delivery so that we may adjust our current model to help clients connect to appropriate level of care.
- B. Increase 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.

### Achieved in year two:

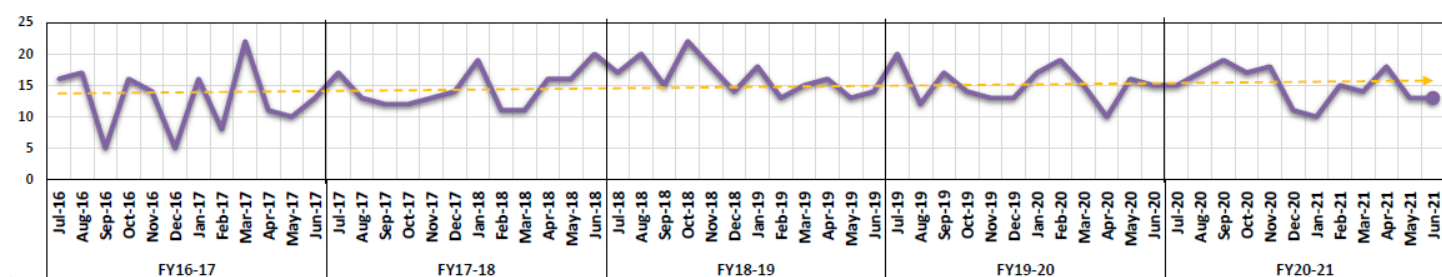
- A. Provided services to 135 unduplicated people.

### Looking to next year:

- A. Continue to achieve Three-Year Goal and look for opportunities to expand services.

Find more information in Appendix I.

CRISIS RESIDENTIAL - NUMBER OF ADMITS BY MONTH





# Community Services and Supports (CSS)

## Crisis Services: Assisted Outpatient Treatment (“Laura’s Law”)

**Fiscal Year 2020-21 Expenditures:** \$0

**Who this program serves:** People 18 and older with a serious mental illness who have a recent history of psychiatric hospitalizations, incarcerations or threatened/attempted serious violent behavior toward themselves or others.

### What this program does:

- Provides court-ordered outpatient treatment for people 18 and older with a serious mental illness who have a recent history of psychiatric hospitalizations, incarcerations or threatened/attempted serious violent behavior toward themselves or others.

### Three-year goal:

- A. Use evidence-based practices to reduce the incidents and duration of psychiatric hospitalization, homelessness, incarcerations and interactions with the criminal justice system while improving the health and social outcomes of people with serious mental illness.
- B. Work with courts to allow people to obtain treatment while continuing to live in the community and their homes.

This program was contracted out to Kings View in Fiscal Year 2020-21. Progress will be noted in next year’s report.

# Community Services and Supports (CSS)

## Housing Continuum

**Fiscal Year 2020-21 Expenditures:**  
\$228,354

**Who this program serves:** People with serious mental illness and their families who are homeless or at risk of homelessness.

**Number of people served:** 147

### What this program does:

- Provides access to housing options, both transitional and permanent supportive, in the least restrictive setting possible.
- **Permanent Supportive Housing:** The Woodlands (75 units, with 29 MHSA funded and designated for people eligible for Full Service Partnership services) includes an HHSA case manager and peer support specialist, along with life skills classes provided by Northern Valley Catholic Social Service. Partners in Housing II is run by Shasta County Housing and also offers case management.
- **Transitional Housing:** Affordable, accessible housing near clients' support systems with adequate access to transportation to services, as found in board and care facilities.

### Three-year goal:

- A. Work collaboratively to identify ways to secure funding for housing in Shasta County.

### Achieved in year two:

- A. The Center of Hope Apartments (98 units, 30 MHSA funded) are under construction next to Hill Country Community Clinic's new 40,000-square-foot medical facility.
- B. Square 1 Homes now house 13 seniors and/or medically fragile adults who are homeless or at risk of homelessness.
- C. Christian Church Homes has applied for No Place Like Home funding to help build 59 units (9 supportive housing) for people 62 and older with a serious mental illness who are homeless or at risk of homelessness.
- D. Plans for the 20-unit Burney Commons continue to move forward with a private developer.

### Looking to next year:

- A. Continue to look for opportunities to expand housing services.

Find more information about The Woodlands in Appendix J.

# Community Services and Supports (CSS)

## Co-occurring/Primary Care Integration

**Fiscal Year 2020-21 Expenditures:**  
\$485,804

**Who this 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.

**Number of people served:** 93

### What this program does:

- Connects people to primary care to provide coordinated care to treat the whole person, and provides 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 diabetes, hypertension, Chronic Obstructive Pulmonary Disease, Hepatitis B or C, metabolic syndrome (anything that leads to obesity), and chronic heart failure.

### Three-year goal:

- A. Work with community providers to improve the integrated treatment of co-occurring disorders to improve the quality of life for people who have both co-occurring severe mental illness and substance use disorders.

### Achieved in year two:

- A. 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.

### Looking to next year:

- A. Continue to achieve the Three-Year Goal.

# Community Services and Supports (CSS)

## Outreach

**Fiscal Year 2020-21 Expenditures:**  
\$1,171,704

**Who this program serves:** People who are unserved and underserved

**Number of people served:** 1,085

### What this program does:

- Case management, nursing and clinical staff reach out to bring people in need into the behavioral health system.
- The Access Team evaluates and assesses everyone who is referred to (or is seeking) mental health services. The team determines the person's level of need and refers them 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.
- Field-based nursing serves clients living with serious mental illness who are difficult to engage in ongoing treatment. Nurses help to reduce symptom relapse, decompensation, and hospitalization. They work to improve treatment engagement, therapeutic alliance, and accessibility of care in accordance with each client's unique goals.

### Three-year goal:

- A. Reinstate 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.

### Achieved in year two:

- A. Reinstated field-based nursing and added a nurse to the team for a total of 3.
- B. Launched the Crisis Intervention Response Team (CIRT), in partnership with the Redding Police Department. The team includes two police officers with advanced crisis intervention and mental health training, and a mental health clinician from HHSA. CIRT works to deescalate situations involving someone experiencing mental health crises and when appropriate, divert them from the criminal justice system and connect them to resources.

### Looking to next year:

- A. Continue to provide outreach to underserved people through the Access Team, field-based nursing, CIRT and other programs.

# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: Triple P

**Fiscal Year 2020-21 Expenditures:**  
\$575,360

**Who this program serves:** Parents

**Number of people served:** 312 youth representing 360 caregivers, plus thousands reached by website and advertising

### What this program does:

- This program enhances parents' knowledge, skills and confidence in an evidenced-based format to prevent severe behavioral, emotional and developmental problems in children.
- Multiple levels of interventions are tailored to meet the child's/family's specific needs, . This program is done in partnership with First 5 Shasta.

### Three-year goal:

- A. 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.
- B. Help parents become positive change agents for their children and enhance the community's capacity to support at-risk children and their families.

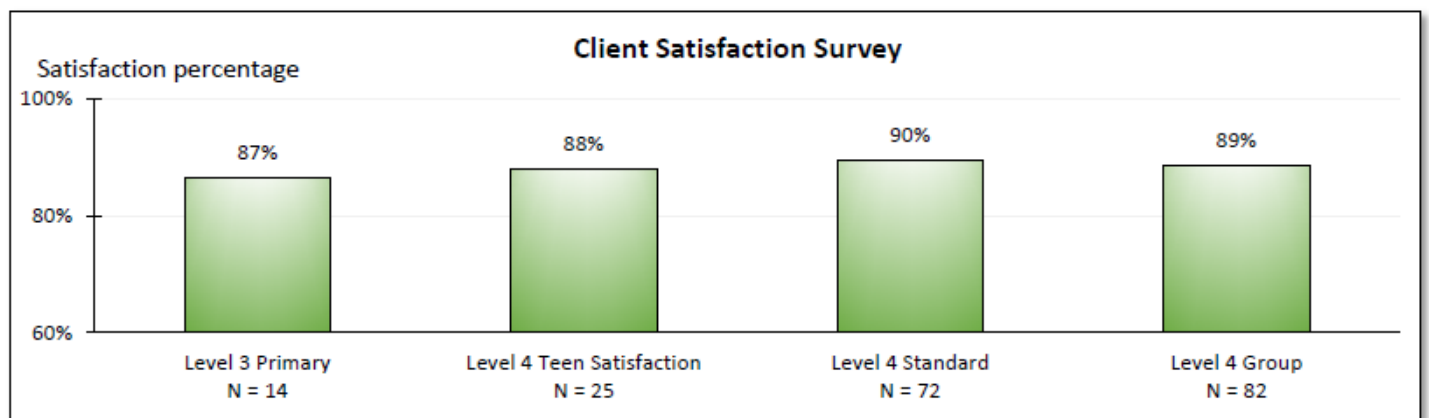
### Achieved in year two:

- A. Parent-child relationship, consistency, teamwork and encouragement improved, reflecting strengthening of parenting skills and supporting families who are at-risk.

### Looking to next year:

- A. Enlist new providers to reach more Shasta County families and serve more people.
- B. Increase outreach among the new providers.
- C. Increase attendees for the Triple P quarterly sustainability meeting.

Find more information in Appendix K.





# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: Trauma-focused treatment

**Fiscal Year 2020-21 Expenditures:**  
\$900

**Who this program serves:** Any youth receiving specialty mental health services with impairments due to trauma

### Number of people served:

Organization of the electronic health record does not currently allow extraction of this information

### What this program does:

- Provides Trauma Focused – Cognitive Behavioral Therapy (TF CBT), Eye Movement Desensitization and Reprocessing (EMDR), Trust Based Relational Interventions (TBRI) and Neurosequential Model of Therapeutics (NMT) assessments for youth with challenging behaviors due to trauma.

### Three-year goal:

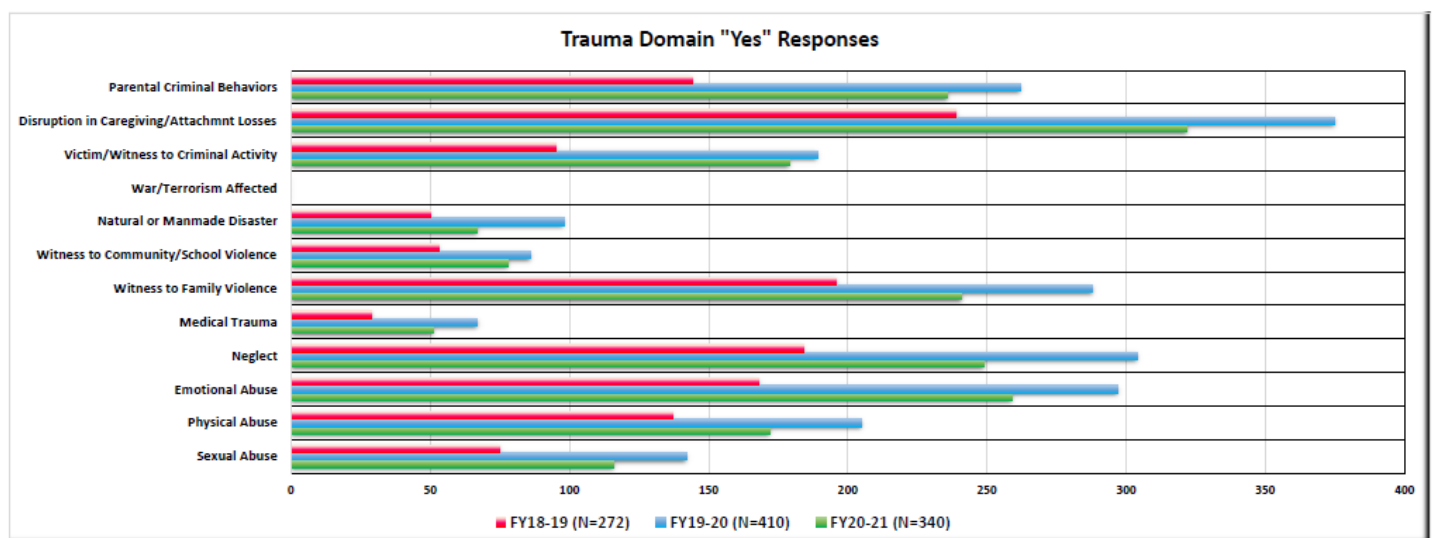
- Decrease hospitalizations.
- Decrease length of stay in treatment.
- Develop tracking mechanisms for therapeutic interventions provided.

### Achieved in year two:

- Specific achievements toward the program goal for 20/21 cannot be confirmed given COVID and operation challenges. Clinician completed 22 NMT assessments during this reporting period.

### Looking to next year:

- Continue to build staff's ability to deliver cohesive trauma-informed services.
- A new treatment modality, Dialectical Behavioral Therapy (DBT), will be implemented in 2022. This evidenced-based psychotherapy began with efforts to treat personality disorders and interpersonal conflicts, and it can be useful in treating mood disorders, suicidal ideation, and for change in behavioral patterns such as self-harm and substance use.



# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: At-risk middle schoolers

**Fiscal Year 2020-21 Expenditures:**  
\$157,447

**Who this program serves:** Middle schoolers

**Number of people served:** 108

### What this program does:

- Promotes healthy alternatives to risky behavior.
- Activities encourage students resist peer pressure to smoke or use drugs and alcohol, and teaches the effects of substance use and healthier life choices.
- Develops greater self-esteem and social skills.
- Teaches relaxation techniques to cope with anxiety.

### Three-year goal:

- A. Increase awareness of peer-pressure related topics, and decrease substance abuse among youth in middle school.

### Achieved in year two:

- A. Anderson Middle School showed increased outcomes in knowledge, specifically anti-drug, and life skills.  
B. Turtle Bay School also showed improved scores in anti-drinking attitudes, and assertiveness/self-control understanding.

### Looking to next year:

- A. Improve implementation in new identified schools.  
B. Strengthen delivery in current schools.  
C. Ensure proper completion of all required surveys to better track outcomes.

Find more information in Appendix L.

		Turtle Bay School								
		6 <sup>th</sup> grade			7 <sup>th</sup> grade			8 <sup>th</sup> grade		
	Measure	Pre-Survey (N = 20)	Post-Survey (N = 20)	Change	Pre-Survey (N = 23)	Post-Survey (N = 23)	Change	Pre-Survey (N = 0)	Post-Survey (N = 0)	Change
<b>Knowledge</b>	Anti-drug	61.15%	70.38%	+9.23% ↑	60.20%	59.20%	-1.00% ↓			
	Life skills	66.84%	80.53%	+13.69% ↑	77.35%	76.66%	-0.69% ↓			
	Overall (combined)	64.53%	76.41%	+11.88% ↑	70.38%	69.57%	-0.81% ↓			
<b>Attitudes</b>	Anti-smoking	4.48	4.50	+0.02 ↑	4.45	4.37	-0.08 ↓			
	Anti-drinking	4.41	4.48	+0.07 ↑	4.21	4.26	+0.05 ↑			
	Anti-drug (combined)	4.44	4.49	+0.05 ↑	4.33	4.32	-0.01 ↓			
<b>Life Skills</b>	Drug refusal	3.06	2.94	-0.12 ↓	4.01	3.77	-0.24 ↓			
	Assertiveness	3.58	3.52	-0.06 ↓	3.35	3.45	+0.10 ↑			
	Relaxation	4.03	4.15	+0.12 ↑	3.91	3.85	-0.06 ↓			
	Self-control	3.48	3.18	-0.30 ↓	3.15	3.26	+0.11 ↑			

# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: 0-5 program

**Fiscal Year 2020-21 Expenditures:**  
\$51,408

**Who this program serves:** Children ages 0-5

**Number of people served:** 73

### What this program does:

- Provides assessment, treatment planning, intensive care coordination, in-home behavioral services, Triple P, case management, individual and family therapy.

### Three-year goal:

- A. Reduce the number of children who require ongoing specialty mental health services.
- B. Maintain or improve the re-entry rate for services.

### Achieved in year two:

- A. During the pandemic, the program was able to sustain service delivery to children, helping to contribute to reducing the number of children who will experience ongoing mental health struggles throughout their childhood.

### Looking to next year:

- A. Rebuild staffing for the program.
- B. Train new and ongoing staff in evidenced-based practices in early childhood mental health.

# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: Adverse Childhood Experiences

**Fiscal Year 2020-21 Expenditures:**

\$193,801

**Who this program serves:** Parents, families, teachers, administrators, business owners, community leaders, law enforcement, the judicial system, the health system, the faith community and others.

**Number of people served:** More than 3,000

**What this program does:**

- Provides ACE presentations, Lunch & Learns, movie showings, events via the Strengthening Families Collaborative Partners, and ACE summits/town halls to raise awareness about ACEs and reduce their impact.

**Three-year goal:**

- A. Increase protective factors and resilience in families and the community.
- B. Build community leadership and capacity to address ACEs by supporting and coordinating ACE Interface Trainers and trainings in multiple sectors.
- C. Increase website and social media engagement.
- D. Maintain dashboard of ACE-related indicators.
- E. Institutionalize ACE screening and referral system in Strengthening Families Collaborative organizations.

**Achieved in year two:**

- A. Hosted 12 Parent Café's, an ACE Luncheon and 8 ACE presentations. Movies, trauma-informed practices trainings, developmental asset trainings, ACE trainers/learning community meetings and town halls were put on hold due to COVID-19.
- B. Hosted monthly Strengthening Families Collaborative meetings.
- C. Revised and updated Strengthening Families website.
- D. Updated ACE indicator data on the data dashboard.
- E. Launched Community Connect through an agreement with the Shasta County Office of Education to build family and student resiliency and build protective factors for students. Public schools in Shasta County refer students and their families to this program for assessment and connection to community resources, including behavioral services when needed.

**Looking to next year:**

- A. Launch revised Strengthening Families website, including new videos, and increase social media presence.
- B. Train new ACE presenters and increase ACE presentations.
- C. Plan and facilitate Learning Community Meetings with Master Trainers.
- D. Conduct a new survey of the Shasta County general community regarding ACEs and mental wellness.

Find more information in Appendix M.

# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: Launch

**Fiscal Year 2020-21 Expenditures:**

\$58,601

**Who this program serves:** School-age children and their families

**Number of people served:** 66

### **What this program does:**

- Parent Partners provide supportive services such as SafeCare and Triple P.
- Strengthens understanding of issues related to promoting healthy childhood development.
- Connects families to local resources.
- Provides parent cafe's for parents of transitional kindergarten and kindergarten students at assigned schools.

### **Three-year goal:**

- A. Parents to become positive change agents for their children and enhance the community's capacity to support at-risk children and their families. This program includes Triple P – Positive Parenting Program, Trauma Focused Treatment, At Risk Middle School Students and Adverse Childhood Experiences.

### **Achieved in year two:**

- A. Completed 272 visits with participating families. Despite COVID-19, the program was able to adapt and continue services virtually.

### **Looking to next year:**

- A. Continue to strengthen collaboration with First 5 and Pathways to Hope and maintain or increase youth served in this program.



# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: IMPACT

**Fiscal Year 2020-21 Expenditures:**  
\$220,427

**Who this program serves:** Students who are struggling, and/or who have Individual Educational Programs (IEP)

**Number of people served:** 74

### What this program does:

- Provides behavior therapy, individual/family therapy sessions (including substance use counseling), connects people to resources

### Three-year goal:

- A. Connect students struggling and/or with Individual Educational Program (IEP) to supportive services.

### Achieved in year two:

- A. In more than 90% of the referrals from the Shasta County Office of Education, the families were connected to services. This included 314 counseling sessions, 52 mental health assessments, 63 treatment plans and 53 diagnostic evaluations.

### Looking to next year:

- A. Update outcome evaluation collection to better understand program progress, success and barriers.
- B. Strengthen interagency collaboration to improve communication to minimize service delays and eliminate waitlists.

# Prevention and Early Intervention (PEI)

## Children and Youth in Stressed Families: Mental Health Student Service Act Grant

**Fiscal Year 2020-21 Expenditures:** \$0

**Who this program serves:** Students at community day schools or alternative educational sites who, for a variety of reasons, have not been successful at a traditional school campus and have been expelled from school or who have problems with attendance or behavior.

### What this program does:

- Hires personnel or peer support to enhance an existing county partnership with school-based programs, to expand access to mental health services for children and youth, including campus-based mental health services, and to facilitate linkage and access to ongoing and sustained services.

### Three-year goal:

- A. Partner with the Shasta County Office of Education and 9 school districts representing 12 schools to provide mental health services to youth attending community day schools and other alternative schools in Shasta County. These schools serve approximately 456 youth.
- B. Ensure this vulnerable population has access to critical mental health services. The proposed program will allow improved access to needed mental health services for at-risk youth and will allow for early identification and treatment.

This project was approved on Nov. 16, 2021. Progress will be noted in next year's report.

# Prevention and Early Intervention (PEI)

## Individuals Experiencing Onset of Mental Illness: Early onset

**Fiscal Year 2020-21 Expenditures:**  
\$127,104

**Who this program serves:** Youth ages 12 to 23 who are experiencing early onset of psychosis

**Number of people served:** 16

### What this program does:

- Provides individual counseling and supportive services to the family through collaboration with mental health social workers, community mental health workers, peer support specialists and parent partners.
- Aims to decrease further psychotic episodes for the youth and provide education and support to the caregivers of the youth.

### Three-year goal:

- A. Reduce hospitalizations and re-hospitalizations.
- B. Decrease psychotic breaks for youth.
- C. Provide community education around early onset psychosis.

### Achieved in year two:

- A. Stepped down several youth to a lower level of treatment given improvement in functioning.
- A. Outreach was impacted due to COVID restrictions and lack of staff due to multiple vacancies in the youth mental health department.

### Looking to next year:

- A. Increase outreach activities, educating others about early onset.
- B. Further develop the multiple staff involved with service delivery to improve outcomes for the youth and families served.

# Prevention and Early Intervention (PEI)

## Stigma and Discrimination Reduction

**Fiscal Year 2020-21 Expenditures:**  
\$252,994

**Who this program serves:** People living with mental illness, including serious mental illness, parents, friends, families and community partners.

**Number of people served:** Thousands

### What this program does:

- Promotes mental wellness, increases community awareness of mental health, and aims to end the stigma surrounding mental illness and substance use.
- Provides education on mental health and wellness, community events and meetings, social connection for people living with mental illness and their supportive loved ones, and a sense of purpose through volunteer opportunities.

### Three-year goal:

- A. Continue community outreach and education activities, in person and through the website and social media, including launching the Minds Matter Podcast and revitalizing GetBetterTogether.net with the help of local youth.
- B. Organize a training addressing stigma for medical professionals.
- C. Work with peer support specialists and wellness centers to develop frequent and meaningful volunteer opportunities to increase integration of people with living with mental illness into the broader community.
- D. Bring Stand Against Stigma activities to teen centers and campus wellness centers.

### Achieved in year two:

- A. The Stand Against Stigma Committee met monthly. Brave Faces presentations were given to Simpson College Masters in Counseling students, One SAFE Place volunteers, Sunrise Mountain Wellness Center members and law enforcement.
- B. The online forum "Untangling Uncertainty" was held, featuring HHSA leaders and peer support specialists, and an online Becoming Brave training was given to local wellness centers.
- C. Offered Introduction to Wellness Recovery Action Plan (WRAP) and workshops on journaling, as well as two, 8-week, mind-body skills groups to help people cope with pandemic-related stress.
- D. The Minds Matter Mental Health Fair was converted to a COVID-19-safe, drive-through event.
- E. Launched the new Stand Against Stigma website.
- F. Trained more than 30 HHSA staff in hope science to become Hope Navigators.

### Looking to next year:

- A. Give 15 Brave Faces presentations, produce at least two new Brave Faces galleries, provide at least two Becoming Brave trainings and organize at least three Hope Is Alive! Open Mics.
- B. Implement items B, C, D, E and F in the Three-Year Goal.

Find more information in Appendix N.

Harry's story	Average Score		Change	Statistically significant change? (95% confidence)	P Value	N
	PRE	POST				
I would be friends with Harry.	3.9	3.1	➡ 0.80	✓	0.0004	40
Harry would be successful at his job.	4.4	3.2	➡ 1.23	✓	0.0000	40
If I had a problem, I'd ask for Harry's opinion.	4.8	3.4	➡ 1.33	✓	0.0000	40
If Harry said he needed someone to talk to, I would listen.	2.5	2.0	➡ 0.55	✓	0.0001	40
I would think Harry is a part of my community.	2.5	2.1	➡ 0.38	✓	0.0101	40
Harry's hospitalizations are going to help him get better.	3.5	3.0	➡ 0.53	✓	0.0054	40
It's encouraging that Harry is taking his medications.	2.4	2.1	➡ 0.33	✓	0.0397	40

# Prevention and Early Intervention (PEI)

## Suicide Prevention

### Fiscal Year 2020-21 Expenditures:

\$167,440

**Who this program serves:** All of Shasta County; those with lived experience; loss survivors; at-risk; advocates; service providers

**Number of people served:** Thousands

### What this program does:

- Provides QPR (Question, Persuade, Refer); coordinates ASIST and safeTALK suicide prevention trainings.
- Provides suicide prevention education and materials to community organizations and the public.
- Provides outreach and education at local health fairs and community events, including promoting Suicide Prevention Month and Week.
- Provides information on lethal means safety, including reducing access among people at risk of suicide and firearm storage safety (gun locks).
- Hosts Shasta Suicide Prevention Collaborative bi-monthly meetings and issues a monthly community newsletter.
- Provides the men's mental wellness program, Captain Awesome.

### Three-year goal:

- A. Write a new 5-year strategic plan that includes creating a system of suicide prevention, reducing suicide deaths in Shasta County, reducing access to lethal means (firearms/substances) among people at risk of suicide, and increasing community gatekeepers through training and outreach education

### Achieved in year two:

- A. Began writing the Shasta County Suicide Prevention Strategic Plan.
- B. Trained in QPR Suicide Prevention Training with 7 other community partners, providing suicide prevention gatekeeper training to Shasta County
- C. Provided firearms safety brochures and firearm locks to firearm retailers and CCW permit instructors.
- D. After a hiatus due to COVID-19, provided Adult Mental Health First Aid training to 30 people and Youth Mental Health First Aid training to 17 people.

### Looking to next year:

- A. Complete Shasta County Suicide Prevention Strategic Plan; identify goals and objectives for Suicide Prevention program and Shasta Suicide Prevention Collaborative.
- B. Enhance MHSA funded suicide prevention work by coordinating trainings for selected community target audiences funded directly with California Department of Public Health Comprehensive Suicide Prevention Project funding to increase community capacity in preventing suicide deaths
- C. Continue providing QPR Gatekeeper Training, and coordinating ASIST and safeTALK suicide prevention trainings in Shasta County.
- D. Complete Captain Awesome and Shasta Suicide Prevention website updates.
- E. Identify new participants for Captain Awesome campaign; develop new media commercials (video and radio).

Find more information in Appendix O.

#### STRATEGY 3: EDUCATE COMMUNITIES TO TAKE ACTION TO PREVENT SUICIDE

Date of Event	Event	# of Materials
9/2020	Redding Pride Festival 2020 (Drive-Thru)	250
10/21/20	Northern Valley Catholic Social Services – Materials Delivery	150
11/13/2020	Nice Shot Materials Delivery	300
5/12/2021	SP Resources for Vaccine Clinic	200
5/13/2021	Juvenile Hall – SP Materials	100
5/14/2021	Minds Matter Mental Health Fair (Drive-Thru)	200
6/23/2021	Materials to Nor-Cal OUTreach	200

# Prevention and Early Intervention (PEI)

## CalMHSA Statewide Projects

**Fiscal Year 2020-21 Expenditures:**  
\$15,000

**Who this program serves:** All Shasta County residents

**Number of people served:** See Suicide Prevention and Stigma Reduction pages

### What this program does:

- 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; and accountability at state, regional and local levels.

### Three-year goal:

- A. Administer the Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health Initiative programs.

### Achieved in year two:

- A. Please refer to the Suicide Prevention and Stigma and Discrimination Reduction pages in this report.

### Looking to next year:

- A. Please refer to the Suicide Prevention and Stigma and Discrimination Reduction pages in this report.

Find more information about PEI programs in Appendix P.

# Workforce Education and Training (WET)

## Superior WET Partnership

**Fiscal Year 2020-21 Expenditures:** \$0

**Who this program serves:** People in the public mental health workforce

**Number of people served:** This is a new program that began after Fiscal Year 2020-21.

### **What this program does:**

- Aims to address the shortage of mental health practitioners in the public mental health system through a framework that engages regional partnerships.
- The Superior WET Partnership supports individuals through loan repayment, educational stipends and peer scholarships.
- This program is still under development and the goal is to begin implementing it in mid-2022.

### **Three-year goal:**

- A. In partnership with CalMHSA, participate in the loan repayment, educational stipend and peer scholarship programs.

This is a new program, so progress will be shared in the next report.



## CARE Center

### Fiscal Year 2020-21 Expenditures:

\$727,636 (funding for CARE Center transitioned to Crisis Services from March forward)

**Who this program serves:** People in mental health crisis

**Number of people served:** More than 300

### What this program does:

- This after-hours mental health resource center is operated by Hill Country Health and Wellness Center. Some services are available onsite, while other services are through a warm hand-off or referral.
- Provides more access to needed services with extended hours, and a more holistic approach to meeting various individual and family needs via a visit to one location.
- Engages mental health personnel to handle some situations that in the past were handled by law enforcement officers or busy emergency department personnel, moving the focus from short-term crisis management to advocacy and long-range solutions for wellness and recovery.

### Three-year goal:

A. Innovations projects are centered on learning questions. For the CARE Center, these were:

1. The extent to which the after-hours Project improves access to services, particularly for individuals currently unserved or underserved by the existing mental health system.
2. Whether the project reduces mental health crises, including trips to the emergency department, in both human and economic benefits.
3. The extent to which an after-hours "one-stop" resource center can help bridge service gaps, facilitate access to community-based resources, and better meet individual and family needs.
4. The impact of the project on families, by partnering with other agencies and community-based organizations such as the National Alliance on Mental Illness (NAMI), including family-focused services as a priority, and increasing access to mental health services and supports for family members with competing daytime responsibilities.
5. The elements of the project that are most associated with successful outcomes, with a particular focus on effective collaborative approaches.

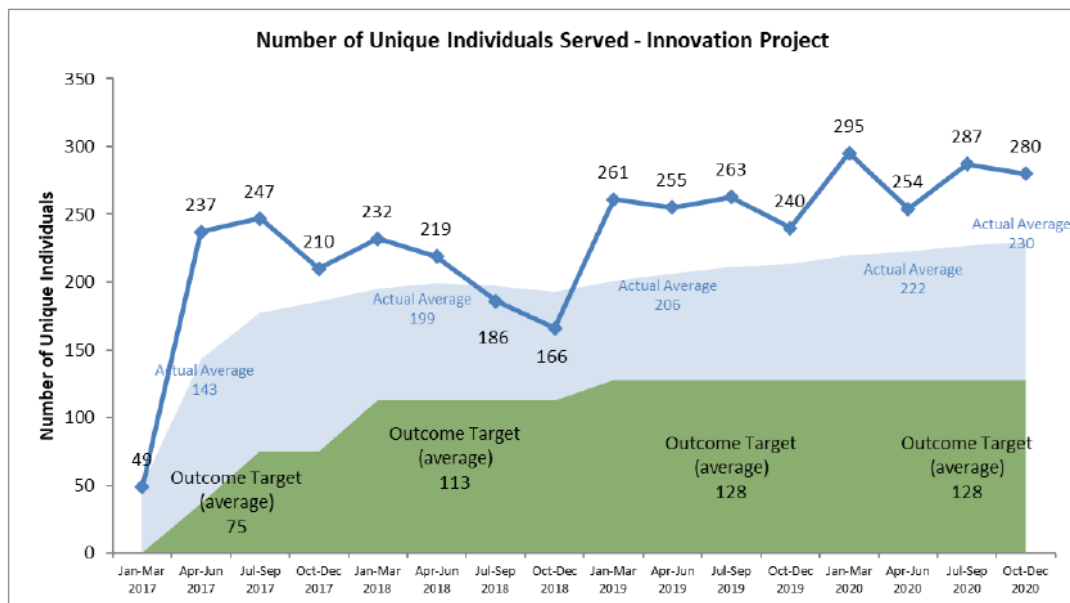
### Achieved in year two:

A. Completion of the Innovations portion of this project. Please refer to the final report in the Appendix.

### Looking to next year:

A. Because the Innovations portion of this project has ended, this report will subsequently be part of Community Services and Supports.

Find more information in Appendix Q.



## Hope Park

**Fiscal Year 2020-21 Expenditures:** \$0

**Who this program serves:** Teenagers and older adults

**Number of people served:** This is a new program that began after Fiscal Year 2020-21.

### What this program does:

- Establishes the Hope Park program in the Anderson Teen Center and the new Redding Teen Center.
- Engages older adult volunteers and youth ages 13-18 in meaningful activities to help prevent the negative physical and mental health effects of loneliness for adults and reduce risky behavior in youth. This includes semi-annual high-adventure activities, in addition to mentoring, skill sharing, preparing healthy meals together, karate, yoga, financial literacy, life skills, and more.

### Three-year goal:

- A. Implement and evaluate the Hope Park program.

This program launched in March 2022, and the new Redding Teen Center opened to youth on April 11, 2022. Progress will be shared in the next report.

Find more information in Appendix R.



## Psychiatric Advance Directives

**Fiscal Year 2020-21 Expenditures:** \$0

**Who this program serves:** Anyone in Shasta County who wishes to create a Psychiatric Advance Directive

**Number of people served:** This is a new program that began after Fiscal Year 2020-21.

### What this program does:

- Begins the process of making Psychiatric Advance Directives, which are a form of Supportive Decision-Making, available to Shasta County residents. The process of developing a PAD, with support from mental health professionals and others, helps people when not in a crisis to clarify their preferences for treatment so that they will receive appropriate support and care during health crises.
- When complete, this will build community capacity among law enforcement, peers, the court system, mental health care providers and others to ensure consumer choice and collaborative decision-making to improve participant care in a crisis. It aims to reduce recidivism and engage participants in their treatment and recovery.

### Three-year goal:

- A. Make Psychiatric Advance Directives available in Shasta County.

This multi-county project was approved by the Mental Health Services Oversight and Accountability Commission on June 24, 2021, and Shasta County's participation was approved by the Shasta County Board of Supervisors on September 14, 2021. Progress will be shared in the next report.

Find more information in Appendix S.

# Mental Health Services Act Budgets

## FY 2020/21 Mental Health Services Act Annual Update Funding Summary

County: Shasta

Date: 4/22/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2020/21 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	4,497,472	2,692,158	1,837,041	0	0	
2. Estimated New FY 2020/21 Funding	10,349,876	2,587,469	680,913			
3. Transfer in FY 2020/21a/	(374,414)					374,414
4. Access Local Prudent Reserve in FY 2020/21						0
5. Estimated Available Funding for FY 2020/21	14,472,934	5,279,627	2,517,954	0	0	
<b>B. Estimated FY 2020/21 MHSA Expenditures</b>	5,231,808	1,624,348	483,838	0	0	
<b>G. Estimated FY 2020/21 Unspent Fund Balance</b>	9,241,126	3,655,279	2,034,116	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	0
2. Contributions to the Local Prudent Reserve in FY 2020/21	374,414
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	374,414

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

## FY 2020/21 Mental Health Services Act Annual Update Community Services and Supports (CSS) Funding

County: Shasta

Date: 4/22/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Client Family Operating Services	692,298	690,290				2,008
2. Shasta Triumph and Recovery	2,155,099	1,512,400	597,452			45,247
3. Crisis Residential and Recovery	1,268,214	0	1,264,536			3,678
4. Crisis Response	1,933,969	1,073,077	769,152			91,740
5. Outreach-Access	1,171,704	317,336	837,653			16,715
6. Housing Continuum	228,354	105,658	93,860			28,836
7.	0					
8.	0					
9.	0					
<b>Non-FSP Programs</b>						
1. Rural Health Initiative	837,156	324,952	179,325			332,879
2. Older Adult Services	9,756	0	7,923			1,833
3. Co-occurring Integration	485,804	0	463,738			22,066
4.	0	0				
5.	0					
6.	0					
7.	0					
<b>CSS Administration</b>	1,212,146	1,208,095				4,051
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	9,994,500	5,231,808	4,213,639	0	0	549,053
<b>FSP Programs as Percent of Total</b>	142.4%					

# Mental Health Services Act Budgets

## FY 2020/21 Mental Health Services Act Annual Update Prevention and Early Intervention (PEI) Funding

County: Shasta

Date: 4/22/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Stigma and Discrimination	252,994	252,713				281
2. Suicide Prevention	182,440	182,440				
3.	0					
4.	0					
<b>PEI Programs - Early Intervention</b>						
11. Children and Youth in Stressed Families:	0					
Triple P	626,768	535,963	90,109			696
ACE	472,829	404,326	67,978			525
Middle School Youth at Risk	157,447	134,636	22,636			175
TFCBT	900	771	129			
16. Individuals Experiencing Onset of Serious Psychiatric Illness	127,104 0	0	126,963			141
17.	0					
<b>PEI Administration</b>	113,683	113,499				184
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	1,934,165	1,624,348	307,815	0	0	2,002

# Mental Health Services Act Budgets

## FY 2020/21 Mental Health Services Act Annual Update Innovations (INN) Funding

County: Shasta

Date: 4/22/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
Counseling and Recovery Engagement						
1. Center	476,214	476,214				
2.	0					
3.	0					
<b>INN Administration</b>	7,624	7,624				
<b>Total INN Program Estimated Expenditures</b>	483,838	483,838	0	0	0	0



# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Shasta

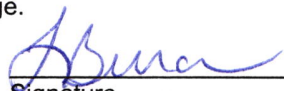
- ☐ Three-Year Program and Expenditure Plan  
☒ Annual Update  
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Laura Burch Acting Director	Name: Nolda Short County Auditor Controller
Telephone Number: (530) 229-8896	Telephone Number: (530) 245-6657
E-mail: lburch@co.shasta.ca.us	E-mail: nshort@co.shasta.ca.us
Local Acting Director Address: 2600 Park Marina Drive, Redding, CA, 96001 Local Mental Health Mailing Address: 2615 Breslauer Way, Redding, CA, 96001	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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


Laura Burch Acting Director  
 \_\_\_\_\_  
 Local Mental Health Director (PRINT)

  
 Signature Date 6/18/22

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated February 28, 2022 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Nolda Short **AUDITOR-CONTROLLER**  
 \_\_\_\_\_  
 County Auditor Controller / City Financial Officer (PRINT)

  
 Signature Date 6/17/22

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

# 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 2020-21 along with the annual Innovations and Prevention and Early Intervention Reports, began April 29, 2022. A public notice regarding the public comment period and public hearing was published on [www.ShastaMHSA.net](http://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 April 29, 2022, to May 31, 2022. 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 will be closed and a public hearing will be conducted by the Shasta County Mental Health, Alcohol and Drug Advisory Board at a June 1, 2022, special meeting. The report was approved unanimously by the Shasta County Board of Supervisors on June 21, 2022.

**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](mailto:kschuette@co.shasta.ca.us)

STATE OF CALIFORNIA, COUNTY OF SHASTA

The Honorable Board of Supervisors of Shasta County met in regular session this 21st day of June, 2022, at Redding, California, there being present Supervisors Chimenti, Garman, Rickert, and Jones.

By motion made, seconded (Garman/Chimenti), and unanimously carried, the Board of Supervisors took the following action, which was listed on the Consent Agenda:

Adopted the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022 23.  
(Health and Human Services Agency-Office of the Director)

---

STATE OF CALIFORNIA, COUNTY OF SHASTA:

**I, PATRICK J. MINTURN**, Acting Clerk of the Board of Supervisors, do hereby certify the foregoing to be a full, true, and correct copy of the minute order of said Board of Supervisors meeting of June 21, 2022.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the Official Seal of the Board of Supervisors of Shasta County this 22nd day of June, 2022.

PATRICK J. MINTURN  
Acting Clerk of the Board of Supervisors  
County of Shasta, State of California

By  Deputy