Public Notice
County of Shasta

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

Regular Meeting Agenda

Monday, September 16, 2024, 5:30 pm
Mae Helene Bacon Boggs Conference Center
2420 Breslauer Way, Redding, CA 96001

Members of the public may attend via Microsoft Teams

Join the meeting now
Meeting ID: 252 710 478 247
Passcode: arCYFt

You can also dial in using your phone.

United States: +1 707-596-6814
Conference ID: 164 251 693#
This meeting will be audio recorded.

Board Members

Kalyn Jones, *Chair*

Heather Jones, *Vice Chair*

Angel Rocke

Cindy Greene

Connie Webber

David Kehoe

Erin Dooley

Jo-Ann Medina

Laurie Lidie

Mary Rickert

Matilda Grace

Ron Henninger

Samuel Major

I. Call to Order & Welcome

II. Public Comment

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. *Speakers will be limited to three minutes.*

III. Announcements and Staff Updates

a. Staff will address Public Comment, if needed, to follow up from the previous meeting.

b. Outcomes on follow-ups

IV. Consent Calendar

The following Consent Calendar items are expected to be routine and non-controversial. They may be acted upon by the Board at one time without discussion. Any Board member or staff member may request that an item be removed from the Consent Calendar for discussion and consideration. Members of the public may comment on any item on the Consent Calendar before the Board's consideration of the Consent Calendar. Each speaker is allocated three minutes to speak.

A. Approval of Meeting Minutes

Board members will review and approve minutes from July 15, 2024,

V. Presentations

a. Field Based Nursing
b. Crisis Residential Recovery Center

VI. Regular Calendar

Public Comment will be invited prior to the close of each item.

VII. Discussion Items

A. Ad Hoc Committee:
    a. 2023 Annual Report Update
    b. Membership Nominating Committee Update
    c. Create Data Notebook Committee

A. Review and consider approving the MHADAB 2022 Annual Report for submission to the Shasta County Board of Supervisors.
B. Consider creating an Ad Hoc Committee for Data Analysis regarding MHADAB and its goals.
C. Subcommittee to monitor the outcomes of MHSA Programs
D. MHADAB Application and Interview Questions
E. Board Member Trainings (CalBHBC)
F. Reaching out to Youth and LBGTQ community for representation on Board
G. Board members may ask questions about the Director's Report
H. Board members may make suggestions for future agenda consideration.
I. Bylaws Updated per CA WIC duties 5600 – 5623, expenses 5650 – 5667 and membership 5963.03
J. MHSA Annual Report

Special meeting date:

VIII. Board Member Committee Reports

A. Continuum of Care (no assigned members)
B. Stand Against Stigma (Connie Webber, Kalyn Jones)
C. Shasta Suicide Prevention Collaboration (Kalyn Jones, Ron Henninger)
D. ADP Provider Meeting (Cindy Greene, Jo-Ann Medina)
E. MHSA Stakeholder Workgroup (Ron Henninger, Kalyn Jones)

IX. Adjourn

MHADAB SPEICAL Meeting
October 21, 2024, 5:30 pm
Location: TDB

Executive Committee Meeting
October 15, 2024, 11:00 am
HHSA BHSS Services Branch, Administrative Conference Room
2640 Breslauer Way,
Redding, CA 96001

Committees

Shasta Substance Use Coalition
November 12, 2024, 10:30 am
Virtual via Zoom
jill@shastatraining.org

Shasta Suicide Prevention Collaborative
November 12, 2024, 2:30 pm
For location, please email
sstinger@co.shasta.ca.us

Stand Against Stigma
October 9, 2024, 1:30 pm
Sunrise Mountain Wellness Center
1300 Hilltop Drive Suite 200
Redding, CA 96001
cdiamond@co.shasta.ca.us

MHSA Stakeholder Workgroup
November15, 2024, 10:00 am
Boggs Building
2420 Breslauer Way
Redding, CA 96001
mhsa@co.shasta.ca.us

"The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services, or activities. The Shasta County Mental Health, Alcohol and Drug Advisory Board will make available to any member of the public who has a disability a needed modification or accommodation including an auxiliary aid or service, in order for that person to participate in the public meeting. A person needing assistance should contact Jackie Rose by telephone at (530) 229-8266, or in person 2640 Breslauer Way, Redding, or by mail at P. O. Box 496048, Redding CA 96049-6048, or by e-mail at MHADAB@shsastacounty.gov at least two (2) working days in advance. Accommodations may include, but are not limited to, interpreters, assistive listening devices, accessible seating, or documentation in an alternate format. If requested, this document and other agenda materials may be made available in an alternative format for persons with a disability who are covered by the Americans with Disabilities Act. Questions, complaints, or requests for additional information regarding the Americans with Disabilities Act (ADA) may be forwarded to the County's ADA Coordinator: Monica Fugitt, Director of Support Services, County of Shasta, 1450 Court Street, Room 348, Redding, CA 96001-2676 Phone: (530) 225-5515 Fax: (530) 225-5345 California Relay Service: 711 or 1-(800)-735-2922, E-mail: adacoordinator@co.shasta.ca.us.

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Advisory Board, are available for public inspection at Shasta County Health and Human Services Agency, 2640 Breslauer Way, Redding, CA 96001. This meeting may be recorded. If there are any questions regarding this agenda, please contact Jackie Rose at 530-229-8266, or via e-mail at MHADAB@shastacounty.gov.

Shasta County Health and Human Services Agency
DRAFT SHASTA COUNTY Mental Health, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
SPECIAL Meeting
Monday, July 8, 2024

Attendees:

Kalyn Jones, Board Chair		Heather Jones, Board Vice-Chair	√	Ron Henninger, Past Chair	√
Connie Webber, Board Member	√	Jo-Ann Medina, Board Member	√	Mary Rickert, BOS Board Member	√
Angel Rocke, Board Member	√	David Kehoe, Board Member	√	Samuel Major, Board Member	
Cindy Greene, Board Member	√	Erin Dooley, Board Member	√	Wesley Tucke. Board Memberr	√
Laurie Lidie, Board Member	√	Matilda Grace, Board Member		Robin Antonson, BHSS Analyst	√
Miguel Rodriguez, BHSS/MH Director	√	Katie Nell, BHSS Sr. Analyst	√	Rachel Ibarra, BHSS Program Manager	√
Jackie Rose, CDC		Laura Burch, HHSA Agency Director	√	Ashley Saechao, CDC	√
Marie Marks, CDC	√	Laura Stapp, HHSA Deputy Branch Director	√	James Mu, PH Health Officer	√
Amber Brock, BHSS Sr Analyst	√	Adam Hilton, Clinical Program Coordinator	√	April Jurisich, Public Health	√
Leah Moua, Clinical Division Chief	√	Genell Restivo, Clinical Division Chief	√	Monteca Zumalt, Clinical Division Chief	√
May Chao-Lee, Clinical Division Chief	√				

Community Members: 10 (Includes virtual attendees) *Not all signed in*

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
I. Call to Order	Heather Jones, MHADAB vice-chair extended a warm welcome to all attendees and called meeting to order at 5:30 p.m.	No action required.	N/A	Heather Jones, MHADAB vice-chair
II. Public Comment	a. A public commenter spoke about BHSS's Grievance Procedure and inquired how clients know it's for them/their benefit. Commenter stated they have been testing the grievance procedure.	a. N/A – Rachel Ibarra provided information on Grievance policy and procedures later in the meeting.	a. N/A	a. N/A
III. Announcements and Staff Updates	a. Miguel Rodriguez provided responses to previously made public comments: • At previous meeting, community member needing transportation information was connected with Deputy Director Laura Stapp and provided the necessary information. • Update on SB 43: Working on implementation, however, there are many issues that are being	a. N/A	a. N/A	a. N/A

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	worked through such as lack of lock-down facilities for those with SUDs, the impact that will be on emergency departments and the courts, an increase in the LPS conservatorship population, and no additional funding. b. Rachel Ibarra provided clarification on the Grievance Policy and Procedures. Public Commenter asked what happens after an appeal is denied. Rachel provided the following possibilities: An appeal would be reviewed by a clinician that has not been involved with the case and will determine if the decision of the grievance outcome should be upheld or not. If the decision is to uphold the outcome, the person who originally filed the grievance can file a new grievance. Public Commenter asked for an example of an exemption. Rachel advised an exemption would be when a clinician is made aware of a grievance and response/resolves the grievance within 24 hrs.	b. N/A	b. N/A	b. N/A
IV. Consent Calendar	Minutes from May 8, 2024, May 22, 2024 and June 17, 2024 meetings were presented in written form.	The Consent Calendar was passed unanimously with eleven (11) Ayes, zero (0) Nays and zero (0) abstention.	N/A	**Motion:** David Kehoe **Second:** Jo-Ann Medina
V. Presentations	a. 1799 (5150) Holds from Law Enforcement Officers, Redding Police Department CIRT Officers, Joanna Bland and Devin Ketel, gave a presentation about the Redding Police Department's response to mental illness commitments and then opened the floor for questions. Board member asked questions about relationship RPD has with Shasta County Sheriff's Department. RPD responded that originally the CIRT team was to have one	a. N/A	a. N/A	a. N/A

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	RPD officer, one mental health clinician, and one Shasta County Deputy Sheriff Officer, however, due to the Sheriff's department not having enough staff, it is currently two RPD officers and a County Mental Health Clinician. Board member asked about volume of business. RPD responded that while they could not give an exact number for their call volume, they are a busy/proactive unit.			
	b. <u>Prop 1</u>, Ashley Saechao, Community Development Coordinator, provided a presentation that showed the current programs under MHSA and what the new categories and allocation percentages will be under BHSA along with a mock budget and what the funding would look like. Discussion was held and Board asked for last year's total funding for MHSA. Board member requested a Press Release be issued providing information about Prop 1 funding allocation.	b. Board Secretary will email MHSA Budget to Board Katie Nell and Ashley Saechao will work on Press Release	b. 7/12/2024 7/31/2024	b. Board Secretary Katie Nell and Ashley Saechao
VI. Regular Calendar	No Action Required	N/A	N/A	N/A
VII. Discussion Items	a. <u>Ad Hoc Committee:</u> a. <u>2022 Annual Update – Discuss Chair's Message</u> Discussion was held regarding the grading that was given by the 2022 Annual Update Ad Hoc Committee. Board Member David Kehoe read a statement at the opening of the discussion. There is a disagreement between the subcommittee and the department on the information that was provided. Director Miguel	a. Ad Hoc Committee: a. Motion passed unanimously with eleven (11) Ayes, zero (0) Nays and zero (0) abstention. Board Secretary to email documents	a. Ad Hoc Committee: a. 7/12/2024	a. Ad Hoc Committee: a. **Motion:** David Kehoe **Second:** Ron Henninger

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	Rodriguez brought up concerns about the lack of feedback from all board members who do not feel the same way as the ad hoc committee. Two board members spoke up about their disagreement with the information that was provided by the ad hoc committee. The past chair for 2022 also provided feedback (Past Chair's Response in meeting packet) showing his disagreement with the information provided by the ad hoc committee. Miguel recommended sending out the Draft 2022 Annual Report, the grades, and both BHSS' Response and the Past Chair's Response and have the entire board provide feedback and continue the discussion at the next regular meeting.	to Board and once responses are received, will email those to board before next regular meeting.		
	b. <u>Membership Nominating Committee Update</u> Miguel informed committee member Wesley Tucker that he had contacted Shasta County Office of Education Superintendent Mike Freeman and MHADAB flyers would be posted there. Miguel and Wesley will connect after meeting.	b. Miguel to follow up with Wesley.	b. 08/02/2024	b. Miguel Rodriguez
	b. <u>Review speaker cards and consider implementation of their usage.</u> Board reviewed the updated speaker request form and confirmed that this would not stop those from speaking who did not complete a form, it is voluntary.	b. Speaker Card was passed unanimously with eleven (11) Ayes, zero (0) Nays and zero (0) abstention. Speaker cards will now be placed next to the sign in sheet during	b. N/A	b. **Motio**n: Wesley Tucker **Second:** Angle Rocke

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
		meetings.		
	c. <u>Discuss Creating a subcommittee to monitor the outcomes of MHSA Programs.</u> Board would like to create an ad-hoc committee to monitor the outcomes. Erin Dooley and Ron Henninger volunteered for committee, however, they believe there should be more members involved and would like Board Secretary to send out email to Board requesting volunteers since there were members missing tonight.	c. MHADAB Secretary will send out email asking for volunteers for committee.	c. 7/19/2024	c. MHADAB Secretary
	d. <u>MHADAB Application and Interview Questions</u> Item tabled as Chair Kalyn Jones was not present and she was to provide the update.	d. Put on next regular meeting agenda for update.	d. N/A	d. N/A
	e. <u>Board Member Trainings (CalBHBC)</u> Item tabled as Chair Kalyn Jones was not present and she was to provide the update.	e. Put on next regular meeting agenda for update.	e. N/A	e. N/A
	f. <u>Reaching out to Youth and LGBTQ Community for representation on Board</u> Board Member Wesley Tucker provided update that he is continuing to do outreach with those populations.	f. Put on next regular meeting agenda for update.	f. N/A	f. N/A
	g. <u>Discuss changing board name to Behavioral Health, Alcohol and Drug Advisory Board</u> Discussion was held where board members expressed their thoughts about changing the name. Vice-chair Heather Jones asked if there was a motion to change the name and there was no motion. Board name remains Mental Health, Alcohol and Drug Advisory Board.	g. N/A	g. N/A	g. N/A

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	h. <u>Board Members may ask questions about the Director's Report.</u> Board members asked questions and Miguel was able to provide answers. Board Member Jo-Ann Medina inquired if the ADP Provider meetings were still taking place.	h. Deputy Director Bailey Cogger will follow up with Jo-Ann.	h. 08/19/2024	h. Bailey Cogger
	i. <u>Board Members may make suggestions for future agendas.</u> Vice-chair Heather Jones requested Public Defender's Office present to address issues of those with mental health issues signing plea deals and concerns that those individuals may not know what they are signing.	i. Board Secretary is working on scheduling the Public Defender's Office to present at the November Regular Meeting and will follow up with email that was sent on 5/14. Miguel will follow up with Public Defender as well.	i. 08/02/2024	i. Board Secretary/Miguel Rodriguez
VIII. Roundtable Discussion	No updates on committee reports were given.	No action required	N/A	N/A
I. VII. Adjournment	Call to adjourn meeting (7:23 PM)	No action required	N/A	**Motion:** Erin Dooley **Second:** Laurie Lidie

Next Meeting is scheduled on: August 19, 2024 (Special Meeting)

Kalyn Jones
MHADAB Chair

Date

Shasta County Health and Human Services Agency
DRAFT SHASTA COUNTY Mental Health, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
SPECIAL Meeting
Monday, August 19, 2024

Attendees:

Kalyn Jones, Board Chair	√	Heather Jones, Board Vice-Chair	√	Ron Henninger, Past Chair	
Connie Webber, Board Member	√	Jo-Ann Medina, Board Member	√	Mary Rickert, BOS Board Member	√
Angel Rocke, Board Member		David Kehoe, Board Member		Samuel Major, Board Member	
Cindy Greene, Board Member	√	Erin Dooley		Wesley Trucker	
Laurie Lidie		Matilda Grace			
Laura Stapp, HHSA Deputy Branch Director		Jackie Rose, CDC	√		

Community Members: 4 (Includes virtual attendees)

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
I. Call to Order	Kalyn Jones, MHADAB chair extended a warm welcome to all attendees and called meeting to order at 5:33 p.m.	No action required.	N/A	Kalyn Jones, MHADAB chair
II. Public Comment	Public commenter introduced themselves and let the board know that they are interested in being a board member when membership opportunities open. Jackie confirmed that application has been received. Public commenter introduced themselves and let the board know that they are running for City Council and wanted to start attending meetings regularly.	 Add member to distribution list	 8/20/2024	 Jackie Rose
III. Discussion Items	A. Conduct a facility tour at Wright Educational Services Christy Wright provided a tour of the facility and an overview of all the other sites and types of programming offered. A question-and-answer session took place with board members.	N/A	N/A	N/A
I. VII. Adjournment	Call to adjourn meeting (6:15 PM)	No action required	N/A	**Motion:** Cindy Greene **Second:** Jo-Ann Medina

Next Meeting is scheduled on: September 16, 2024 (Regular Meeting)

Kalyn Jones
MHADAB Chair

Date

Field Based Nursing

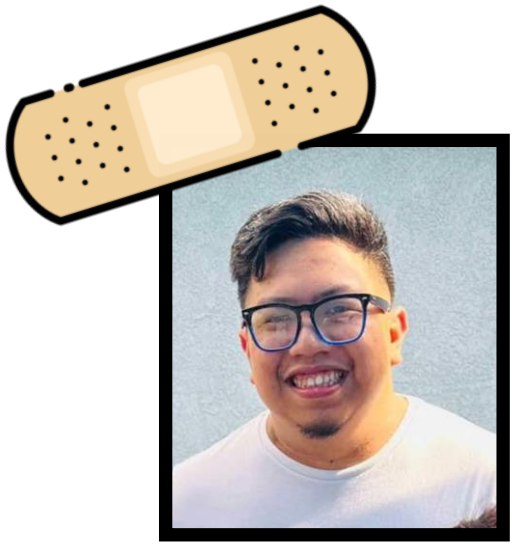
Team Includes:

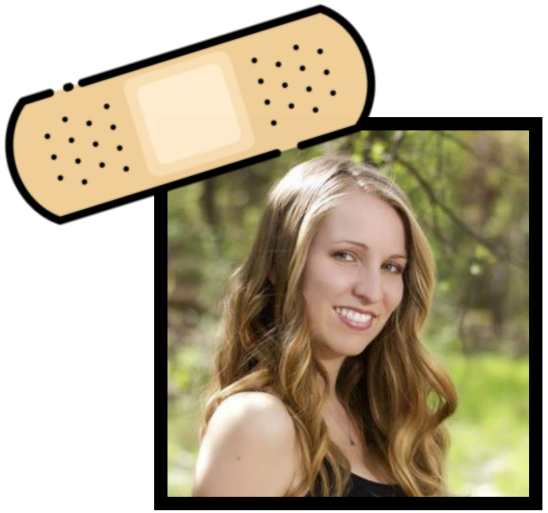
Kevin Abuyen, BSN

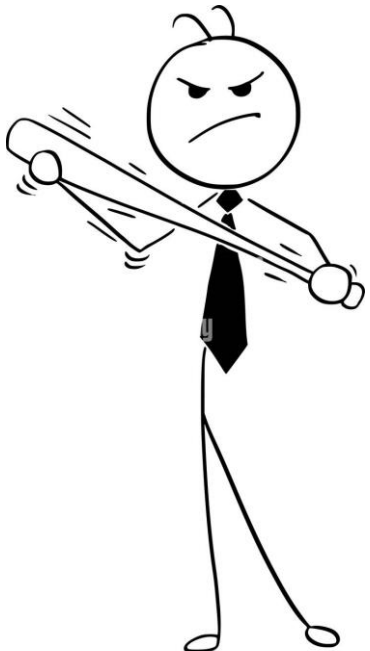
Teri Booker, BSN

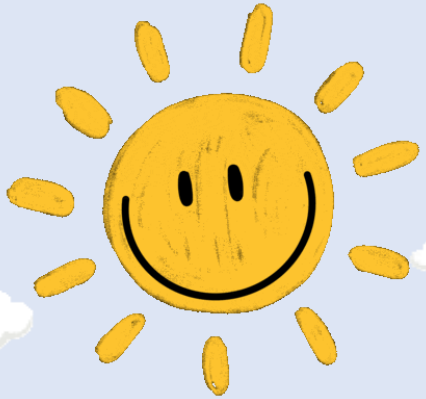
Jennifer Collins, BSN

Supervisor: Caleb Land, BSN









Purpose

- ✓ Maintain/Regain Stability
- ✓ Administer Meds* & Changes
- ✓ Dispense Meds/Injections/Trays
- ✓ Assessments/5150 Evaluations
- ✓ Increase Med Compliance
- ✓ Promote Independence
- ✓ Reduce Hospitalizations
- ✓ Identify Needs
- ✓ Provide Collaboration
- ✓ Prevent Decompensation
- ✓ Prevent Higher Level of Care
- ✓ Med Education
- ✓ Manage Hospital Discharges

* Ranges from two times-a-day to one-month intervals, depending on what the patient needs. Oral medications are kept with the patient.

Population served

- Medi-Cal/Medicare recipients in Shasta County who meet criteria for needing field services.
- Individuals with Chronic and Severe Mental Illness.
- Individuals that struggle with taking medications consistently. These struggles often lead to hospitalizations, jail recidivism, homelessness, hunger, ect.

NUMBER OF PEOPLE SERVED

Number of Field Based Nursing Services

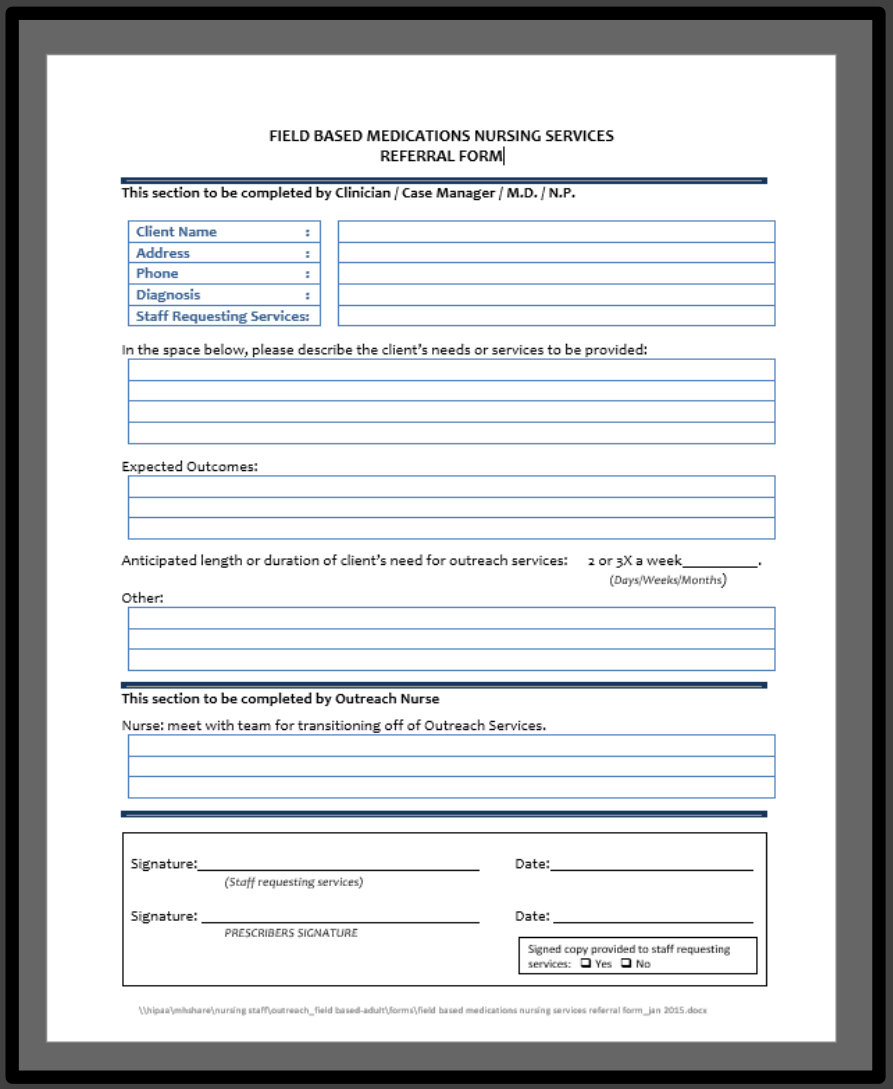
	FY17-18	FY18-19	FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
COLLINS,JENNIFER	194	78	193	813	666	523	913
BOOKER,TERI L	328	136	137	552	483	493	612
ABUYEN,KEVIN	0	0	0	0	380	491	1035
SCHMIDT,WADE NELSON	395	202	3	1	-	-	-
MILLER,ROBIN	24	-	-	-	-	-	-
ACKERMAN,CRAIG	19	-	-	-	-	-	-
Total FBN Services	**960**	**416**	**333**	**1366**	**1529**	**1507**	**2560**
Unique Clients Served	**1642**	**1270**	**1218**	**1259**	**1083**	**865**	**713**
Service Count +/-		**-56.7%**	**-20.0%**	**310.2%**	**-15.9%**	**-11.6%**	**50.1%**
Unique Client Count +/-		**-22.7%**	**-4.1%**	**3.4%**	**-14.0%**	**-20.1%**	**-17.6%**
Client to FBN Ratio	**328:1**	**423:1**	**406:1**	**420:1**	**361:1**	**288:1**	**238:1**
True ratio as Wade provided minimal FB services these years:			**609:1**	**630:1**			

50 patients currently being served with Two full time nurses and One part time nurse.

Referral Process

Client is identified as needing assistance with medication or education and staff member will submit a referral.

- **Case Managers**
- **Doctors**
- **NP**
- **Clinic Nurses**
- **Clinicians**



FIELD BASED MEDICATIONS NURSING SERVICES
REFERRAL FORM

This section to be completed by Clinician / Case Manager / M.D. / N.P.

Client Name	:	
Address	:	
Phone	:	
Diagnosis	:	
Staff Requesting Services:		

In the space below, please describe the client's needs or services to be provided:

Expected Outcomes:

Anticipated length or duration of client's need for outreach services: 2 or 3X a week_____.
(Days/Weeks/Months)

Other:

This section to be completed by Outreach Nurse

Nurse: meet with team for transitioning off of Outreach Services.

Signature:_____ Date:_____
(Staff requesting services)

Signature:_____ Date:_____
PRESCRIBERS SIGNATURE

Signed copy provided to staff requesting services: ❑ Yes ❑ No

\\hipaa\mhshare\nursing staff\outreach_field based-adult\forms\field based medications nursing services referral form_jan 2015.docx

Criteria for Services

- Shasta County Resident & have Shasta County Medi-Cal
- Client must be opened to Shasta County Mental Health Services
- Severe and persistent mental health illness
- Difficulty engaging in services
- Poor med compliance

Funding

Prop 63 - Mental Health Services Act (MHSA). Prop 63 was approved by California voters November 2004 and became law Jan 2005. It places a 1% tax on personal income above $1 million.

Medi-Cal

Program Data

Clients who received Field Based Nursing (FBN) services were found on average to be 10.7% less likely to present to local emergency departments for mental health crisis.

In extreme cases, without FBN some clients had an increase in mental crisis of **1,300%** to **2,600%**

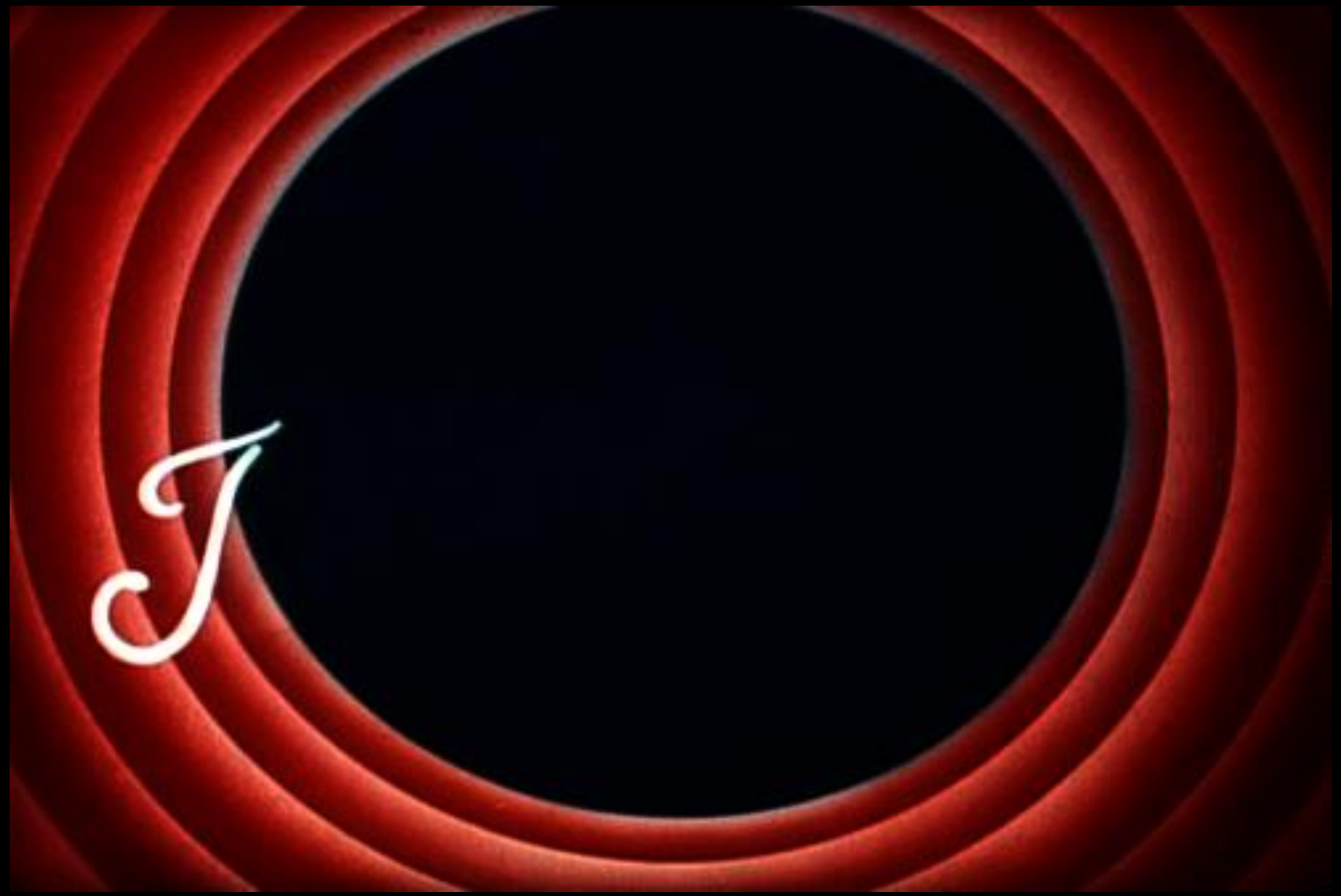
Client testimony:

"Man, I don't know what I would do without my field-based nurses. I spent years in and out of the hospital, homeless, and wanting to harm myself. Now, I have a home, I've got my meds right, and I'm happy. I am so grateful!"

Barriers

Important Barriers

- Clients right to refuse service or medications
- If client does not give us permission to exchange information with their support system and/or family
- Client is not at appropriate level of care
- Medications needing Prior Authorizations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Crisis Residential and Recovery Center

Presented by
Jacob Lingle CRRC Supervising Social Worker
Audrey Woodward-Bowers CRRC Senior Social Worker

MHADAB Presentation
September 16th ,2024

Shasta County
Health & Human Services Agency

Acronyms Used

CRRC

Crisis Residential and Recovery Center formerly known as Elpida

A part of Shasta County Behavioral Health and Social Services

CCL

Community Care Licensing

A part of Department of Social Services. We must follow Title 9 and 22 regulations.

DHCS

Department of Health Care Services

Introduction

- The Crisis Residential and Recovery Center (CRRC)is a 15 bed Social Rehabilitation Facility (SRF) that is licensed by Community Care Licensing (CCL)
- The CRRC follows Title 9 and 22 regulations
- The CRRC is a 24-hour Adult and Crisis residential facility
- The CRRC is a non-medical facility that does not have providers on the unit
- The CRRC is the only county run SRF in California
- 2024/2025 Budget: $2.4 million
- The CRRC is funded by Mental Health Services Act
- The CRRC is located at 2640 Breslauer Way Redding, CA 96001 at Shasta County Mental Health

Purpose of the CRRC

- The CRRC's goal is to help reduce hospitalizations by providing therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care.

- The CRRC provides a range of activities and services that support beneficiaries in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, seven days a week.

- Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, crisis intervention, and collateral.

Title 22 Definitions:

Social Rehabilitation Facility

Any facility which provides 24-hour-a-day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling.

Crisis Residential Treatment Service

A therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care.

Adult Residential Treatment Service

Provides rehabilitative services, in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.

Program Data:

What Client Population Is Served

Per Title 9, Title 22, and Health and Safety Codes

Clients 18 -59 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.

Clients can be connected to Shasta County Mental Health or any of the local community providers.

What Client Population Is Served

Per Title 9, Title 22, and Health and Safety Codes

Clients over 18 years old experiencing a mental health crisis with Shasta County Medi-Cal or Partnership insurance and meets our admission criteria:

- All clients must be ambulatory and be able to dress/wash/toilet themselves.
- We can admit persons over 59 years old if the number of persons over 59 does not exceed 25% of the census.
- We are within a mile of a school therefore cannot accept any 290 or similar offenders.
- We cannot have any violent or unsafe clients that may put others at risk of harm.

Number of People Served

as of July 2024

In past 6 months (01/01/2024-07/31/2024): 69

In past 12 months (07/31/2023-07/24-2024):123

Repeat clients (07/31/2023-07/24-2024): 63

- The CRRC encourages clients to return when they are in crisis as we are an alternative to inpatient hospitalization.
- The CRRC does not see returning clients as a failure of our program but as a success as it shows we made a positive impact on the client.
- We like to consider our program like preventative mental health care.

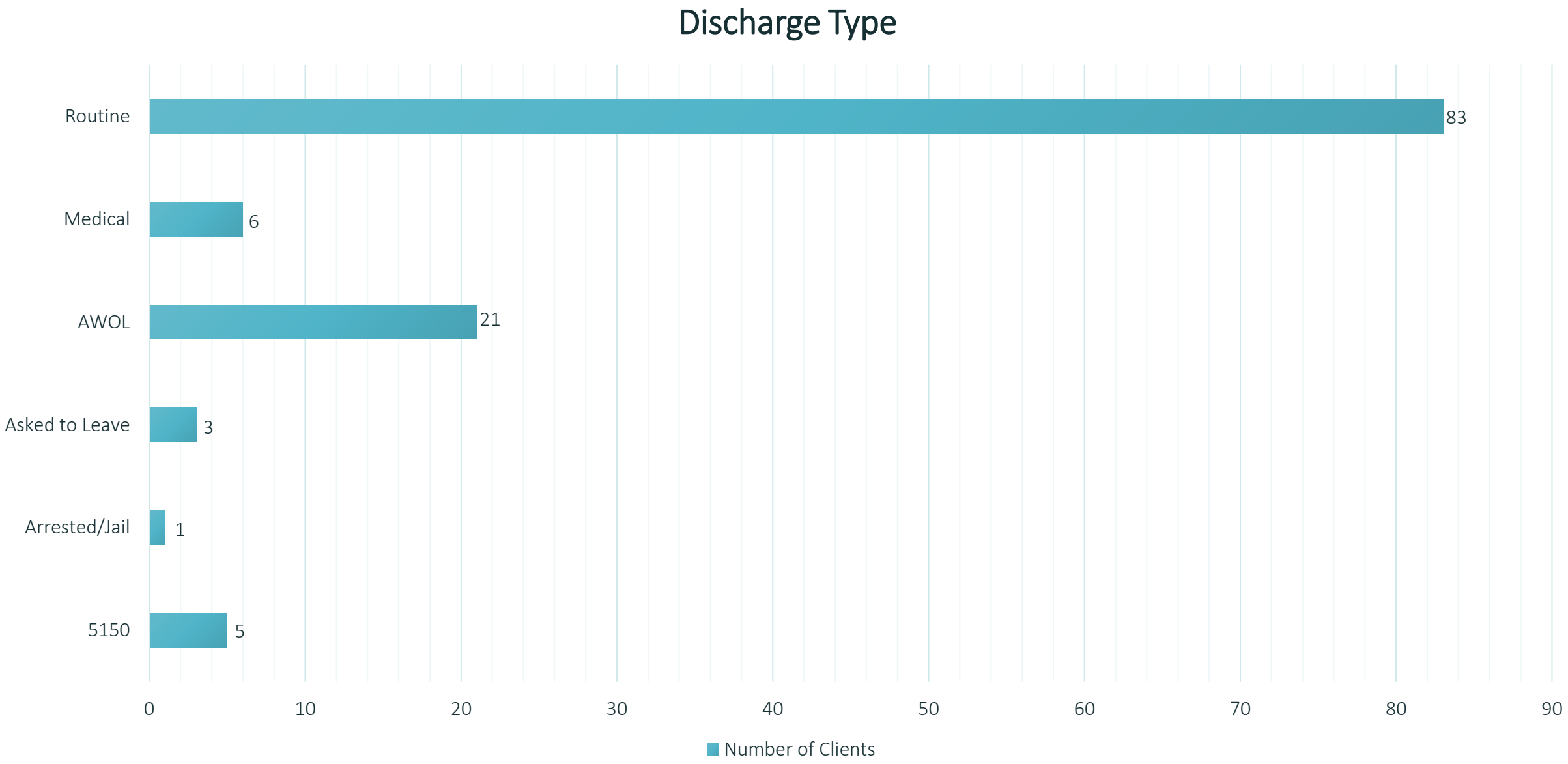
CRRC Admits, Bed Days, & Length of Stay

- The CRRC saw 11 admits in July, 40% increase from June and a 22% increase from July of the previous year.
- The average length of stay for the month of July, was 27 nights. This is an increase of 50% of the previous year.
- CRRC had a total of 293 bed nights in July. This is an 84% increase over the previous year.
- Fiscal year 2023: 19% increase in admits, 26% increase in bed nights, 4% increase in average length of stay, over the previous year.

Reasons for Increased Bed Days

- We were able to go back to full capacity after renovations were completed.
- CCL allowed us to be at full capacity after COVID and Monkeypox restrictions were lifted in May of 2023.
- We had an increase in client retention due to change of culture and leadership at the CRRC.
- Client feedback has been that they appreciate the change in culture and leadership.
- We have increased our community connections thus increasing our number of referrals.

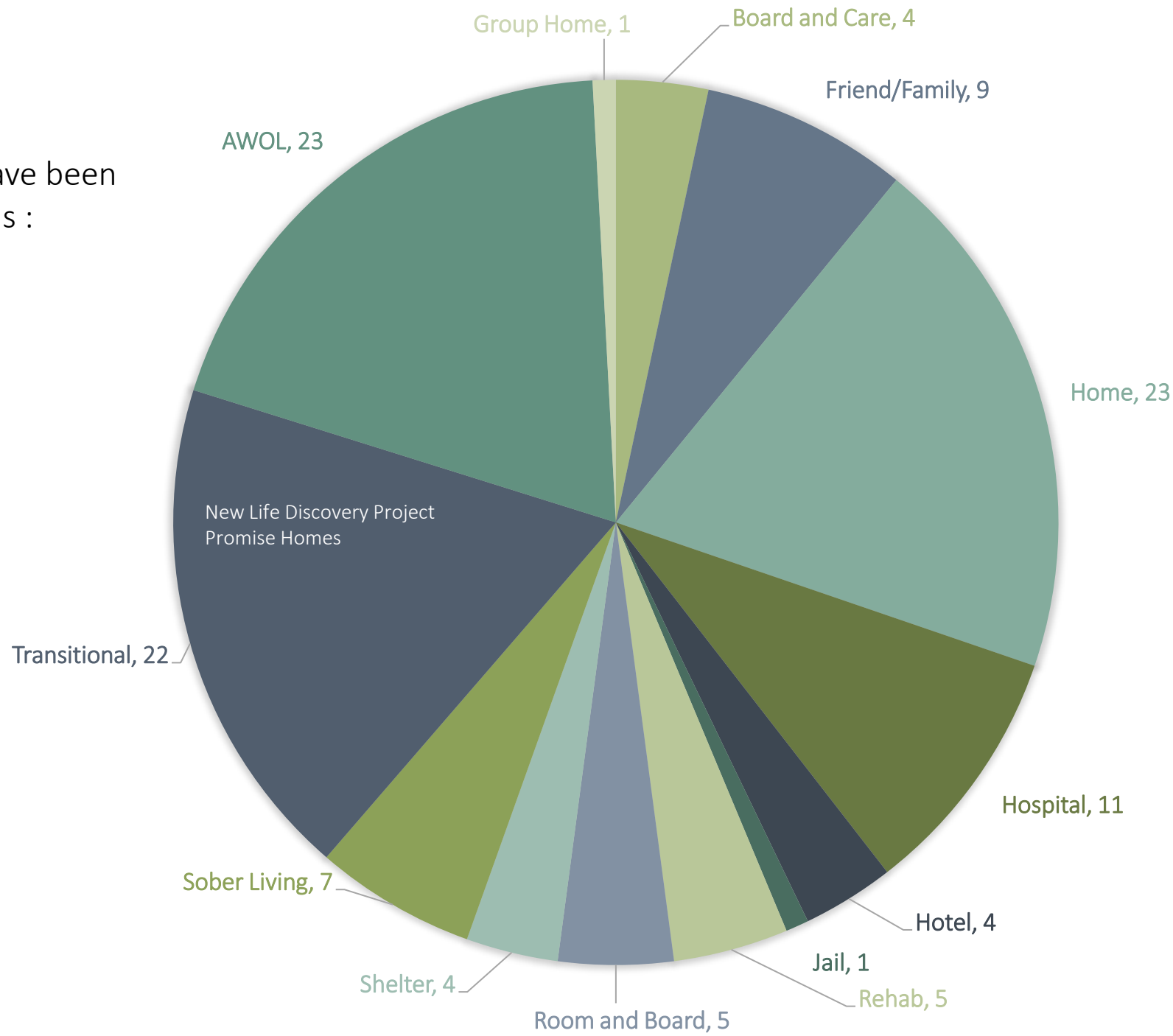
from 08/16/2023-08/16/2024

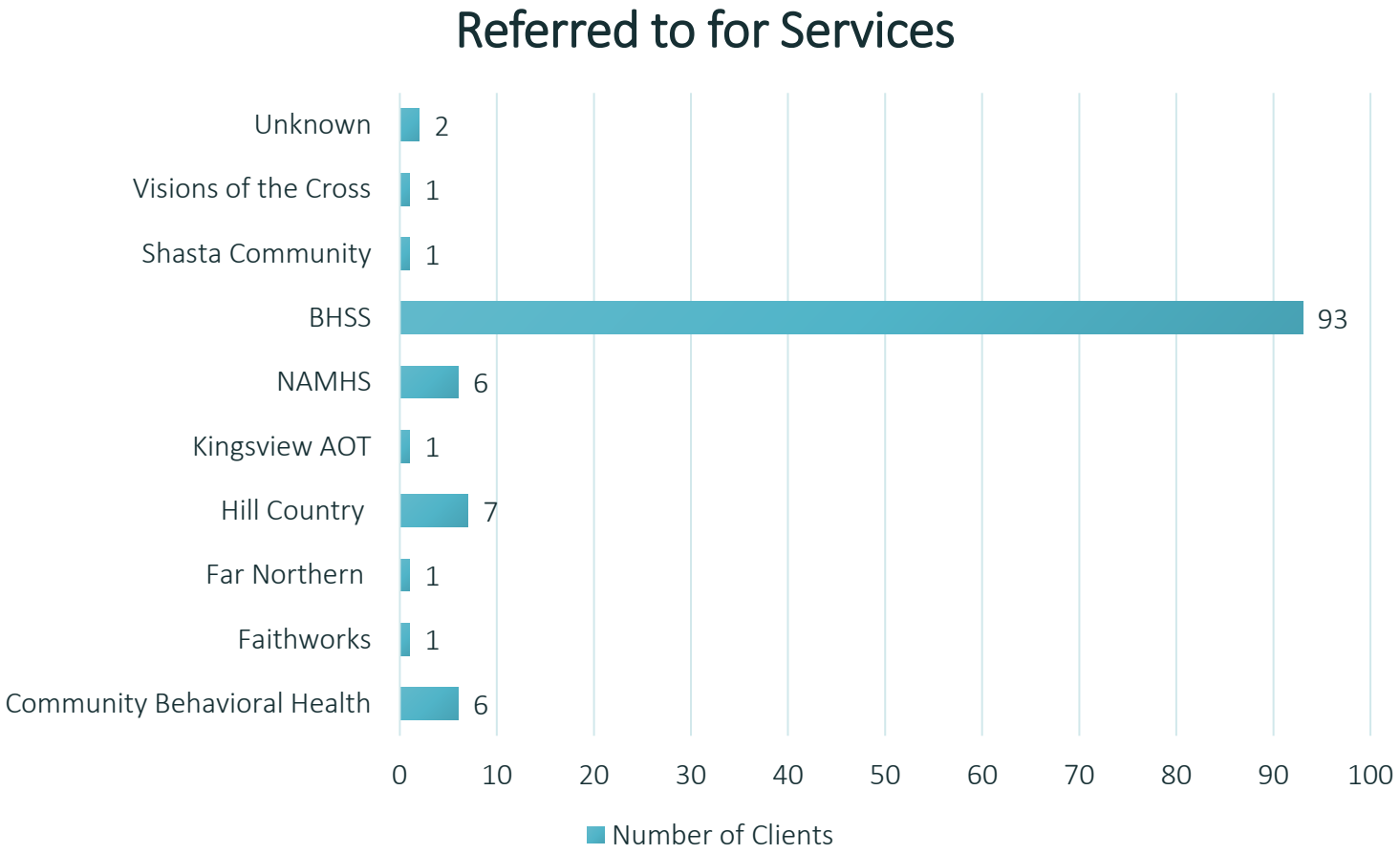


Facility Types

Our goal is to plan safe discharges. We have been able to utilize community partners such as :

New Life Discovery Project
LeBrun Board and Care
Visions of the Cross
Waterfront Recovery
Ridgeview Board and Care
Promise Homes
JD Residential





Most of our clients are connected to Shasta County Behavioral Health and Social Services upon discharge.

This is our first year with working with Faithworks and Community Behavioral Health.

BHSS= Behavioral Health and Social Services (Shasta County Mental Health)
NAMHS= North American Mental Health Services
AOT= Assisted Outpatient Treatment

Recent Renovations

At the end of 2022, the CRRC underwent major renovations that included:

- Replaced flooring
- Expanded and updated the kitchen
- Asbestos removal
- Updated the office
- New and improved laundry room

Kitchen and Pantry

- We expanded the kitchen by combining an old waiting room and part of an office with our kitchen
- This allowed us to have a commercial style kitchen fit to feed 15 clients daily
- Licensing requires us to have a 7-day supply of food in case there is an emergency. We recently rearranged and made room for more shelving.

Meditation Room

In the mornings, our clinician meets with clients and has 1:1 therapy sessions.

During client down time, they can use the iPad to look for jobs and housing.

We also have instruments clients can use.

New Office

The CRRC used to be a locked psychiatric unit. It had not been updated in decades.

Service Gaps

- The CRRC is a full-service program that has a limited amount of time to try and connect clients to a lot of services.

  Many of the services will not have openings or appointments until after the client graduates the CRRC.

- We have one part-time clinician providing therapy services.
- Lack of income and housing are major challenges we face when discharge planning, but we have been able to utilize programs like New Life Discovery Project to keep clients from discharging to the Mission or the streets.
- We have found we are leaning toward being a dual diagnosis facility based on the overlap of substance use disorders and mental health clients within our community.
- The CRRC's focus is mental health rehabilitation but we are often trying to connect clients to community resources and housing.

  This can create less groups focused on mental health and developing positive coping skills.

- We need more SUD supports via outpatient that can support clients who are not connected to Shasta County Mental Health Outpatient or Children's Services.

Ideas to Fill Gaps

It would be amazing if there were more opportunities for clients to drop in and meet with specialty staff to connect to the following:

Full time clinician

Enhanced case management

Community Supports

Housing Case management

SSI Advocates

Substance use disorders

Employment presentations/ job fairs that advertise ways they can work with folks with mental, developmental, and physical health barriers.

Questions?

Mental Health, Alcohol and Drug Advisory Board

Annual Report 2022

Shasta County
Health & Human Services Agency

Our Membership

Ronald Henninger (Chair)
Kalyn Jones (Vice Chair)

Alan Mullikin
Angel Rocke
Anne Prielipp
Charles Menoher
Christine Stewart
Cindy Greene
Connie Webber
Dale Marlar
David Kehoe
Heather Jones
Jo-Ann Medina
Mary Rickert
Sam Major

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Dear Shasta County Board of Supervisors:

The members of the Shasta County Mental Health, Alcohol and Drug Advisory Board (SCMHADAB) are pleased to present to you the SCMHADAB 2022 Annual Report.

There were many challenges that the Board and Department faced as the county was coming out of the Covid-19 era and the many resignations that took place with the leadership of HHS and Mental Health Department during this period.

Our purpose of this annual report is two-fold:

First, to demonstrate the activities that the MHADA Board have participated in to allow our board members opportunities to expand their knowledge and understanding of Shasta County's mental health, alcohol, and drug programs. Also, the programs needs and challenges.

Second, which is a departure from the past practices is to evaluate how effective the Board fulfilled the mission of the Board as established by Welfare and Institutions Code Section 5604.2. which is to inform and educate the public on alcohol, drug and mental health issues as well as to advise the Shasta County Mental Health Plan on program development, availability of services and planning efforts.

It is our sincere hope that the 2022 Annual Report will provide you a clear understanding of our activities, challenges, and efforts to improve the performance of our duties and to improve services delivered in Shasta County.

Sincerely,
Ron Henninger
Shasta County Mental Health, Alcohol and Drug Advisory Board Chair

Board Mission and Responsibilities

The mission of the Board is to inform and educate the public on alcohol, drug and mental health issues as well as to advise the Shasta County Mental Health Plan on program development, availability of services and planning efforts as established by Welfare and Institutions Code Section 5604.2. This includes the following responsibilities:

1. Review and evaluate the community's mental health, alcohol and/or drug treatment needs, services and special problems as related to the above.
2. Review performance contracts.
3. Advise the Board of Supervisors, the Shasta County Director of Mental Health Services and the County Alcohol and Drug Program Administrator to any aspect of Shasta County's mental health, alcohol and drug treatment and prevention services.
4. Ensure citizen, consumer and professional involvement in the Shasta County Mental Health Plan's delivery planning efforts.
5. Submit an annual report to the Board of Supervisors on the needs, challenges and performance of Shasta County's mental health, alcohol and drug treatment and prevention services.
6. Review, interview and make recommendations on applicants for appointment of the Director and Administrator.
7. Review and comment on Shasta County's performance outcome data and communicate its findings to the State of California Mental Health Planning Council and/or other appropriate entities.
8. Assess the impact of the realignment of services from the State of California on mental health services delivered to clients and within the Shasta County community.
9. Review draft Mental Health Services Act (Proposition 63, General Election of November 2004) plans and annual updates, make recommendations to the Director regarding the plans and updates, and make recommendations to the County Mental Health Department for revisions, as needed (per Welfare and Institutions Code Section 5848(b)).
10. Conduct public hearings on draft Mental Health Services Act plans, annual updates and other matters as appropriate.

Meetings: Action Items and Presentations

January

Discussions and Actions:

- Approved the Shasta County Data Notebook 2021

Presentations:

- **Adult Services ACCESS to Mental Health and Substance Use Disorder Services** – A PowerPoint presentation was presented by Deidra Ward, Mental Health Clinician. She provided an overview of services offered to clients and different avenues of treatment through the ACCESS Clinicians and County programs. ACCESS Clinicians are available to see walk-in clients between 8:00 and 3:30 p.m.

- **Children's Services Branch Behavioral Health Clinical Services** – A PowerPoint presentation was presented by Children's Services Branch Director Miguel Rodriguez, Deputy Branch Director Dwayne Green, HHSA Program Managers Cindy Lane, Tara Shanahan, Mary Jane Mathis, Pamela Ottinger, Laura Stapp, and Kiley Castaneda**.** They talked about different services that Children's branch offers including investigations and detentions, after hours response and family urgent response services, court interventions, intensive services, collaboration with local partners.

March

Discussions and Actions:

- The board welcomed new members Angel Rocke and Anne Prielipp
- Announcement of HHSA Director Donnell Ewert will retire in April of 2022. Donnell was with the county for 23 years.
- Presentation guidelines were sent out to all board members.

Presentations:

- **MORS II Outcome Data Tracking** – A PowerPoint presentation was presented by Paige Greene, Adult Services Branch Director. The Milestone of Recovery Scale (MORS) was created to capture aspects of recovery from the agency perspective such as client engagement and measurable progress.

- **Full-Service Partnership** – A PowerPoint presentation was presented by Genell Restivo, Clinical Division Chief of the Adult Services Branch. She described that Full-Service Partnership is a comprehensive and intensive program for adults with severe and persistent mental illness. This takes a "business as usual" approach away and utilizes a "whatever it takes" field-based approach using innovative interventions to help people reach their recovery goals.

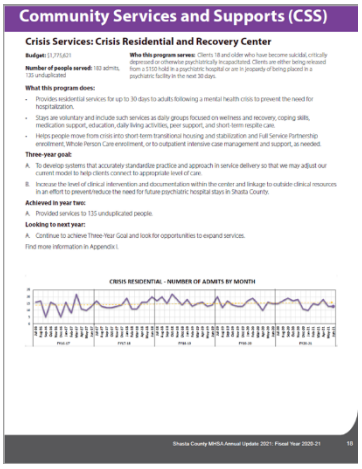
- **Continuation of Children's Services Branch Behavioral Health Clinical Services**– Laura Stapp, Clinical Division Chief and Kiley Castaneda, Clinical Division Chief presented on the remaining children services from the prior month.

May

Discussion and Action Items:

- Approval of the MHADAB 2021 Annual Report for Submission to the Shasta County Board of Supervisors.
- Ron Henninger, MHADAB Chair discussed security issues and the cost of security staff during a recent meeting at Woodlands Apartment Complex.

Presentations:



- **MHSA Annual Update Presentation** – A PowerPoint presentation was presented by Kerri Schuette, Deputy Branch Director. The update included the second and final updated for the current three-year program and expenditure plan. Changes to the report format based on recommendation to make it more clear, concise and easy to read.
- **Youth Innovation Toolkit** – A PowerPoint presentation was presented by Kalyn Jones, MHADAB Vice-Chair. The presentation included a guide to increase youth engagement and provide a tangible guild to self-advocacy, development tools, and youth-led labs to inform computer resources.
- **California Peer-Run Warming Line** – Kalyn Jones, MHADAB Vice-Chair, described the Warming Line as a nonemergency resource call line and web chat for Californians seeking mental health and emotional support, where counselors are peers. The line provides 24/7 immediate support to help prevent mental health crisis.

June (Special Meeting)

Discussion and Action Items:

- Approved 2022 Mental Health Services Act Annual Update to the Three-year Program and Expenditure Plan, which covers Fiscal Years 2020-21. Recommend that Shasta County Board of Supervisors approve the plan as well.

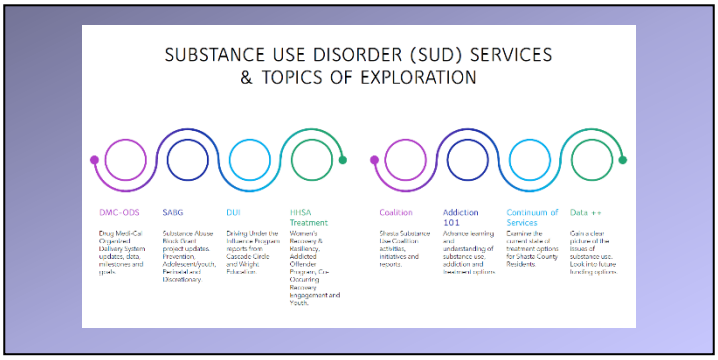
July

Discussion and Action Items:

- Updated members on meetings to discuss shared goals with Shasta County Board of Supervisors
- Establish a subcommittee to complete the Shasta County 2022 Data Notebook and Survey for Behavioral Health Boards and Commissions
- Establish a subcommittee for Substance Use Disorder in collaboration with Shasta Substance Use Coalition, with board assignment and committee reports.
- **Case Manager Services Upon Release from County Jail** – Board member Dale Marlar provided a discussion about Discharge planning is active in the jail. With 9,000 bookings per year, each is assessed by medical personnel upon entry and again prior to release. Limitations imposed by current law and case law dictate the role of law enforcement in determining release and services upon release. Public commentary spoke to frustrations with 5150 detainment protocols related to their use as a default means to access services on behalf of someone with SMI who is unwilling or unable to do so themselves. Lieutenant Marlar noted that it is more difficult to initiate the conservatorship process from jail than from a hospital or mental health facility. Members of the public wishing to provide medication history or other pertinent information on behalf of someone who has been booked may call the jail and request to speak with Lieutenant Marlar directly.

Presentations:

- Substance Use Disorder (SUD) Services and Topics of Exploration – A PowerPoint presentation was presented by Katie Cassidy, Adult Services Program Manager. Several areas were highlighted of exploration relevant to current issues, including the Drug Medi-Cal Organized Delivery System (DMC-ODS), Substance Abuse Block Grant (SABG) funding, current SUD research, and more.



- **Shasta County's Rising Fentanyl Problem Story Map** – A storymap presentation was presented by Jacob Hahn, Agency Staff Services Analyst. Fentanyl is synthetic opioid that is 80-100 times stronger than morphine and is commonly found mixed with other drugs. Statistics were shown about Shasta County's problem.

August (Special Meeting)

- Tour of Visions of the Cross

September

Discussion and Action Items:

- Approve 2023 MHADAB meeting dates
- Approve Substance Use Disorder (SUD) Subcommittee
- The 4th Annual Recovery Happens "Fun in Recovery" Event was be held Saturday, September 10, 2022.
- Adult Services hosts its Open House September 21, 2022
- Approved teleconferencing meetings in the form of hybrid meetings considered under emergency circumstances.

Presentation:

- Mental Health Services Budget – A PowerPoint presentation from Megan Dorney, Business and Support Services Branch Director was provided. The presentation included an overview of Mental Health Finances including upcoming changes to CalAIM Implementation, CARE Court, mobile services and increased collaboration with county partners.

Budget Unit	2020-21		2021-22		2022-23	
	General Fund	Federal/ State	General Fund	Federal/ State	General Fund	Federal/ State
410-Mental Health	$276,778	$33,238,389	$276,778	$36,745,581	$276,778	$39,076,500
422-Alcohol and Drug	$3,195	$7,514,595	$3,195	$8,959,800	$3,195	$10,021,795
425-Perinatal	$15,017	$762,197	$15,017	$1,007,338	$15,017	$883,134
Total	**$294,990**	**$41,515,181**	**$294,990**	**$46,712,719**	**$294,990**	**$49,981,429**

October (Special Meeting)

Discussion and Action Items:

- 2022 Assignment and Committee schedule was provided

Presentations:

- Brown Act training was provided to the Board Members from Rubin Cruse Jr., County Counsel

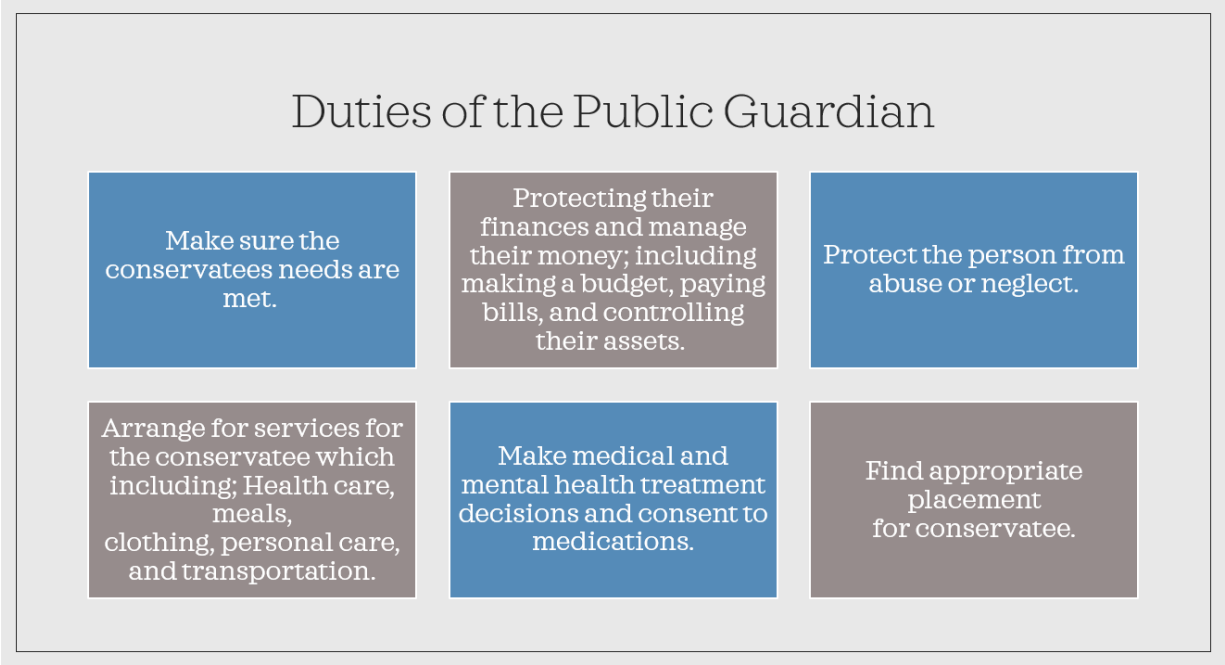
November

Discussions and Action items:

- Discussion of HHSA Director and Acting Mental Health Director appointments of Laura Burch and Miguel Rodriguez
- Approved three-year reappointments for MHADAB members Ron Henninger, Kayln Jones, Dale Marlar, Jo-Ann Medina and Connie Webber
- Approved the Shasta County Data Notebook 2022

Presentation:

- Public Guardian Conservatee Data – A PowerPoint presentation was provided by Supervising Deputy Public Guardian Shonda Cannelora. The presentation consisted of what Public Guardian is and what they do for members in the community. They also talked about involuntary mental health treatment (5150), conservatorship referral process, court process, placements, budget and how many clients are served.



November (Special Meeting)

Discussions and Action items:

- Matthew McOmber, County Counsel was introduced and provided details on meeting instructions.

  The Mental Health, Alcohol and Drug Advisory Board voted to recommend to the Shasta County Board of Supervisors the appointment of Miguel Rodriguez, LCSW as Director of Mental Health Services and authorize public disclosure of this recommendation.

Committees & Workgroups

Board members serve on various community and agency committees to share input, gather information and bring that knowledge back to their fellow board members. Committees include:

- Mental Health, Alcohol and Drug Advisory Board Executive Committee | Meet the 3rd Monday of every even month
  Board Member Assignment: Ron Henninger, Kalyn Jones, Sam Major

- California Association of Local Behavioral Health Boards and Commissions
  Board Member Assignment: All MHADAB Members

- Stand Against Stigma Committee (SASC)| Meet 2nd Tuesday ever other even month
  Board Member Assignment: Connie Webber, Kalyn Jones

- Mental Health Services Act Stakeholder Workgroup| Meet quarterly
  Board Member Assignment: Charlie Menoher, Christine Stewart, Kalyn Jones, Alan Mullikin

- Shasta Suicide Prevention Collaborative: | Meet the 3rd Thursday of every odd month
  Board Member Assignment: Kalyn Jones

- Continuum of Care (CoC) | Meet the 2nd Tuesday of each month
  Board Member Assignment: Ron Henninger, Alen Mullikin

- 2022 Shasta County Data Notebook Workgroup | October 2022
  Board Member Assignment: Connie Webber, Kalyn Jones, Ron Henninger

- ADP Provider Meeting | Meet quarterly
  Board Member Assignment: Christine Stewart, Cindy Greene, Jo-Ann Medina

Join us!

The Mental Health, Alcohol and Drug Advisory Board meets at 5:15 p.m. the first Wednesday of every other month - January, March, May, July, September, and November - with occasional special meetings in alternating months. The board is always looking for new members. For more information, go to www.shastahhsa.net. In the right-hand column under "Advisory Boards," click "Mental Health, Alcohol and Drug."

Acknowledgements

Thank you to Paige Greene, Adult Services Branch Director, and to the entire Mental Health Division Staff and supporting agencies.

Thanks also to guest speakers, community partners, and community members for information and support this year:

Shasta County Health and Human Services Agency – Adult Services Branch Staff
Paige Greene, Adult Services Branch Director
Genell Restivo, Clinical Division Chief, Adult Services Branch
Laura Stapp, Clinical Division Chief
Kiley Castaneda, Clinical Division Chief
Kerri Schuette, Deputy Branch Director
Katie Cassidy, Adult Services Program Manager
Jacob Hann, Agency Staff Services Analyst
Shonda Cannelora, Supervising Deputy Public Guardian

Shasta County Health and Human Services Agency
Megan Dorney, Business Support Services Branch Director

Shasta County Staff
Rubin Cruse, Jr, County Counsel

Facilities
Visions of the cross

Application for Appointment to the Mental Health, Alcohol and Drug Advisory Committee (MHADAB)

Name:_____ **Phone Number(s):** _____

Address:_____

To be considered for appointment to the MHADAB Advisory Committee, you must be able to check one (or more) of the following categories:

I am a:

☐ Consumer (past or present) of mental health, alcohol, and drug services

☐ Consumer or Family Member (past or present) of mental health, alcohol, and drug services

☐ Young Adult aged 25 and younger ☐ Employee of a local Education Agency

☐ Family member (past or present) of someone who has received mental health, drug, and alcohol services

☐ Veteran or Veteran Advocate meaning a parent, spouse or adult child of a veteran or an individual who is part of a veteran's organization, including Veteran of Foreign Wars or American Legion

☐ Supporting community member such as with law and justice, education, health community, representative of community partners

Day(s)/Time(s) available to attend meetings: _____

AREA OF INTEREST: _____

REASON FOR APPLYING: _____

PRIOR EXPERIENCE RELATED TO MENTAL HEALTH, ALCOHOL AND/OR DRUG SERVICES: _____

_____

PLEASE LIST YOUR CURRENT EMPLOYER: _____

Please list three references with telephone numbers:

1) _____

2) _____

3) _____

MHADAB Members may be employees of Shasta County HHSA or a company contracted with HHSA, however, they may not be employed or contracted with the Behavioral Health and Social Services (BHSS) Branch of HHSA.

- Are you currently employed or employed by a company contracted with HHSA? Yes ☐ No ☐
- If yes, are you currently employed or employed by a company contracted with BHSS? Yes ☐ No ☐

Signature: _____ Date: _____

Applications must be filed with:

Shasta County MHADAB
2640 Breslauer Way, Redding, CA 96001
Email: MHADAB@co.shasta.ca.us
Phone: (530) 229-8266

Office Use Only:

Date Received: _____

Applicant Name: _____ Interviewer: _____

Mental Health, Alcohol and Drug Advisory Board
Interview Questions

1. Please tell us about yourself: work, interests, community involvement.

2. Why are you interested in serving on the MHADAB?

3. Do you have any experience serving on other boards?

4. Are there specific mental health issues that concern you?

5. What would you like to accomplish by being a member of the MHADAB?

6. Could you talk a little about the programs that you are aware of in Shasta County that serve the mentally ill and those with alcohol and other drug dependence.

7. If you are comfortable, please share any personal experiences that relate to mental health, alcohol and/or drug issues.

8. The Advisory Board meets every month, from 5:30 p.m. to approximately 7:30 p.m. on the third Monday of the month in addition you will be asked to serve on one or two committees. Approximate commitment time per month is 8-10 hours. Do you feel you are able to meet your obligations as a member of the board?

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

DIRECTOR'S REPORT

September 16, 2024.

Mental Health, Alcohol & Drug Advisory Board Previous Meeting Documents | Shasta County California

Shasta County
Health & Human
Services Agency

Board of Supervisors Updates: July - August

July 2, 2024

- **C3** Approve a retroactive renewal agreement with Open Line Group Homes, Inc., for youth residential mental health services.

- **C4** Approve a retroactive renewal agreement with Northern California Youth and Family Programs for housing navigator and transitional housing services for youth.

- **C5** Approve a grant application with the California Department of Health Care Services for Substance Use Prevention, Treatment, and Recovery Services Block Grant (Grant) for substance use prevention, treatment, and recovery services funding and designate authority to the HHSA Director, or their designee, to sign and submit any documents related to the Grant.

July 16, 2024

- **C5** Approve a retroactive renewal agreement with Shasta County Child Abuse Prevention Coordinating Council, dba Pathways to Hope for Children, for Parent Learning and Supportive Services and Prevention and Early Intervention.

Board of Supervisors Updates Continued…

- **C6**Approve an agreement with California Forensic Psychology, PC, for psychological evaluations and assessments.

- **C7** Approve a retroactive renewal agreement with Lori Price, dba Quest Court Investigations, for court-ordered investigations for stepparent adoptions and petitions.

- **C8** Approve an agreement with Lea Tate, PsyD, for psychological evaluations and assessments.

- **C9** Approve a retroactive amendment to the agreement with Restpadd Health Corp for psychiatric inpatient services which increases rates and maximum compensation.

July 23, 2024

- **C5** Approve a retroactive amendment to the agreement with Willow Glen Care Center for residential mental health treatment services which increases rates.

- **C6** Approve a retroactive renewal agreement with Kindred Hearts, Inc., for post-adoptive services.

Board of Supervisors Updates Continued…

August 13, 2024

- **C6** Approve a retroactive renewal agreement with Community Care on Palm Riverside, LLC, for skilled nursing care and residential mental health treatment services.

- **C7** Approve a retroactive renewal agreement with Aurora Behavioral Healthcare – Santa Rosa, LLC, dba Santa Rosa Behavioral Healthcare Hospital, for inpatient psychiatric hospitalization.

- **August 20, 2024**
- **C6** Approve a retroactive renewal agreement with Kathaleen Waltz, dba Lebrun Residential Care Facility, for residential care home services.

- **August 27, 2024**
- **C7** Approve a retroactive amendment to the agreement with Restpadd, Inc., for inpatient psychiatric mental health services which increases the daily rate and maximum compensation.

Board of Supervisors Updates Continued…

- **C8** Approve a retroactive renewal agreement with Shasta County Office of Education (SCOE) in the amount of $1,568,169 for the Community Connect Program to aid in the reduction and prevention of Adverse Childhood Experiences and designate signing authority to the CEO, or their designee, for budgetary amendments.

- **C9** Approve an agreement with Clinical Buddy, Inc., for clinical trainings.

- **C10** Approve a retroactive amendment to the agreement with Crestwood Behavioral Health, Inc., for residential mental health treatment services which increases rates and maximum compensation.

Legislative Updates

- SB 326 MHSA Reform
- AB 531 Housing

MH & SUD Services Update

Crisis Services (ER) Activity Report May 2024

ER/ED Activity: There were **175** crisis evaluations performed at the Emergency Departments. Shasta Regional Medical Center had **95** evaluations, while Mercy Medical Center had **80** evaluations in May 2024.

Percentage of visits by hospital:

Shasta Regional Medical Center	54%
Mercy Medical Center	46%
Mayers Memorial Hospital	0%

Diagnosis:

Depressive Disorders	21%
Psychotic Disorders (not Schizophrenia)	18%
Bipolar Disorders	15%

Toxicology:

THC	78%
Amphetamines/Meth	40%
Fentanyl	13%

5150s Upheld:

- Of clients 5150'd, 24% were ultimately upheld and hospitalized.
- Of clients initially designated 1799.111 then became a 5150, 55% were upheld and ultimately hospitalized.
- Of 5150s to be released, 74% were reported as "Does not Meet Criteria."

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

Quarterly reports detail Notice of Adverse Benefit Determinations (NOABDs) for both Adult and Children's Services Branches. NOABDs are issued when the plan decides to deny or terminate treatment.

In May 2024, 16 NOABD was issued to Adult Services clients, and 1 NOABD's were issued to Children's Services clients.

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

Delivery System Notices & Terminations 300

Most Common Reasons Cited for NOABDs in May 2024	Total Adult (16)	Total Child (1)
Not able to contact client, various reasons.	**5 (31%)**	**1 (100%)**
Mental health condition would be responsive to treatment by a physical health care provider.	**0 (N/A)**	**0 (N/A)**

Mental Health Services Act (MHSA) Annual Update

The Mental Health Services Act (MHSA) is a millionaires' 1% tax that makes up approximately 25% of California's Mental Health services funding. The MHSA Annual Update to the 3-Year Plan outlines available MHSA funded county mental health services and goals.

Counties may then expend funds consistent with their Annual Update. To spend MHSA funding, counties must prepare and submit their Annual Updates detailing MHSA funding plans for MHSA programs and expenditures.

The Annual Update will go through the local review process and then it gets submitted to the state.

1. 30-day public comment period
2. A public hearing held by the local mental health board
3. Approval by the Shasta County Board of Supervisors
4. Submission to the Mental Health Services Oversight and Accountability Commission (MHSOAC)
5. Submission to the California Department of Health Care Services (DHCS)

Mental Health Services Act (MHSA) Annual Update

The FY 2024-25 Annual Update to the 3-Year Plan was emailed to MHADAB Board Members on August 19, 2024. Their feedback to the MHSA team is due on September 9, 2024.

30 Day Public Comment period opened on August 23, 2024 and closes September 22, 2024 at 5:30pm.

A special MHADAB meeting will be needed to hold a public hearing and is it important that Board Members attend this meeting.

To view and electronic version of the Annual Update please visit www.ShastaMHSA.com. If you'd like to request a hard copy, please contact the MHSA team at mhsa@shastacounty.gov or call (530) 780-5338.

HHSA BHSS Updates

- Substance Use Disorder Conference took place August 13 – 15 with 8 separate workshop tracks.
- We are apart of a 7-county model and provide oversight on what services partnership provides.
- We have discussed casting a wide net for RFP to bring in services provides for SUD services.

Upcoming Events

- Save the Date! September 28th is the Addicted Offender Program Alumni hosting a “Golfing with the Stars” Event.

"Engaging individuals, families and communities to protect and improve health and wellbeing."

Bailey Cogger, *Behavioral Health and Social Services Deputy Branch Director*
Laura Stapp, *Behavioral Health and Social Services Deputy Branch Director*
Health & Human Services Agency | Shasta County California

California Association of Local Behavioral Health Boards and Commissions

Changes take effect: **January 1, 2025**

Email: info@calbhbc.com www.calbhbc.org

CALBHB/C SUPPORTS THE WORK OF CA's 59 LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

CA WIC 5604 and 5963.03—**Behavioral Health Boards**: Bylaws, Duties, Expenses, Membership

California's Welfare & Institutions Code (WIC) for local behavioral health boards & commissions includes:

Bylaws (5604.5)
Duties (5604.2) & MHSA Duties (5963.03)
Expenses (5604.3)
Membership (5604)

Changes due to Proposition 1 (SB 326) appear in **bold print.** Summary on Page 4.

WIC is also on-line at: www.calbhbc.org/legislation-mhb-wic.html

WIC: Behavioral Health Boards

Bylaws (WIC 5604.5)

The local **behavioral** health board shall develop bylaws to be approved by the governing body which shall do all of the following:

(a) Establish the specific number of members on the **behavioral** health board, consistent with subdivision (a) of Section 5604.

(b) Ensure that the composition of the **behavioral** health board represents and reflects the diversity and demographics of the county as a whole, to the extent feasible.

(c) Establish that a quorum be one person more than one-half of the appointed members.

(d) Establish that the chairperson of the **behavioral** health board be in consultation with the local **behavioral** health director.

(e) Establish that there may be an executive committee of the **behavioral** health board.

Expenses (WIC 5604.3)

(a) (1) The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the **Behavioral** Health Board of a community mental health service incurred incident to the performance of their official duties and functions. **(2)** The expenses may include travel, lodging, **child-care** and meals for the members of an advisory board while on official business as approved by the director of behavioral health programs.

(b) Governing bodies are encouraged to provide a budget for the local **behavioral** health board, using planning and administrative revenues identified in subdivision (c) of Section 5892 [see below], that is sufficient to facilitate the purpose, duties, and responsibilities of the local **behavioral** health board.

WIC 5892 (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section **5847 and 5963.03**. The total of these costs shall not exceed 5 percent of the total of annual revenues received for the Local **Behavioral Health Services Fund**. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process ...

Duties (5604.2) and BHSA Duties (5963.03)

Duties of Boards & Commissions (5604.2)

The local **behavioral** health board shall : (WIC 5604.2(a))

1. Review and evaluate the community's public **behavioral** health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health **or substance use disorder** evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
2. (**A)** Review any county agreements entered into pursuant to Section 5650. **(B)** The local **behavioral** health board may make recommendations to the governing body regarding concerns identified within these agreements.
3. **(A)** Advise the governing body and the local **behavioral** health director as to any aspect of the local **behavioral** health program. (**B)** Local **behavioral** health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health or substance use disorder evaluations or services provided in public facilities with limited access.
4. **(A)** Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **((B)** Involvement shall include individuals with lived experience of mental illness, **substance use disorder**, **or both**, and their families, community members, advocacy organizations, and **behavioral health** professionals. It shall also include other professionals who interact with individuals living with **mental illnesses or substance use disorders** on a daily basis, such as education, emergency services, employment, health care, housing, public safety, local business owners, social services, older adults, transportation, and veterans.
5. Submit an annual report to the governing body on the needs and performance of the county's **behavioral** health system.
6. **(A)** Review and make recommendations on applicants for the appointment of a local director of behavioral health services.
   (B) The board shall be included in the selection process prior to the vote of the governing body.
1. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
2. This part does not limit the ability of the governing body to transfer additional duties or authority to a **behavioral** health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

Duties of Boards & Commissions (BHSA)

BHSA Duties from Code Section 5963.03

(b) **(1)** The **behavioral** health board established pursuant to Section 5604 shall conduct a public hearing on the **draft integrated plan and annual updates** at the close of the 30-day comment period required by subdivision (a).*****

(2) Each **plan and update** shall include any substantive written recommendations for revisions.

(3) The **adopted integrated plan or update** shall summarize and analyze the recommended revisions.

(4) The **behavioral** health board shall review the adopted **integrated** plan or update and make recommendations to the local mental health agency, **local substance use disorder agency**, or local behavioral health agency, as applicable, for revisions.

(5) **(5)** The local mental health agency**, local substance use disorder agency,** or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (d) below] recommendations made by the local **behavioral** health board that are not included in the final **integrated** plan or update.

***(c)(2) In preparing annual and intermittent updates: (A) A county is not required to comply with the stakeholder process described in subdivisions (a) and (b). (B) A county shall post on its internet website all updates to its integrated plan and a summary and justification of the changes made by the updates for a 30-day comment period prior to the effective date of the updates.**

(d) For purposes of this section "Substantive recommendations made by the local **behavioral health** board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local **behavioral** health board that has established its quorum.

Membership (WIC 5604.)

(a) (1) **(A)** Each community mental health service shall have a **behavioral** health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that **a board in a county** with a population of fewer than 80,000 may have a minimum of five members. **(B)** A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. **(C)** This section does not limit the ability of the governing body to increase the number of members above 15.

(2) (A) (i) The board shall serve in an advisory role to the governing body, and one member of the board shall be a member of the local governing body.

(ii) Local **behavioral** health boards may recommend appointees to the county supervisors.

(iii) The board membership should reflect the diversity of the client population in the county to the extent possible.

(B)(i) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received **behavioral** health services. **At least one of these members shall be an individual who is 25 years of age or younger.**

(ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) (i) In counties with a population of 100,000 or more, at least one member of the board shall be a veteran or veteran advocate. In counties with a population of fewer than 100,000, the county shall give a strong preference to appointing at least one member of the board who is a veteran or a veteran advocate.

(ii) To comply with clause (i), a county shall notify its county veterans service officer about vacancies on the board, if a county has a veterans service officer.

(D) (i) At least one member of the board shall be an employee of a local education agency.

(ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.

(E) (i) In addition to the requirements in subparagraphs **(B), (C), and (D),** counties are encouraged to appoint individuals who have experience **with,** and knowledge **of,** the **behavioral** health system.

(ii) This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.

(3)(A) In counties with a population that is **fewer** than 80,000, at least one member shall be a consumer and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health **or substance use disorder** services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is **fewer** than 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b)**(1)** The **behavioral** health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2**, and review and evaluate the local public substance use disorder treatment system.**

(2) The **behavioral** health board shall advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

(c)(1) The term of each member of the board shall be for three years.

(2) The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the **behavioral** health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health **or substance use disorder treatment** services.

(e)(1) Except as provided in paragraph (2), **a** member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health **and substance use disorder** service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of **behavioral** health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in **behavioral** health who are not full-time or part-time employees of the county **behavioral** health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a **behavioral** health contract agency.

(h) The **behavioral** health board may be established as an advisory board or a commission, depending on the preference of the county.

(i) For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.

Summary of Changes
Due to Proposition 1 (2024)
(SB326/Behavioral Health Services Act (BHSA)

Effective January 1, 2025: Membership rosters and **bylaws** should be updated to reflect changes from Proposition 1 (the Behavioral Health Services Act):

1. Youth Membership Requirement: 5604. (2)(B)(i) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. One of these members shall be an individual who is 25 years of age or younger. (ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
2. Local Education Agency Membership Requirement: 5604. (2)(D) (i) At least one member of the board shall be an employee of a local education agency. (ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.
3. "Mental" is changed to "Behavioral", and advising regarding "substance use disorder" is added within the duties.

Updates prior to 2024:

WIC Update - 2023 to "Local Membership Criteria" (5604.) in regard to veterans/veterans advocates;

WIC Update - 2020 in the following areas: Bylaws, Duties, MHSA Duties, Expenses, Membership;

WIC Update - 2015 Mental Health Consumers can work for County AND serve on Boards/Commissions

MENTAL HEALTH SERVICES ACT

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

FISCAL YEAR 2024–2025

PUBLISHED AUGUST 2024

INCLUDES DATA FROM FISCAL YEAR 2022–23

Shasta County
Health & Human Services Agency

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HHSA VISION UPDATE

During our first year of the Behavioral Health & Social Services re-organization in Shasta County, we have seen multiple advantages in the integration of service. As we reported in the three-year plan, the spirit behind re-organization is to create an even more cohesive agency, aligning with California Advancing and Innovating Medi-Cal (CalAIM) by creating a branch that could provide services through the entire lifespan of our clients while decreasing barriers to treatment. In the psychiatric side of our Behavioral Health system, we have been able to access psychiatrists to cover services in both our Children and Adult systems of care, which have prevented gaps in medication management. In addition, our Public Guardians and Behavioral Health programs have been able to work in an expedited manner to ensure the safety of children who may be in need of being conserved. In the Substance use system of care, we were able to have clinicians and/or recovery coaches in the Adult system of care cover for clinicians in the Children system of care to complete ASAM assessment due to backlogs resulting from staffing shortages. In this specific instance, the impact of the integration has proven to be incredibly beneficial in the Child Welfare system of care as services have begun sooner which improves the likelihood of parent/child reunification.

Our "no wrong door" approach continued to be reflected in the MHSA program plans throughout this three-year report. Our integrated approach continues to show that clients who are directly connected to services through a wraparound approach are more likely to engage in services and our staff have become keenly aware of auxiliary services, including Patient Rights, In-Home Supportive Services and Adult Protective services which have helped our clients meet their individualized needs and goals.

As we continue to work towards increasing our internal programs and services in an effort to improve our ability to meet community needs, staff shortages continue to remain a consistent challenge for our branch. We are hopeful that as we continue to address this barrier, we will not only improve our own internal service delivery system, but also increase our capacity to provide additional outreach efforts while creating an even stronger referral network.

PROGRAM PLAN GOAL THEMES IN THIS REPORT:

- Rebuilding staff to better support and revitalize current programs.
- Identifying the best program outcome measures and improving monitoring and analysis through interdepartmental and community partner collaboration.
- Increasing educational events and training on evidence-based therapeutic modalities for staff and community partners.

HHSA VISION UPDATE

Additional areas of focus during the next year are to increase availability of crisis services, residential services for children, availability of Substance Use Disorder (SUD) services and expansion of our peer-support specialist program/services.

Over the next three years, we will continue to make meaningful connections across branches in an effort to remove barriers our clients experience when accessing services. Going forward, our leadership team, with the feedback from the Mental Health Alcohol Drug Advisory Board, staff, community partners and other stakeholders, will engage in a continuous improvement process to identify additional areas of focus and changes needed to improve client care and outcomes.

Miguel Rodriguez, Director of Mental Health

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 one 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.

SB 326

(1) Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election funds a system of county mental health plans for the provision of mental health services. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with and further the intent of the MHSA. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the MHSA by majority vote.

On March 5, 2024, statewide primary election voters approved this bill. This bill does restructure MHSA by renaming it the Behavioral Health Services Act (BHSA) expanding it to include treatment of substance use disorders, changing the county planning process and expanding services for which counties and the state can use funds. The bill revises the distribution of MHSA funding categories and authorizes the department to require a county to implement specific evidence-based practices.

This bill requires counties to seek reimbursement for behavioral health services that meet eligibility requirements under the Social Security Act and with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance.

The MHSA establishes the Mental Health Services Oversight and Accountability Commission and requires it to adopt regulations for programs and expenditures for innovative programs and prevention and early intervention programs established by the act. Existing law requires counties to develop plans for innovative programs funded under the MHSA.

This bill renames the commission the Behavioral Health Services Oversight and Accountability Commission and changes the composition and duties of the commission, as specified. The bill would delete the provisions relating to innovative programs and instead would require the counties to establish and administer a program to provide housing interventions.

This bill would make extensive technical and conforming changes.

AB 531

This bill would provide housing for individuals and families who are experiencing homelessness or who are at risk of homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions due to communicable diseases and are disbursed in accordance with the Multifamily Housing Program, or projects that are disbursed in accordance with the Behavioral Health Continuum Infrastructure Program and are a use by right and subject to the streamlined, ministerial review process.

This bill enacts the Behavioral Health Infrastructure Bond Act of 2024 which authorizes the issuance of bonds in the amount of $6,380,000,000 to finance loans or grants for the acquisition of capital assets for the conversion, rehabilitation or new construction of permanent supportive housing for veterans and others who are homeless and meet specified criteria, and for grants for the Behavioral Health Continuum Infrastructure Program, as specified.

COMMUNITY PROGRAM PLANNING

What is Community Program Planning (CPP)?

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.

The goal is 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 to gather diverse opinions to ensure that our wellness-, recovery- and resilience-focused programs will be successful.

Am I a stakeholder?

If you are a person living in Shasta County with an interest or concern in behavioral health services, you are a stakeholder! Community program planning for the Mental Health Services Act in Shasta County happens throughout the year at locations all over the county. Participants are encouraged to complete a demographic survey to ensure that people of all ages, races, genders, income levels, etc. are fairly represented. This includes unserved, underserved and fully served county residents who qualify for MHSA services. Communication to stakeholders may include e-mail, websites, social media, trainings, webinars, presentations and more.

Read more about CPP here.

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
First 5 Shasta	Family Dynamics
The McConnell Foundation	Golden Umbrella
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	

COMMUNITY PROGRAM PLANNING

Regular stakeholder committees:
The following meetings were held during Fiscal Year 2023–24:

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 18, 2023, September 28, 2023, December 13, 2023, February 29, 2024, May 22, 2024; Shasta MHSA

Stand Against Stigma Committee: This committee works to promote mental wellness, increase community awareness of mental health, and end the stigma surrounding mental illness, substance use, suicide and suicide loss. The committee helps brainstorm, guide, and promote the activities of Stand Against Stigma and helps plan Mental Health Month events in May.

The community-based committee is supported by the Health and Human Services Agency and is open to all members of the public. The committee meets every other month.

> **Meeting dates:** August 8, 2023, October 10, 2023, December 12, 2023, February 13, 2024, April 9, 2024, June 11, 2024; Stand Against Stigma Committee – Stand Against Stigma

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.

> **Meeting dates:** July 11, 2023, November 7, 2023, Jan. 9, 2024, March 12, 2024, May 14, 2024; Shasta Suicide Prevention Collaborative

The **Mental Health, Alcohol, and Drug Advisory Board (MHADAB)** also provides opportunities for discussion, education and input at its meetings. A Mental Health Services Act update report is given at its regular meetings in the director's report, and they hear periodic presentations on Mental Health Services Act programs.

> **Meeting dates:** July 12, 2023, September 6, 2023, October 4, 2023, November 1, 2023, January 10, 2024, February 14, 2024, March 13, 2024, April 10, 2024, May 8, 2024; Mental Health, Alcohol and Drug Advisory Board

COMMUNITY PROGRAM PLANNING

By focusing on MHSA's core values, together we can increase community involvement and collaboration surrounding difficult issues.

- Community collaboration
- Cultural competence
- Consumer and family-driven services
- Focus on wellness, recovery and resiliency
- Integrated service experience for clients and families

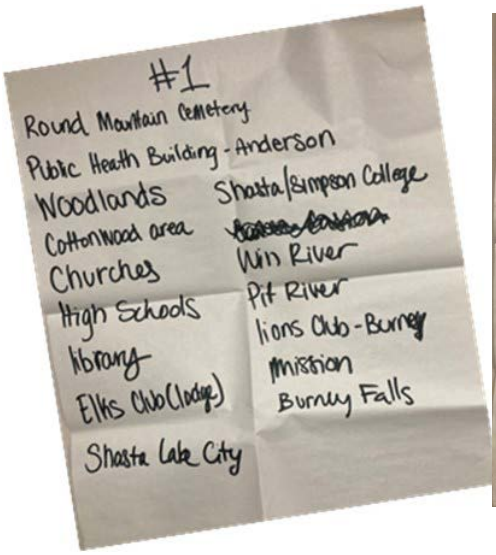
Community program planning three-year goals:

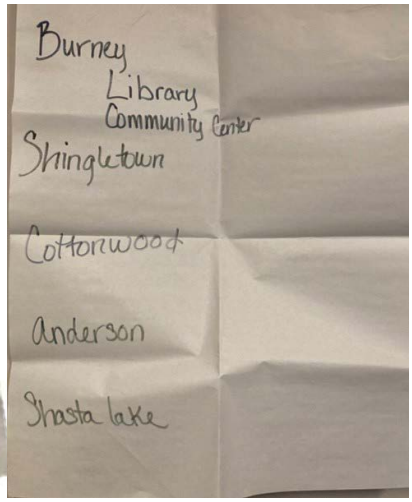
- Revitalize Community Program Planning processes*
- Expand outreach to center underserved Shasta County communities
- Streamline data collection and management (program data and stakeholder feedback)
- Analyze data for meaningful program development
- Improve agency communication to stakeholders:
  - Webpage modernization
  - Accessible program information
  - Timely, reliable reporting
  - Community presentations
- Identify achievable and meaningful program goals and outcome measures
- Include one measurable goal for each MHSA program in the next Annual Update
- Revise CPP Policy and Procedure to include protocols surrounding the handling of stakeholder feedback by the next Annual Update

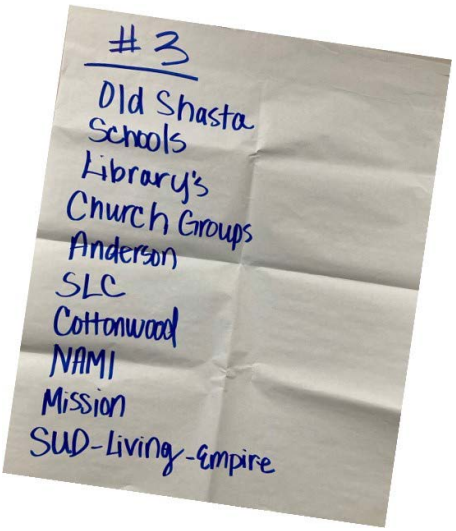
* DHCS recommends updates to the CPP policies and procedures on file. Staffing shortages, turnover, MHSA program review and passing of Prop 1 has caused delays. The goal is to monitor new guidance with the passing of Prop 1 and have the updated CPP policies and procedures by June 30, 2027. The updated CPP policy and procedure will undergo stakeholder review and will be included in the new Behavioral Health Services Act plan for 2027.

Stakeholder Feedback on Community Program Planning

MHSA Stakeholder Committee Discussion: Attendees were invited to participate in an interactive exercise to capture how to increase our reach.







Stand Against Stigma Committee Discussion: In 2023, committee feedback was given to the MHSA coordinator on ways to make stakeholder meetings more inclusive. Several ideas were shared and addressed on the 2023-2026 MHSA Three-Year Plan. Shasta County's brand-new MHSA team has since attempted and incorporated some of the feedback. County professionals have decreased attendance following feedback received from Shasta County stakeholders. A greeter, when available, has been placed to greet the community as they walk in; staff have taken off their badges and healthy snacks and drinks are being provided at each meeting. Depending on the meeting, it's not always feasible to sit in a circle if there's a presenter, however, we have attempted this practice for meetings that did not have a presenter.

MENTAL HEALTH SERVICES ACT PROGRAMS

Community Services and Supports	
Client and Family Operated Services	
NAMI	Wellness centers
STAR (Shasta Triumph and Recovery)	CARE Center
Rural Health Initiative	Housing continuum
Older adult services	Co-occurring disorders
Crisis services	Outreach
Prevention and Early Intervention (PEI)	
Prevention	**Early Intervention**
Children and Youth in Stressed Families	Children and Youth in Stressed Families
Triple P Trauma-Focused Treatment At-Risk Middle School ACES MHSSA grant	0-5 Program IMPACT Peer Support
Outreach for Increasing Recognition of Early Signs of Mental Illness	
Community Mental Wellbeing	
Access and Linkage to Treatment Strategy or Program	
Early Onset	
Stigma Reduction	
Stand Against Stigma	
Suicide Prevention	
Suicide Prevention	
PEI CalMHSA Statewide Projects	
Workforce Education and Training (WET)	
Superior WET Partnership	

Innovation (INN)
Hope Park Project
Psychiatric Advance Directives (PADs)
Supporting Community-Driven Practices for Health Equity
Capital Facilities/Technological Needs (CF/TN)
None during this reporting period

CLIENT AND FAMILY-OPERATED SYSTEMS

Fiscal Year 2022–23 Expenditures:
$787,279 ↑9.61%

Number of people served:
979

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

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:

A. Increase weekend hours at Sunrise Mountain Wellness Center, which are being heavily utilized by community members. Expand a bilingual 12-step program.

B. Supporting the family members reaching out for resources through collaboration with NAMI.

Barriers:

A. Limited space and personnel to increase groups and community engagement.

Achieved in previous year:

A. Sunrise Mountain Wellness Center bilingual 12-step program continues to maintain its popularity.

B. Hours have been extended at Sunrise Mountain Wellness Center from 8 a.m.–3 p.m. to 8 a.m.–5 p.m.,M–F.

C. Established programs at the two wellness centers that include engagement activities, peer support, socialization, wellness and recovery activities in partnership with other community organizations. This includes weekly scheduled activities or groups, workshops and 12-step recovery meetings. Facilitated 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 individual participants.

D. NAMI is fully staffed, and services have improved since recovering from the impact of COVID-19.

E. NAMI held 23 Family Support Group Sessions, each lasting 2 hours, and an average of 18 mentoring sessions a month.

Looking to next year:

A. Expand peer support services at Sunrise Mountain Wellness Center and facilitate more socialization activities for clients.

B. Increase collaboration between NAMI members and agency leadership to better inform the community of resources provided to families.

For more information, see Appendix C.

SHASTA TRIUMPH AND RECOVERY (STAR)

Fiscal Year 2022–2023

Expenditures:
$3,168,181.00 ↑18.59%

Number of people served:
103

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, 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 and peer support.

Three-year goal:

A. Continue outreach efforts to hardest-to-reach populations, including people who are homeless and suffer from severe and persistent mental illness.

B. Expand housing options with priority placement for FSP clients, both independent living and supportive housing, including at The Woodlands and by partnering with community organizations to develop room and board options.

C. Provide extensive social and supportive services with the goal of maintaining permanent housing.

D. Expand comprehensive and intensive STAR services for increased placement and stabilization within Shasta County.

E. Keep more clients off conservatorship and out of the hospital.

Barriers:

A. Staff shortage along with difficulties of hiring and retaining staff has been a huge challenge impacting services as well as staff to partner ratio for service engagement.

B. System challenges are another key factor that has impacted partner services and sometimes their well-being.

C. Lack of mental health facilities and board and care beds to place clients on conservatorship also remains a barrier to helping our partners get the appropriate level of care.

D. Not having vehicles designated for STAR Team to serve partners. The program has purchased vehicles to serve partners but due to resource challenges, all vehicles have been pooled together–to reserve vehicles ahead of time. This doesn't always work for a FSP program.

Achieved in year two:

A. Increased group services at board and cares and at The Woodlands. For example, life skills, budgeting, cooking, gardening and self care.

B. By being creative and providing multiple levels of care, the STAR Team has been able to work with families and community partners to reach and serve the hardest to reach partners such as in the encampments, Burney, Shasta Lake and Round Mountain area.

C. We currently have 21 partners and clients from our clinic housed at The Woodlands. There was a total of 15 FSP housed at The Woodlands but 7 FSP graduated from the STAR program.

D. Case management and rehabilitation groups have also helped our clients learn to cope with stressors, mental health symptoms, budgeting and completing activities for daily living.

Looking to next year:

A. Increase partners residing at The Woodlands FSP-allocated apartment units.

B. Obtain vehicles purchased with MHSA funds given back to the STAR, including 4-wheel drives for partners in difficult to reach rural areas.

C. Develop portable toolkits for fieldwork including water, food, sanitary products and clothing items.

D. Bring on a clinician to increase capacity to serve clients in IMDs and MHRCs.

E. Increase communication and provide mental health clinical concerns or updates with County Council and Public Guardian before partners are let off LPS conservatorship or Third-Party Assistance.

F. Have STAR Team and/or treating mental health team involved with discussion and decision making for partner's placement.

RURAL HEALTH INITIATIVE

Fiscal Year 2022–2023 Expenditures:
$612,873 ↓24.9%

Number of people served:
2,033

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

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 bridge geographical gaps, such as telepsychiatry.
B. Increase outreach activities informing community members of services provided.

Achieved in previous year:
A. Increased the unique number of people served by a Federally Qualified Health Center by 11.3%.
B. Total Visits for the Year:
   - Hill Country Round Mountain: 11,946
   - Shasta Community Health Center: 1,822
   - Mountain Valley Health Center: 1,933
   - Shingletown Medical Center: 1,784

Looking to next year:
A. Increase access to telepsychiatry for individuals in the Intermountain Area of Shasta County.
B. Review the number of services accessed per individual to determine if they are receiving the appropriate level of care.

For more information, see Appendix F.

OLDER ADULT

Fiscal Year 2022–2023

Expenditures:
$7,558 ↓33.17%

Number of people served:
11

Who this program serves:
Adults aged 60 and older.

What this program does:

- Outreach and engagement activities support recovery or rehabilitation as deemed appropriate by clients and their natural support system of family and community. Older Adult funding provides intensive case management to individuals who may require more care due to age-associated ailments. Services include medication management, therapy, case management, community connection and connection to transportation for medical appointments and more.
- Allows a social worker on the Outpatient team to specialize in working with older adults.
- Assesses the level of care of Older Adults and assists in maintaining the highest Level of Care possible for each unique individual.
- Case management includes eliminating barriers to achieve appropriate housing for Older Adults who may require subsidized housing and/or on-site medical care.

Three-year goal:

A. Continue to reduce the need for hospitalizations.

B. Ensure that outreach and stakeholder groups include older adults.

Achieved in previous year:

A. Identified this population to our providers to begin to focus on specialized services.

Looking to next year:

A. Creating a program that will address specific needs for this population.

B. Continue to reduce the need for hospitalizations.

CRISIS SERVICES

Fiscal Year 2022–2023

Expenditures:
$2,154,335 ↑14.5%

Number of people served:
1,236

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, and discharge planning to coordinate care.
- 24/7 telephone crisis services.
- Walk-in evaluation for mental health services by ACCESS Team clinicians. This evaluation may be during crisis and result in a 5150 hold when appropriate.
- Contracts with Hill Country Health and Wellness Center for a Mobile Crisis Team (MCT).
- Contracts with Redding Police Department for a Crisis Intervention Response Team (CIRT).

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, linking clients with ongoing services.

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

Barriers:

A. Number of beds versus need.

B. Lack of housing and permanent secure housing options increases the likelihood of clients in crisis on the streets.

Achieved in previous year:

A. Increased coordination with emergency department and crisis staff, HHSA outpatient services, and community providers.

B. Collaborated with a local program to house some of our difficult to house clients.

Looking to next year:

A. Accessing appropriate discharge option for clients to continue to stabilize in the community.

CRISIS SERVICES: CRISIS RESIDENTIAL AND RECOVERY CENTER (CRRC)

Fiscal Year 2022-2023

Expenditures:
$2,175,014 ↑60.2%

Number of people served:
82

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. Full Service Partnership enrollment or 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 to prevent/reduce the need for future psychiatric hospital stays in Shasta County.

C. Foster engagement, connection and referral relationships with more community providers and services.

Achieved in previous year:

A. Streamlined referral process; created new referral form and tracking spreadsheet; created new rack cards; created new exit survey; created new outcome tracking survey; identified and worked with community partners for outreach.

B. Connected clients to mental health resources, primary care doctors and other outside agencies for social wellness. Connecting clients to programs such as the Department of Veteran Affairs, Co-Occurring Recovery Engagement (CORE), Alcoholics Anonymous (AA)/Narcotics Anonymous (NA), recovery coaches and peer support teams. Partnership programs have created new opportunities for community resources. Access Case Managers are being assigned within 30 days of admission.

C. Fostered engagement and relationships with agencies such as New Life Discovery, Promise Homes, Kingsview's Enhanced Care Management (ECM) and Sunrise Wellness Center.

D. Increased referrals for more clients to obtain stable housing in SUD programs or via New Life Discovery Project. Previously these clients may have had to be referred to the Mission due to lack of income.

Looking to next year:

A. Increase collaboration with other ECM/ Community Supports providers in the community as many of our clients would benefit from additional case management after leaving the CRRC.

B. Update the website, brochure and conduct presentations with other county partners to increase awareness of our program.

For more information, see Appendix E.

CRISIS SERVICES: ASSISTED OUTPATIENT TREATMENT ("LAURA'S LAW")

Fiscal Year 2022-2023

Expenditures:
$597,173 ↑9.4%

Number of people served:
20

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.

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.

Barriers:

A. Engagement with the courts has presented some challenges but is a progressively developing endeavor with continued engagement, education and relationship building.

Achieved in previous year:

A. Engagement with courts have demonstrated an understanding of the value of keeping AOT program participants in the community while they work on appropriate treatment goals.

B. This program has met and often exceeded benchmarks for reduction in psychiatric hospitalizations, incarcerations and interactions with the criminal justice system every quarter.

C. A participant has been moved to a less intensive level of care due to compliance with meeting treatment goals. Another client has been able to progress from being almost completely disengaged from all social/familial interactions to being able to sustain part-time employment for several months in a position that requires frequent interaction with the public.

Looking to next year:

A. Continue to develop the collaboration between the courts and service provider to include continued education on the benefits of working together to address social, health and mental health challenges experienced by AOT program participants and potential participants.

B. Grow the program to provide services to a larger population.

CARE CENTER

Fiscal Year 2022–2023

Expenditures:
$619,195 ↑7.19%

Number of people served:
6,977 total visits

Who this program serves:
People in mental health crisis.

What this program does:

- CARE Center, operated Hill Country Health and Wellness Center, is an after-hours community mental health resource center that provides crisis services and support. Some services are available onsite, while other services are through a warm hand-off or referral. Visiting the CARE Center can be an alternative to 5150, as appropriate, for people experiencing urgent mental health needs.
- 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. Reduce emergency room visits.

B. Continue community outreach.

Achieved in previous year:

A. On average, 302 unique individuals were assessed per quarter.

B. Provided 550 referrals to agency partners for items or services not directly provided by the CARE Center.

C. 11,408 services were provided in the categories of assessments, navigation, coaching, direct needs and emotional needs.

Looking to next year:

A. Care Center is transitioning to a fee-for-service model and updating their reporting requirements.

For more information, see Appendix G.

HOUSING CONTINUUM

Fiscal Year 2022–2023

Expenditures:

$45,264 ↓68.5%

Number of people served:

27

Who this program serves:

People with serious mental illness and their families who are homeless or at risk of homelessness.

What this program does:

- Provides access to housing options, both transitional and permanently 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 offers case management.
- Transitional Housing: Affordable, accessible housing near clients' support systems with adequate access to transportation 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.

B. Finalize completion of pending housing spaces and their associated programs, staffing, and supportive services.

Barriers:

A. Timeframe from state government makes completing the grant expectations challenging.

B. Securing housing needs to allow for additional time associated with identifying developers and unforeseen construction delays.

Achieved in previous year:

A. Shasta County pursued and received BHBH funding and is looking to apply for infrastructure funding.

B. Shasta County currently has a collaborative with Christian Church Homes for 6 senior housing beds in the housing project currently under construction. The contract was finally approved by the Board of Supervisors after much questioning from various departments in the contract approval process at Shasta County.

Looking to next year:

C. Continue to explore opportunities to expand housing services.

D. Develop new partnerships to secure housing for those who are most in need.

For more information, see Appendix I.

CO-OCCURRING/PRIMARY CARE INTEGRATION

Fiscal Year 2022–2023

Expenditures:
$479,954 ↓6.48%

Number of people served:
49

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.

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.

- The In-Home Supportive Services (IHSS)/Clinical support collaborative program was initiated to provide the best opportunity for all IHSS recipients to thrive in life. IHSS typically begins serving clients during a life altering event experienced by them or a family member. Offering Mental Health services at this juncture can be a crucial connection for clients who may otherwise not seek access to services.

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.

B. See clients and families through difficult times and connect them to ongoing mental health services once stable.

C. Finally, this collaboration provides the opportunity for IHSS clients to receive supportive mental health services and interventions in their homes.

Achieved in previous year:

A. IHSS Social Workers made referrals to MHC to assist with isolation. IHSS recipients and providers have seen a positive impact of having a dedicated MHC help guide them through difficult times and provide connections to community supports.

B. Clinical staff provided brief therapy when appropriate and determined client's symptoms are due to a mental health disorder or substance use. Treatment programs looked at clients holistically.

C. Integrated treatment has been able to assist clients who could not even come to the door when first connected and are now up and mobile.

Looking to next year:

A. Cross-train Mental Health clinicians. IHSS to assist employees in successfully navigating complex client needs.

B. Have clinicians collaborate with Public Health Nurses as our aging population deals with cognitive impairments.

C. Continue to achieve the Three-year Goal.

OUTREACH

Fiscal Year 2022–2023

Expenditures:
$1,059,555 ↓15.88%

Number of people served:
591

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

What this program does:

- The Access Team screens everyone who is referred to or seeks to begin mental health support on a walk-in basis. Screening tools determine referral to the most appropriate level of care. There is no wrong door with the ACCESS Team. ACCESS endeavors to connect people with the right services, whether through the County or community providers to meet their immediate mental health or substance use disorder needs.
- Case management, nursing and clinical staff reach out to bring people in need into the behavioral health system.
- 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. Solidify community partnerships with ACCESS clinicians: Establish quarterly meetings, share service criteria, create procedures for information transfer and build unified collaborative partnerships to eliminate extra steps for clients.

B. Improve understanding of culturally appropriate communication and care for diverse local ethnic groups to increase access to, and participation in, the public mental health system.

C. Expand Youth STAR outreach to the broader community including schools, with a focus on homeless youth populations and the underserved.

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

Barriers:

A. Keeping partners updated timely of changes within the county that could impact the overall goal to improve outreaching to specialized populations.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Achieved in previous year:

A. CalAIM has directed county behavioral health to communicate with Partnership Health Plan when a client is either increasing or decreasing their level of care. Currently the practice is going well. Quarterly meetings do take place, however given the staffing changes here in Shasta County, new supervisors and managers need to be provided to our Partnership collaborative.

B. Shasta County's Cultural Competency annual training provides the department and agency partners the ability to improve their understanding of various cultures seeking treatment from behavioral health. Shasta County also approved an innovative program called Level Up that is designed to bridge the gap for those hesitant in accepting behavioral health services due to language and cultural differences.

C. STAR Clinical Program Coordinators (Supervisors) made presentations for various schools in 2023 to educate about behavioral health service options.

D. The Access Teams, field-based nursing, CIRT and STAR programs actively work to identify those individuals who need services but are unable to attend in person at the clinic.

Looking to next year:

A. Increasing informational presentations for the STAR program in the youth department to medical professionals, business leadership, churches and various community-based organizations.

B. Schedule meetings with community providers to present the ACCESS program. Create connections and gather information on their programs.

CHILDREN AND YOUTH IN STRESSED FAMILIES: TRIPLE P

Fiscal Year 2022–2023

Expenditures:
$286,667 ↓28.97%

Number of people served:
501, representing practitioners, caregivers and youth.

Who this program serves:
Parents.

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 each child and family's specific needs.
- This program is utilized in child welfare and outpatient children's mental health settings.

Three-year goal:

A. Increase staffing to revamp Triple P engagement efforts. Loss of trained providers is a barrier to care.
B. Continue to help parents who engage with the program to become positive change agents for their children and enhance the community's capacity to support at-risk children and their families.

Achieved in previous year:

A. Increased education on parenting for our community members. 263 caregivers attended Triple P sessions, of those caregivers the highest attended sessions level 3 Primary Care (caregivers of a child up to 12-years-old).
B. Continue outreach efforts to streamline referral partnerships and procedures.

Looking to next year:

A. Increase training for new program staff surrounding data entry, data storage and measuring program success of the program.
B. Continue outreach efforts to streamline referral partnerships and procedures.

For more information, see Appendix J.

CHILDREN AND YOUTH IN STRESSED FAMILIES: TRAUMA-FOCUSED TREATMENT

Fiscal Year 2022–2023

Expenditures:
$19,755 ↑308%

Number of people served:
Organization of the electronic health record does not currently allow extraction of this information.

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

What this program does:

- Provides Trauma Focused - Dialectical Behavioral Therapy (DBT), 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:

A. Decrease hospitalizations and length of stay in treatment, where appropriate.
B. Improve tracking mechanisms for therapeutic interventions provided.
C. Analyzing data for youth who have received interventions, answer the following questions: How many retained stable placement within the child welfare system? Have trauma-informed interventions reduced the number of placements or increased reunification?

Barriers:

A. Implementation of CalAIM and new electronic health record and work forces shortages throughout the agency makes improving and maintaining operations a challenge.

Achieved in previous year:

A. Staff trained in DBT are facilitating groups with teens and cooperating in a professional workgroup to foster professional clinical skill development.
B. The number of Psychiatric IP Admissions saw an increase of 13.6% and an 18.3% increase in total evaluations. Despite the larger increase in admissions, total Psychiatric Bed Days only increased 7.3% as the Average Length of Stay decreased by 9.1%.
C. Developed a practice in the new EHR to by select a progress note heading of, TF-CBT, DBT and ABA. Provided department training regarding this practice.

Looking to next year:

A. Develop outcome measures through tracking and analysis of length of hospital stays. This can be accomplished through implementation of CalAim's Transitioning Tool.

B. Provide data that corresponds to the interrelationships of trauma informed interventions and youth and family report of improvement.

CHILDREN AND YOUTH IN STRESSED FAMILIES: AT-RISK MIDDLE SCHOOLERS

Fiscal Year 2022–2023

Expenditures:
$198,597 ↓33.07%

Number of people served:
204

Who this program serves:
Middle schoolers.

What this program does:

- Teaches youth the affects of substance use and healthier life choices, self-esteem and social skills and relaxation techniques to cope with anxiety.
- Promotes healthy alternatives to risky behavior, such as peer pressure to smoke or use drugs and alcohol.

Three-year goal:

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

B. Strengthen service delivery in current schools, with a goal of increased engagement and participation.

Barrier:

A. This program is not active as of March 2023. Shasta County has selected a new vendor through the Request for Proposal process.

Achieved in previous year:

A. Botvin LifeSkills, pertaining to drug awareness and assertiveness were provided to several middle schoolers.

Looking to next year:

A. Successfully contract with a new provider to coordinate Botvin LifeSkills implementation back into middle schools.

CHILDREN AND YOUTH IN STRESSED FAMILIES: ADVERSE CHILDHOOD EXPERIENCES

Fiscal Year 2022–2023

Expenditures:
$808,502 ↓3.86%

Number of people served:
1277

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

What this program does:

- Aims to educate Shasta County residents about the most common childhood traumas that affect the brains and bodies of developing children and have a profound impact on their health as adults.
- Through training, media campaigns and community outreach, the ACE Coordinator helps build and support hope and resilience throughout the area so families can thrive.

Three-year goal:

A. Map Shasta County assets (programs, support and services) related to ACE prevention and mitigation. Through this project, our community will be evaluated to identify strengths and gaps in services to families. Identified gaps will be reviewed to select evidence-based programs to initiate in Shasta County, directly through our program or in collaboration with community partners.

B. Act on training opportunities to provide education to the local business community, housing programs and continue to support local schools with trauma-informed education and resources to better understand and serve Shasta County residents.

Achieved in previous year:

A. ACE Prevention Coordinator mapped ACEs-related assets to identify community gaps. Identified Strengthening Families Program as a potential intervention to support Shasta families and provide parenting skills and support. The Strengthening Families Program (StrengtheningFamiliesProgram.org) is an evidence-based family skills training program.

B. Partnered on several projects with SCOE, city parks, local oral health programs and Public Health Department to increase effectiveness of services provided to the community.

C. Media campaign efforts to encourage positive parenting have taken place. Three "parenting is hard, it's OK to ask for help" ads have been placed in the local print materials.

D. Three new ACE Presenters for Shasta County were trained in October 2023.

Looking to next year:

A. Create a survey to collect parent/caregiver feedback on parent/family supports available and gaps to identify greatest needs.

B. Increase connections to community resources and partners to ensure parents/caregivers are supported.

C. Increase awareness of the impact of ACEs and PCEs through media campaigns.

CHILDREN AND YOUTH IN STRESSED FAMILIES: MENTAL HEALTH STUDENT SERVICE ACT GRANT (MHSSA)

Fiscal Year 2022–2023

Expenditures:
$450,069 ↑1663.5%

Number of people served:
18

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. Update training both internally and with community partners, such as SCOE and Community Connect, to safeguard and improve program efficiency through staffing changes.

B. Enhance service flow and expedience to serve more clients.

Achieved in previous year:

A. Provided comprehensive assessment in a timely manner, identified needs and working with the youths to meet specific goals and objectives.

B. Approximately 118 referrals were made to Student Success Program.

C. Services discontinued as of April 1, 2024, as there is no staffing to continue to provide this service.

CHILDREN AND YOUTH IN STRESSED FAMILIES: 0–5 PROGRAM

Fiscal Year 2022–2023

Expenditures:
$88,208 ↓29.41%

Number of people served:
130

Who this program serves:
Children ages 0–5.

What this program does:

- Provides assessment, treatment planning, intensive care coordination, in-home behavioral services, Triple P, case management, individual and family therapy. Collaborates with Child Welfare Department on referral basis.

Three-year goal:

A. Increase support for this underserved population in Shasta County by developing a Core group of community-wide service providers who offer 0–5 treatment.
B. Increase the number of community partners who accept referrals for clients in the 0–5 demographic.
C. Reduce the number of children who require ongoing specialty mental health services.
D. Assess whether the service re-entry rate has been maintained or improved for youth who receive 0–5 service modalities.

Achieved in previous year:

A. Holding collaborative monthly meetings with SCOE to reestablish our relationship due to staffing changes.
B. Increased outreach to a significant number of children and families in the community which increased the public awareness about early childhood mental health and treatment options.

Looking to next year:

A. Recruit for vacant positions in hopes of retaining additional employees to serve the high volume of referrals.
B. Continue to expand the expertise of existing workforce via specialized trainings in IECMHC and Adoption Permanency.
C. Re-organize existing staff into early childhood and childhood mental health teams to strengthen our ability to co-provide to clients based on the individual needs of each client and the skill set of our existing providers.

CHILDREN AND YOUTH IN STRESSED FAMILIES: IMPACT

Fiscal Year 2022–2023

Expenditures:
$250,090 ↓27.56%

Number of people served:
51

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

What this program does:

- This program refers to contracted providers for behavior therapy, individual/family therapy sessions (including substance use counseling) and connects people to resources.

Three-year goal:
A. Connect struggling students with an Individual Educational Program (IEP) to supportive services.
B. Develop outcome goals and methods of measurement.

Achieved in previous year:
A. Began conversations with community providers to strengthen interagency collaboration.

Looking to next year:
A. Develop program processes to evaluate and address ways staffing changes may contribute to barriers.
B. Continue to update outcome evaluation methods.
C. Strengthen ongoing communication with interagency providers, minimize service delays and eliminate waitlists.

EARLY INTERVENTION: PEER SUPPORT

Fiscal Year 2022–2023

Expenditures:
$366,366

Number of people served:
116

Who this program serves:
Individuals who are experiencing severe and persistent mental illness and/or may be struggling with substance abuse disorders. Peer support also extends its reach to marginalized and underserved populations, including transgender individuals and foster youth.

What this program does:

- A Peer Support Specialist is a person with "lived experience" who has been trained to support those who struggle with mental health, psychological trauma or substance use. Their personal experience of these challenges provides Peer Support Specialists with expertise that professional training cannot replicate.
- Peer Support Specialists (PSS) provide assistance in critical areas such as establishing natural support systems, identifying and overcoming barriers, accessing resources, fostering collaboration with agencies and transforming agency culture.

Three-year goal:

A. Establish a clear compensation structure to promote staff development and understanding of steps leading to Medi-Cal Certification of Peer Support Specialists to increase skills and retention to lead to billing of services.

B. Create systems to provide measurable data and outcomes to accurately assess positive community and individual successes.

C. Develop standardized training and integration for individual program needs to support new employee's understanding of departmental organization, social service programs, basic case study methods and casework services.

D. Increase engagement in mental health services such as psychiatric, medication management and therapy services.

Achieved in previous year:

A. Peer Support Certification with the implementation of California Advancing and Innovating Medi-Cal (CalAIM) allowed for billing of Peer Support services. A process is in development for tracking and reporting peer services.

B. Through collaborative efforts with the Housing Unit, Peer Support Specialists have been invited along to 10 Homeless Encampment Outreach events, which have included a minimum of five touchpoints with unhoused individuals to explain services offered by HHSA.

C. When individuals or families were connected to a PSS, the following increases were noted: self-advocacy, improved communication/relationships, attendance in 12-step meetings, utilizing coping skills and working towards personal goals.

Looking to next year:

A. Increase engagement in mental health services such as psychiatric, medication management and therapy services to reduce use of emergency services and recidivism.

B. Create standardized tools to measure outcomes for all Peer Support programs.

C. Begin billing Medi-Cal.

D. Work alongside fellow service providers to educate on the positive impacts peer services provide, through collaboration and integrated services.

E. Build trusting relationships with agency partners to reduce stigma and promote positive changes within agency culture.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGN OF MENTAL HEALTH: COMMUNITY MENTAL WELLBEING

Fiscal Year 2022–2023

Expenditures:
$46,582 (This program was inactive in FY 21–22 due to staff shortage and the Covid-19 pandemic)

Number of people served:
291

Who this program serves:
All of Shasta County; target population includes youth and young adults ages 14-25, their parents and Shasta County schools. Program activities will be delivered via training, outreach events and education/information/resource sharing.

What this program does:

- Provide mental wellbeing programming, local resources and support to youth and young adults ages 14–25.
- Promote upstream prevention through mental wellness promotion; develop stress reduction and positive coping skills, build protective factors and emotional regulation skills, create awareness for warning signs/risk-factors and promote/encourage help-seeking.
- Program development intends to engage youth in focus groups and key informant interviews to determine best ways to improve access for this demographic.

Three-year goal:

A. Reduced prolonged suffering as indicated through behavioral surveillance systems, community needs assessments and other local wellness surveys.

B. Foster community engagement via quarterly newsletter; build and sustain network of partners.

C. Conduct two–three media campaigns that provide information about mindfulness and stress reduction skills in collaboration with other public health programs to share messaging on physical and mental wellness.

Achieved in previous year:

A. The Community Mental Wellbeing Coordinator conducted evidence-based research on mental wellbeing in the United States, California and Shasta County to build subject knowledge and develop an effective, research-based Community Mental Wellbeing program.

B. The Community Mental Wellbeing Coordinator researched local resources and created an asset map for youth and young adults ages 14–25 with local high schools, charter schools, continuation schools, community college and teen programs in Shasta County.

C. Creation of the Community Mental Wellbeing Newsletter. This newsletter is a resource for teens, parents, teachers, counselors and the community at large in Shasta County. The newsletter is written in collaboration with the Healthy Brain Initiative (HBI) to include information specific to older adult's (50+) physical and mental wellbeing. The newsletter has 63 monthly subscribers which include rural health clinics, HHSA Behavioral Health and youth serving organizations.

D. A survey captured the opinions and needs of the community (especially the age demographic of 14-25) regarding mental wellbeing to inform the program. This process identified the need for a Teen Outreach Prevention program (an evidence-based, teen mental wellness program).

E. The Coordinator attended the five-day professional training program and the five-day advanced training program provided by the Center for Mind-Body Medicine. This was another step to become a trained facilitator to lead Mind-Body Medicine skills workshops for Shasta County residents aimed at reducing stress and building resilience. Following completion of two supervision sessions, the CES will begin facilitating Mind-Body Medicine groups.

Looking to next year:

A. Conduct one-two Focus Groups with youth/young adults ages 14-25 to gain knowledge in demographic's needs, interest and engagement regarding mental wellbeing including mindfulness.
B. Host Center for Mind Body Medicine workshops and facilitate one-two eight-week small groups to demonstrate mindfulness skills.
C. Research and develop presentations on social media use for multiple audiences (youth/students, school staff, and parents/caregivers) utilizing trustworthy sources to share information regarding safe use, impact on mental wellness and tips for parents/adults to speak with youth.
D. Develop program name, logo, and branding standards as informed by completed Community Mental Wellbeing Surveys, Key Informant Interviews and/or Focus Groups.
E. Bring evidence-based Wyman's Teen Outreach Program (TOP) to promote social emotional learning and mental wellbeing in Shasta County.

ACCESS AND LINKAGE TO TREATMENT PROGRAM: EARLY ONSET

Fiscal Year 2022-2023

Expenditures:
$91,080 ↓46%

Number of people served:
(Pending) Previous year 16

Who this program serves:
Youth ages 12-20.5 experiencing early onset psychosis.

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.
- A critical component of this program is outreach. Education through community events and activities, and within schools (typically junior high to high school level) promotes recognition of early onset symptoms and awareness of how to reach out.

PREVENTION AND EARLY INTERVENTION (PEI)

Three-year goal:

A. Reduce active client hospitalizations and re-hospitalizations.

B. Monitor the number of youths successfully reintegrated into activities of daily living (education, employment, housing) and/or discharged to a lower level of care to measure the goal of decreasing incidence of psychotic breaks.

C. Continue to boost community education around early onset psychosis.

Achieved in previous year:

A. Upon improvement, successfully stepped down several youth clients to a lower level of treatment.

B. During FY 21–22, the Social Emotional Resiliency (SER) Unit was approved to hire a Community Education Specialist (CES) to begin Community Mental Wellbeing work using MHSA PEI funds.

Looking to next year:

A. Increase community outreach activities.

B. Utilize California Advancing and Innovating Medi-Cal (CalAIM)'s Transitional Screening Tool to assess level of care.

C. Send clinicians to the Annual Psychotic Disorders Conference at UC Davis.

D. Increase training and implementation of interventions specific to the treatment of early onset psychosis (CBT-p therapy and medication management).

E. Dedicate an on-staff therapist to assess, screen and provide early onset psychosis therapeutic treatment.

F. Conduct outreach and education with community partners on CBT-p therapy.

G. Train a core of local therapists who can confidently treat early onset psychosis.

H. Explore and implement a treatment paradigm for clients suffering from co-occurring diagnoses of Substance Use Disorder (SUD) and early onset psychosis.

STIGMA AND DISCRIMINATION REDUCTION: STAND AGAINST STIGMA

Fiscal Year 2022–2023

Expenditures:
$273,594 ↓38.66%

Number of people served:
1,400 and 35,000 virtually.

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

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 living with mental illness into the broader community.
D. Bring Stand Against Stigma activities to teen centers and campus wellness centers.

Barriers:

A. Fiscal year 2023–2024 has been another post-pandemic, program rebuilding year. Agency pandemic response and restructuring presented challenges to event planning, scheduling presentations and onboarding new Brave Faces and data collection. Many of the goals for this fiscal year are being carried over from 2022–2023.
B. Despite these challenges, Stand Against Stigma continued to make a positive impact in the community through events, online and social media presence and collaborations with HHSA Peer Support and local Wellness Centers.

Achieved in previous year:

A. Continued collaboration with Sunrise Mountain Wellness Center has been mutually beneficial. The Stand Against Stigma Committee began meeting at the Center in Oct. 2023. The meetings and open mic events bring new membership to the Center and to Stand Against Stigma. It also helps removes barriers for people living with disabilities or SMI, making it easier to attend meetings and provide important feedback.

B. Using feedback from committee members, meeting facilitation was restructured to create a more inclusive environment, that is as supportive of people with lived experience, as it is of professionals that attend.

C. Recovery Happens continues to grow. The planning committee is a collaborative effort and Stand Against Stigma has served as the committee lead since 2017. In the event's first year, attendance was around 200 and 19 recovery related program exhibitors. The 2023 event had 800 attendees and 32 exhibitors. In the past two years, one–two people who saw the event advertising but could not go to the event reached out for information about starting treatment.

D. The focus has been to reconnect with current Brave Faces and onboard new ones. So far, a gallery has been published and two new galleries are in progress and scheduled to publish in the spring. Brave Faces have spoken at Hope Is Alive! Open Mics, Stand Against Stigma meetings and Wright Education DUI classes.

E. One podcast episode has been recorded and is expected to air in May.

Looking to next year:

A. Onboard three new Brave Faces Advocates and give 15–20 Brave Faces presentations to community groups and at Stand Against Stigma meetings and activities.

B. Organize three Hope Is Alive! Open Mics.

C. Provide three Becoming Brave trainings for the public and one for HHSA Peer Support Specialists.

D. Re-establish contact with teen centers and campus wellness centers to revamp youth outreach.

E. Launch a podcast featuring local mental health professionals and Brave Faces.

F. Provide a symposium for medical providers and/or students to address stigma in medical settings, such as emergency rooms.

G. Bring Stand Against Stigma activities back to Eastern Shasta County.

Find more information in Appendix N.

SUICIDE PREVENTION

Fiscal Year 2022–2023

Expenditures:
$179,620 ↓18%

Number of people served:
1295 clients, and thousand through media campaigns and resource fairs.

Who this program serves:
All of Shasta County; Target populations include cohorts and communities considered at high risk for suicide as evidenced by local, state and national suicide statistics. Increased risk for suicide is attributed to stigma and a lack of resources and is NOT inherent to the communities and populations that are highly impacted by suicide.

What this program does:

- The Suicide Prevention Program addresses community issues by making training, education, resources and community outreach events available to underserved populations. For suicide prevention, underserved populations are made up of cohorts and communities considered at high risk for suicide.
- The Suicide Prevention Program provides resources for individuals that experience suicidal thoughts, have attempted suicide and individuals that have lost someone to suicide.

Three-year goal:

A. Build a suicide safe Shasta County that includes a sustainable and coordinated approach to increase help-seeking and access to support and crisis resources, increase awareness and knowledge through ongoing trainings, outreach to keep those at risk safe and increase capacity building to actively support the commitment to suicide prevention. Public Health will work with the Mental Health, Alcohol and Drug Advisory Board to identify appropriate outcome measures to be published in the next Annual Report.

B. Reduce suicide deaths and attempts, as measured by the number of suicide attempts and deaths that have previously occurred.

   (Three-year goal B. has been modified. Population level change takes time, so it is not common to see dramatic changes in a year as the program works to shift perceptions and attitudes. Additionally, suicide death rates can significantly change as a result of external events, such as COVID-19, which is out of the programs control. Updated goal is to reduce suicide attempts and deaths by reducing access to lethal means).

C. Promote and expand linkage to mental health and crisis resources through collaboration and outreach.

D. Offer suicide prevention training to residents and local providers that work in a healthcare setting (e.g., physicians, counselors, social workers, pharmacists, etc.).
E. Share information about stigma and safe messaging on Suicide Prevention website, monthly newsletter, Facebook page and with Collaborative members and community partners.
F. Conduct media campaigns that provide information about suicide and available suicide prevention resources.

Achieved in Previous Year:

A. A draft of a five-year Suicide Prevention Strategic Plan 2024–2028 has been created and will be published in the near future.
B. Increased outreach by attending seven community events and distributed 700+ suicide prevention resources.
C. Promoted suicide prevention resources and training opportunities on the Shasta Suicide Prevention Collaborative monthly newsletter and Facebook page. The newsletter was sent to 390 emails. The Facebook page has 819 followers.
D. Hosts regularly scheduled Shasta Suicide Prevention Collaborative meetings where members regularly share resources and information about training opportunities.
E. Provided one Suicide Prevention 201 training, two safeTALKs trainings, three Applied Suicide Intervention Skills Trainings (ASIST) and two Question Persuade Refer (QPR) trainings.
F. 98 lockboxes, which included suicide preventions materials were distributed to community members on November 11th.
G. About 60 first responders received Lethal Means Safety education and resources during the Code 9 workshop.

Looking to next year:

A. Begin implementing the Suicide Prevention Strategic Plan.
B. Train additional gatekeepers to identify at-risk individuals and respond effectively to individuals experiencing a suicide crisis.
C. Promote use of mental health crisis lines as alternatives to hospitalization and as a resource to people in distress.
D. Distribute Lethal Means Safety resources and develop media advertisements to promote safety materials, provide education on safe storage practices, reduce stigma and encourage help-seeking behaviors.
E. Develop a Suicide Fatality Review (SFR) team in collaboration with the Shasta County's Coroner's Office.
F. Increase the Captain Awesome campaign.

CALMHSA STATEWIDE PROJECTS

Fiscal Year 2022–2023

Expenditures:
$24,000

Number of people served:
Thousands in outreach and media campaigns.

Who this program serves:
All Shasta County residents.

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.

For previous year achievements and next year's plans:

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

SUPERIOR WET PARTNERSHIP

Fiscal Year 2022–2023

Expenditures:
$0

Number of people served:
This is a pending program.

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

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 scholarships.

Three-year goal:

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

Achieved in Previous Year:

A. This contract was fully executed on February 06, 2024, after no movement for quite some time due to lack of staffing in Shasta County's MHSA team.

B. New staff was hired in the summer 2023 to fill the absence of an MHSA team.

C. The WET coordinator has developed program guides for loan repayment, educational stipends and scholarships to collaboration with CalMHSA. Application periods opened and closed to accept applicants in Behavioral Health and Social Services Department.

Looking to next year:

A. Shasta County aims to select its awardees for the loan repayment, educational stipend and scholarship programs.

B. With the closing of the last round of WET funds we anticipate applying for the next round to be used mainly for loan repayment and staff retention of hard to fill/retain positions.

HOPE PARK

Fiscal Year 2022–2023

Expenditures:
$192,592 ↓22.34%

Number of people served:
91

Who this program serves:
Teenagers and older adults.

What this program does:

- Establishes the Hope Park program in the Anderson Teen Center and the new Redding Teen Center. Hope Park 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.
- Recruitment for the Hope Park program did not meet project goals for Year 1. Reasons cited include COVID-19 concerns, particularly among older adults.

Three-year goal:
A. Implement and evaluate the Hope Park program.

Achieved in Previous Year:
A. The Hope Park was terminated in May of 2023.

PSYCHIATRIC ADVANCE DIRECTIVES

Fiscal Year 2022–2023

Expenditures:
$52,189 ↓10.18%

Number of people served:
This project is in development.

Who this program serves:
This developing project will center and serve individuals with psychiatric disorders across seven counties on a voluntary basis. It also aims to help their families, care teams and crisis workers to better support individuals with a PAD.

What this program does:

- A Psychiatric Advance Directive (PAD) is a self-determination document and allows people to use their own voice. Developing a PAD, with support from mental health professionals and others, clarifies preferences for treatment so that individuals in crisis will receive appropriate support and care.
- Seven counties, Fresno, Mariposa, Monterey, Orange, Contra Costa, Tri-City and Shasta are currently collaborating to involve stakeholders in the creation of a standardized PADs template which will be tailored to an online format accessible to crisis responders across various sectors.
- Organizing collaborators are RAND, BBI, CHORUS, Idea Engineers, Painted Brain and CAHMPRO. Their areas of specialization include evaluation of outcomes processes, evaluation for technology processes, technology development, marketing and peer involvement.
- 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 and improve participant care in a crisis. It aims to reduce recidivism and engage participants in their treatment and recovery.

Three-year goal:

A. Recruit individuals from a variety of backgrounds to provide input on the PADs template, online usability, and eventually participate in a pilot.

B. Continue to promote PADs project education and participation to maximize input from, and value to, Shasta County residents.

Achieved in Previous Year:

A. The Shasta County MHSA team provided presentations to Sunrise Mountain Wellness Center, Circle of Friends, law enforcement, jail staff, American Medical Response (AMR), the Mental Health Drug and Alcohol Advisory Board and the MHSA workgroup.

B. Participated in several workgroups to develop privacy notices, terms and conditions agreement, trainings and marketing/outreach.

C. Connected Patient's Rights Advocates, ER Clinical Staff, NAMI, law enforcement and Peer Support Specialists to PAD workgroups.

D. The online platform is in development and not finalized, however this platform is now available for beta testing. MHSA staff and Peer Support Specialist have been able to access the software to do some user testing.

Looking to next year:

A. Develop a plan to rollout beta testing with our target population through the wellness centers.

B. Increase outreach and educate our community about Psychiatric Advance Directives and its benefits.

C. Join Phase II of the Psychiatric Advance Directive (PAD) multicounty collaborative.

For more information, see Appendix Q, or view the padsca.org website.

6th Annual

Saturday
September 21
10 am–2 pm

RECOVERY HAPPENS 2024

WE DO RECOVER

EVENT

Free Food / Live Music / Family Fun

Lake Redding Park Pavilion, 2225 Benton Dr., Redding

Bus Routes 11 & 14 / RABA rides are free until Sept. 30

For more information, contact Christopher Diamond at cdiamond@shastacounty.gov or (530) 229-8484.

Sponsors & collaborators:

Redding Rancheria Winnemem Wintu River

Redding Rancheria Tribal Health System

Visions of the Cross

About Time Recovery

New Life Discovery Project

Shasta Training and Consulting

Cavalot Capital

Shasta Community Health Center
a californiahealth+ center

AEGIS
A Pinnacle Treatment Center Network

Shasta Substance Use Coalition

Win-River Resort & Casino

Good News Rescue Mission

Nation's Finest
Guiding Veterans Home Since 1972

Redding Alano Club Est. 1971

Stand Against Stigma
Changing minds about mental illness

Women's Connect to Wellness & Recovery

Shasta County Health & Human Services Agency

AOP Alumni Presents - 2nd ANNUAL

GOLFING *with the Stars*

Sept. 28, 2024

ALLEN'S GOLF COURSE

TEE TIME 9AM

Nine Hole Scramble

Featuring

Assistant Chief Probation Officer Eric Jones
Board of Supervisor Tim Garman
Deputy Public Defender Daniel Furlong
GNRM Board Member Adam Schwartz
About Time Recovery Janet Sell
AOP Alumni Sa Thao
Supporter Toby Crum
Supporter Ron Harmon
Supporter David Olsen

50/50 Raffle

BBQ Party

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NEW LIFE DISCOVERY PROJECT
COMMUNITY CENTER

GRAND OPENING

FRIDAY
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LUCKY MILLERS DELI
LUNCH PROVIDED!!

10 AM-2 PM
1205 Placer St