MENTAL HEALTH SERVICES ACT

THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FISCAL YEARS
2023–24 through 2025–26

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INCLUDES DATA FROM FISCAL YEAR 2021–22

Shasta County
Health & Human Services Agency

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HHSA THREE-YEAR VISION

Recent years at the Shasta County Health and Human Services Agency (HHSA) have brought many changes. The spirit behind re-organization is to create an even more cohesive agency, aligning with California Advancing and Innovating Medi-Cal (CalAIM) by creating a branch that could provide services through the entire lifespan of our clients while decreasing barriers to treatment. 2022 saw the merging of our Children's and Adult Services branches, now the Behavioral Health and Social Services (BHSS) branch, where clients can receive services through a holistic lens by utilizing a whole-person care approach. It is with this mindset our vision is focused on…**"Improving the wellbeing of our community through integrated services."**

The vision also helps our staff better implement the "no wrong door" approach as we have already begun collaboration between programs which were previously siloed. In the months since the reorganization, we have experienced an improvement in access to care; however, even more exciting, we have experienced a decrease in barriers when connecting clients to auxiliary services.

Our "no wrong door" approach is reflected in the MHSA program plans throughout this three-year report. The past few months have shown that clients who are directly connected to services through a wraparound approach are more likely to continue engagement in services, and our staff have become keenly aware of auxiliary services (such as In-Home Supportive Services) which may help our client meet their individualized goals.

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

PROGRAM PLAN GOAL THEMES IN THIS REPORT:

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

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

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

Miguel Rodriguez, Director of Mental Health

MENTAL HEALTH SERVICE ACT OVERVIEW

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

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

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

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

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

WHAT IS COMMUNITY PROGRAM PLANNING (CPP)?

CPP is a collaborative stakeholder process that adheres to California Code of Regulations § 3320 to plan, implement and evaluate Shasta County's Mental Health Services Act programs.

The goal is to ensure that we reach out to people of all ages, ethnicities and socioeconomic backgrounds, mental health clients and family members, people who provide services to people with mental health challenges and substance use disorders, and people from all corners of our county to gather diverse opinions to ensure that our wellness-, recovery- and resilience-focused programs will be successful.

Am I a stakeholder?

If you are a person living in Shasta County with an interest or concern in behavioral health services, you are a stakeholder!

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

Underserved cultural populations	
Good News Rescue Mission	Pit River Health Services
Hispanic Latino Coalition	Redding Rancheria
Local Indians for Education	Shasta County Citizens Against Racism
NorCal OUTReach	Victor Youth Services (LGBT)
Consumer-based organizations	
Circle of Friends Wellness Center	Sunrise Mountain Wellness Center
Consumer and/or family member	
Adult/Youth Consumers & Family Members	Public Health Advisory Board
Mental Health, Alcohol and Drug Advisory Board	Rowell Family Empowerment
NAMI Shasta County	
Health and Human Services Agency	
Law Enforcement	
Redding Police Department	Shasta County Sheriff's Department
Shasta County Probation Department	Anderson Police Department
Education	
All Shasta County Schools	Shasta Community College
Chico State University	Shasta County Office of Education
National University	Simpson University
Community-based organizations	
Northern Valley Catholic Social Service	Kings View
Area Agency on Aging	Tri-Counties Community Network
Shasta County Chemical People	Youth Violence Prevention Council
Community Foundation of the North State	United Way of Northern California
Pathways to Hope for Children	One SAFE Place
Good News Rescue Mission	Children's Legacy Center
ShiningCare	Dignity Health Connected Living
Dunamis Wellness Center	Family Dynamics
First 5 Shasta	Golden Umbrella
The McConnell Foundation	Visions of the Cross
Health care	
Hill Country Health and Wellness Center	Shasta Community Health Center
Mountain Valleys Health Center	Shingletown Medical Center
Dignity Health	Shasta Regional Medical Center
Mayers Memorial Hospital District	Health Alliance of Northern California
Veterans Administration	

COMMUNITY PROGRAM PLANNING

Regular stakeholder committees:
The following meetings were held during Fiscal Year 2021–22.

MHSA Stakeholder Workgroup:
The MHSA Stakeholder Workgroup meets quarterly and as needed, depending upon the needs of the Health and Human Services Agency in administering the Mental Health Services Act. The workgroup provides input for the planning, implementation, and oversight of the Mental Health Services Act.

Meeting dates: September 28, 2021, January 18, 2022, March 31, 2022, May 11, 2022; Shasta MHSA

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

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

Meeting dates: August 9, 2021, October 12, 2021, December 14, 2021, February 8, 2022, April 12, 2022, June 14, 2022; Stand Against Stigma Committee – Stand Against Stigma

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

Meeting dates: July 15, 2021, September 16, 2021, November 18, 2021, January 20, 2022, March 17, 2022, May 19, 2022; Shasta Suicide Prevention Collaborative

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 meetings, which were bi-monthly through 2022, and they hear periodic presentations on Mental Health Services Act programs.

Meeting dates: July 7, 2021, September 1, 2021, November 3, 2021, January 5, 2022, March 2, 2022, May 4, 2022; Mental Health, Alcohol and Drug Advisory Board

COMMUNITY PROGRAM PLANNING

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

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

Community program planning three-year goals

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

* DHCS recommends updates to the CPP policies and procedures on file. Staffing shortages and turnover caused delays, however draft updates are in process and will be finalized within the next reporting cycle. CPP policy and procedure changes will undergo stakeholder review. Appendix R includes advisory board feedback on policy and procedure content.

2023 STAKEHOLDER FEEDBACK ON COMMUNITY PROGRAM PLANNING

MHSA Stakeholder Committee Discussion:
Attendees were invited to participate in an interactive exercise designed to capture insights into successes or gaps within the CPP process as currently implemented. Questions asked were, "What do you love about MHSA? What creates a positive environment for providing input? What makes you feel your input is valued? Who else (not currently present) should be part of CPP? What else do you need to know about the CPP process? What have we not considered?"

Stand Against Stigma Committee Discussion:
Since COVID-19 restrictions began, stakeholder surveys indicate meetings have been disproportionately attended by County professionals and to a lesser degree, local providers. Stand Against Stigma Committee discussed ways to make MHSA Stakeholder meetings more inclusive, increasing diverse participation from all community members. Ideas were themed around:

- Having volunteer greeters that can provide a warm welcome and help people become familiar with the meeting space. These can be professionals or peers, or peer professionals.
- Help everyone feel equal in the space by taking off ID badges. Don't ask for titles when doing introductions. Using badges and titles creates an "us vs. them" dynamic and could make some feel like they're less of a person because they aren't employed or don't have a professional job.
- Making the meeting environment and facilitation informal.
- Make the floorplan open and arrange chairs in a circle with tables on the outside edge so people still have a place to set stuff, but there aren't barriers in between people or people feel too close to each other.
- Provide additional ways to get feedback. One person suggested an option to have an advocate read feedback/suggestions (anonymously) for people who want to have a voice but are not comfortable speaking in front of others.
- Have a quick survey at the end of the meeting to get real time feedback about feelings of inclusivity.
- Provide healthy snacks and drinks.
- Place SWAG at the tables, along with fidgety type comforts (ex. coloring pages and pens, pipe cleaners, etc.)

MENTAL HEALTH SERVICES ACT PROGRAMS

Community Services and Supports	
Client and Family Operated Services	
NAMI	Wellness centers
STAR (Shasta Triumph and Recovery)	CARE Center
Rural Health Initiative	Housing continuum
Older adult services	Co-occurring disorders
Crisis services	Outreach
Prevention and Early Intervention (PEI)	
Children and Youth in Stressed Families	
A. Triple P B. Trauma-Focused Treatment C. At-Risk Middle School D. 0-5	A. Adverse Childhood Experiences B. Launch C. IMPACT D. MHSSA grant
Individuals experiencing the onset of serious psychiatric illness	
Stigma and discrimination reduction	
Suicide prevention	
CalMHSA statewide projects	
Workforce Education and Training (WET)	
Superior WET Partnership	

Innovation (INN)
Hope Park Project
Psychiatric Advance Directives (PADs)
Capital Facilities/Technological Needs (CF/TN)
None during this reporting period

CLIENT AND FAMILY-OPERATED SYSTEMS

Fiscal Year 2021–22 Expenditures:
$718,244 ↑3.75%

Number of people served:
Approximately 300

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

What this program does:

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

Three-year goal:

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

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

Achieved in previous year:

A. Sunrise Mountain Wellness Center began a bilingual 12-step program. Program popularity caused the program to move offsite due to capacity limitations at the Hilltop location.

B. Established programs at the two wellness centers that include engagement activities, peer support, socialization, wellness, and recovery activities in partnership with other community organizations. This includes weekly scheduled activities or groups, workshops and 12-step recovery meetings. Facilitated participants' ability to spend time in meaningful activities, increase satisfaction with level of involvement in the community consequences of untreated or undertreated mental illness for individual participants.

C. For NAMI, provided at least four hours of peer support per month, one 10-week Peer-to-Peer program per fiscal year, one 12-week Family-to-Family program per fiscal year, one six-week NAMI Basics program per fiscal year, Family Support Group sessions at least twice a month, 20 hours of one-on-one mentoring and NAMI On Campus for at least two local high schools.

D. NAMI volunteers ran Family Support Group sessions every two weeks, and an average of about 17 hours per month were spent on mentoring. There were facilitated peer support sessions, Peer-to-Peer, Family-to-Family and NAMI Basics programs.

Looking to next year:

A. Expand peer support services at Sunrise Mountain Wellness Center, improve hours of operation, expand upon access to 12-step recovery meetings in English and Spanish, and facilitate more socialization activities for clients.

B. Continue regular meetings between NAMI members and agency leadership to better inform resources provided to families.

For more information, see Appendix C and D.

SHASTA TRIUMPH AND RECOVERY (STAR)

Fiscal Year 2021–22 Expenditures:
$2,671,445 ↑23.96%

Number of people served:
199

Who this program serves:
Adults with severe and persistent mental illness or children with severe emotional disturbance, who are homeless or at risk of homelessness and/or incarceration, have an increased risk of hospitalization or multiple hospitalizations and/or emergency department contacts, at risk of conservatorship, difficult to engage or not in treatment, multiple functional impairments, and struggles to complete activities of daily living tasks without support or prompts from intensive case management, and who may also have a substance use disorder.

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

Three-year goal:
A. Continue outreach efforts to hardest-to-reach populations, including people who are homeless and suffer from severe and persistent mental illness.
B. Expand housing options with priority placement for FSP clients, both independent living and supportive housing, including at The Woodlands, and by partnering with community organizations to develop room and board options.
C. Provide extensive social and supportive services with the goal of maintaining permanent housing.
D. Expand comprehensive and intensive STAR services for increased placement and stabilization within Shasta County.
E. Keep more clients off conservatorship and out of the hospital.

Achieved in previous year:
A. Increased the number of FSPs in The Woodlands housing and
B. Increased and added Assisted Outpatient Treatment (AOT) services.
C. Implemented wraparound supports such as discharge planning and community reintegration, promoting continuity of care.
D. Increased advocacy and communication efforts with clinicians to assist in treatment planning.

Looking to next year:
A. All 29 Woodlands FSP-allocated apartment units are filled with FSP clients.
B. Specific vehicles dedicated to STAR, including 4-wheel drives for clients in difficult to reach rural areas.
C. Develop portable toolkits for fieldwork including water, food, sanitary, and clothing items.
D. Bring on a clinician to increase capacity to serve clients in IMDs and MHRCs.

RURAL HEALTH INITIATIVE

Fiscal Year 2021–22 Expenditures:
$816,006 ↓2.53%

Number of people served:
Approximately 5,000

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

What this program does:

- Contracts with four Federally Qualified Health Centers, which provide integrated primary and mental health care to these populations. These are Hill Country Health and Wellness Center in Round Mountain, Shingletown Medical Center, Mountain Valleys Health Centers in Burney, and Shasta Community Health Center in Redding. Services include telepsychiatry, intensive case management, medication management, crisis services and support, and integration with primary care physicians.

Three-year goal:

A. Ensure that programs and services offered in the larger cities are as accessible as possible to those in rural areas, potentially increasing the use of technology that helps to bridge geographical gaps, such as telepsychiatry.

B. Increase outreach activities informing community members of services provided.

Achieved in previous year:

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

B. Total Visits for the Year:

- Hill Country Round Mountain: 32,046
- Shasta Community Health Center: 1,799
- Mountain Valley: 1,032
- Shingletown: 751

Looking to next year:

A. Increase access to telepsychiatry for individuals in the Intermountain Area of Shasta County.

B. Continue to achieve the Three-Year Goal.

For more information, see Appendix F.

OLDER ADULT

Fiscal Year 2021–22 Expenditures:
$11,298 ↑15.81%

Number of people served:
11

Who this program serves:
Adults aged 60 and older

What this program does:

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

Three-year goal:

A. Continue to reduce the need for hospitalizations.

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

Achieved in previous year:

A. Outpatient is fully staffed with 8 social workers, allowing a social worker specializing in Older Adult care to provide more services to this demographic.

B. Older Adult clients were successful in getting into subsidized senior housing.

C. Older Adult clients experienced minimal hospitalizations within the 2021–22 fiscal year.

Looking to next year:

A. Continue to assist clients in securing appropriate housing and housing support.

B. Help older adult clients access Connected Living, formerly Gold Umbrella. Connected Living reopened their adult day healthcare program and lunch program, serving seniors in our community and providing transportation through Redding Area Bus Authority (RABA).

C. Train providers in Outpatient on Older Adult population outreach and stakeholder activities.

CRISIS SERVICES

Fiscal Year 2021–22 Expenditures:
$1,881,462 ↑11.82%

Number of people served:
1,428

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

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

Three-year goal:
A. Coordinate with co-located emergency department crisis staff, HHSA outpatient services and community providers to help facilitate discharges from emergency departments and psychiatric hospitalizations, linking clients with ongoing services.

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

Achieved in previous year:
A. Hired a second case manager to facilitate successful discharge of client from both the emergency department and inpatient facilities.

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

C. Established wraparound care connections to reduce the continued need for emergency interventions.

D. The Mobile Crisis Team (MCT) responded to 2,252 crisis calls.

Looking to next year:
A. Elevate conversations surrounding complex care management for people in crisis situations.

CRISIS SERVICES: CRISIS RESIDENTIAL AND RECOVERY CENTER

Fiscal Year 2021-22 Expenditures:
$1,357,390↑7.03%

Number of people served:
102

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

What this program does:
- Provides residential services for up to 30 days to adults following a mental health crisis to prevent the need for hospitalization.
- Stays are voluntary and include such services as daily groups focused on wellness and recovery, coping skills, medication support, education, daily living activities, peer support, and short-term respite care.
- Helps people move from crisis into short-term transitional housing and stabilization and Full-Service Partnership enrollment or to outpatient intensive case management and support, as needed.

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

B. Increase the level of clinical intervention and documentation within the center and linkage to outside clinical resources to prevent/reduce the need for future psychiatric hospital stays in Shasta County.

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

Achieved in previous year:
A. Increased client connection to resources and improved wraparound care.

Looking to next year:
A. Following completion of CRRC kitchen renovation in early 2023, increase bed count to maximum capacity of 15.

For more information, see Appendix E.

CRISIS SERVICES: ASSISTED OUTPATIENT TREATMENT ("LAURA'S LAW"): THIS PROGRAM IS PENDING

Fiscal Year 2021–22 Expenditures:
$545,824 (new)

Number of people served:
This program is pending

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

What this program does:
- This opt-in program establishes intention of a collaborative effort between judges, the County, and mental health service providers contracted by the County to provide Assisted Outpatient Treatment (AOT).

Three-year goal:
A. Use evidence-based practices to reduce the incidents and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of people with serious mental illness.

B. Work with courts to allow people to obtain treatment while continuing to live in the community and their homes.

Achieved in previous year:
A. A local judge and two County Clinical Division Chiefs attended an AOT Laura's Law training conference in Sacramento.

B. A procedural case study was performed by clinical program staff and county counsel. Staffing issues have prevented court participation.

C. Kings View provided intensive outreach, therapy and FSP services to County clients who meet Laura's Law criteria.

Looking to next year:
A. Address staffing issues impacting the implementation of Laura's Law.

B. Partner and collaborate with the courts and service provider to create a smooth procedure for court referral and monitoring of AOT client mental health services.

CARE CENTER

Fiscal Year 2021–22 Expenditures:
$577,640 (new)

Number of people served:
3,912 total visits

Who this program serves:
People in mental health crisis

What this program does:

- CARE Center, operated Hill Country Health and Wellness Center, is an after-hours community mental health resource center that provides crisis services and support. Some services are available onsite, while other services are through a warm hand-off or referral. Visiting the CARE Center can be an alternative to 5150, as appropriate, for people experiencing urgent mental health needs.
- Provides more access to needed services with extended hours, and a more holistic approach to meeting various individual and family needs via a visit to one location.
- Engages mental health personnel to handle some situations that in the past were handled by law enforcement officers or busy emergency department personnel, moving the focus from short-term crisis management to advocacy and long-range solutions for wellness and recovery.
- Due to CARE Center's success as a former Innovations project, it is now supported by CSS funding.

Three-year goal:

A. Reduce emergency room visits.

B. Continue community outreach.

Achieved in previous year:

A. On average, over 200 unique individuals were assessed per quarter, exceeding service goals.

Looking to next year:

A. Work with Care Center to adopt new budgetary structures for value-based care.

For more information, see Appendix G.

HOUSING CONTINUUM

Fiscal Year 2021-22 Expenditures:
$143,621 ↑45.56%

Number of people served:
31

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

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

Three-year goal:
A. Work collaboratively to identify ways to secure funding for housing in Shasta County.

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

Achieved in previous year:
A. The Center of Hope Apartments (98 units, 30 MHSA funded) are under construction next to Hill Country Community Clinic's new 40,000-square-foot medical facility. Currently, supportive services to be delivered within this housing program are in development.

B. Square 1 Homes, with services provided through Shasta Community Health Center, houses 13 seniors and/or medically fragile adults who are homeless or at risk of homelessness.

C. Christian Church Homes has been granted No Place Like Home funding to help build 59 units (nine supportive housing) for people 62 and older with a serious mental illness who are homeless or at risk of homelessness. Currently, supportive services to be delivered within this housing program are in development.

D. Construction for the 20-unit Burney Commons continues to move forward with a private developer.

Looking to next year:
A. Continue to look for opportunities to expand housing services.

B. Ensure service providers in place in all county-supported housing services.

For more information, see Appendix I.

CO-OCCURRING/PRIMARY CARE INTEGRATION

Fiscal Year 2021–22 Expenditures:
$513,233 ↑ 5.65%

Number of people served:
153

Who this program serves:
People who have both mental illness and substance use problems, as well as people who have a mental illness and another physical illness.

What this program does:

- Connects people to primary care to provide coordinated care to treat the whole person and provides services that focus on both their mental and physical illnesses and how the two can interact. Providers coordinate the detection, treatment and follow-up of mental and physical conditions. Services include outreach, education, case management, treatment, medication support and clinical and nursing services. This program looks at diabetes, hypertension, Chronic Obstructive Pulmonary Disease, Hepatitis B or C, metabolic syndrome (anything that leads to obesity) and chronic heart failure.
- The In-Home Supportive Services (IHSS)/ Clinical support collaborative program was initiated to provide the best opportunity for all IHSS recipients to thrive in life. IHSS typically begins serving clients during a life altering event experienced by them or a family member. Offering Mental Health services at this juncture can be a crucial connection for clients who may otherwise not seek access to services.

Three-year goal:

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

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

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

Achieved in previous year:

A. Clinical staff continue to identify ways to effectively identify whether a client's symptoms are due to a mental health disorder or substance use, and treatment programs look at clients holistically.

Looking to next year:

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

B. Continue to achieve the Three-Year Goal.

OUTREACH

Fiscal Year 2021-22 Expenditures:
$1,259,583 ↑7.5%

Number of people served:
Approximately 1,400

Who this program serves:
People who are unserved and underserved

What this program does:

- The Access Team screens everyone who is referred to or seeks to begin mental health support on a walk- in basis. Screening tools determine referral to the most appropriate level of care. There is no wrong door with the ACCESS Team. ACCESS endeavors to connect people with the right services, whether through the County or community providers, to meet their immediate mental health or substance use disorder needs.
- Case management, nursing and clinical staff reach out to bring people in need into the behavioral health system.
- Field-based nursing serves clients living with serious mental illness who are difficult to engage in ongoing treatment. Nurses help to reduce symptom relapse, decompensation and hospitalization. They work to improve treatment engagement, therapeutic alliance and accessibility of care in accordance with each client's unique goals.

Three-year goal:

A. Solidify community partnerships with ACCESS clinicians: Establish quarterly meetings, share service criteria, create procedures for information transfer and build unified collaborative partnerships to eliminate extra steps for clients.

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

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

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

Achieved in previous year:

A. The Crisis Intervention Response Team (CIRT) includes two police officers with crisis intervention and mental health training, and an HHSA mental health clinician. CIRT works to deescalate mental health crisis situations and when appropriate, divert individuals from the criminal justice system and connect them to resources. HHSA is in the process of staffing a clinician for a second CIRT team, CIRT 2.

B. The ACCESS Team increased collaboration with Peer Support Specialists to assist clients seeking care in making the necessary first steps to create lasting change in their lives, tackle barriers, and provide wraparound care to County and community-based services.

C. Program managers over Youth services connected with 16 "gatekeepers" or key outreach contacts for service access throughout Shasta County.

Looking to next year:

A. Add a clinician to the new CIRT 2 unit.

B. Implement the new evidence based CalAIM Screening Tool, expedite transfers to community providers, and connect clients to peer support.

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

CHILDREN AND YOUTH IN STRESSED FAMILIES: TRIPLE P

Fiscal Year 2021-22 Expenditures:
$403,561 ↓29.86%

Number of people served:
Approximately 433 representing practitioners, caregivers and youth, plus thousands reached by website and advertising

Who this program serves:
Parents

What this program does:
- This program is designed to enhance parents' knowledge, skills, and confidence in an evidenced-based format to prevent severe behavioral, emotional, and developmental problems in children.
- Multiple levels of interventions are tailored to meet each child and family's specific needs.
- This program is utilized in child welfare and outpatient children's mental health settings

Three-year goal:
A. Increase staffing to revamp Triple P engagement efforts. Loss of trained providers is a barrier to care.

B. Continue to help parents who engage with the program to become positive change agents for their children and enhance the community's capacity to support at-risk children and their families.

Achieved in previous year:
A. Two clinical staff completed training in Triple P, resulting in more people being served and increased outreach.

B. According to clinical observation, at-risk families were seen, including parent-child relationships, consistency, teamwork and encouragement, and an overall strengthening of parenting skills.

Looking to next year:
A. Improve methods, procedures and staff training surrounding data storage and measuring program success.

B. Build upon outreach efforts to streamline referral partnerships and procedures.

For more information, see Appendix J.

CHILDREN AND YOUTH IN STRESSED FAMILIES: TRAUMA-FOCUSED TREATMENT

Fiscal Year 2021–22 Expenditures:
$4,842 ↑438%

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

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

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

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

Achieved in previous year:
A. Dialectical Behavioral Therapy (DBT), an evidence-based psychotherapy, was incorporated into services in 2022.
B. Six NMT assessments were completed and DBT groups for clients began.

Looking to next year:
A. Increase staff training in trauma-informed therapeutic modalities.
B. Develop outcome measures through tracking and analysis of length of hospital stays. This can be accomplished through implementation of CalAim's Transitioning Tool.

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

Fiscal Year 2021–22 Expenditures:
$296,735 ↑ 88.47%

Number of people served:
364

Who this program serves:
Middle schoolers

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

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

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

Achieved in previous year:
A. With the addition of a pilot to expand to neurofeedback, mentoring and peer groups we did not see enough clients engaged and served based on contractual obligations for those additional services. As a result, the contract for the pilot was canceled in favor of streamlining service delivery.

Looking to next year:
A. Conduct outreach to schools providing Botvin. Offer interim County support to continue.

B. Successfully contract with a new provider to coordinate future Botvin LifeSkills implementation in middle schools.

C. Ensure proper completion of all required surveys to better track outcomes.

Turtle Bay

	Measure	6th grade Pre-Survey (N=59)	6th grade Post-Survey (N=59)	6th grade Change	7th grade Pre-Survey (N=42)	7th grade Post-Survey (N=42)	7th grade Change	8th grade Pre-Survey (N=56)	8th grade Post-Survey (N=56)	8th grade Change
Knowledge	Anti-drug	62.7%	65.6%	2.9%	63.7%	68.5%	4.8%	63.3%	63.4%	0.1%
	Life skills	67.5%	76.5%	9.0%	75.4%	79.1%	3.6%	76.6%	82.4%	5.8%
	Overall (combined)	65.5%	72.1%	6.5%	70.7%	74.8%	4.1%	71.2%	74.7%	3.5%
Attitudes	Anti-smoking	4.63	4.53	-0.10	4.52	4.42	-0.10	4.45	4.34	-0.11
	Anti-drinking	4.50	4.44	-0.06	4.46	4.36	-0.10	4.37	4.24	-0.13
	Anti-drug (combined)	4.56	4.49	-0.07	4.49	4.39	-0.10	4.41	4.29	-0.12
Life Skills	Drug refusal	2.83	3.56	0.73	2.78	3.19	0.41	3.86	3.96	0.10
	Assertiveness	3.37	3.42	0.05	3.55	3.56	0.01	3.37	3.44	0.07
	Relaxation	3.98	3.94	-0.04	3.87	3.87	0.00	3.69	3.90	0.21
	Self-control	3.74	3.75	0.01	3.74	3.52	-0.21	3.18	3.52	0.34

Note: Numbers may not add due to rounding.

Bella Vista

	Measure	6th grade Pre-Survey (N=22)	6th grade Post-Survey (N=22)	6th grade Change	7th grade Pre-Survey (N=23)	7th grade Post-Survey (N=23)	7th grade Change	8th grade Pre-Survey (N=29)	8th grade Post-Survey (N=29)	8th grade Change
Knowledge	Anti-drug	57.7%	65.7%	8.0%	58.8%	64.2%	5.4%	57.3%	64.5%	7.2%
	Life skills	71.8%	79.7%	7.9%	71.2%	70.9%	-0.2%	76.4%	78.4%	2.0%
	Overall (combined)	66.1%	74.0%	8.0%	66.1%	68.2%	2.1%	68.6%	72.7%	4.1%
Attitudes	Anti-smoking	4.33	4.42	0.09	4.66	4.41	-0.25	4.22	3.98	-0.23
	Anti-drinking	4.11	4.27	0.16	4.61	4.23	-0.38	4.09	3.91	-0.18
	Anti-drug (combined)	4.22	4.35	0.12	4.64	4.32	-0.32	4.16	3.95	-0.21
Life Skills	Drug refusal	3.86	3.04	-0.73	3.80	3.50	-0.30	3.47	3.55	0.08
	Assertiveness	3.32	3.70	0.38	3.32	3.46	0.14	3.33	3.37	0.03
	Relaxation	3.43	3.57	0.14	3.35	3.67	0.33	3.66	3.86	0.20
	Self-control	3.68	3.48	-0.20	3.61	3.50	-0.11	3.33	3.29	-0.03

Turtle Bay: Successfully completed year three of Botvin LifeSkills, with the 8th grade class having participated in three years' worth of lessons. Each sub-category in Knowledge showed improvement across all three grade levels. Additionally, we saw positive outcomes for LifeSkills pertaining to drug awareness and assertiveness.

Bella Vista: We can see positive outcomes in Knowledge for both subcategories for 6th and 8th grade as well as improvement in Anti-drug and overall knowledge for 7th graders. The remaining results show a mix of improved and decreased outcomes and will lend information on where additional engagement is needed going into the next year.

CHILDREN AND YOUTH IN STRESSED FAMILIES: 0-5 PROGRAM

Fiscal Year 2021–22 Expenditures:
$124,963 ↑ 143.08%

Number of people served:
111

Who this program serves:
Children ages 0–5

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

Three-year goal:
A. Increase support for this underserved population in Shasta County by developing a Core group of community-wide service providers who offer 0–5 treatment.

B. Increase the number of community partners who accept referrals for clients in the 0–5 demographic.

C. Reduce the number of children who require ongoing specialty mental health services.

D. Assess whether the service re-entry rate has been maintained or improved for youth who receive 0–5 service modalities.

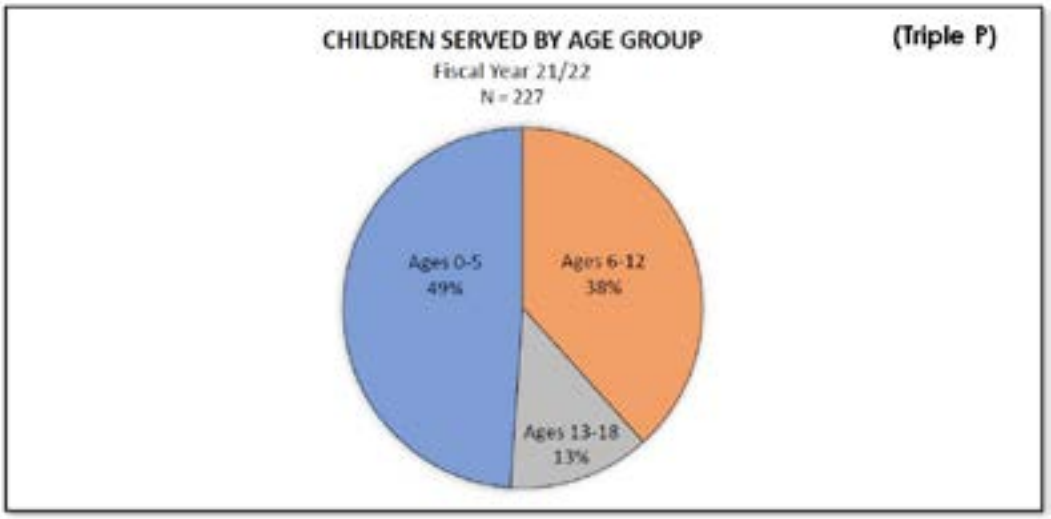
Achieved in previous year:
A. Throughout the pandemic, the program was able to sustain service delivery to children, with the aim of reducing the number of children who will experience ongoing mental health struggles throughout their childhood.

B. Increased County staffing for 0–5 supports up to three clinicians, including a full-time clinician devoted to the 0–5 program working primarily out of the SCOE office.

Looking to next year:
A. Continue outreach: 250 community partners and individuals were reached through health fairs and other events in 2023.

B. Train new and continuing County staff in evidenced-based practices for early childhood mental health.

C. Conduct provider trainings to assist more treatment professionals in developing 0–5 expertise.



CHILDREN AND YOUTH IN STRESSED FAMILIES: ADVERSE CHILDHOOD EXPERIENCES

Fiscal Year 2021-22 Expenditures:
$840,945 ↑333.92%

Number of people served:
More than 2,400

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

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

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

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

Achieved in previous year:
A. Three-year goals were achieved:

1. 19 new Parent Café table hosts were trained. Five ACE Master Trainers were trained. 30 ACE Presentations were provided to 517 attendees. 23 Parent Cafes were provided to 378 attendees. 13 Trauma-Informed Practices Trainings were provided to 424 attendees. 83 new Hope Navigators were trained in Shasta County.
2. Social media accounts engagement increased by 54%.

B. Partnered with Vital Art to create 15 murals around Shasta County to promote preventing ACEs and positive parenting.

Looking to next year:
A. Reduce school failure or dropout.

B. Reduce prolonged suffering (effects of trauma and toxic stress).

C. Reduce the number of children removed from the home.

D. Increase parenting skills through training, education, and access to support/community resources.

For more information, see Appendix L.

CHILDREN AND YOUTH IN STRESSED FAMILIES: LAUNCH

Fiscal Year 2021-22 Expenditures:
$73,707 ↑ 25.78%

Number of people served:
14

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

What this program does:

- Parent Partners provide supportive services such as SafeCare and Triple P (Positive Parenting Program, Trauma Focused Treatment, At Risk Middle School Students, and Adverse Childhood Experiences). Parents become positive change agents for their children and enhance the community's capacity to support at-risk children and their families.
- Seeks to strengthen understanding of issues related to promoting healthy childhood development.
- Connects families to local resources.
- Provides parent cafes for parents of transitional kindergarten and kindergarten students at assigned schools.

Achieved in previous year:

A. The LAUNCH contract ended in September of 2022. This project has been discontinued.

CHILDREN AND YOUTH IN STRESSED FAMILIES: IMPACT

Fiscal Year 2021–22 Expenditures:
$345,252 ↑44.13%

Number of people served:
40

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

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

Three-year goal:
A. Connect struggling students with an Individual Educational Program (IEP) to supportive services.

B. Develop outcome goals and methods of measurement.

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

Looking to next year:
A. Develop program processes to evaluate and address ways staffing changes may contribute to barriers.

B. Continue to update outcome evaluation methods.

C. Strengthen ongoing communication with interagency providers, minimize service delays and eliminate wait lists.

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

Fiscal Year 2021–22 Expenditures:
$25,521 (new)

Number of people served:
113

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

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

Three-year goal:
A. Update training both internally and with community partners, such as SCOE and Community Connect, to safeguard and improve program efficiency through staffing changes.

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

Achieved in previous year:
A. Now fully staffed and operational, two clinician roles were filled.

B. Achieved a steady stream of referrals (113 total) through partnership with the Shasta County Office of Education and nine school districts, representing 12 schools, to provide mental health services to youth attending community day schools and other alternative schools in Shasta County. These schools serve approximately 456 youth.

C. Ensure this vulnerable population has access to critical mental health services. The proposed program will allow improved access to needed mental health services for at-risk youth and will allow for early identification and treatment.

Looking to next year:
A. Establish monthly collaborative meetings with Community Connect to review program processes for administrative and clinical streamlining.

B. Analyze service delivery data to better inform outcome goals.

INDIVIDUALS EXPERIENCING ONSET OF MENTAL ILLNESS: EARLY ONSET

Fiscal Year 2021–22 Expenditures:
$169,059 ↑33.01%

Number of people served:
14

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

What this program does:
- Provides individual counseling and supportive services to the family through collaboration with mental health social workers, community mental health workers, peer support specialists, and parent partners.
- Aims to decrease further psychotic episodes for the youth and provide education and support to the caregivers of the youth.
- A critical component of this program is outreach. Education through community events and activities, and within schools (typically junior high to high school level) promotes recognition of early onset symptoms and awareness of how to reach out.

Three-year goal:
A. Reduce active client hospitalizations and re-hospitalizations.

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

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

Achieved in previous year:
A. Upon improvement, successfully stepped down several youth clients to a lower level of treatment.

Looking to next year:
A. Increase community outreach activities.

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

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

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

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

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

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

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

COMMUNITY MENTAL WELLBEING

Fiscal Year 2021-22 Expenditures:
Please note: This position was vacant for FY 21-22 following staff reassignment to the COVID-19 Public Health Branch pandemic response.

Number of people served:
Thousands (anticipated)

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

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

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

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

C. Conduct 2-3 media campaigns that provide information about mindfulness and stress reduction skills in collaboration with other public health programs to share messaging on physical and mental wellness.

Achieved in Previous Year:
Please note: This position was vacant for FY 21-22 following staff reassignment to the COVID-19 Public Health Branch pandemic response. During FY 21-22, the Social Emotional Resiliency (SER) Unit was approved to hire a Community Education Specialist (CES) to begin Community Mental Wellbeing work using MHSA PEI funds.

A new Community Education Specialist was hired in January 2023. From their research of updated data sources, the program plans to primarily focus on programming to serve youth and young adults ages 14-25, a population significantly impacted by the COVID-19 pandemic.

Looking to next year:
A. Promote social connectedness and support through 3-5 outreach events to increase recognition of early signs of mental illness and promote access to mental health services as a preventative measure.

B. Provide 10-15 mindfulness and stress reduction skills small groups and/or workshops in collaboration with Shasta Self Care.

C. Provide 2-3 trainings on safe social media use for students, school staff, and parents.

D. Provide after school activities to 1-2 predetermined school sites or organizations serving youth to promote and support student mental wellness, community engagement, and peer support.

STIGMA AND DISCRIMINATION REDUCTION

Fiscal Year 2021–22 Expenditures:
$446,055 ↑76.31%

Number of people served:
Thousands

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

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

Three-year goal:
A. Continue community outreach and education activities, in person and through the website and social media, including launching the Minds Matter Podcast and revitalizing GetBetterTogether.net with the help of local youth.

B. Organize a training addressing stigma for medical professionals.

C. Work with peer support specialists and wellness centers to develop frequent and meaningful volunteer opportunities to increase integration of people with living with mental illness into the broader community.

D. Bring Stand Against Stigma activities to teen centers and campus wellness centers.

Achieved in previous year:
A. The Stand Against Stigma Committee met monthly. Brave Faces presentations were given to Simpson College Masters in Counseling students, One SAFE Place volunteers, Sunrise Mountain Wellness Center members and law enforcement.

B. The online forum "Untangling Uncertainty" was held, featuring HHSA leaders and peer support specialists, and an online Becoming Brave training was given to local wellness centers.

C. Offered Introduction to Wellness Recovery Action Plan (WRAP) and workshops on journaling, as well as two, 8-week, mind-body skills groups to help people cope with pandemic-related stress.

D. The Minds Matter Mental Health Fair was converted to a COVID-19-safe, drive-through event.

E. Launched the new Stand Against Stigma website.

F. Trained more than 30 HHSA staff in hope science to become Hope Navigators.

Looking to next year:
A. Give 15 Brave Faces presentations, produce at least two new Brave Faces galleries, provide at least two Becoming Brave trainings and organize at least three Hope Is Alive! Open Mics.

B. Implement items B, C, D, E and F in the Three-Year Goal. Find more information in Appendix N.

SUICIDE PREVENTION

Fiscal Year 2021–22 Expenditures:
$220,325 ↑31.58%

Number of people served:
Thousands

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

Shasta County has the highest rate of age-adjusted suicide in the State of California with a rate of 24.9 as compared to the state at 10.5 per 100,000 people.

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

Three-year goal:
A. Build a suicide safe Shasta County that includes a sustainable and coordinated approach to: increase help-seeking and access to support and crisis resources, increase awareness and knowledge through ongoing trainings and outreach to keep those at risk safe, and increase capacity building to actively support the commitment to suicide prevention.

   Public Health will work with the Mental Health, Alcohol and Drug Advisory Board to identify appropriate outcome measures to be published in the next Annual Report.

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

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

D. Offer suicide prevention training to residents and local providers that work in a healthcare setting (e.g., physicians, counselors, social workers, pharmacists, etc.).

E. Share information about stigma and safe messaging on Suicide Prevention website, monthly newsletter, Facebook page and with Collaborative members, and community partners.

F. Conduct media campaigns that provide information about suicide and available suicide prevention resources.

Achieved in Previous Year:
A. An asset mapping survey was conducted to inform the goals and objectives of the Suicide Prevention Strategic Plan.

B. Ten Suicide Prevention training courses (QPR, SafeTALK, and ASIST) were provided to over 200 community members throughout fiscal year 21-22.

continued

SUICIDE PREVENTION, CONTINUED

C. Ten Suicide Prevention training courses (QPR, SafeTALK and ASIST) were provided to over 200 community members throughout fiscal year 21–22.

D. Over 2,000 resources were distributed to six community partners and during four outreach events. Resources were also promoted on the Suicide Prevention Collaborative monthly newsletter, Facebook page and website.

E. Social media and newsletter engagement gradually increased.

F. The Suicide Prevention Program participated in meetings with Dr. Kimberly Repp to discuss the development of a Suicide Fatality Review (SFR) team.

Please note: COVID-19 caused various challenges for the Suicide Prevention Program throughout fiscal year 21–22. COVID-19 mandates impacted training, meetings, and outreach events by limiting opportunities to meet/interact with the community in-person. Virtual alternatives were implemented when possible. It is also important to note that many employees were required to conduct COVID-19 work to support pandemic efforts. As a result, staffing and program capacity were limited for suicide prevention activities.

Looking to next year:

A. Train gatekeepers to identify at-risk individuals and respond effectively in crisis.

B. Promote social connectedness and support, ensuring access to effective mental health treatment.

C. Provide immediate and long-term postvention.

D. Reduce access to lethal means and promote means safety.

E. Development of a Suicide Fatality Review (SFR) team in collaboration with the Shasta County's Coroner's Office.

For more information, see Appendix N.

CALMHSA STATEWIDE PROJECTS

Fiscal Year 2021–22 Expenditures:
$24,000 ↑ 60%

Number of people served:
Thousands

Who this program serves:
All Shasta County residents

What this program does:

- CalMHSA provides California counties, including Shasta, with a flexible, efficient, and effective administrative and fiscal structure. It helps counties collaborate and pool their efforts in development and implementation of common strategies and programs; fiscal integrity, protections and management of collective risk; and accountability at state, regional, and local levels.

Three-year goal:

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

For previous year achievements and next year's plans:

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

SUPERIOR WET PARTNERSHIP

Fiscal Year 2021–22 Expenditures:
$0

Number of people served:
This is a pending program

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

What this program does:

- Aims to address the shortage of mental health practitioners in the public mental health system through a framework that engages regional partnerships.
- The Superior WET Partnership supports individuals through loan repayment, educational stipends, and peer scholarships.
- Pending contract approval, this program is still under development.

Three-year goal:

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

This program is pending. Progress will be shared in the next report.

HOPE PARK

Fiscal Year 2021–22 Expenditures:
$247,982 (new)

Number of people served:
22 unique Hope Park participants

Who this program serves:
Teenagers and older adults.

What this program does:

- The Hope Park program was established within the Anderson Teen Center and the new Redding Teen Center. The aim of Hope Park was to engage older adult volunteers and youth ages 13–18 in meaningful activities to help prevent the negative physical and mental health effects of loneliness for adults and provide mentorship to youth. This project focused on high-adventure activities as well as skill building activities within the Teen Centers.

Achieved in previous year:

A. Hope Park was launched in March 2022.

B. The Redding Teen Center opened to youth on April 11, 2022.

C. Recruitment for the Hope Park program and associated activities did not meet project goals.

Looking to next year:

A. As of the writing of this plan we are moving towards wrapping up this project in favor of alternate community supports.

For more information on Hope Park program performance, see Appendix P.

PSYCHIATRIC ADVANCE DIRECTIVES

Fiscal Year 2021–22 Expenditures:
$58,106 (new)

Number of people served:
This project is in development.

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

What this program does:

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

Three-year goal:

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

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

Achieved in previous year:

A. The Shasta County MHSA Coordinator and clinical program staff participated in meetings with collaborators and supporting organization and feedback efforts on template development.

B. The online platform is in development but not finalized. It will be informed by stakeholder feedback. Shasta County residents who want to participate in PADs project development may submit an email inquiry to mhsa@co.shasta.ca.us

Looking to next year:

A. Identify, involve, and develop training in collaboration with professionals who will implement and pilot PADs, including law enforcement, hospital staff, peer facilitators, and patients' rights advocates.

B. Organize more PADs "Listening Sessions" between various stakeholder groups (such as peers, clinicians, and law enforcement) and PADs developers.

For more information, see Appendix Q, or...
View the PADs CA - Psychiatric Advance Directives website.

Funding Summary

County: Shasta

Date: 4/5/23

	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 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,167,915	4,073,756	4,334,879	0	0	
2. Estimated New FY2023/24 Funding	10,032,000	2,508,000	660,000			
3. Transfer in FY2023/24a/	(156,103)			130,208	0	25,895
4. Access Local Prudent Reserve in FY2023/24						0
5. Estimated Available Funding for FY2023/24	20,043,811	6,581,756	4,994,879	130,208	0	
B. Estimated FY2023/24 MHSA Expenditures	13,206,294	3,896,213	2,026,866	130,208	0	
C. Estimated FY2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,837,517	2,685,543	2,968,014	0	0	
2. Estimated New FY2024/25 Funding	10,332,960	2,583,240	679,000			
3. Transfer in FY2024/25a/	(1,127,968)			0	1,100,000	27,968
4. Access Local Prudent Reserve in FY2024/25						0
5. Estimated Available Funding for FY2024/25	16,042,509	5,268,783	3,647,014	0	1,100,000	
D. Estimated FY2024/25 Expenditures	13,277,344	3,930,667	2,177,834	0	1,100,000	
E. Estimated FY2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,765,165	1,338,116	1,469,980	0	0	
2. Estimated New FY2025/26 Funding	10,642,949	2,660,737	700,194			
3. Transfer in FY2025/26a/	(39,605)			0	0	39,605
4. Access Local Prudent Reserve in FY2025/26						0
5. Estimated Available Funding for FY2025/26	13,368,509	3,998,854	2,170,174	0	0	
F. Estimated FY2025/26 Expenditures	13,340,036	3,969,974	2,110,012	0	0	
G. Estimated FY2025/26 Unspent Fund Balance	19,673	28,880	51,362	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	412,609
2. Contributions to the Local Prudent Reserve in FY 2023/24	25,895
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	438,504
5. Contributions to the Local Prudent Reserve in FY 2024/25	27,968
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	466,473
8. Contributions to the Local Prudent Reserve in FY 2025/26	39,605
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	506,077

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.

\\hipaa\HHShare\HHSA OD-BSS Restricted Access\Fiscal\MH Fiscal\MHSA - Prop 63\3-Year Plan\FY 23-24 to 25-26\3YrProgExpendPlan (FY 23-24 to 25-26) v3.xlsx

Community Services and Supports (CSS) Component Worksheet

County: Shasta Date: 4/5/23

	Fiscal Year 2023/24					
	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	674,085	674,085				
2. Shasta Triumph and Recovery	4,927,075	3,177,031	1,750,044			
3. Crisis Residential and Recovery	2,239,943	1,444,469	795,475			
4. Crisis Response	4,479,886	2,888,937	1,590,949			
5. Outreach-Access	2,239,943	1,444,469	795,475			
6. Housing	149,330	96,298	53,032			
7.						
Non-FSP Programs						
1. Rural Health Initiative	1,343,966	866,681	477,285			
2. Older Adult Services	20,906	13,482	7,424			
3. Co-Occurring/Primary Care Integration	746,648	481,490	265,158			
4. Laura's Law	746,648	481,490	265,158			
5.	0					
CSS Administration	1,637,064	1,637,064				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	19,206,294	13,206,294	6,000,000	0	0	0
FSP Programs as Percent of Total	76.6%					

	Fiscal Year 2024/25					
	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	680,826	680,826				
2. Shasta Triumph and Recovery	4,959,350	3,191,813	1,767,545			
3. Crisis Residential and Recovery	2,264,254	1,460,825	803,429			
4. Crisis Response	4,508,507	2,901,648	1,606,859			
5. Outreach-Access	2,254,254	1,450,824	803,429			
6. Housing	150,284	96,722	53,562			
8.	0					
Non-FSP Programs						
1. Rural Health Initiative	1,352,552	870,494	482,058			
3. Older Adult Services	21,040	13,541	7,499			
4. Co-Occurring/Primary Care Integration	751,418	483,608	267,810			
4. Laura's Law	751,418	483,608	267,810			
19.	0					
CSS Administration	1,653,435	1,653,435				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	19,337,344	13,277,344	6,060,000	0	0	0
FSP Programs as Percent of Total	76.6%					

Community Services and Supports (CSS) Component Worksheet (Continued)

County: Shasta

Date: 4/5/23

	Fiscal Year 2025/26					
	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	687,634	687,634				
2. Shasta Triumph and Recovery	4,991,077	3,206,857	1,785,220			
3. Crisis Residential and Recovery	2,268,671	1,457,208	811,464			
4. Crisis Response	4,537,343	2,914,416	1,622,927			
5. Outreach+Access	2,268,671	1,457,208	811,464			
6. Housing	151,245	97,147	54,098			
7.						
Non-FSP Programs						
1. Rural Health Initiative	1,361,203	874,325	486,878			
2. Older Adult Services	21,174	13,601	7,574			
3. Co-Occurring/Primary Care Integration	756,224	485,736	270,488			
4. Laura's Law	756,224	485,736	270,488			
5.	0					
CSS Administration	1,889,960	1,889,960				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	19,469,430	13,348,830	6,120,600	0	0	0
FSP Programs as Percent of Total	76.6%					

Innovations (INN) Component Worksheet

County: Shasta Date: 4/5/23

	Fiscal Year 2023/24					
	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						
1. Hope Park	370,000	370,000				
2. Psychiatric Advance Directives (PADs)	60,000	60,000				
3. Program Development and Implementation	1,600,000	1,600,000				
INN Administration	98,085	98,085				
Total INN Program Estimated Expenditures	2,026,085	2,026,085	0	0	0	0

	Fiscal Year 2024/25					
	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						
1. Hope Park	370,000	370,000				
2. Psychiatric Advance Directives (PADs)	60,000	60,000				
3. Program Development and Implementation	1,650,000	1,650,000				
INN Administration	97,034	97,034				
Total INN Program Estimated Expenditures	2,177,034	2,177,034	0	0	0	0

	Fiscal Year 2025/26					
	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						
1. Hope Park	370,000	370,000				
2. Psychiatric Advance Directives (PADs)	0	0				
3. Program Development and Implementation	1,650,000	1,650,000				
INN Administration	98,812	98,812				
Total INN Program Estimated Expenditures	2,118,812	2,118,812	0	0	0	0

Workforce, Education and Training (WET) Component Worksheet

County: Shasta Date: 4/5/23

	Fiscal Year 2023/24					
	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						
1. Regional Partnership	130,208	130,208				
2.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	130,208	130,208	0	0	0	0

	Fiscal Year 2024/25					
	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						
1. Statewide Programs	0	0				
2.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2025/26					
	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						
1. Statewide Programs	0	0				
2.	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: 4/5/23

	Fiscal Year 2023/24					
	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						
1.	0	0				
2.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2024/25					
	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						
1. Building Acquisition	1,100,000	1,100,000				
2.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,100,000	1,100,000	0	0	0	0

	Fiscal Year 2025/26					
	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						
1.	0	0				
2.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

FY 2023/24 Through FY 2025/26 Three-Year Mental Health Services Act Expenditure Plan

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Shasta

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Miguel Rodriguez	Name: Nolda Short
Telephone Number: (530) 225-5965	Telephone Number: (530) 245-6657
E-mail: marodriguez@co.shasta.ca.us	E-mail: nshort@co.shasta.ca.us
Local Mental Health Mailing Address: 2615 Breslaur 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 the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Miguel Rodriguez
Local Mental Health Director (PRINT)

DocuSigned by: Miguel Rodriguez 12557C50B45D437...
05/23/2023 | 6:18 PM PDT
Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated January 24, 2023, for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Nolda Short
County Auditor Controller / City Financial Officer (PRINT)

DocuSigned by: Nolda Short 1F58E252445844C...
3 | 8:37 AM PDT

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

STATE OF CALIFORNIA, COUNTY OF SHASTA

The Honorable Board of Supervisors of Shasta County met in regular session this 20th day of June 2023, at Redding, California, there being present Supervisors Crye, Garman, Rickert, Jones, and Kelstrom.

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

Adopted the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for MHSA programs and expenditures in Shasta County for Fiscal Years (FY) 2023-24 through FY 2025-26. (Health and Human Services Agency-Behavioral Health and Social Services)

STATE OF CALIFORNIA, COUNTY OF SHASTA:

I, DAVID J. RICKERT, Clerk of the Board of Supervisors, do hereby certify the foregoing to be a full, true, and correct copy of the minute order of said Board of Supervisors meeting of June 20, 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Official Seal of the Board of Supervisors of Shasta County this 27th day of June, 2023.

DAVID J. RICKERT
Clerk of the Board of Supervisors
County of Shasta, State of California

By _____
Deputy