



Health and Human Services Agency

Donnell Ewert, MPH, Director

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Toby Ewing, Ph.D., Executive Director
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Dr. Ewing:

In order to draw down Mental Health Services Act Innovation funds that are subject to reversion, the Shasta County Health and Human Services Agency wishes to extend its current Innovations project by one year.

Our Innovation plan for the CARE Center was approved on Dec. 17, 2015, by the Mental Health Services Oversight and Accountability Commission (MHSOAC), and it met all of the required elements of an Innovative proposal as stated in the Innovation Regulations. Shasta County's MHSA Stakeholder Workgroup endorsed extending the project by a year during its June 27, 2018, quarterly meeting. The Mental Health, Alcohol and Drug Advisory Board voted to support the extension on Sept. 5, 2018, and the Shasta County Board of Supervisors approved the proposal on XXXXXXXX. The contractor who is providing this service for the county, Hill Country Community Clinic, supports the extension.

We are not requesting any changes to the project beyond another year, as the pilot project is delivering very promising results, and the community partner who is running the facility could benefit from an additional year to solidify plans for funding it beyond the pilot phase. The additional time request does not exceed the five-year limitation imposed upon Innovations projects.

The original learning objectives were to determine:

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

The learning objectives have not changed, nor has the target population. Data is showing that we are serving about three times more people than originally anticipated, and while the number of

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emergency department visits hasn't yet dropped dramatically, it is beginning to taper down as more people become aware of the CARE Center. We have also discovered that we are serving a very large volume of people who otherwise wouldn't have sought services at all, which is meeting a critical gap in our community mental health services.

This additional year would add approximately \$740,000 to the project cost, which would draw down Shasta County's Innovations funds from 2016-17 and 2017-18. The original, approved Innovation plan stated that the Shasta County Health and Human Services Agency and Hill Country Community Clinic would look at alternative funding sources after the pilot if it was determined that it was worthwhile to continue operating the CARE Center, and that plan will not change with the extension that we are requesting.

Looking to the future, Shasta County has begun preliminary discussions with staff about proposals for a future Innovation project, and an intensive stakeholder feedback process will be initiated later this year. It is our goal to have a new Innovation plan ready to present to the MHSOAC in mid-2019.

Sincerely,

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