MENTAL HEALTH SERVICES ACT

THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FISCAL YEAR 2017-18
THROUGH FISCAL YEAR 2019-20


The Woodlands


Run to End Suicide


Brave Faces


The CARE Center

Health and Human
Services Agency

A Vision of Recovery

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

Supporting a Life in Recovery

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

Home*:* A stable and safe place to live.

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

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

Guiding Principles of Recovery

Recovery emerges from hope.

Recovery is person-driven.

Recovery occurs via many pathways.

Recovery is holistic.

Recovery is supported by peers and allies.

Recovery is supported through relationship and social networks.

Recovery is culturally-based and influenced.

Recovery is supported by addressing trauma.

Recovery involves individual, family, and community strengths and responsibility.

Recovery is based on respect.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

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MESSAGE FROM THE DIRECTOR

It's been a busy and exciting three years for Mental Health Services Act programs in Shasta County, and I'm pleased to share the highlights in this Fiscal Year 2017/2018 through Fiscal Year 2019/2020 Three-Year Program and Expenditure Plan.

The Mental Health Services Act was designed to create a system that promotes recovery and wellness for adults with serious mental illness and resiliency for children with severe emotional disturbance and their families. Naturally, the people who know how to do this best are our stakeholders: The people who need these services, their loved ones, service providers and community members. We want people to have the tools to make progress in their recovery from mental illness, and this report will show you that we are succeeding in this endeavor, thanks to the collaboration of our forward-thinking community.

With the help of community partners, the Shasta County Health and Human Services Agency continues to provide Mental Health Services Act-funded programs that serve children, transitional age youth, adults and older adults. These programs align with our Agency's mission: "Engaging individuals, families and communities to protect and improve health and wellbeing."

We continue to grow and change our programs based on feedback from our community, and we measure the results of these programs to ensure that they are effective.

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

Sincerely,

Donnell Ewert, MPH
Shasta County Health and Human Services Agency Director
Mental Health Director

MENTAL HEALTH SERVICES ACT OVERVIEW

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

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

> To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services, and medical and supportive care.
>
> To reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness.
>
> To expand the kinds of successful, innovative service programs begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.
>
> To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs.
>
> To ensure that all funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

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

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

COMMUNITY PROGRAM PLANNING

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

Community program planning for the Mental Health Services Act in Shasta County happens throughout the year, at locations all over the county. Several standing committees and workgroups actively involve a wide array of people and agencies, and their input helps guide the Health and Human Services Agency as it administers the Mental Health Services Act in Shasta County. These groups provide feedback for plans and updates, mental health policies, programs, budgets, and outreach and engagement efforts.

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

Stakeholders	
Sector	**Organization**
Underserved cultural populations	Redding Rancheria
	Good News Rescue Mission
	Pit River Health Services
	Victor Youth Services (LGBT)
	Hispanic Latino Coalition
	Local Indians for Education
	Shasta County Citizens Against Racism
Consumer-based organizations	Olberg Wellness Center
	Circle of Friends Wellness Center
Consumer and/or family member	NAMI Shasta County
	Rowell Family Empowerment
	Mental Health, Alcohol and Drug Advisory Board
	Adult/Youth Consumers and Family Members
Health and Human Services Agency	Adult Services Branch
	Children's Services Branch
	Regional Services Branch
	Public Health Branch
	Office of Director
Law enforcement	Sheriff's Department
	Redding and Anderson police departments
	Shasta County Probation Department
Education	Shasta Community College
	Shasta County Office of Education
	Simpson University
	National University
Community-based organizations	Tri-Counties Community Network

	Youth Violence Prevention Council
	Shasta County Chemical People
Health care	Hill Country Health and Wellness Center
	Shasta Community Health Center
	Mountain Valleys Health Center
	Shingletown Medical Center

Stakeholder input meetings

- January 25, 2017: Redding Library (At-Risk Middle School Program)
- March 15, 2017: Mental Health Administration Conference Room, 2640 Breslauer Way (gathering input from Community Services and Supports program staff)
- March 17, 2017: Mental Health Administration Conference Room, 2640 Breslauer Way (gathering input from Prevention and Early Intervention program staff)
- May 24, 2017: Olberg Wellness Center, Redding (Three-Year Program and Expenditure Plan)
- May 31, 2017: Circle of Friends, Burney (Three-Year Program and Expenditure Plan)
- May 31, 2017: Redding Library (Three-Year Program and Expenditure Plan)
- Online input for Three-Year Program and Expenditure Plan received from May 5 through June 9, 2017
- Aug. 29, 2017: Redding Library, stakeholder review of comments received during Public Comment period

Regular stakeholder committees

MHSA Stakeholder Workgroup: The MHSA Stakeholder Workgroup, formerly known as the MHSA Advisory Committee, reconvened in August 2017 after a long hiatus. It will meet 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.

Community Education Committee: The Community Education Committee works to promote mental wellness, increase community awareness of mental health and end the stigma surrounding mental illness and substance abuse. The community-based committee supported by the Health and Human Services Agency meets monthly and is open to all interested members of the public. Its biggest annual events are Mental Health Month and Recovery Happens activities. The committee also organizes Becoming Brave trainings (which help people determine if, when and how to disclose mental health conditions); quarterly forums on specific mental health topics; open mic nights, which celebrate how art heals; and the Stand Against Stigma/Brave Faces portrait gallery.

Suicide Prevention Workgroup: The Suicide Prevention Workgroup is a local collaboration of community members, public and private agencies which focuses on reducing suicide in Shasta County. This active workgroup discusses the progress being made in suicide prevention, as well as continued action planning, implementation and evaluation.

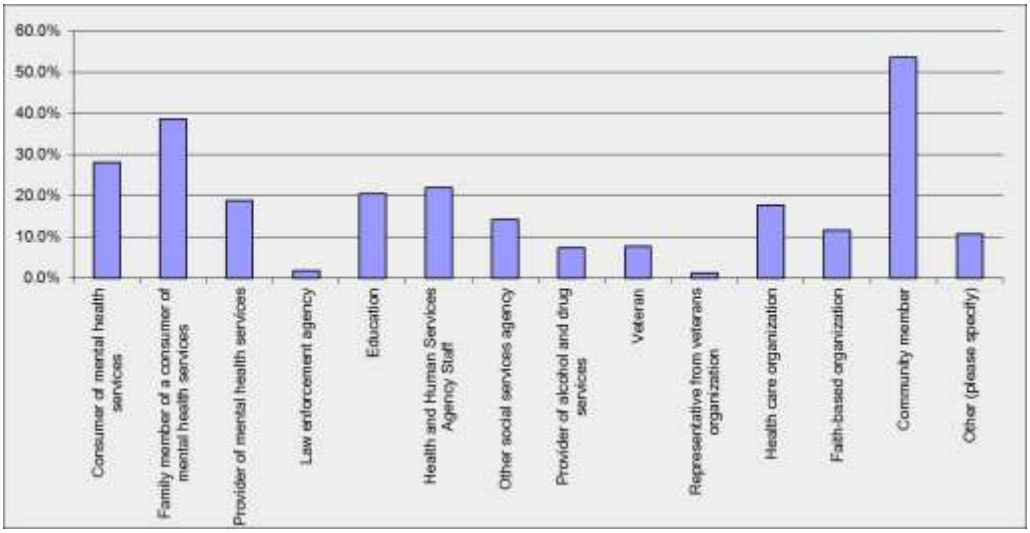
The **Mental Health, Alcohol and Drug Advisory Board** also provides opportunities for discussion, education and input at its meetings. A Mental Health Services Act update report is given at its regular bi-monthly meeting, and they hear periodic presentations on Mental Health Services Act programs.

COMMUNITY STAKEHOLDER MEETINGS

Three in-person community meetings were held to gather stakeholder input for this MHSA Three-Year Program and Expenditure Plan. Attendees were invited to complete a survey to express what they believe is working, what needs improvement and what is still missing from Shasta County's mental health services. This survey was also made available online and distributed via email and social media channels. This data represents input from a total of 299 surveys – an exponential increase from the number of people who shared input on our last three-year plan.

The goal was to gather feedback from a wide variety of people, including:

- People who have severe mental illness
- Families of children, adults, and seniors who have severe mental illness
- People who provide mental health services
- Law enforcement agencies
- Educators
- Social services agencies
- Veterans
- Providers of alcohol and drug services
- Health care organizations



We were successful in collecting surveys from members of each of these groups, as well as people who reflect diverse geographic locations, ages and races/ethnicities (see Appendix S for more information about Shasta County's population). About half of respondents reported being involved with Mental Health Services Act activities in some way, such as attending committee meetings, visiting the Minds Matter Mental Health Resource Fair or attending a Brave Faces presentation. More than half were familiar with at least one of our websites.

Two of our in-person stakeholder meetings were held at our wellness centers during regular business hours, to ensure that we were able to gather feedback from our clients and the people who serve them every day. These meetings included a short Powerpoint presentation, which quickly touched on each of the Community Services and Supports and Prevention and Early Intervention programs offered through the Mental Health Services Act. We then walked participants through the survey, where they were asked to prioritize programs and add their own ideas. To ensure that literacy was not a barrier, we asked people for verbal input, which we collected on flip charts. Because most of the people in these two meetings are well acquainted with each other, lively conversations ensued, which led to great insight for Health and Human

Services Agency staff. We remained at the site after the meetings to answer questions, share contact information and listen one-on-one to anything that people didn't feel comfortable sharing as part of a larger group.

Our third stakeholder meeting was held after hours at Redding Library, a well-traveled public facility. Some attendees came to the library with the express purpose of attending this meeting, while others happened upon it and were encouraged to come in and share their thoughts. This meeting was conducted in the same fashion as the wellness center meetings, with a short presentation followed by an introduction to the survey and an opportunity for open discussion.

All stakeholder meetings were advertised in a press release, which was circulated to all local media outlets and shared with the hundreds of people on the distribution lists that our Community Relations division uses to do outreach of all kinds. The meetings were also shared on social media, and we encouraged our partners and committee members to also share them in their circles.

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

The results of the surveys and information gathered on the flip charts are summarized starting on page 11, and the complete results are available in the Stakeholder Survey Results Report, which can be found in Appendix A and at www.shastamhsa.com.

LOOKING TO THE FUTURE

Future plans are driven by input from the community, and stakeholders provided thoughtful feedback on what they considered to be the most valuable Mental Health Services Act programs.

Existing programs

Stakeholders were asked to rank the importance of the five types of programs within Community Service and Supports, and the five types of programs within Prevention and Early Intervention. Programs were ranked from 1 (most important) to 5 (least important), and respondents could not use the same ranking twice – for example, they had to select one program to rank 1, one program to rank 2, etc. Many expressed great difficulty in doing so, saying that all programs were important.

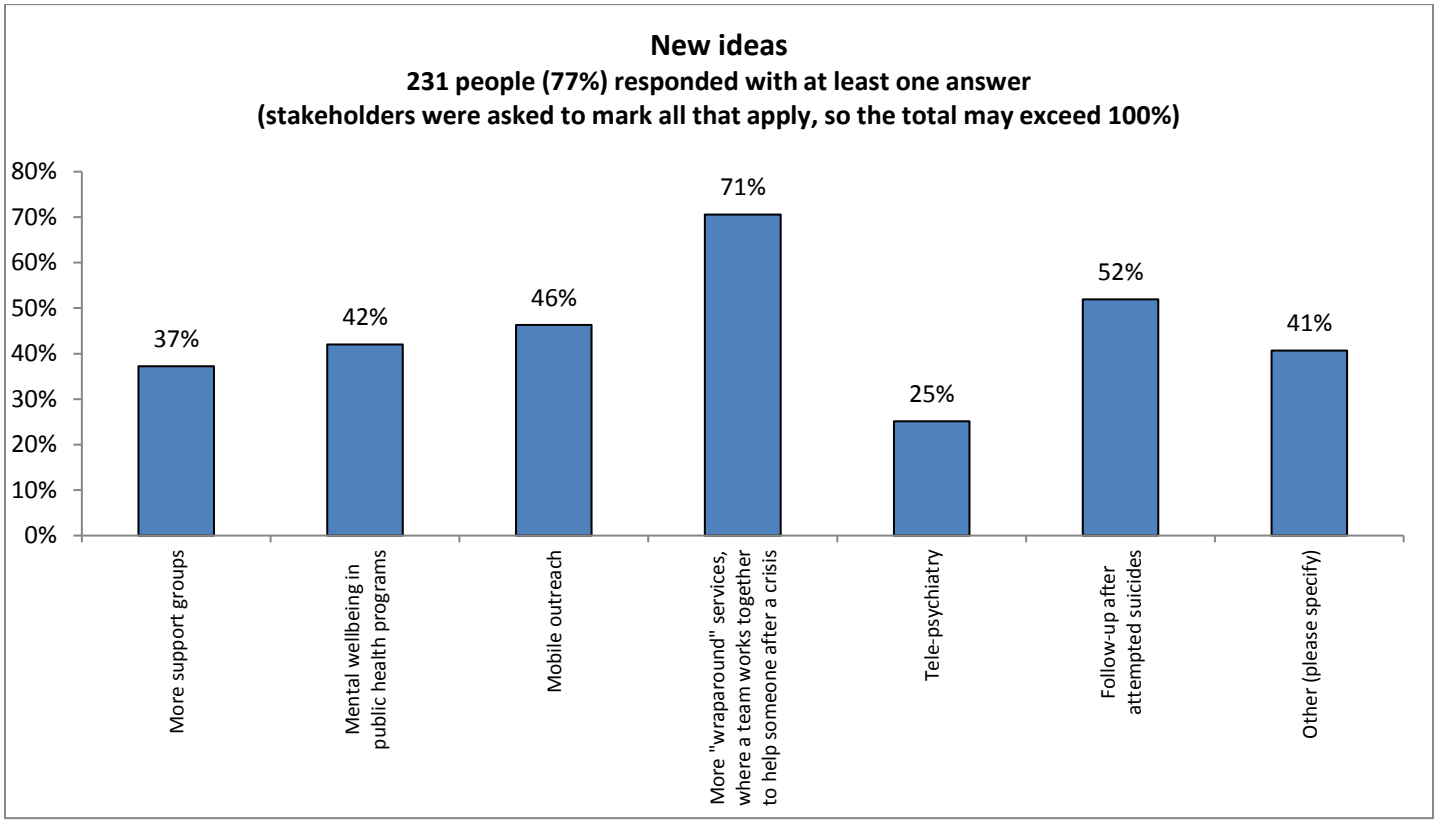
Most Important/ Most Responses				Least Important/ Least Responses

Community Services and Supports (CSS) Programs 232 people (78%) responded	Number of responses					Rating Average
	1 Most Important	2 Very Important	3 Important	4 A Little Important	5 Least Important	
Programs for people with both substance abuse & mental illness	38.3%	32.1%	16.3%	9.6%	3.8%	2.09
Crisis services	38.4%	24.6%	21.8%	8.5%	6.6%	2.20
Housing programs	16.4%	19.6%	25.7%	18.2%	20.1%	3.06
Wellness centers (Olberg, Circle of Friends) & NAMI programs	7.7%	14.4%	19.4%	27.5%	31.1%	3.60
Education & training programs	6.8%	13.6%	17.0%	32.0%	30.6%	3.66

Prevention & Early Intervention (PEI) Programs 228 people (76%) responded	Number of responses					Rating Average
	1 Most Important	2 Very Important	3 Important	4 A Little Important	5 Least Important	
Suicide prevention	37.9%	23.3%	18.4%	17.5%	8.7%	2.39
Parenting skill programs	21.5%	19.0%	21.0%	23.9%	14.6%	2.91
Preventing mental illness relapses	16.5%	25.7%	22.3%	16.5%	18.9%	2.96
Programs to educate middle school students about mental health problems	19.0%	17.5%	16.1%	18.5%	26.5%	3.17
Reducing stigma about mental illness	12.4%	15.6%	22.5%	19.7%	26.6%	3.34

Addressing gaps

People were also asked to look at a list of other ideas, and mark which (if any) they thought could help prevent mental health issues or prevent relapse. They are also given an opportunity to write in other ideas, which many people chose to do. The complete list is included in Appendix A.



In addition, participants in the in-person stakeholder meetings stated that the biggest gaps in mental health services were suffered by these groups:

- Homeless
- Children and teenagers
- People who work
- Addicts
- Seniors
- People in ongoing treatment
- Incarcerated people
- People who stop taking their medications

In the program sections of this report, we have used stakeholder input to outline how we plan to continue to address these gaps in the three years to come.

HOW DO WE KNOW OUR PROGRAMS ARE EFFECTIVE?

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

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

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

CANS: Child and Adolescent Needs and Strengths

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

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

All clinical staff from the Health and Human Services Agency Children Services Branch, Northern Valley Catholic Social Service, Victor Community Support Services and Remi Vista have been trained in the use of the CANS and are inputting their data into an online database. Clinical staff are required to complete the CANS certification through the Praed Foundation annually. All data from 2014 to current has been imported. This data will be collected and evaluated by Outcomes, Planning and Evaluation staff. Reports will be published at www.shastamhsa.com.

MORS: Milestones of Recovery Scale

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

The MORS focuses on the here and now and provides a snapshot of an individual's progress toward recovery. It quantifies the stages of an individual's recovery using milestones that range from extreme risk

to advanced recovery and everywhere in between. It has in-depth descriptions of what individuals at each stage might typically look like in terms of their levels or risk, engagement and support from others.

The MORS can help staff tailor services to fit each individual's needs, assign individuals to the right level of care and assist with treatment plan design. By administering the MORS on a regular basis, an individual's process of recovery can be monitored and treatment adjusted with the goal of achieving positive outcomes for the individual.

The MORS provides easy to use data that helps mental health systems understand/measure effectiveness of treatment and current client needs. It also provides reliable data that allows staff, supervisors, and administration to see how individual programs are performing.

Health and Human Services Agency, Adult Services Branch staff have been trained to use MORS. Data collection began in October 2014 and the first MORS Outcomes Report has been produced. To read more about the MORS, please visit milestonesofrecoveryscale.com. The 2016 MORS Dashboard Report can be found in Appendix B or at www.shastamhsa.com.

Client satisfaction

The Health and Human Services Agency uses feedback from clients, family members and the general public to help ensure a positive experience for people using our services. The Client Satisfaction Survey is available throughout the main community mental health building and is voluntary. Completed surveys are collected weekly and distributed to management staff and the Quality Improvement Committee for discussion. Another report that helps us determine client satisfaction is the Performance Outcomes Quality Improvement (POQI), which is conducted twice a year. The California Department of Health Care Services requires all California counties to make the survey available, but client participation is voluntary.

It is always challenging to encourage clients to fill out satisfaction surveys, and it is our goal in the upcoming year to encourage greater participation in all of these surveys using the Volunteer Program as a resource. It was also recommended that we consider offering an online survey or kiosk system, and offering an option for family members to take satisfaction surveys.

Results from the Client Satisfaction Survey are in Appendix C and at www.shastamhsa.com. The Performance Outcomes Quality Improvement survey for adults is in Appendix D and at www.shastamhsa.com, and the Performance Outcomes Quality Improvement survey for youth is in Appendix E and at www.shastamhsa.com.

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

MENTAL HEALTH SERVICES ACT PROGRAMS

The following is a list of all Mental Health Services Act programs by component.

Community Services and Supports (CSS)
Client and Family Operated Services • Wellness centers • NAMI
STAR (Shasta Triumph and Recovery)
Rural Health Initiative
Older adult services
Crisis services
Housing continuum
Co-occurring disorders
Outreach
Prevention and Early Intervention (PEI)
Children and Youth in Stressed Families • Triple P • Trauma-Focused Treatment • Community programs for At-Risk Middle School Students • Adverse Childhood Experiences
Older adult (completed)
Individuals experiencing the onset of serious psychiatric illness
Stigma and discrimination reduction
Suicide prevention
Workforce Education and Training (WET)
Volunteer program
Comprehensive training program – MHSA Academy
Internship/residency program
Psychosocial rehabilitation program (discontinued)
Innovation (INN)
CARE Center
Community intervention pre-crisis team (completed)
Capital Facilities/Technological Needs (CF/TN)
Capital facilities project (completed)
Technological needs (completed)

PROGRAM OVERVIEW: COMMUNITY SERVICES AND SUPPORTS (CSS)

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

The nine CSS projects, along with the number of unique individuals served by HHSA staff in 2016, are:

1. Client- and family-operated systems (unduplicated number cannot be determined)
2. Shasta Triumph and Recovery (STAR) (99)
3. Rural health initiative (104)
4. Older adult (16)
5. Crisis services (1,224)
6. Crisis Residential and Recovery Center (127)
7. Housing continuum (30)
8. Co-occurring disorders integration
    - Behavioral health, primary care (191)
    - Behavioral health, substance use (33)
9. Outreach/Access (1,785)

1. Client- and Family-Operated Systems

Sampling of Wellness Center activities

- 12 ways to improve your self esteem
- Assertiveness
- Bowling
- Cartooning class
- Christmas card craft
- Coping skills
- Emotions Anonymous
- In it to thin it exercise group
- Meditation
- Minds Matter preparation
- Pie potluck
- Smart about money
- Thinking errors
- Walk for Wellness

Through this work plan, Shasta County has two consumer-run wellness centers: the Olberg Wellness Center in Redding, and Circle of Friends in Burney. Both wellness centers are funded through contracts with community providers. Circle of Friends is operated by Hill Country Health and Wellness Center, and the Olberg Wellness Center is operated by Northern Valley Catholic Social Service.

Both Circle of Friends and the Olberg Wellness Center are multi-service mental health programs that provide ethnically and culturally diverse opportunities in a healthy, inclusive manner with a wide spectrum of activities. Both centers provide services and activities for individuals with mental illness and/or their family members. From July 2015 through June 2016, an average of 83 people participated in activities each month. During that time period, the centers offered more than 2,500 individual workshops, groups, activities and 12-step recovery meetings.

Some of the goals for wellness center participants include an increased ability to spend time in meaningful activities, increased community involvement, a reduction in the consequences of untreated or under-treated mental illness, and increased linkages to services. The contracts for both wellness centers require participant involvement in the planning and direction of services and activities provided there. Staffing

"Last January marked my fifth year in recovery. I can honestly say that it's been one heck of a ride, but looking back on it I wouldn't change a thing. The Circle of Friends has played a vital role in my recovery and so have all of you. So from the bottom of my heart and with everything I am, thank you!"

– Wellness Center participant

for the centers, including the use of volunteers, must meet requirements for consumer and/or family member employment. Services and activities support consumers in reaching and maintaining their wellness and recovery goals; foster recovery and resiliency; and are therapeutic, social and educational in nature.

The wellness centers use a participant satisfaction survey to help measure progress toward reaching both wellness center goals and participant goals. The surveys include the following weighted statements:

1. I have increased my knowledge about where to go for help and services.
2. My knowledge about mental illness and serious emotional disturbance has increased.
3. My family has improved in its ability to benefit from mental health services.
4. I have improved my ability to advocate for myself and/or my family regarding mental health services.
5. I have received support services that are allowing me to live a more independent lifestyle.
6. I have been better able to create and sustain personal relationships.
7. I have had fewer times when I have been homeless.
8. I am better able to participate in my community.
9. I have had fewer arrests.
10. I have a greater feeling of safety in my community.

The Wellness Centers Summary Report can be found in Appendix F or at www.shastamhsa.com.

Also through Client- and Family-Operated Systems, the Health and Human Services Agency has a contract with the Shasta County National Alliance on Mental Illness (NAMI) to provide education programs in the community:

- NAMI Basics is for parents and other family caregivers of children and adolescents who have either been diagnosed with a mental health condition or who are experiencing symptoms but have not yet been diagnosed.
- NAMI Family-to-Family is for families, partners and friends of individuals with mental illness. The course is designed to facilitate a better understanding of mental illness, increase coping skills and empower participants to become advocates for their family members.
- NAMI Peer-to-Peer is a recovery education course open to anyone experiencing a mental health challenge. The course is designed to encourage growth, healing and recovery among participants.

The NAMI Summary Report can be found in Appendix G or at www.shastamhsa.com. For more information on NAMI educational programs, please visit www.nami.org/find-support/nami-programs.

Looking forward: Stakeholders would like to see more support groups for specific issues, such as eating disorders and depression. We would also like to continue increasing the number of clients who are served by our local wellness centers and by NAMI, which were praised by stakeholders for their compassionate support and assistance.

2. Shasta Triumph and Recovery (STAR)

The requirements and guidelines for Full Service Partnership programs are contained in Title 9 of the California Code of Regulations. Each California county provides a Full Service Partnership program through the Mental Health Services Act. Shasta Triumph and Recovery (STAR) is the Full Service Partnership program in the urbanized I-5 corridor that includes Redding, Anderson, and the City of Shasta Lake. The STAR program serves all age groups, is enrollee-based, and can serve up to 60 people.

The Health and Human Services Agency also contracts with Hill Country Health and Wellness Center to provide a Full Service Partnership program in the Intermountain area with a capacity to serve up to 20 individuals, with a focus on children and transitional-age youth. This year, Hill Country also began providing Full Partnership Services for up to five people at their new site in North Redding.

Full Service Partnership program – clients served by age group

Fiscal Year 2015/16

- **12** youths (age 0-15)
- **21** transition age youths (age 16-25)
- **65** adults (age 26-59)
- **7** older adults (age 60+)

Full Service Partnership programs are wellness-, recovery-, and resiliency-based and practice the 24/7 "whatever it takes" model to provide access to services. People eligible for partnership include those with severe and persistent mental illness or children with severe emotional disturbance, who are homeless or at risk of homelessness and/or incarceration, have an increased risk of hospitalization, and who may also have a substance use disorder. The individuals who meet this criteria are provided with outreach until they either become a Full Service Partner or are transferred to other appropriate programs. Services include individual and group therapy, rehabilitation activities, case management, medication support, transportation, supports for housing, employment or employment preparation, peer relations, social activities and education. This program also has very strong links to the wellness centers, which provide additional support and services.

This year, housing for Full Service Partners and participants in other mental health programs was increased through the Housing Continuum projects, most notably The Woodlands supportive housing complex, which opened in late May. By providing increased access to housing with several level-of-care options available, program participants will be better able to move through the continuum of care toward more independent living.

The Full Service Partner programs in Shasta County and throughout California are continuously evaluated. Individual and program outcomes are tracked through the statewide Data Collection and Reporting system. The California Department of Health Care Services uses the data entered into this system to create a Provider and Program Outcome Report. On a quarterly basis, Full Service Partner data from three different areas are audited and compared to help ensure that all data entered into the Data Collection and Reporting system is complete and correct. Mental Health Services Act staff compare the data in that system with both the Full Service Partnership client data entered into the Cerner electronic health record and also to the information contained in client progress notes to assure that client and outcome data is being appropriately and correctly reported. As program reports are compiled and reviewed, changes in the structure of the Full Service Partnership program are made accordingly.

Shasta County is now able to track what treatments and services our Full Service Partners are receiving, and how they compare with other Shasta County consumers who are not part of the Full Service Partnership program. That report can be found in Appendix H and at www.shastamhsa.com.

Looking forward: Full Service Partners living at The Woodlands will soon be receive more extensive social and supportive services with the goal of maintaining permanent housing. The STAR Team will continue its efforts to reach out to the hardest-to-reach populations, including people who are homeless, which was identified as an underserved group by stakeholders.

3. Rural Health Initiative

The focus of the Rural Health Initiative is to engage people of all ages who are living with severe and persistent mental illness, unserved or underserved, and have previously not been able to access mental health services in the rural areas. Through the Rural Health Initiative, the Rural Mental Health Committee was created as a forum for service providers to discuss barriers and service options for the rural population. The committee meets monthly and is attended by Health and Human Services Agency staff and several Intermountain area service providers, law enforcement and community-based organizations.

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

The Federally Qualified Health Center Annual Summary Report can be found in Appendix I and at www.shastamhsa.com.

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

4. Older Adult

This program focuses on older adults with severe and persistent mental illness who are transitioning from acute care medical hospitals, psychiatric hospitals, board and care homes or jail.

Outreach and engagement activities in the community identify people who need services. These services are comprehensive, age appropriate, culturally competent and accessible, and they support recovery or rehabilitation as deemed appropriate by the client and his/her natural support system of family and community. Services also include access to increased housing options, depending upon the level of care the person needs.

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

Looking forward: We will continue to ensure that outreach efforts and stakeholder groups include older adults.

5. Crisis Services

The Crisis Services work plan serves people experiencing a mental health emergency. Participants include people who come to local emergency rooms on an involuntary mental health hold, people with a psychiatric diagnosis who visit emergency rooms frequently, people who may need acute psychiatric hospitalization, and people who require specialized services to maintain a lower level of care and stability. Services include discharge planning to coordinate and ease transition of care, emergency services and 24/7 telephone crisis services.

During fiscal year 2015/2016, crisis services were expanded by locating clinical staff in the two local emergency rooms. This allows for more rapid assessment and shortens the time people spend in the emergency room. For people who don't need inpatient psychiatric hospitalization, the time from evaluation to discharge is noticeably shorter.

Looking forward: Stakeholders were vocal about the need for increased services for people in crisis. Options to achieve this could include mobile outreach, more wraparound services (where a multidisciplinary team works together to help someone after a crisis), or something else. The Intermountain area was specifically identified as an area where crisis services are lacking.

6. Crisis Residential and Recovery Center

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

The center is designed for adults with mental illness who have become suicidal, critically depressed or otherwise psychiatrically incapacitated. These services help people move from crisis into short-term transitional housing and stabilization and Full Service Partnership enrollment, or to outpatient intensive case management and support, as needed. For some, the Crisis Residential and Recovery Center is the initial access point into the public mental health system. The center's Program Activity Report can be viewed in Appendix J and at www.shastamhsa.com.

Looking forward: This center is rarely full, and stakeholders said many people are unaware that it exists. Mental health advocates added that they are not well-versed on who is eligible or how to refer someone. We will provide more community and provider education about this center so it can be used to its fullest capacity.

7. Housing Continuum

Housing is a topic that continually arises as an unmet need for consumers. The Housing Continuum work plan was put in place to help address the need for housing for people with serious mentally illness. The primary goal of the Housing Continuum work plan is to help people who have serious mental illness and their families who are homeless or at risk of homelessness by providing access to housing options, both transitional and permanent supportive, in the least restrictive setting possible.

Permanent Supportive Housing

The Mental Health Services Act Housing Program provided funding to the California Housing Finance Agency (CalHFA) for the development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals and their families who have a mental illness and are homeless or at risk of homelessness. Project developers, in partnership with counties, apply to CalHFA to receive funding for permanent supportive housing projects.

Permanent supportive housing has no limit on length of stay and is linked to on- or off-site supportive services. The housing can be single-person units, multi-person units sharing housing (roommates), and/or family units. Supportive services help tenant retaining their housing, support recovery and resiliency, and maximize the ability to live and work in the community.

The Health and Human Services Agency partnered with housing developer Palm Communities and Northern Valley Catholic Social Service to build a low-income apartment complex called The Woodlands. Located on Polk Street, the complex includes 55 units, 19 of which are designated for people who are eligible for Full Service Partnership services. Clients began moving in at the end of May 2017.

At the Woodlands, Health and Human Services Agency staff provide case management, links to community resources and more. Northern Valley Catholic Social Service is responsible for providing various life skills classes that will help them maintain permanent housing.

The Health and Human Services Agency has also invested significant time and energy in developing permanent supportive housing in Eastern Shasta County. This process has had some starts and stops due

to the complexity of finding a location that meets all required criteria and also fits the budget, but research continues, and people in that community will be involved in the decision-making process.

Transitional Housing

For individuals with severe mental illness, accessing and maintaining housing can be very difficult and housing can be lost very quickly if that individual suffers a mental health crisis, has a loss of income, or experiences a loss of their support system. The Health and Human Services Agency aims to house people in the least restrictive setting possible at the time and to continue to move individuals toward permanent independent living situations.

The Transitional Housing program helps people find affordable, accessible housing near their support systems with adequate access to transportation to services. Activities that support this goal include:

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

The Ridgeview Board and Care, a new supportive transitional apartment complex in Shasta Lake City, increased housing options for MHSA clients. Board and care facilities in Shasta County are privately owned and receive their funding from residents. Most individuals receive Social Security Income, which pays for their board and care. Some residents require additional supports due to their mental illness, and in those instances, the Health and Human Services Agency will provide "patch" funding to cover the costs of the increased care.

Looking forward: Housing was identified by stakeholders as a significant barrier to wellness, and fortunately, there are opportunities on the horizon to increase housing in our community. Whole Person Care, No Place Like Home and other programs provide opportunities for collaboration, and we will continue working collaboratively to identify ways to secure funding for housing in our county. We will also continue working on creative solutions to establish permanent supportive housing in the Intermountain area.

8. Co-occurring/Primary Care Integration

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

People with serious mental health conditions die an average of 25 years earlier than the general population. For those with a physical illness, the goal is to connect them to primary care in order to

provide coordinated care to treat the whole person, and to provide services that focus not only on their mental illness, but also on their physical illness and how the two can interact. Medical and mental health providers will partner to coordinate the detection, treatment and follow-up of both mental and physical conditions. Services include outreach, education, case management, treatment, medication support, and clinical and nursing services. This program looks at the following diagnoses:

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

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

9. Outreach

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

Field Based Nursing: A Success Story

A patient in his 20s suffers from hallucinations, paranoia, insomnia, anxiety and substance abuse. Before starting medication services, he was regularly using drugs to escape his symptoms, was hospitalized multiple times, and was incarcerated. In the year he has received services, he has been drug-free, takes his medicine regularly, paid off his debts, and is going back to school to get his diploma.

Outreach also includes field-based nursing services, which are provided in a client's home by registered nurses working in the field. Many clients have difficulty taking their medications correctly, are at risk of their medications being misused or stolen, or need medication education to feel more comfortable with their medication regime. Nursing staff can help clients set up their own medication systems, or even deliver medications. As the client begins to understand the medications, they become more comfortable and capable in managing on their own. During a home visit, the nurse may identify other issues the client is experiencing: they may have no food in the home, the home is in bad repair, hygiene needs are not

being met, or the electricity is shut off. The nurse may be able to fix the issue or may work with the client's case manager for resolution. Nurses also spend time with the client to provide basic health education, and can work with the client's family members if desired. Field-based nursing allows clients to be served in their own environment where they are most comfortable.

Looking forward: We will continue to work collaboratively with clients, health care providers and community partners to provide field-based nursing services to help people remain as stable and independent as possible.

PROGRAM OVERVIEW: PREVENTION AND EARLY INTERVENTION (PEI)

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

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

The five projects in Prevention and Early Intervention are listed below.

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

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

1. Children and Youth in Stressed Families

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

<u>Triple P – Positive Parenting Program</u>

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

The goals are:

- Through contracts with Triple P America, provide Triple P trainings to certify community providers as Triple P Practitioners.
- Increase the number of organizations that provide Triple P services.
- Increase the number of families who receive Triple P services.
- Increase parents' and caretakers' knowledge and parenting skills to support positive developmental and mental health outcomes in children.
- Reduce the incidence of child maltreatment.

After participating in Triple P Level 4 Standard during 2016:

57%

of caregivers reported less depression, anxiety

The Health and Human Services Agency and First 5 Shasta have partnered to share the costs of providing Triple P services. Trainings are coordinated and shared, as are ongoing efforts to increase Triple P services in the community, increase participation in the Shasta County Triple P evaluation, and plan for program sustainability.

Triple P practitioners receive materials and resources through the Health and Human Services Agency, and in exchange, they agree to participate in the program evaluation.

Through the end of 2016, more than 3,287 Shasta County caregivers have received parenting education and techniques. This impacts approximately 2,782 Shasta County children.

Parenting Tip #9

Have realistic expectations. All children misbehave at times and it is inevitable that you will have some discipline challenges. Trying to be the perfect parent can set you up for frustration and disappointment.

Continuing education regarding the use of the online Scoring Application and monthly reporting as it relates to the evaluation process is provided to Triple P practitioners. This education comes through a variety of venues, including monthly evaluation tips, practitioner networking events, and on an as-needed basis. The Health and Human Services Agency also launched a pilot program with three clinicians to reduce paperwork by having an analyst pull data from the electronic health record. They were also issued an iPad to use in the field so demographics and surveys can be input immediately and videos can be watched with the families in the home. The pilot program has been beneficial to practitioners as many families served do not have televisions to play various multimedia materials.

The Triple P Shasta County Evaluation Report can be found in Appendix K and at www.shastamhsa.com.

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

Trauma Focused Treatment

Trauma focused treatment is a necessity for serving youth and families today. Trauma-informed treatment addresses the unique needs of children with difficulties related to traumatic life experiences. This is imperative to helping those affected by Adverse Childhood Experiences move through their trauma so that they don't continue to affect them into adulthood. In the past, the Health and Human Services Agency has used Trauma Focused-Cognitive Behavioral Therapy, a psychotherapy model, to address these children's needs.

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

Community Implemented Programs for At-Risk Middle School Students

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

The program chosen and implemented was called Positive Action. This integrated, comprehensive program is designed to improve the academic achievement and multiple behaviors of children and adolescents ages 5-18. The program includes school, family and community components that can work together or stand alone. Six units focus on the following topics: Self-concept, physical and intellectual positive actions for a healthy mind and body, social and emotional positive actions for managing yourself responsibly, social and emotional positive actions for being honest with yourself and others, and social and emotional positive actions for continuous self-improvement.

Positive Action was first implemented during fiscal year 2013-2014 with the Redding School District in classes for students with behavioral or academic issues. In the second year of the pilot, it was expanded to include two additional mainstream classrooms at Sequoia Middle School and several classrooms in Intermountain Area schools. At the end of the two-year pilot, the Positive Action contract with Redding School District was not renewed, based upon feedback from teachers and staff who felt students were not benefiting from a prevention program and needed more direct services to address behavior difficulties.

For the third year of the pilot, the contract with the Intermountain Area schools was renegotiated. In that area, curriculum was expanded to include both middle school and the elementary grades, so the foundational concepts and background were established sooner and would have a greater impact on the students. This has brought program implementation more in line with the evidence-based practice and evaluation that is focused on program fidelity and creating a sustainability plan for the future.

The survey reporting alone has not shown significant improvement in the Intermountain Area. Multiple factors have created data collection challenges, including turnover in teaching staff and the learning curve for those teachers who are being exposed to a new curriculum. The number of required surveys posed a challenge for teachers, as well. We have seen growth with teachers who are now using Positive Action in their second year, as it has become integrated into daily activities in the classroom. Fewer surveys need to be collected, as well, as the schools are on trimesters rather than a quarterly system now.

This program will not be continued under MHSA. However, while the numbers do not support the program, many family and community stories do. The Intermountain school districts believed that with the funding that was provided through June 2017, they would be able to internalize the program, making sustainability possible.

The Positive Action Evaluation Report Year 3, its Executive Summary Report , and the Interim Year 4 Report can be found in Appendices L, M and N and at www.shastamhsa.com.

Looking forward: Through the community feedback process, we have reviewed different evidence-based programs that would serve the target population in the 2017-18 fiscal year. The Botvin LifeSkills Training Middle School program was selected, and we will partner with Shasta Lake City schools to bring a pilot prevention program to Shasta Lake Elementary. The training is comprehensive, dynamic and developmentally designed to promote positive development in youth in grades 6-8. Its focus is helping resist drug, alcohol and tobacco use while supporting reduction of violence and other high-risk behaviors. The competitive procurement process will be used to select a consultant that will support the implementation of the evidence-based program selected during the community feedback process.

Adverse Childhood Experiences

The experiences of childhood impact our health, behavior and overall well-being in adulthood - for better or worse. Adverse Childhood Experiences are traumatic experiences in the first 18 years of a person's life and include abuse, neglect and household dysfunction. Many children in Shasta County will suffer long-term consequences from this, including chronic disease, like heart disease and cancer, mental illness, substance abuse, homelessness and violent behavior in adulthood.

The Strengthening Families Collaborative was founded in 2012 to begin addressing the abnormally high numbers of Adverse Childhood Experiences in Shasta County. It focused on identifying better ways for family-serving agencies and medical providers to work as one. After five years of laying this groundwork, First 5 Shasta and the Health and Human Services Agency hosted an ACES Town Hall in April 2017 to put this important issue in the public spotlight, with nearly 400 people participating.

In May 2017, nationally recognized ACE experts Dr. Robert Anda and Laura Porter came to Shasta County to share the science behind the ACE research and give guidance to the Strengthening Families Collaborative and other community leaders. The goal is to support those in our community with high ACEs and break generational cycles. Porter described it as "a springboard for transformational change in Shasta County." In June, Anda and Porter returned to Shasta County to train 25 ACE Interface Trainers who can now present the Neuroscience, Epigenetics, Adverse Childhood Experiences and Resiliency (NEAR) Science evidence-informed curriculum to family-serving organizations, healthcare providers, community and faith-based partners, businesses, service clubs and schools throughout Shasta County. More about this work is available at www.shastastrongfamilies.org.

Looking forward: The Strengthening Families Collaborative and newly trained ACE Interface Trainers will work on ways to reduce Adverse Childhood Experiences in Shasta County.

2. Older Adult Gatekeeper Program

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

3. Individuals Experiencing Onset of Serious Psychiatric Illness

Because psychiatric illnesses such as schizophrenia and bipolar disorder often emerge in late adolescence or early adulthood, the Individuals Experiencing the Onset of Serious Psychiatric Illness (Early Onset) project targets individuals between ages 15 and 25 who have symptoms that might indicate the start of a serious and persistent mental illness. The priority focus is on early detection, prompt assessment and referral, treatment, family support and engagement, and community outreach and education.

Between January 1 and December 31, 2016,
21
unique clients received clinical services through the **Early Onset program**.

The Early Onset program is staffed by a full-time clinician and a one-quarter-time family support staff. Referrals are made directly to the clinician with the idea of creating a single point of contact for the program, which helps engage youths and families as early as possible. Clinical services focus on assessment, family support and education, medication management, cognitive behavioral individual and group therapy, and psychosocial rehabilitation.

Cognitive behavioral group therapy is used by clinicians to modify poor behavior in children and adults. Participants are taught how to replace their negative behaviors with positive ones through restructuring the way they think and manage emotions. In addition to group activities, participants are given exercises or assignments to complete on their own outside of the group setting.

The primary clinician for the Early Onset project makes contact with invested stakeholders to describe the program and the intent to connect with clients experiencing the beginnings of a serious mental illness or serious emotional disturbance. The clinician has also partnered with the Health and Human Services Agency's Brave Faces Project (Stigma and Discrimination Reduction), traveling to schools during Brave Faces presentations to offer information about mental illness and how to seek help.

Looking forward: The new Early Onset clinician will continue building rapport with gatekeepers and engaging in community outreach.

4. Stigma and Discrimination Reduction

To facilitate implementation of the Stigma and Discrimination Reduction project strategies, the Health and Human Services Agency organizes the monthly meetings of the Community Education Committee and the Suicide Prevention Workgroup. These projects supplement and are coordinated with statewide stigma reduction and suicide prevention projects. Shasta County's Stand Against Stigma campaign works to promote mental wellness, increase community awareness of mental health and end the stigma surrounding mental illness and substance abuse. The stakeholder-developed messages used in this project are strength-based and focused on recovery:

- Mental health problems affect almost every family in America.
- People with mental health problems make important contributions to our families and our communities.

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

Stand Against Stigma includes the following strategies:

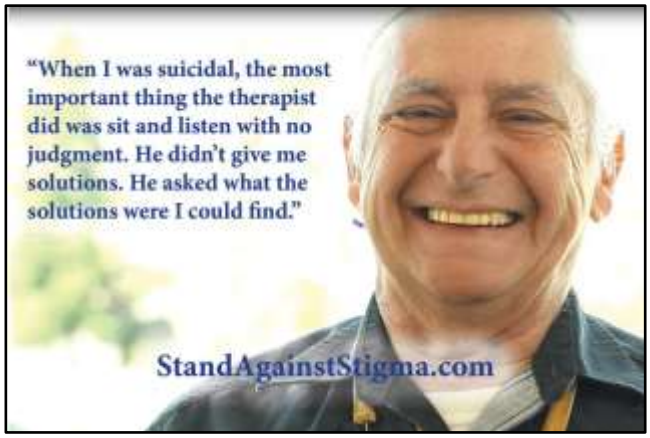
- Media campaign
- Community education and open-to-the-public forums
- Stigma and discrimination training
- Promoting and rewarding positive portrayals of people with mental health problems
- Brave Faces Speakers bureau featuring more than 25 local residents who share their experiences with mental illness, substance abuse disorders and suicide loss
- Collaborating with other community organizations to weave stigma reduction messages into their programs and events
- The mental health-themed Hope Is Alive! Open Mic series
- Becoming Brave trainings (based on the Honest, Open and Proud curriculum) that provide guidance on how and when to disclose
- Social media campaigns/awareness
- Multimedia and short documentaries

Stand Against Stigma activities are directed by input and guidance from the Community Education Committee, which includes many people with lived experience, family members, representatives from community-based organizations and members of the Shasta County Mental Health, Alcohol and Drug Advisory Board. The projects for this program include the Minds Matter Mental Health Resource Fair, the Brave Faces Portrait Gallery and Speakers Bureau, the "Stand Against Stigma: Changing Minds About Mental Illness" awareness campaign, the "Hope is Alive!" open mic series, quarterly Brave Faces public forums, and promoting the "Get Better Together" campaign. During 2016, more than 3,000 individuals have witnessed or taken part in one or more of the Stand Against Stigma activities in person, and social media campaigns have reached tens of thousands more people.

Since 1949, May has been recognized as Mental Health Awareness Month throughout the United States. To bring attention to the many issues related to mental health and wellness, Shasta County holds an annual Minds Matter Mental Health Resource Fair, which is designed to connect people with community resources and promote mental health and wellness. The 2017 fair was expanded to include a music festival, as our open mic nights have proven to be an effective way to encourage people to talk about mental health through the arts. Our traditional resource fair featured about 30 exhibitors from community organizations, who made connections with more than 400 people. Once the fair concluded, three bands performed in the Promenade downtown, drawing more than 100 people.

The *Get Better Together* campaign aims to connect 16-25 year olds with peers who are dealing with heavy issues, educating them about the normalcy of struggles with mental illness, asking them to help themselves, help others, and share what they live and know. The *Get Better Together* website is designed to be interactive and promotes help-seeking from friends, family and professionals.

Shasta County's ***Stand Against Stigma: Changing Minds About Mental Illness*** campaign has been in place since 2012. Its strength-based messages promote mental wellness, and counter the discrimination and stigma associated with mental health problems. The logo is seen throughout the community on publications, advertisements, websites and at events.



In addition, the Community Education Committee has collaborated with local musicians and performers to hold 10 Hope Is Alive! Open Mic nights over the past three years, which encourage any local performer to show up and present music, dance or art that connects with overcoming difficult times or promoting awareness of misunderstood issues. This theme has led to many performers sharing creative works that are mental health related. More than 700 people have attended the open mic nights, and more than 50 performers have participated.

The Brave Faces Portrait Gallery and True Colors Art Gallery use true stories of hope and recovery to fight stigma by improving our understanding of mental illness and suicide. About one in four people will struggle with a mental illness every year, and about 40 people in Shasta County die by suicide every year. Because of shame and discrimination associated with mental health problems, many people don't seek the help they need.

What did you find valuable about the presentation?

"Honesty of panel. Very informative. Excellent. Thank you."

The honest, frank, personal communication with everyone in the room."

"The crowd interaction and support."

"The love, caring, hope, courage and strength."

Brave Faces are people with lived experience of mental illness, suicide and substance abuse. They go into the community and talk about their lives and their experiences. They use their stories to offer hope and recovery, provide education, promote seeking help, end stigma and make a difference in the lives of those in our community. These presentations are made to a wide variety of audiences which include faith-based organizations, media organizations, local businesses, community-based organizations, cultural groups, county and state government agencies, junior high and high schools, and local colleges. In the past three years, more than 200 Brave Faces presentations have been done within our community, and more than 5,000 people have been reached through these presentations. Our growing number of speakers (about 30 active participants in total) allows us to effectively tailor our messages to the audiences we serve. For example, two military veterans recently spoke to local physicians about post-traumatic stress disorder from a patient's perspective, and people who had experienced domestic violence spoke to guests at the local domestic violence shelter with messages of hope about how they were able to overcome their trauma.

In 2016, the Community Education Committee initiated a plan to start holding quarterly, open-to-the-public forums to increase the reach of Brave Faces speakers and to engage more community members on important topics. The first quarterly forum was focused on stigma faced by people who have suicidal ideation and who survive suicide attempts. More than 50 people attended the forum, and two of the speakers as well as staff were later featured on a Jefferson Exchange program about the same topic on Jefferson Public Radio, which broadcasts from Eugene to Chico. Forums were also held to address stigma faced by people experiencing substance abuse disorders, and on the topic of medication management.

The Community Education Committee has also begun producing short documentaries and promoting them on social media as a way to reach more people online. The goal is also to have enough short documentaries to eventually do a mini-film festival. A local videographer produced "Becoming Brave: Changing Minds About Mental Illness in Shasta County," a 16-minute documentary about the Brave Faces program featuring three speakers: Greg Burgin Jr., Neil Shaw and Susan Guiton. The speakers discuss suicide loss, PTSD, depression, substance abuse and historical trauma, and the video was viewed by 9,100 people on Facebook. In 2016, staff produced the "I Am/Was Homeless" documentary, a 7-minute video about three local people who were or are currently homeless. The video seeks to dispel myths about the people who experience homelessness and to increase the understanding of the public about how important stable housing is to wellness and recovery. Nearly 2,200 people watched this video on YouTube. Other video projects in production will focus on hearing voices and surviving a suicide attempt.

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

5. Suicide Prevention

From 2014 to 2016, an average of 44 Shasta County residents died by suicide each year. Hundreds more are left to cope with the aftermath. This does not include the many more who struggle to cope with or recover from attempted suicide of self-injury. Suicide Prevention project activities are implemented by the Health and Human Services Agency in partnership with the Shasta Suicide Prevention Workgroup, a local collaboration of public and private agencies and concerned community members, who meet monthly and are focused on reducing suicide in Shasta County.

Calls from Shasta County residents
Friendship Line - **490**

Suicide Prevention Lifeline – **1,065**
With **23.5**% of those being veteran calls

January 2016 through December 2016

The suicide prevention media campaign and social marketing campaign has steadily ramped up through the use of a recently revamped website, social media, handouts and flyers. The campaign promotes the community events, resources, workgroup activities and additional information related to suicide prevention. The Suicide Prevention Workgroup's Facebook page has nearly 500 "likes." The page also promotes local and national resources, such as the National Suicide Prevention Lifeline, the Institute on Aging Friendship Line for older adults, and the Alex Project Crisis Text Line.

The Suicide Prevention Workgroup Facebook page encourages community involvement in efforts to reduce suicide in Shasta County by providing information and invitations to Question, Persuade, Refer (QPR) Suicide Prevention Trainings, which has trained more than 500 people, and monthly Workgroup meetings.

Community education about decreasing the access to lethal means for suicide attempts is another important activity of the Suicide Prevention project. Safeguarding lethal means continues to be promoted as an essential step when intervening with someone who may be contemplating suicide. Shasta County's firearms safety brochure was selected as an exemplary project from the Superior California Region, and it was updated in 2016 in collaboration with the Suicide Prevention Workgroup, firearms vendors, concealed carry instructors and law enforcement.

During Fiscal Year 14/15, Mental Health Services Act stakeholders approved participation in a suicide prevention campaign called *Man Therapy*, as the target audience was middle-aged men – the group with the highest rate of suicide in Shasta County. The county ended up being unable to use this campaign, but the Suicide Prevention Workgroup collaborated with Stand Against Stigma to conduct focus groups discussing men in middle years and their attitudes and thoughts regarding mental illness, mental health, treatment, messaging and existing campaigns. Resulting data informed further collaboration with a local designer to create a unique campaign designed to reach this high-risk group. It will be rolled out in Fall 2017.

Additional suicide prevention activities include:

- Promotion of the Directing Change Program and Student Film Contest to local high schools.
- Delivery of the More Than Sad Program to local middle schools.
- The first Suicide Prevention and Mental Health Symposium (2016) featured two, best-practice suicide prevention trainings and a panel discussion facilitated by three local suicide prevention trainers, all followed by a Hope Is Alive! Variety Show. Attendees included community members, county personnel and local educators.
- The Workgroup maintains a presence at many community events, especially those concerning mental health, support services (health fairs) and suicide prevention, such as Running Brave, the American Foundation for Suicide Prevention's Out of the Darkness Walk, and Suicide Loss Survivor Day.

Looking forward: We will roll out the men's mental health campaign. We will evaluate options for providing support follow-up after suicide attempts, either in-house or through a community partner. We will continue to work with law enforcement and help them work effectively with people exhibiting suicidal tendencies. We will explore the possibility of creating more wellness-based approaches to suicide prevention, including more wrap-around services for people who have experienced suicidal ideation.

5. CalMHSA Statewide Projects

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

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

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

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

CalMHSA's work plan provides an outline for statewide implementation and includes program evaluation. A new report from the Rand Corporation's independent review of CalMHSA's Prevention and Early Intervention Initiatives concludes, "CalMHSA PEI initiatives are successfully launched and already showing positive outcomes in stigma and discrimination, suicide prevention, and promotion of student mental health." By working jointly through CalMHSA, California counties are delivering effective social marketing campaigns that change the conversation around mental health stigma and delivering value for Californians and taxpayers.

Key findings:

- Each dollar invested in stigma reduction is estimated to return $1,251 to California's economy, and $36 to state coffers by increasing employment and worker productivity.
- CalMHSA stigma reduction programs, including Each Mind Matters: California's Mental Health Movement, boosted the number of adults seeking help for psychological distress by 22% among those exposed to campaigns.
- As a result of these programs, an additional 120,000 Californians accessed mental health services.

Here are three examples of what CalMHSA's PEI initiatives have accomplished:

- **"Know the Signs" suicide prevention campaign empowers Californians to stop suicide.** Those who viewed these materials were more confident in intervening with those at risk of suicide, more comfortable discussing suicide and more aware of the warning signs.

- **Innovative stigma reduction efforts result in attitude changes.** Middle school students who attended "Walk in Our Shoes" presentations expressed less stigmatizing attitudes. They were more willingness to interact with fellow students with a mental health problem.

- **Trainings equip education systems to meet student mental health needs.** Trainings reached educators, students and staff in the state's K-12 and higher education systems. Participants reported greater confidence to intervene with students in distress, greater confidence to refer students to mental health resources, and greater likelihood to intervene or refer students in distress.

PROGRAM OVERVIEW: WORKFORCE EDUCATION AND TRAINING (WET)

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

These projects are included in the Health and Human Services Agency's WET plan, along with the estimated number of people who were reached:

1. Comprehensive Training (152)
2. Consumer and Family Member Volunteer Program (106)
3. Internship Program
4. Superior Region WET Partnership (3 people WRAP trained)
5. Office of Statewide Health Planning and Development (59 loan awards)

In addition to the WET projects, the Health and Human Services Agency employs two Peer Support Specialist staff members and will be hiring more. These Peer Support Specialists must successfully complete the Shasta Mental Health Services Act Academy prior to hire or within the first 6 months of employment.

1. Comprehensive Training Program

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

Because Shasta County does not have many local opportunities for mental health professionals to earn the continuing education units (CEU) required to maintain licensure, this program provides training opportunities that match the expressed interests of the public mental health workforce and allow both clinical and nursing professionals to obtain CEUs locally. CEUs are coordinated by the Health and Human Services Agency's human resources staff and are provided through the California Board of Behavioral Sciences and the American Nurses Credentialing Center.

Starting in 2017, the license with California Board of Behavioral Sciences will no longer be provided to providers. The Health and Human Services Agency has applied to become a California Marriage and Family Therapy-Approved continuing education provider. The Agency's human resources department reviews the trainings to ensure they fit the criteria, and provides the continuing education credits as necessary.

Looking forward: The Health and Human Services Agency will continue coordinating CEUs, and it has applied to become a California Marriage and Family Therapy-Approved continuing education provider.

2016 trainings	Date of training	Number of participants	Number of CEUs
Understanding Developmental Disabilities	03/19/2016	6	3 - RN
Complex Presentations of Delirium and Dementia (two trainings)	04/28/2016	32	8
Law and Ethics for County Health Care Providers	07/7/2016	19	16
Complex Presentations of Delirium and Dementia (two trainings)	08/11/2016	33	8 – BBS 5 - RN
Cognitive Impairment & Cognitive Rehabilitation	09/16/2016	12	12
Health Insurance Portability and Accountability Act (HIPAA) (two trainings)	9/20/2016	27	14
CPI Non-Violent Crisis Prevention, Train the Trainers	11/15-18/2016	10	1
Total classes with CEUs		**139**	**67**

CPI Non-Violent Crisis Prevention Trainings to staff	Number of trainings	Number of participants
CPI Initial Training (8 hours)	4	71
CPI Refresher Training (4 hours)	9	113
Totals	**13**	**184**

Since 2014, the Health and Human Services Agency has provided Non-violent Crisis Intervention Training to all employees. The eight-hour training teaches people how to identify behaviors that could lead to a crisis, effectively respond to behaviors to prevent the situation from escalating, use verbal and nonverbal techniques to defuse hostile behavior and resolve a crisis before it becomes violent, cope with one's own fear and anxiety, and use the principles of personal safety to avoid injury if behavior does become physical. A four-hour refresher training is also available to employees who have taken the training, but would like an update. Initial and refresher classes are offered on a bi-monthly basis. Results on this training are available in Appendix O and at www.shastamhsa.com.

Future trainings include:

- MORS: Milestones of Recovery Scale – Effective evaluation tool for tracking the process of recovery for individuals with mental illness.
- Seeking Safety – A present-focused therapy to help people attain safety from trauma/PTSD and substance abuse.
- Question, Persuade, Refer – Learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.
- Wellness Recovery Action Planning (WRAP) facilitator training.

- Becoming Brave – Helps people decide whether, when and how to disclose to others that they have mental illness.
- Law and Ethics for County Health Care Providers
- Health Insurance Portability and Accountability Act (HIPAA)

2. Volunteer Program

The Mental Health Services Act Volunteer Program addresses the WET goals of increasing mental health career development opportunities and promoting employment of consumers and family members. It establishes a career pathway and responds to the identified need to increase the public mental health workforce capacity while involving the community in a meaningful way in service delivery. This program is open to anyone over age 18 who desires an introduction to the public mental health system and the opportunity to explore their interest in and suitability for this type of work. Individuals are fingerprinted and complete background screening prior to participation in the program.

Between April and October 2016, we recruited new participants, but due to some complications with facilities and staffing, we dedicated our limited resources to sustaining the current volunteer base and activities. We resumed outreach to increase program participation again in April 2017.

Between April 1, 2016 and March 31, 2017, the MHSA Volunteer Program received 53 applications – of these, 37 were cleared to participate, nine are waiting to clear background and seven either didn't clear because of a significant criminal background or they did not complete the necessary paperwork.

MHSA Academy class practicing a stigma awareness exercise.

The Volunteer Program has three main avenues for participation: General volunteering, the Shasta MSHA Academy, and the Shasta College Student Volunteer Internship Program. Though slightly different, all have the same underlying purpose: to provide individuals training and hands-on exploration of what it is like to work in the public mental health field. Many individuals choose to participate through more than one avenue. Many start out as general volunteers or interns and then decide to also participate in the Academy.

General volunteering: This portion of our program provides individuals with or without lived experience of mental illness a chance to not only give back to their community, but also get a broad introduction into what it is like to work in this field. Volunteers are oriented to the Agency and receive 16 hours of training. They learn about topics including wellness and recovery, stigma, ethics and boundaries, communication, strengths-based focus, professionalism and customer service. General volunteers, also referred to as navigators, help create a welcoming environment in the waiting area of the county's mental health services buildings, and they assist staff in completing special projects.

The MHSA Volunteer Program also partners with the HHSA CalWORKs Work Experience program. These participants are screened for their interest in pursuing a career in the mental health and/or social work field

and then referred to the volunteer program, where they receive education, training and hands-on work experience. To date, there have been six participants from the Work Experience program.

Shasta Mental Health Services Act Academy: This free 65–hour training program helps people prepare for careers in the public mental health field or to become peer mentors. Participants have opportunities to learn new information, strengthen skills and network with mental health professionals. The Academy is divided into two main parts: 45 hours of interactive classroom-based learning and 20 hours of hands-on learning. Classroom learning is based on curriculum from the International Association of Peer Specialists and reflects the national ethical guidelines and practice standards for peer supporters. Hands-on learning covers training in group dynamics, meeting facilitation, stakeholder engagement, peer interaction, and center-based program delivery. Participants spend time volunteering in local wellness centers and our main mental health facility, are required to participate in advisory groups and/or stakeholder meetings, and shadow staff.

> "Shadowing staff was the best experience, and gave me the most growth academically and professionally."
> Volunteer Program participant

Between April 1, 2017 and March 31, 2017 a total of 43 people were enrolled in the Academy. Of those 43 individuals, 13 completed all 65-hours, 16 more are scheduled to complete their hours in July 2017, and 4 are on the waiting list to start the Academy in September 2017. The remaining 10 people didn't finish the Academy for a variety of reasons including job related scheduling conflicts, lack of reliable childcare and/or transportation, and health issues. The Academy will continue to be offered multiple times per year in the Redding and Burney area.

> "Thank you for all our discussions - it has been the first time in my wellness that I have legitimately spoken truth about my illness in a supportive and non-biased place."
> - Academy participant

One of the most exciting outcomes from the Academy is that the Health and Human Services Agency has hired two graduates to work as Peer Support Specialists. One is supporting the volunteer program, and the other is supporting the residents of The Woodlands, our new permanent supportive housing complex. Their unique perspective has already proven to be exceptionally valuable in our programs. The Shasta MHSA Academy course evaluation results are available at Appendix P and at www.shastamhsa.com.

Shasta College Student Volunteer Internship Program: In September 2015, the Mental Health Services Act program began partnering with Shasta College to provide students interested in the mental health field with hands-on learning and experience through our volunteer program. Each student receives one unit of college credit for spending at least 60 hours volunteering and job shadowing mental health staff.

Between April 1, 2016 and March 31, 2017, 10 students successfully fulfilled the 60-hour requirement. An additional eight students applied, but did not clear background in time to complete 60 hours before the end of the semester.

Mental Health Services Act staff have a strong partnership with Shasta College. In addition to the internship program through Shasta College's psychology department, the college has asked to incorporate the Shasta Mental Health Services Act Academy within its standard course offerings.

Occasionally, we hear from a volunteer who has completed our program. We are aware of nine people who graduated our program and went on to become employed in the public mental health field (five employed by the Health and Human Services Agency and four at wellness centers), and two who are in graduate school pursuing a degree in social work.

Looking forward: The addition of a peer support specialist to the volunteer program provides numerous new opportunities for growth. We plan to expand peer mentoring support throughout the community. The Volunteer Program will continue providing peer education and training and work with local agencies to place and supervise peer mentors. We will increase volunteer involvement at Hill Country CARE Center, Hill Country Community Health Center, the Olberg Wellness Center, Circle of Friends and the Woodlands Housing Project. We will also explore implementing peer support within our law enforcement agencies and hospitals. The Mental Health Services Act Academy is expanding curriculum to include comprehensive WRAP groups for volunteers and opportunities for peers to become WRAP group facilitators. We are also incorporating suicide prevention and non-violent crisis intervention into our peer training requirements. We are developing a peer-run "warm line" that will be staffed by peers a minimum of 10 hours per week, along with weekly tele-peer support groups. We are also increasing peer-led groups and activities within the Health and Human Services Agency's Crisis Residential and Recovery Center. One of our most exciting expansions is the incorporation of youth into the program. Staff is working with local high schools to educate and train youth interested in becoming peer mentors and/or exploring the field of public mental health. We continue to monitor California peer certification efforts and refine the Shasta Mental Health Services Act Academy to remain in line with expected standards. By structuring the academy to include all components outlined in state efforts, our goal is to have the curriculum approved for statewide certification. Mental Health Services Act staff is redesigning its Academy curriculum to also align with a more robust comprehensive psychosocial rehabilitation model of education. Once approved, the Academy will be offered at least once per year at Shasta College. We will also develop and use follow-up evaluations to officially track the impact of the volunteer program after 6 months and one year.

3. Internship Program

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

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

Looking forward: The Health and Human Services Agency will continue working with California State University Chico, California State University Humboldt, Simpson University and National University to provide internship opportunities to students in their master's programs.

4. Superior Region WET Partnership

WET funds from the state are paying for regional county partnerships throughout California that focus on increasing the education and training resources dedicated to the public mental health system workforce. These regional partnerships are supported by staff from participating counties. Shasta County is part of the Superior Region WET Partnership, which sponsors a variety of programs to meet WET goals:

- Working Well Together – A technical assistance center whose primary goal is to help counties ensure they are prepared to recruit, hire, train, support and retain consumers, family members and parents/caregivers as employees of the public mental health system.

- Distance learning – A partnership with several University of California systems within the Superior Region to provide online education for those wishing to further their education and already are, or would like to become, employed in the public mental health field.

- Mental Health Services Act Loan Assumption – An educational loan repayment program for eligible applicants employed in the public mental health system in hard-to-fill or hard-to-retain positions such as psychologist, marriage and family therapist, social worker, psychiatrist or psychiatric mental health nurse practitioner. In Shasta County, 59 people have received these awards to date.

In April 2016, the Superior Region WET Partnership sponsored two-day basic WRAP trainings. Counties were invited to send people who were interested in becoming trained WRAP facilitators. Shasta County sent one Mental Health Services Act staff and two employees from Circle of Friends. These three people then participated in the five-day WRAP facilitators training in June 2016 (also funded through Superior Region WET funds). During their first year as WRAP facilitators, they conducted six, six-week WRAP groups. They also attended the six-day Advanced Level Facilitator Training in May 2017 and are now certified Advanced Level WRAP facilitators. During the next three years, they will conduct yearly five-day WRAP facilitator trainings to expand the number of certified local facilitators and increase the availability of evidence-based WRAP groups.

Looking forward: The Health and Human Services Agency will continue to participate in the Superior WET Regional Partnership to bring statewide projects to Shasta County.

5. Office of Statewide Health Planning and Development

The California Office of Statewide Health Planning and Development is responsible for the Mental Health Loan Assumption Program. Created through the Mental Health Services Act, this loan forgiveness program is designed to retain qualified professionals working within the public mental health system. Through Workforce Education and Training, $10 million is allocated yearly to loan assumption awards. An award recipient may receive up to $10,000 to repay educational loans in exchange for a 12-month service obligation in a hard-to-fill or retain position within the county public mental health system.

Counties determine which professions are eligible for their hard-to-fill or retain positions. Eligible professions often include Registered or Licensed Psychologists, Registered or Licensed Psychiatrists, Post-

doctoral Psychological Assistants, Postdoctoral Psychological Trainees, Registered or Licensed Marriage and Family Therapists, Registered or Licensed Clinical Social Workers, Licensed Professional Clinical Counselors, Licensed Professional Clinical Counselor Interns, Registered or Licensed Psychiatric Mental Health Nurse Practitioners, and managerial and/or fiscal positions.

The Mental Health Loan Assumption Program is a competitive process which requires an application. Since 2009, 59 awards have been given to people who work in Shasta County's public mental health system.

Mental Health Loan Assumption Program		
Year	**Number of Awards**	**Total Amount of Awards**
2009	2	$ 10,200
2010	4	$ 30,200
2011	3	$ 20,800
2012	7	$ 48,538
2013	10	$ 50,668
2014	9	$ 48,537
2015	11	$ 58,531
2016	13	$ 67,071
Total Award to Date		$ 334,545

PROGRAM OVERVIEW: INNOVATION (INN)

Innovation projects are novel, creative and/or ingenious mental health practices or approaches that contribute to learning. In December 2014, MHSA staff sought feedback from community stakeholders for a new Innovation project. The process focused on reviewing the current mental health continuum of care, identifying weaknesses or absences in services, and brainstorming ideas for a new project that would fill the identified gaps and better meet community needs. The idea that bubbled to the top was a Community Mental Health Resource Center.

The details of the idea were put into a draft Innovation Plan, which was approved by the Mental Health, Alcohol and Drug Advisory Board and the Shasta County Board of Supervisors in late 2015. The Mental Health Services Oversight and Accountability Commission approved it in January 2016, and a Request for Proposals was published in March 2016. Five organizations responded and, through a committee review process, Hill County Health and Wellness Center was selected to launch the Community Mental Health Resource Center in Redding. The Counseling and Recovery Engagement (CARE) Center opened in March 2017. The center is open 7 days a week, 365 days a year, in the afternoons and evenings. Hours are 2 to 11 pm Monday through Friday, and from 11 am to 11 pm on weekends and holidays. Services available at the center include:

- After-hours pre-crisis clinical assessment and treatment
- Case management and linkage
- Treatment groups
- Warm line
- Community outreach
- Buddy/mentor system for youth and adults
- Transportation
- Connection to respite care and transitional housing
- A peer-staffed resource center which provides resources and information, assistance with linkage to benefits, resource materials, referrals, education and support groups

In addition to the Innovation project, the center also includes two non-Mental Health Services Act funded projects: a Laura's Law pilot project and a foster youth/caregiver resource project.

The Innovation project has five objectives:

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

The program evaluation is built around these objectives, with evaluation reports to be published annually. The first annual report will be available after the end of 2017.

Shasta County planned on a four-year overall timeframe for this Innovation project: six months of start-up activities (complete); three years of project implementation; and a final six months of wrap-up activities. Before any decision to recommend either continuing or discontinuing the project after the three-year pilot, a stakeholder process to share evaluation data and seek input will be initiated.

Early results are very promising. In just the first month of services, clients have been referred to behavioral health services, community services, support groups, substance abuse treatment, housing services and more. Just nine of the 82 referrals were to emergency departments, which indicates that dozens of people who likely would have gone to the emergency department if the CARE Center didn't exist ended up being referred to lower-level, more appropriate and less expensive services. Remarkably, all 40 clients who completed a survey in that first month said they felt welcome, safe and comfortable at the CARE Center, and all but one said staff provided them with support and helpful information about community resources.

The first CARE Center Quarterly Activity Report (which will be the basis for the annual report), and an Innovation Project Outcome Tracking Report can be found in Appendices Q and R, and at www.shastamhsa.com.

PROGRAM OVERVIEW: CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

The Capital Facilities project gave a fresh, warm and welcoming look to the community mental health building at 2640 Breslauer Way in Redding. The project included the remodel of the front entrance and waiting room area, as well as a refresh of the main floor of the building, with the goal of creating easier, more comfortable access to services.

Most people who receive public mental health services start their process at the Breslauer offices for intake, assessment and completion of paperwork. Direct services are also provided in this building. This project has helped create a more positive, welcoming environment for consumers, family members, staff and visitors. The redesign also provide for added privacy and safety, and has improved staff morale.

The remodel of the front entrance/waiting room area was completed in Spring 2015, and the building refresh was complete in late 2016.

Fiscal Year 2017-18 through Fiscal Year 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

The following pages outline the spending plans for the three fiscal years covered by this report.

FY 2017/18 through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Shasta Date:

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,952,867	2,661,707	2,593,583	59,440	28,698	
2. Estimated New FY2017/18 Funding	6,228,390	1,557,098	409,763			
3. Transfer in FY2017/18a/	0					
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	11,181,257	4,218,805	3,003,346	59,440	28,698	
B. Estimated FY2017/18 MHSA Expenditures	8,085,841	8,085,841	3,081,227	822,063	59,440	28,698
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,095,416	1,137,578	2,181,283	0	0	
2. Estimated New FY2018/19 Funding	6,415,242	1,603,811	389,274			
3. Transfer in FY2018/19[a/]	0					
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	9,510,657	2,741,389	2,570,557	0	0	
D. Estimated FY2018/19 Expenditures	7,813,417	7,963,112	2,150,845	846,725	0	0
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,547,546	590,543	1,723,832	0	0	

2. Estimated New FY2019/20 Funding	6,607,699	1,651,925	428,202			
3. Transfer in FY2019/20[a/]	0					
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	8,155,245	2,242,469	2,152,034	0	0	
F. Estimated FY2019/20 Expenditures	8,155,245	2,215,371	872,127	0	0	
G. Estimated FY2019/20 Unspent Fund Balance	(0)	27,098	1,279,907	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	0
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	0
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	0

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

Community Services and Supports (CSS) Component Worksheet

County: Shasta Date:

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Client Family Operating Services	428,435	428,435				
2. Shasta Triumph and Recovery	1,456,121	545,593	910,528			
3. Rural Health Initiative	1,821,364	1,651,363	170,001			
4. Older Adult Services	138,265	100,066	38,199			
5. Crisis Residential and Recovery	1,479,031	774,011	705,020			
6. Crisis Response	1,787,024	1,117,012	170,012			500,000
7. Outreach	1,650,851	1,189,999	310,852			150,000
8. Co-Occurring/Primary Care Integration	1,180,542	242,757	287,785			650,000
9. Housing	493,364	493,364				
10. Laura's Law	500,000	500,000				
Non-FSP Programs						
1.	0					
2.	0					
CSS Administration	1,043,241	1,043,241				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	11,978,238	8,085,841	2,592,397	0	0	1,300,000
FSP Programs as Percent of Total	91.3%					

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Client Family Operating Services	441,288	441,288				
2. Shasta Triumph and Recovery	1,499,805	561,961	937,844			
3. Rural Health Initiative	1,876,005	1,700,904	175,101			
4. Older Adult Services	142,413	103,068	39,345			
5. Crisis Residential and Recovery	1,523,402	797,231	726,171			
6. Crisis Response	1,825,635	1,150,522	175,112			500,000
7. Outreach	1,695,877	1,225,699	320,178			150,000
8. Co-Occurring/Primary Care Integration	1,196,458	250,040	296,419			650,000
9. Housing	508,165	508,165				
10. Laura's Law	500,000	149,695				350,305
Non-FSP Programs						
1.	0					
2.	0					
CSS Administration	1,074,539	1,074,539				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	12,283,586	7,963,112	2,670,169	0	0	1,650,305
FSP Programs as Percent of Total	91.3%					

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Client Family Operating Services	454,527	454,527				
2. Shasta Triumph and Recovery	1,544,799	588,744	956,055			
3. Rural Health Initiative	1,932,285	1,753,784	178,501			
4. Older Adult Services	146,685	106,576	40,109			
5. Crisis Residential and Recovery	1,569,104	828,833	740,271			
6. Crisis Response	1,395,854	1,217,341	178,513			
7. Outreach	1,601,388	1,274,993	326,395			
8. Co-Occurring/Primary Care Integration	602,437	300,262	302,175			
9. Housing	523,410	523,410				
10. Laura's Law	500,000	0				500,000
Non-FSP Programs						
1.	0					
2.	0					
CSS Administration	1,106,775	1,106,775				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	11,377,264	8,155,245	2,722,019	0	0	500,000
FSP Programs as Percent of Total	90.3%					

Prevention and Early Intervention (PEI) Component Worksheet

County: Shasta Date:

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Stigma and Discrimination	644,873	644,873				
Suicide Prevention	359,495	359,495				
PEI Programs - Early Intervention						
Children and Youth in Stressed Families	0					
Positive Parenting Program	1,028,584	962,562	66,022			
Trauma Focused Treatment	78,525	78,525				
Adverse Childhood Experiences	227,232	227,232				
At-Risk Middle School Program	207,630	207,630				
Individuals Experiencing Early Onset of Serious Psychiatric Illness	423,088	335,333	87,755			
PEI Administration	265,577	265,577				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	3,235,004	3,081,227	153,777	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Stigma and Discrimination	429,961	429,961				
Suicide Prevention	239,689	239,689				
PEI Programs - Early Intervention						
Children and Youth in Stressed Families	0					
Positive Parenting Program	709,780	641,777	68,003			
Trauma Focused Treatment	52,356	52,356				
Adverse Childhood Experiences	151,504	151,504				
At-Risk Middle School Program	138,435	138,435				
Individuals Experiencing Early Onset	313,967	223,579	90,388			
PEI Administration	273,545	273,545				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	2,309,236	2,150,845	158,390	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Stigma and Discrimination	442,860	442,860				
Suicide Prevention	246,880	246,880				
PEI Programs - Early Intervention						
Children and Youth in Stressed Families	0					
Positive Parenting Program	731,073	661,030	70,043			
Trauma Focused Cognitive Behavioral Therapy	53,926	53,926				
Adverse Childhood Experiences	156,049	156,049				
At-Risk Middle School Program	142,588	142,588				
Individuals Experiencing Early Onset of Serious Psychiatric Illness	323,386	230,286	93,099			
PEI Administration	281,751	281,751				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	2,378,513	2,215,371	163,142	0	0	0

Innovations (INN) Component Worksheet

County: Shasta Date:

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Programs	716,000	716,000				
INN Administration	106,063	106,063				
Total INN Program Estimated Expenditures	822,063	822,063	0	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Fiscal Year 2018/19	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Programs	737,480	737,480				
INN Administration	109,245	109,245				
Total INN Program Estimated Expenditures	846,725	846,725	0	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Programs	759,604	759,604				
INN Administration	112,522	112,522				
Total INN Program Estimated Expenditures	872,127	872,127	0	0	0	0

Workforce, Education and Training (WET) Component Worksheet

County: Shasta Date:

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
MHSA Volunteer Program	23,776	23,776				
Comprehensive Training Program	5,944	5,944				
Internship/Residency Program	8,916	8,916				
Psychosocial Rehabilitation Program	20,804	20,804				
WET Administration	0					
Total WET Program Estimated Expenditures	59,440	59,440	0	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
MHSA Volunteer Program	0					
Comprehensive Training Program	0					
Internship/Residency Program	0					
Psychosocial Rehabilitation Program	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
MHSA Volunteer Program	0					
Comprehensive Training Program	0					
Internship/Residency Program	0					
Psychosocial Rehabilitation Program	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Shasta Date:

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects Renovation	28,698	28,698				
CFTN Programs - Technological Needs Projects	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	28,698	28,698	0	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects	0					
CFTN Programs - Technological Needs Projects	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Shasta

County Mental Health Director	**Project Lead**
Name: Donnell Ewert, MPH	**Name:** Kerri Schuette
Telephone Number: (530) 245-6269	**Telephone Number:** (530) 245-6951
E-mail: dewert@co.shasta.ca.us	**E-mail:** kschuette@co.shasta.ca.us
Mailing Address: 2615 Breslauer Way, Building 5 Redding, CA 96001	

I hereby certify that I am the official responsible for the administration of Shasta County mental health services in and for said county and that Shasta County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The expenditure plan, attached hereto, was adopted by the County Board of Supervisors on XXXXXXX, 2017.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Donnell Ewert, MPH
Shasta County Mental Health Director

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: Shasta

- [X] Three-Year Program and Expenditure Plan
- [ ] Annual Update
- [ ] Annual Revenue and Expenditure Report

Local Mental Health Director	**County Auditor-Controller**
Name: Donnell Ewert, MPH **Telephone Number:** (530) 245-6269 **E-mail:** dewert@co.shasta.ca.us	**Name:** Brian Muir **Telephone Number:** (530) 225-5541 **E-mail:** bmuir@co.shasta.ca.us
Mailing Address: 2615 Breslauer Way, Building 5 Redding, CA 96001	

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

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

Donnell Ewert, MPH
Shasta County Mental Health Director

9/25/17
Date

I hereby certify that for the fiscal year ending June 30, 2017, Shasta County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that Shasta County's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ending June 30, 2016. I further certify that for the fiscal year ending June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that Shasta County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that Shasta County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Brian Muir
Shasta County Auditor-Controller

9/15/17
Date

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

30-Day Public Comment Period and Public Hearing

The public comment period for the Fiscal Year 2017/2018 through Fiscal Year 2019/2020 Three-Year Program and Expenditure Plan opened on July 24, 2017, and closed on August 24, 2017. A Public Hearing was conducted by the Shasta County Mental Health, Alcohol and Drug Advisory Board during their September 6, 2017 meeting.

Distribution

Public notice regarding the public comment period and public hearing was published in several local newspapers throughout Shasta County during the 30-day period of July 24, 2017 through August 24, 2017. Public notice and copy of the draft document was posted in several public locations throughout the community and made available online at the Shasta County Health and Human Services Agency website. The draft document was e-mailed to stakeholders, advisory board members and stakeholder workgroup members, and copies were available upon request.

Comments Received

Several comments and suggestions were made during the 30-day Public Comment Period, which were discussed with the Mental Health Services Act Stakeholder Workgroup. Some of the workgroup's feedback were additions or edits that were simply incorporated into this report. Other questions and feedback included:

- Why do FSP/STAR clients leave this service? We should survey them.
- We should collect MORS and CANS data on more clients.
- We need a detailed plan to collect more client satisfaction surveys.
- There should be a more robust educational tool about 5150 holds on the Intranet for HHSA staff, and also on the website to help families better understand 5150 holds. Alameda County's guide could serve as an example.
- Shasta College has online health screenings for its students. Could we offer or promote an online mental wellness screening tool for the general public?
- The reports don't say anything about Workforce, Education and Training programs being discontinued, but the funding isn't listed in the budget for 2018-19 or 2019-20. (Answer: The staff in this program are now paid through a different budget, and many of its tasks have been reassigned to the HHSA's Business and Support Services unit.)
- Help Me Grow is a program that would provide outreach and referrals to support access to MHSA early intervention programs, including Triple P and trauma-informed treatment. Help Me Grow is being implemented in Shasta County and funded in part by First 5 Shasta.

Approval

At its regular meeting on Sept. 6, the Shasta County Mental Health, Alcohol and Drug Advisory Board voted to recommend that the Shasta County Board of Supervisors adopt the MHSA Fiscal Year 2017/2018

through Fiscal Year 2019/2020 Three-Year Program and Expenditure Plan. The Shasta County Board of Supervisors adopted the plan on TBD.

An electronic copy of the completed MHSA Fiscal Year 2017/2018 through Fiscal Year 2019/2020 Three-Year Program and Expenditure Plan resides on this website:

www.shastamhsa.com

ONLINE RESOURCES

Shasta County Health and Human Services Agency
shastahhsa.net

Stigma and Discrimination Reduction
standagainststigma.com
getbettertogether.net

California Stigma and Discrimination Reduction
eachmindmatters.org
reachout.com

Triple P - Positive Parenting Program
triplepshasta.com

Suicide Prevention
shastasuicideprevention.com

California Suicide Prevention
yourvoicecounts.org
suicideispreventable.org

Network of Care
shasta.networkofcare.org

Olberg Wellness Center
nvcss.org

Circle of Friends Wellness Center
hillcountryclinic.org

National Alliance on Mental Illness Shasta County
namishastacounty.org

Hill Country Health and Wellness Center
hillcountryclinic.org

Shingletown Medical Center
shingletownmedcenter.org

Mountain Valleys Health Centers
mtnvalleyhc.org

Shasta Community Health Center
shastahealth.org

Shasta Strengthening Families
shastastrongfamilies.org

For information regarding this document, please contact:

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