Siskiyou County Behavioral Health

MHSA Three Year Plan

Fiscal Years 23/24-25/26

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Acronyms

Term	Acronym
Adverse Childhood Experiences	ACE
Ages and Stages Questionnaire	ASQ-3
Ages and Stages: Social Emotional Questionnaire	ASQ:SE
Area on Aging: Planning Service Area II	PSAII
California Advancing and Innovating MediCal	CalAIM
California Code of Regulations	CCR
California Mental Health Services Authority	CalMHSA
Capital Facilities and Technology Needs	CFTN
Child and Adolescent Needs and Strengths Assessment	CANSA
Child Family Team	CFT
Child Welfare Services	CWS
Client Identification Numbers	CIN
Community Corrections Partnership	CCP
Community Program Planning Process	CPPP
Community Resource Center	CRC
County Continuum of Care	CoC
Data Collection and Reporting System	DCR
Day Reporting Center	DRC
Department of Health Care Access and Information	HCAI
Electronic Health Record	EHR
Family Resource Center	FRC
Family Urgent Response System	FURS
Full Service Partnership	FSP
Global Unique Identifier ID's	GUID
Health and Humans Services Agency	HHSA
Health Information Portability and Accountability Act	HIPAA
Homeless Mentally Ill Outreach and Treatment	HMIOT
Integrated Care Project	ICP

Intensive Care Coordination	ICC
Intensive Home-Based Services	IHBS
Key Event Tracking	KET
Mental Health Plan	MHP
Mental Health Services Oversight and Accountability Commission	MHSOAC
Multi-disciplinary team	MDT
Point in Time	PIT
Prevention and Early Intervention	PEI
Psychiatric emergency team	PET
Request for Application	RFA
Request for Proposal	RFP
Rural Community Housing Developing Corporation	RCHDC
Seriously Mentally Ill	SMI
Siskiyou County Behavioral Health	SCBH
Specialty Mental Health Services	SMHS
Stigma & Discrimination Reduction	SDR
Therapeutic Behavioral Services	TBS
Wellness Recovery Action Plan	WRAP

County Certifications

County: SISKIYOU

Mailing Address: 2060 Campus Dr, Yreka, CA 96097

Mental Health Director: Sarah Collard, Ph.D **Project Lead:** Sarah Collard, Ph.D.

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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the 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 Plan was 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 Plan 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 on September 18, 2023. All input has been considered, with adjustments made as appropriate. The Three-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on September 19, 2023.

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 Three-Year Plan FY 23/24-25/26 are true and correct.

Sarah Collard, Ph.D.

Print Name Signature Date

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

County: SISKIYOU

Mailing Address: 2060 Campus Dr, Yreka, CA 96097

Mental Health Director: Sarah Collard, Ph.D **County Auditor-Controller:** Diane Olson

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I hereby certify that the Three-Year Program and Expenditure Plan 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 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 Three-Year Plan/Revenue and Expenditure Report is true and correct to the best of my knowledge.

Sarah Collard, Ph.D.

Local Mental Health Director | Signature | Date

I hereby certify that for the fiscal year ended June 30, 2021, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated August 16, 2022 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC Section 5891(a), in that local MHSA 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.

Diane Olson

County Auditor Controller | Signature | Date

Executive Summary

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by California voters in November of 2004 and went into effect in January 2005. MHSA is funded by a 1% tax on personal income over $1 million per year and is 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. The Mental Health Services Act revenue is allocated to California counties to expand services for individuals with mental health disorders and those at-risk of developing a mental health disorder. Based upon input received from community partners, clients and families, Siskiyou County Behavioral Health (SCBH) develops and provides MHSA funded programs that serve children, transitional age youth, adults and older adults.

MHSA Guiding Principles

The following principles guide the planning for and implementation of all MHSA programs and initiatives:

- **Community Collaboration**: A process by which clients or participants and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals. WIC §§ 5803(a)(3); 9 CCR § 3200.060
- **Client Driven**: Clients are the primary decisions makers with regard to identifying their needs, preferences, and strengths, and a shared decision-making role in determining the services and supports that are most effective and helpful to them WIC §§ 5813.5 (d)(3), 5830 (a)(2), 5866; 9 CCR §3200.050
- **Cultural Competence:** Services should reflect the values, customs, beliefs and languages of the populations served and reduce or eliminate disparities in access to services. Cultural Competence is incorporated into all aspects of policymaking, program design, administration and service delivery. WIC §§ 5813.5(d)(3), 5868(b), 5878.1(a); 9 CCR §3200.100
- **Family Driven:** Families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their children, including the identification of needs, preferences, and strengths. Family driven programs/services use the input of families as the main factor in planning, development of policies/procedures, and service delivery. WIC §§ 5822(h), 5840(b)(1), 5866(b)(2), 5878.1; 9 CCR §3200.120

- **Wellness and Recovery Oriented:** Services promote personal empowerment, respect, social connections, self-responsibility and self-determination. WIC § 5813.5(d); MHSA § 7
- **Integrated Service Experience:** Clients, and when appropriate the client's family have access to a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner. WIC §§ 5878.1(a), 5802, 5806(b), 5813.5(d)(4); 9 CCR §3200.190

MHSA Program Components

The Mental Health Services Act is comprised of three components. Each of these components are designed to support specific service areas within the behavioral health continuum.

- **Community Services and Support (CSS)** is the largest of the three MHSA components. It is used to provide treatment and recovery services to individuals living with serious mental illness or emotional disturbance. Counties must spend at least 51% of CSS funding on Full-Service Partnerships (FSP).
- **Prevention and Early Intervention (PEI)** programs are designed to prevent the development of serious mental health issues and to provide early intervention to keep mental illness from becoming serious and disabling. PEI programs emphasize improving timely access to services for underserved populations. Nineteen percent of MHSA funds are allocated for PEI services, and counties must spend at least 51% of these funds on individuals 25 years or younger.
- **Innovation** programs are novel, community-driven programs that are designed to drive innovation in the public behavioral health system. Five percent of total MHSA funds are allocated toward Innovation.

Counties may choose to expend up to 20% of their CSS allocation on either or both of the following two components:

- **Workforce Education and Training (WET)** programs are designed to enhance the public mental health workforce.
- **Capital Facilities and Technological Needs (CFTN)** programs are designed to enhance the infrastructure needed to support the behavioral health system, which includes improving or replacing existing technology systems and/or developing capital facilities to meet the increasing needs of the local mental health system.

Three Year Plan Fiscal Overview

In collaboration with stakeholders, county behavioral health plans are required to develop Three-Year MHSA Program and Expenditure Plans that establish priorities and direct funding allocations and programming for the following three years. This plan outlines Siskiyou County Behavioral Health's priorities for Fiscal Years 23/24 through FY 25/26. Three-Year Plans are updated annually and include data and outcomes of prior year Plans. Program plans are based on priorities established by the department through the Community Planning Process and projected expenditures are estimates based on current fiscal projections.

MHSA funding is notoriously volatile and the events of the last several years including the Covid 19 pandemic and tax relief measures offered to Californians following the significant weather events of this winter contribute to challenges in fiscal forecasting and program planning.

Siskiyou County Revenue Trends and Three-Year Plan Forecasting

	FY 20/21 Actual	FY 21/22 Actual	FY 22/23 Projected	FY 23/24 Projected	FY 24/25 Projected	FY 25/26 Projected
MHSA Revenue	$4,264,807	$4,400,127	$3,127,647	$6,688,459	$3,151,844	$3,109,785
% YoY Change	52%	3%	-29%	113%	-53%	-1%

Revenue projections for FY 22/23 are expected to be 29% lower than in FY 21/22 due to tax relief measures implemented in response to severe winter storms which impacted many California counties. Deferred taxes from FY 22/23 collected in the coming year combined with the annual adjustment which is based upon income received by millionaires in FY 21/22 contribute to what is projected to be a historic high in MHSA revenue in the coming year with steep declines in out years. This Three-Year Plan budget is based upon the projected average anticipated revenue over the life of the Plan.

Changes from FY 22/23

New Programs:

- In collaboration with Madrone Hospice, provide senior outreach services
- Provide match funding for Community Care Expansion grant (one-time funding)

- In partnership with the City of Yreka and the Karuk Tribe, provide funding for construction and/or capitalized reserves for an anticipated Homekey permanent supported housing project to expand capacity for unhoused persons experiencing serious mental illness
- First Episode Psychosis Program

Expansions of Existing Programs:

- Expand Homeless Outreach services
- Expand Wellness Center Services in the City of Yreka and into South County

Discontinued Programs:

- Tiny, Mighty, and Strong: TMS provided Restorative Justice and Trauma-Informed Prevention services and chose not to respond to the MHSA PEI RFP for the FY 2023/24-2025/26 Three-Year Plan
- Dunamis Wellness provided Early Intervention and peer services in McCloud and Dunsmuir Elementary schools and chose not to contract for these services for this Three-Year Plan
- Continued Education Assistance Program (CEAP)

Siskiyou County Behavioral Health Plan Priorities for FY 2023/24-FY 2025/26

- Implement new Electronic Health Record (EHR), SmartCare, to align with CalAIM initiatives for streamlined documentation and payment reform
- Implement comprehensive mobile crisis services
- Implement CARE court
- Certify peer specialists and increase peer specialist services within the Behavioral Health continuum
- Implement Project Basecamp, a low-barrier homeless shelter
- Continue to expand supportive housing options for individuals experiencing homelessness
- Expand mental health diversion services and programming
- Evaluate impact of MediCal Payment Reform and proposed MHSA funding categories on MHSA programming and utilization
- Improve outreach to and expand culturally appropriate services for un- and underserved populations

- Expand Children's System of Care services by contracting with additional providers
- Expand efforts to recruit and retain staff through Workforce Education and Training programming including peer certification, training, loan forgiveness, stipends support for statewide strategies to increase the Behavioral Health workforce
- Partner with Child Welfare to develop Therapeutic Foster Care services
- Implement first-episode psychosis program
- Improve data sharing and coordination of care through implementation of SacValley Medshare, a Health Information Exchange

Community Service and Supports (CSS)	
Program	Program Description
Full-Service Partnership (FSP)	
Children/TAY Full-Service Partnership	Comprehensive treatment services for children/youth ages 0-17 with serious emotional disturbance or serious mental illness.
Adult/Older Adult Full-Service Partnership	Individualized treatment services for adults with serious mental illness which includes Strengths-Based Case Management, Assisted Outpatient Treatment, and a 'whatever it takes' flexible treatment approach that can include housing, employment and other supports.
Six Stones Wellness Center	Six Stones Wellness Center provides peer driven services for Full-Service Partners, and their families, and provides services and support for the greater community. Six Stones is funded by both FSP and General System Development CSS.
General System Development	
Expansion of Adult and Children's Behavioral Health & Psychiatric Services	Expansion of adult and children's behavioral health and psychiatric services to include telehealth providers, flexible funds to support and engage clients in treatment, group and individual services.
Expansion of Network Providers	Expands provider network to meet demand for services with a focus on increasing clinical capacity for children/youth.
Crisis Intervention and Response	Expands crisis services by funding Psychiatric Emergency Team members stationed at the hospital and providing mobile crisis services in the community.

GSD Project Based Housing	
Homekey	In partnership with the City of Yreka, the Karuk Tribe and Rural Communities Housing Development Corporation, SCBH will provide funding for construction of or operating subsidies for a permanent supported housing project with units specifically set aside for MHSA.
Community Care Expansion	SCBH will use MHSA GSD as a match for the CCE grant which provides funding for renovation and operating subsidies for Board and Care facilities.
Outreach and Engagement	
Homeless Outreach	Provides outreach, case management and housing and supportive services for mentally ill individuals who are experiencing homelessness, including assistance with rental applications, lease agreements.
Senior Outreach	In collaboration with Hospice, SCBH will provide outreach to isolated mentally ill seniors who have been identified through the meal delivery program as in need of services.

Prevention and Early Intervention (PEI)	
Siskiyou Union High School District	Individual and group counseling services for at-risk high school students in grades 9-12 attending Mt. Shasta and Weed High Schools.
Yreka High School Counseling Program	Individual and group counseling services for at-risk youth grades 9-12 attending Yreka, and Discovery/Community Day High Schools.
Prevention Programs	
Youth Empowerment Siskiyou (YES)	Evidence-based prevention groups for youth with a focus on youth who are homeless or involved with the Child Welfare system.
Etna PAL	Prevention programming that includes evidence-based keepin' it REAL and Harmony with Horses for youth residing in the Scott Valley.
Karuk Tribal Housing Authority	Prevention programming including evidence-based and culture specific practices of Healing of the Canoe, Gathering of Native Americans, Bounce Back and parenting groups with a focus on Karuk Tribal members.
Quartz Valley Indian Reservation (QVIR)	Evidence-based and promising practice prevention programming including Healing of the Canoe, Gathering the Native Americans and culture nights targeting Anav Tribal members.
Yreka High School Prevention Programs	Prevention programming including Social Emotional Learning groups, conflict resolution and substance use prevention groups.

Siskiyou Union School District Prevention Program	Prevention programming including facilitation of Circle and other prevention groups/activities.
Ready4K	Ready4K is an evidence-based whole child support program, that is trauma informed and easily accessible.
Suicide Prevention Programs	
Suicide Prevention and Intervention Program	In collaboration with the Public Health Division and Lotus Educational Services, LLC., SCBH will implement a unified messaging campaign for 988, risk identification awareness, increase access to safe storage options and provide SafeTalk, and ASIST trainings for first responders and other community members.
Access and Linkage to Treatment Programs	
Early Childhood Screening Program	First 5, in partnership with pediatricians, the Family/Community Resource Centers, Child Welfare and others administers ASQ/ASQ-SE screenings and makes referrals for services as appropriate.
Healthy Siskiyou Mobile Unit	In collaboration with the Public Health Division, MHSA supports outreach, screening and linkage for un- and underserved populations throughout Siskiyou County via the Healthy Siskiyou Mobile Unit.
Outreach for Increasing Recognition of Early Signs of Mental Illness	
Mental Health First Aid	Skills based training that teaches participants how to identify, understand and respond to signs of mental illness and substance use disorders.
Stigma and Discrimination Reduction Programs	
Challenge Day	Challenge Day is a daylong experiential workshop for 7-12 graders that increase self-esteem, reduces the acceptability of teasing, and bulling and promotes acceptance.
Rural Youth Media Outreach Program	The RYMO program engages middle and high school youth in producing videos focused on behavioral health/wellness. Videos are submitted to Directing Change annually and shown in the community to reduce the stigma and discrimination surrounding mental health.
Quartz Valley Indian Reservation	Culturally congruent targeted education and training to combat stigma surrounding mental health treatment, and to encourage self-acceptance for individuals with mental health and substance use disorders.
Combined Programs: Family/Community Resource Center Programs	

Happy Camp Community Action	HCCA provides evidence-based and promising practice prevention services including parenting classes and youth groups such as WhyTry, Girl's Circle, Council for Boys and Young Men, and Mindful Schools. HCCA also facilitates Access and Linkage to services including behavioral health and primary care, housing and other community resources, and provides Outreach for Increasing Recognition of Early Signs of Mental Illness through community workshops focused on educating potential responders to recognize and respond to early signs of mental illness. Finally, HCCA provides Stigma and Discrimination Reduction activities and Early Intervention services to fire victims via the long-term recovery group.
Siskiyou Community Resource Collaborative	The SCRC is a consortium of six Family/Community Resource Centers, that provide a variety of evidence-based and promising practice Prevention activities including Women's Circle, Parenting Now, Nurturing Parenting, Strengthening Families, Wise & Well, Pride Circles, WhyTry, among others. SCRC also facilitates Access and Linkage to community services, including housing, primary care and mental health services, and provides Outreach for Increasing Recognition of Early Signs of Mental Illness through a variety of community workshops focused on mental health issues.
TEACH/Tulelake Family Resource Center	The Tulelake Family Resource Center provides a variety of evidence-based and promising practice groups including Circle Groups, Outreach for Increasing Recognition of Early Signs of Mental Illness workshops such as Darkness to Light and Adverse Childhood Experiences, grief support groups, and groups to reduce isolation among seniors.

Innovation (INN)	
Program	Program Description
Multi-County Full-Service Partnership Project	In collaboration with a diverse group of participating counties (Fresno, Ventura, Sacramento, San Bernardino, and San Mateo) this project is intended to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.
Semi-Statewide Electronic Health Record (EHR) Project	This initiative brings together 23 counties together to implement a semi-statewide electronic health record that will streamline and expand the way data is collected and managed and improve the experience of clients and providers.

Workforce Education and Training (WET)	
Program	Program Description
Training and Technical Assistance	
Community and Workforce Training and Technical Assistance Program	Provides education and training for prospective and current public mental health employees, contractors and volunteers, including clients and family members.
Residency and Internship Programs	
Remote Supervision Program	Expands the public behavioral health workforce by providing remote supervision for pre-licensed staff.
Financial Incentive Programs	
Scholarships for Medi-Cal Peer Specialists	Scholarships support individuals seeking Medi-Cal Peer Specialist certification.
Clinician Training Program	The Clinician Training Program provides tuition repayment for SCBH staff members to attend master's level programs with the goal of increasing the behavioral health workforce.
Statewide WET Contribution	
Superior Region WET Program	Siskiyou County contributes to the MHSA Superior Region WET program to und pipeline/career awareness, scholarships, stipends and loan repayment programs in collaboration with the Department of Health Care Access and Information (HCAI).

Capital Facilities and Technological Needs	
Program	Program Description
Technological upgrades and supports	Technological upgrades include purchase of software to support new electronic health record, upgrade of technology for meeting rooms, purchase of new server(s), contracting fees for Kingsview to manage data, and copier contracts.

Siskiyou County Overview

Siskiyou County is a large, rural frontier county with an estimated population of 43,600 persons, located in the Shasta Cascade region of Northern California. Encompassing approximately 6,277 square miles, Siskiyou County is geographically diverse with mountainous terrain, lakes, dense forests and high desert. The county seat, Yreka, is located on I-5 twenty minutes south of the Oregon border. Several towns are located along the 1-5 corridor; however, the majority of Siskiyou County communities are geographically isolated and accessible only by two-lane roads with limited public transportation available in outlying areas such as East County (Butte Valley) and West County (along the Klamath River corridor and into Happy Camp). Geography and distance play important roles in determining service delivery to the inhabitants of this remote and lovely county.

Siskiyou County's main behavioral health clinic is located in Yreka and a smaller satellite clinic operates in Mt. Shasta, the second largest community in the county, located on the I-5 corridor bordering Shasta County. There are nine incorporated cities in the county. The county's public transportation department operates buses connecting the more populated areas, however, due to distance and sparse population (6.9 persons per square mile), trips may occur as infrequently as once a week to and from the remotest regions of the county. Round trips from the incorporated cities to Yreka range from 16 miles to 186 miles. Behavioral Health operates a fleet of vehicles and provides transportation services for clients throughout the county. Partnership HealthPlan of California, the county's Managed Care Plan (MCP) provides transportation for its' members to and from medical appointments. Clinical staff also travel to outlying areas to ensure access to services in the county's more remote communities when feasible.

The make-up of Siskiyou County (based on the U.S. Census Bureau) differs significantly from that of many California counties in that it is less racially and ethnically diverse. Seventy-six percent of the county population identifies as White/Caucasian, and 14.1% as Hispanic. There are two federally recognized tribes in the county, the Karuk Tribe and the Quartz Valley Reservation, which combined comprise 5.1% of the population. Approximately 6% of the population identify as two or more races. Asian and African Americans make up the remaining with 1.6% and 1.5% of the county inhabitants respectively. An estimated 8.4% of the population speaks a language other than English in the home. Approximately 3.9% of Siskiyou County residents are veterans.

Siskiyou County is unique among California counties in that it is one of very few that has experienced a decline in population in recent years (44,900 in 2010

compared with 43,660 in 2022). Historically, the economy was dependent upon the forestry and ranching industries, both of which have experienced major declines over the past three decades. The lack of employment has precipitated the migration of persons, particularly those between the ages of 30 and 39, out of the county in search of education and employment opportunities. In 2022, 6.5% of Siskiyou County residents who were seeking employment were unemployed, compared with 4% overall in California. The median household income in Siskiyou County is $49,857 compared to a median of $69,021 in California. Nearly seventeen percent (16.8%) of Siskiyou County residents live in poverty which is significantly higher than the statewide average of 11.6%. Twenty-nine percent of the Native American population in Siskiyou County live in poverty. Twenty-three percent of children residing in Siskiyou County live in poverty compared with 16% statewide. Residents 65 years or older comprise 27.8% of the population compared to the statewide average of 15.2%, and 12.6% of those under 65 are disabled compared with the statewide average of 8.7%. Siskiyou County ranks 57 out of 58 counties on the County Health Ratings & Roadmaps.

www.countyhealthrankings.org/explore-health-rankings/california/siskiyou?year=2023

Age Group	% of Total	Language Spoken	% of Total	Race	% of Total
0-4 yrs.	4.8%	English	90.6%	White	75.6%
5-19 yrs.	17.4%	Spanish	5.9%	Black or African American	1.5%
20-34 yrs.	14.8%	Hmong	0.6%	Asian or Pacific Islander	1.2%
35-49 yrs.	15.8%	Other	2.9%	Hispanic	12.9%
50-64 yrs.	20.4%			American Indian or Alaska Native Alone	5%
65 +	26.8%			Unknown/Two or More Races	5.2%
Gender	**% of Total**	**Military Status**	**% of Total**	**Total**	100%
Female	50%	Veterans	3.9%		
Male	50%	Active Duty	Unk		

Community Health Needs Assessment (CHNA)

Every three years, Siskiyou County Health and Human Services Agency (HHSA) through its Public Health Division participates in the Community Health Needs Assessment, the results of which, along with the Community Program Planning (CPP) process, inform the development of the Mental Health Services Act (MHSA) Three-Year Plan. The goal of the CHNA and the CPP Process are to determine the health needs across Siskiyou County, and to identify service successes and gaps. This data helps to inform mental health programming and priorities for the MHSA Three-Year Plan. The following data is drawn directly from the 2022 Community Health Needs Assessment.

The 2022 Community Health Needs Assessment included collection and analysis of both primary (qualitative) and secondary (quantitative) data. Qualitative data included one-on-one and group interviews with 16 community health experts, social service providers, and medical personnel. Nine community residents or community service provider organizations participated in two focus groups and 427 community health survey responses were collected from community members representing a diverse social, economic, racial, and geographical population. Finally, five community service providers responded to a Community Service Provider (CSP) survey asking about health need identification and prioritization.

The Community Health Needs Assessment findings were prioritized based on three measures that came from the key informant interview, focus groups, provider and community survey results. These included the percentage of sources that identified a health need as existing in the community, and the percentage of times the sources identified the health need as a top priority. Access to Mental/Behavioral Health and Substance Use Disorder Services was identified more often as a health need by survey respondents, key informants, and focus groups than any other health need in the community.

Table 1: Health need prioritization inputs for Siskiyou County service area

Prioritized Health Needs	Percentage of Key Informants, Focus Groups, and Service Provider Survey Respondents Identifying Health Need	Percentage of Times Key Informants, Focus Groups, and Service Provider Survey Respondents Identified Health Need as a Top Priority	Percentage of Top Priority Themes from Community Survey's Associated with the Health Need
Access to Mental/Behavioral Health and Substance Use Services	94%	32%	24%
Injury and Disease Prevention and Management	44%	9%	48%
Access to Basic Needs Such as Housing, Jobs, and Food	88%	22%	4%
Access to Quality Primary Care Health Services	62%	8%	4%
Access to Specialty and Extended Care	50%	6%	8%
Access to Dental Care and Preventive Services	44%	9%	4%
Active Living and Healthy Eating	12%	~	24%
Access to Functional Needs	44%	4%	~
Safe and Violence-Free Environment	19%	~	16%
~ Health need not mentioned			

The following table provides a primary and secondary data analysis of the way behavioral health needs were expressed by respondents, and the ways in which unmet behavioral health needs contribute to poor outcomes on key health indicators in Siskiyou County compared with the state average.

Table 2: Manner in which health needs were expressed by respondents

Primary Data Analysis		Secondary Data Analysis
The way the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the county when compared to state averages:
Key Informant, Focus Group, and Community Service Provider Survey Responses	Community Survey Responses	
• There aren't enough mental health providers or treatment centers in the area (e.g., psychiatric beds, therapists, support groups). • Lack of providers, heavy reliance on part time and traveling mental health providers. • Lack of employment opportunities contributes to depression and anxiety • High substance usage of heroin, methamphetamines, and fentanyl. • High rates of drug addiction to methamphetamines and fentanyl in the area. • Limited substance use rehabilitation services for tribal communities. • Tribal mental health services are absent on the east side of the county. • Mistrust affects community's desire to access county mental health services. • Long wait times to access mental health services. • Services specifically for youth	○ Felt two or more years of depression. ○ Self or other with suicidal thoughts	• Life Expectancy • Premature Age-Adjusted Mortality • Premature Death • Liver Disease Mortality • Suicide Mortality • Poor Mental Health Days • Frequent Mental Distress • Poor Physical Health Days • Frequent Physical Distress • Poor or Fair Health • Excessive Drinking • Drug Induced Death • Adult Smoking • Primary Care Shortage Area • Mental Health Care Shortage Area • Medically Underserved Area • Psychiatry Providers • Firearm Fatalities Rate • Disconnected Youth • Homelessness Rate

are needed (e.g., child psychologists, counselors, and therapists in the schools). • Important to ensure that mental health services are tailored to rural communities. • Isolation for the elderly, especially in rural areas, contributes to poor mental health. • Mental health in children affected by the isolation related to the COVID-19 pandemic. • Lack of rehabilitation and detox centers in the area for substance use. • Emergency rooms are used as detox centers. • Need for pain management providers in the area. • Few mental health providers for children on Medi-Cal. • More behavioral health specialists are needed in the schools. • The stigma around seeking mental health treatment keeps people out of care. • Rural areas have a deep need for consistent mental health and behavioral services. • It's difficult for people to navigate for mental/behavioral healthcare. • There aren't enough services here for those who are homeless and dealing with substance-abuse issues. • A safe place to detox prior to transport to a rehab facility is needed. • Awareness of mental health issues among		

community members is low. • The area lacks the infrastructure to support acute mental health crises. • Substance use treatment options for those with Medi-Cal are limited. • The use of nicotine delivery products such as e-cigarettes and tobacco are a problem in the community. • The cost for mental/ behavioral health treatment is too high.		

Other Emerging Health Needs

Two additional emerging health needs were identified through analysis of data from key informant interviews and focus groups. Though the volume of data did not warrant being listed as a significant priority health need, the mention was so pervasive in the data that these needs are detailed below. These emerging health needs are important considerations for SCBH in planning and implementation of behavioral health services in the community.

Strengthening Community Relationships

Five of the 11 key informant interviews and focus groups mentioned the need to improve and strengthen community relationships between community members in Siskiyou County. Some of the main themes in this area include:

- There is a fear and suspicion of the Hmong community members among some county residents causing increased trouble and crime. Comment shared by a community member "Go back to your country, you aren't welcome here".
- The unwelcoming culture leads to deep fear and suspicion among Hmong about others in the community, therefore they rarely seek services or resources.
- People who don't speak English are afraid to reach out and call for services, community members are fearful and intimidated of who they will talk to.
- Discrimination towards the Hispanic community is ever-present.

- Many community members do not trust area rural health care providers and services agencies due to a history of mistreatment by them.

Improvements to Workforce Infrastructure

Ten of 11 key informant interviews and focus groups mentioned a clear need for improvements to the workforce infrastructure in Siskiyou County related to health and social services. Additionally, six of 11 key informant interviews and focus groups indicated that improvements to the workforce infrastructure was a top 3 priority health need. Some of the main themes in this area include:

- Hard to recruit providers to the area.
- Limited affordable safe housing availability directly impacts recruitment and retention of health and social service providers in the county.
- County public health has limited staff.
- There's a lack of staffing and consistency in the school system, and a high turnover of teachers and educational administrators.
- The turnover of area healthcare providers makes it difficult for some patients (community members) to establish trusting relationships with their health care providers.
- There are too few social workers in the county to meet the area's demand.
- There is a need for incentive programs focused on the young people of Siskiyou County returning to work after completing their education to help improve the workforce in the area. A direct quote: "Having our young people return would also help our economy thrive by building back our tax base".
- Salaries are low in the county which makes retention and recruitment difficult.
- The care system was negatively impacted by Covid-19, there are even less providers than before the pandemic.
- Medical support staff are also limited. A direct quote: "We have outstanding good quality practitioners, but it's hard to retain them if you don't have good support staff".

- As a rural county, there is a need for more loan repayment programs and higher salaries for providers to compete with the urban areas.

Health Equity

Health equity is defined by the Robert Woods Johnson Foundation as follows:

"Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and the lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."[1]

Inequities experienced early and throughout one's life, such as limited access to a quality education, have health consequences that appear later in life as health disparities. Health disparities are defined as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by populations, and defined by factors such as race or ethnicity, gender, education or income, disability, geographic location or sexual orientation."[2]

Siskiyou County residents face a multitude of inequities which have resulted in historically poor health outcomes and status across all residents. Inequities exist among populations within the county as well, furthering the health disparities for residents. Geographic distance and barriers are a major contributing factor to inequities in the county populations which are removed from the I-5 corridor have higher rates of food deserts, extremely limited access to health care services, public transportation, and economic opportunities, as well as limited broadband access. Additionally, populations which are 1.5hr+ from the I-5 corridor (Happy Camp and Butte Valley Area) are ranked in the bottom 99% of healthy communities, according to the California Healthy Places Index.

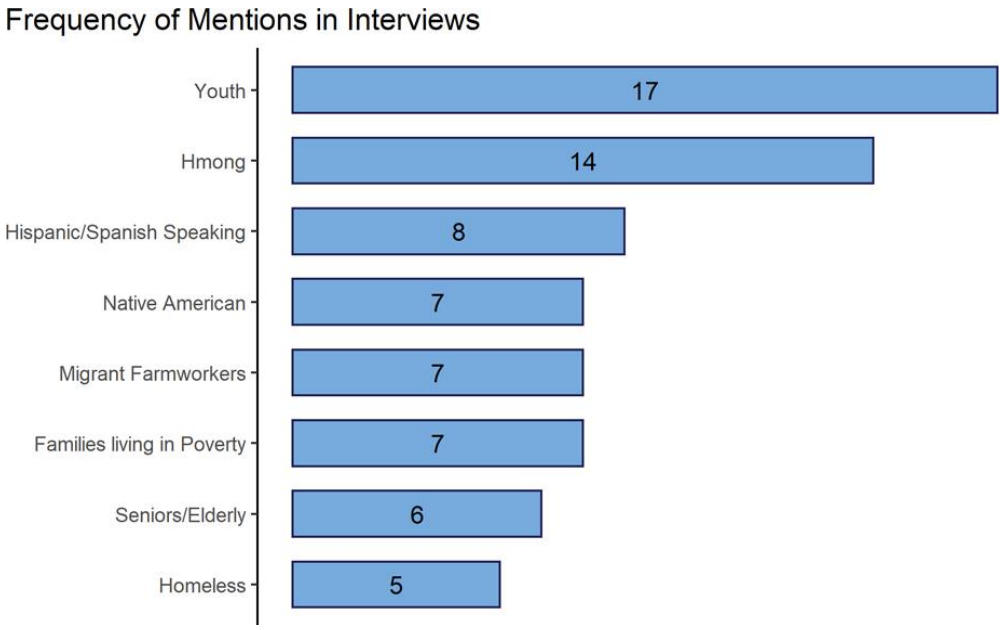
Population Groups Experiencing Disparities

The figure below describes populations in the Siskiyou County service area identified through qualitative data analysis as experiencing health disparities. Interview participants were asked, "What specific groups of community members

1 Robert Wood Johnsons Foundation. 2017. What is Health Equity? And What Difference Does a Definition Make? Health Equity Issue Brief #1. Retrieved 31 Jan 2022 from https://buildhealthyplaces.org/content/uploads/2017/05/health_equity_brief_041217.pdf.

2 Coming Soon

experience health issues the most?" Responses were analyzed by counting the total number of times all key informants and focus-group participants mentioned a particular group as one experiencing disparities. The groups are not mutually exclusive—one group could be a subset of another group. One of the purposes of identifying the sub-populations was to help guide additional qualitative data collection efforts to focus on the needs of these population groups.



COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

The Community Program Planning (CPP) process for SCBH's Three-Year Plan involved outreach to all regions of the County beginning in the spring of 2023. Consumers, family members, partners, providers, staff, and other stakeholders participated in 7 community meetings and completed written or electronic surveys provided in both English and Spanish. Efforts to publicize the CPP process included the distribution of an informative flyer that explained the process, participation in public meetings where the MHSA Coordinator was invited to share about the CPP process, and the development of a flyer, which included a QR code that electronically linked the community to the CPP survey for feedback. Additionally, an "upcoming events" section was added to the county MHSA website, where the schedule was posted, and the surveys were provided in a fillable document format and an online survey in both English and Spanish.

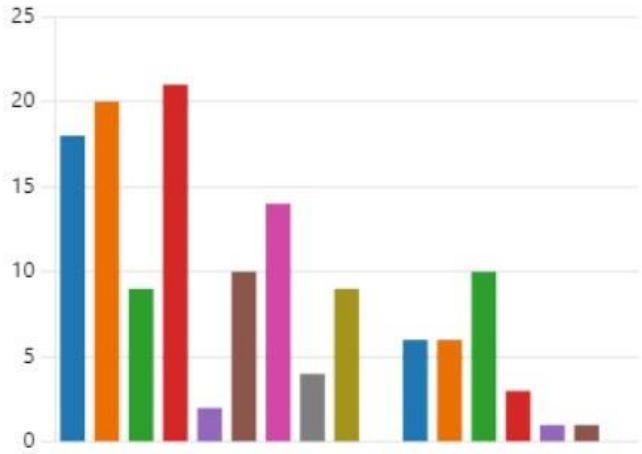
As in previous years, focus groups were conducted at the resource centers in Happy Camp and Tulelake, two of the county's most remote areas. Other focus groups were conducted at the Yreka, Ft. Jones and Mt. Shasta Family/Community Resource Centers, at the Homeless Advisory Board, and the Behavioral Health Advisory Board in the Yreka clinic. Meetings were generally hybrid in nature to increase public access. Other meetings attended in which MHSA programming was discussed and feedback solicited were the Cultural Competency Committee, Homeless Advisory Board, Quality Improvement Committee and the SCBH All Staff meeting.

To maximize community input, MHSA surveys were distributed via email and at each focus group. Surveys afforded consumers and community members an opportunity to provide feedback regarding projects being considered in the Three-Year Plan, and service gaps or needs not already identified through the planning process. Surveys were also used to solicit feedback regarding the need for specific behavioral health services in the various communities throughout the county. Fifty-six surveys were completed, and this data was compiled and utilized along with feedback from the focus groups in the development of the Plan.

The following tables provide demographic information, and additional feedback received during the CPP process.

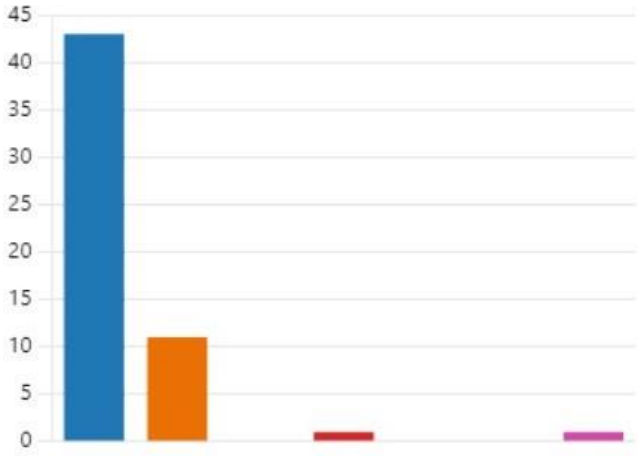
1. Affiliations

Advocate	18
Children & Family Services	20
Client/Consumer/Recovery Com...	9
Community Based/Non-Profit	21
County BH Department Staff	2
Cultural/Diverse Background	10
Family Member of Consumer	14
Health Care Provider/Worker	4
K-12 Education Provider	9
Law Enforcement	0
LGBTQI+	6
Racial/Ethnic Background	6
Senior Services	10
Substance Use Disorder Services	3
Veteran Services	1
None	1
Decline to Answer	0



2. Gender

Female	43
Male	11
Non-binary	0
Transgender	1
Genderqueer	0
Questioning or Unsure	0
Decline to Answer	1



3. Age

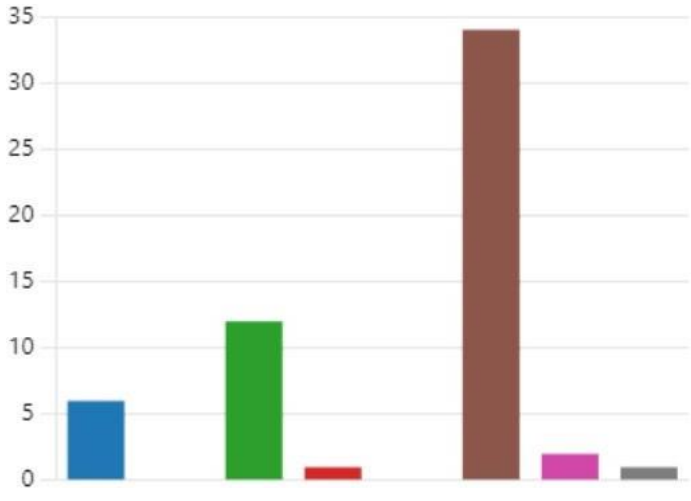
0-15	0
16-25	2
26-59	38
60+	16
Decline to Answer	0

4. Language

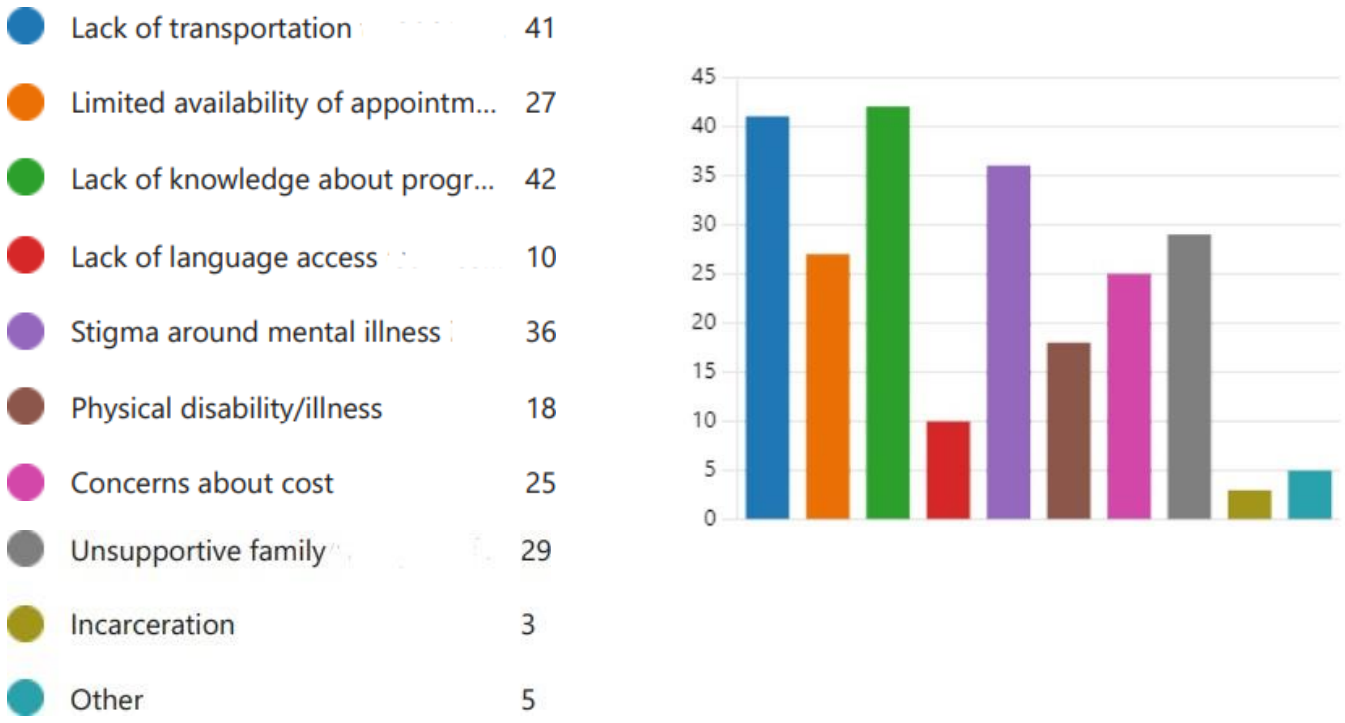
English	48
Spanish	8
Hmong	0
Decline to Answer	0
Other	0

5. Race

Native American or Alaskan Nati...	6
Asian	0
Hispanic or Latino	12
African American	1
Native Hawaiian or other Pacific...	0
Caucasian/White	34
More than one race	2
Prefer not to say	1



6. What issues make it more challenging for individuals to receive mental health services? 52 Respondents:



- Do you feel that MHSA supported One Circle Foundation groups are meeting the social and emotional needs of your community?
  Yes – 46% No – 29% Unsure/Decline to answer – 25%
- Do you feel that MHSA supported WhyTry groups are meeting the social and emotional needs of your community?
  Yes – 44% No – 13% Unsure/Decline to answer – 44%
- Do you feel that MHSA supported family-centered wellness/mental health programs are meeting the social and emotional needs of your community?
  Yes – 32% No – 43% Unsure/Decline to answer – 25%
- Do you feel that MHSA supported youth-centered wellness/mental health programs are meeting the social and emotional needs of your community?
  Yes – 9% No – 36% Unsure/Decline to answer – 11%
- Do you feel there are enough senior-centered wellness/mental health programs available in your community?

Yes – 18% No – 48% Unsure/Decline to answer – 34%

- Do you feel that MHSA supported services are meeting the cultural needs of your community?

  Yes – 38% No – 36% Unsure/Decline to answer – 26%

- If you could have better wellness/mental health services (e.g. therapy, culture specific classes) in any area or for any particular group (e.g. Native Americans, LGBTQ, Older Adult) what would they be?
  a) School age youth groups
  b) Older Adults
  c) Caregiver Support
  d) LGBTQ
  e) Women Groups
- Are there any other wellness/mental health programs that you would like to see funded through MHSA?
  a) Youth Groups
  b) Women's Circle Groups
  c) Art Therapy

Throughout the CPP process, SCBH reiterated a commitment to open communication and collaboration with consumers, family and community members, partners and stakeholders. The information gathered through the CPP process contributed to the development of the MHSA Three Year Plan, the goal of which is to meet the behavioral health needs of the varied and unique communities in Siskiyou County.

CCP Focus Groups:

January 4, 2023- Yreka, Homeless Advisory Board

March 6, 2023- Happy Camp Community Resource Center

March 7, 2023- Yreka Community Resource Center

March 8, 2023- Mt. Shasta Community Resource Center

March 9, 2023- Fort Jones Community Resource Center

March 15, 2023- Tulelake Community Resource Center

March 20, 2023- Yreka, Behavioral Health Board meeting

In total, 90 consumers, family members, community members and partners attended CPP focus groups.

The Plan was posted for a 30-day public review to the County website and shared via the Siskiyou County and Public Health facebook pages. After the plan was posted, it was shared with a distribution list of approximately 50 community members. Copies of the draft Plan were also made available to the public at SCBH's two clinics, the offices of HHSA Human Services and Public Health Divisions, and at the 10 resource centers located throughout the county. Members of the public also had an opportunity to request a copy of the Plan from SCBH.

The local Behavioral Health Board conducted a public hearing at the conclusion of the 30-day public review period. The Behavioral Health Board reviewed the plan and public comments and recommend that the plan be presented to the Siskiyou County Board of Supervisors.

Summary of Public Comment:

To be completed at the conclusion of the 30-day comment period.

Appendices:

Please refer to Appendices for the following documents:

1. Job Description(s) of the positions(s) responsible for conducting the CPP.
2. The County's MHSA CPP Policy.
3. The Power Point presentation provided to stakeholders, clients, and family members of clients who participated in the CPP process.
4. Copies of materials used to announce planning meetings presentations/handouts for the meetings and other activities.

MHSA CSS Population Assessment and Service Needs

Based on data from the Community Health Needs Assessment, analysis of demographic penetration rates, and the CPP process, SCBHS identifies priority populations for MHSA planning and service implementation. For the purposes of the FY 23/24-25/25 Three-Year Plan, SCBH has identified the following to be un-and underserved priority populations.

Table 3: Un- and underserved populations

Unserved Populations	Underserved Populations
Monolingual Spanish Speakers	Youth (6-15) and Transitional Age Youth (16-24)
Hmong	Older Adults (65+)
	Justice-Involved Individuals
	Unhoused Individuals
	Native Americans
	Families Living in Poverty

Workforce Assessment

(County Capacity to Implement MHSA Programs)

Siskiyou County Behavioral Health (SCBH) strives to deliver culturally, ethnically, and linguistically appropriate services to community members and their families. We recognize the importance of developing services that are sensitive to other cultures, and the importance of delivering services in the language of participant's choice. SCBH understands that system change requires consistency and focus and strives to bring an awareness of the importance of delivering culturally relevant services to management meetings, monthly staff meetings, weekly team meetings, as well as during clinical and staff supervision. SCBH partners with local providers, including the Anav and Karuk tribes to provide staff training in culturally relevant service provision and takes advantage of regional and/or state training offered on promoting and delivering culturally relevant services. SCBH understands that many factors including age, health, gender, community and lifestyle play important roles in individuals' lives, and strives to provide services sensitive to these factors in addition to delivering services in the person's preferred language and utilizing bi-cultural staff whenever feasible. The following tables describe the current composition of the Behavioral Health workforce and a comparison of the demographics of this workforce with the demographics of the population served by SCBH.

The following table describes the ethnic/racial composition of SCBH's workforce in 2022 compared to the previous three years:

Table 4: Workforce Comparison to Previous Years

Race/Ethnicity	**2019 N= 59**	**2020 N=49**	**2021 N=61**	**2022 N=50**
American Indian/Alaskan Native	5%	10%	7%	4%
White/Caucasian	93%	84%	82%	86%
Asian	0%	0%	5%	2%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	2%
Black or African American	0%	0%	0%	2%
Hispanic/ Latino	11%	10%	11%	18%

Decline to Answer/Other	2%	6%	7%	4%

The workforces survey data indicated that 20% of the workforce speaks a language other than English. Five languages are spoken by staff members including English, Spanish, German, Slovak and Hindi (Table 5).

Table 5: 2022 Workforce Language Capacity

Language	**Number**	**Percent**
English (non-bilingual)	*40*	*82%*
Spanish	*6*	*12%*
Hindi	1	2%
German	2	4%

The following includes a summary of the Medi-Cal Eligibles, Medi-Cal beneficiaries served by the MHP, and penetration rates by race/ethnicity, age, gender, and language. The data for the Medi-Cal Eligibles was obtained from DHCS, the number of Medi-Cal beneficiaries served comes from the MHP's Anasazi EHR, and the penetration rates are obtained monthly from Kings View Information Technology throughout fiscal year.

Race/Ethnicity

Table 6 describes the MHP's penetration rates by race and ethnicity. The overall penetration rate for the MHP is 6.8% in fiscal year 21-22. The White/Caucasian rate was7.7%, Native American was 9.3%, Asian or Pacific Islander was 6.3%, Hispanic was 6.3%, and the Black or African American rate continues to be high at 13.1%.

Table 6: Race/Ethnicity Penetration Report (Kings View FY 21-22)

Race/Ethnicity	**MMEF Eligibles**	**SDMC Clients Served**	**Penetration Rate (%)**
Alaskan Native or American Indian	933	87	9.3%

Asian or Pacific Islander	430	27	6.3%
Black or African American	336	44	13.1%
Hispanic	2,541	161	6.3%
White	12,010	922	7.7%
Other	331	16	4.8%
Unknown	2,124	24	1.1%
TOTAL	**18,705**	**1,281**	**6.8%**

The MHP has historically had challenges with increasing the penetration rates for the Hispanic community and has developed outreach strategies for increasing the penetration rates. In 2015, the MHP contracted with a local bilingual Spanish resident to provide outreach and linkage services in the Butte Valley area of the county, which is home to the highest concentrations of Hispanic individuals. Additionally, the MHP partners with the Public Health Division, whose bilingual staff provide outreach materials and information on available services to Hispanic communities throughout Siskiyou County.

Age

Table 7 illustrates the age distribution penetration report that is developed by Kings View. The Kings View report does not present the age groups in the same distributions as the Census data, so the reports are not comparable. However, the Kings View report portrays a disparity in the age group 0-5 with only 2.9% penetration.

Table 7: Age Distribution Penetration Report (Kings View FY 21-22)

Age Group	MMEF Eligibles	SDMC Clients Served	Penetration Rate (%)
0-5	1,665	48	2.9%
6-11	1,839	79	4.3%
12-17	1,796	162	9.0%
18-20	744	44	5.9%
21-24	917	90	9.8%
25-34	2,739	230	8.4%
35-44	2,604	227	8.7%
45-54	1,947	159	8.2%
55-64	2,451	162	6.6%

65+	2,003	80	4.0%
TOTAL	18,705	1,281	6.8%

To address low penetration rates in the 0-5 age group, the MHP partners with First 5 to increase access to developmental screenings throughout the county by utilizing the Ages and Stages Questionnaire and Social-Emotional Screening. Currently, screenings are conducted in all county preschool programs, in the family/community resource centers, through the Women, Infants, and Children program, and for foster care children. Screenings and supportive services to build protective factors in parents and providers are offered in community-based culturally inclusive settings. These supportive programs increase knowledge of child development through evidence-based parenting education classes and workshops, the Ages and Stages Questionnaire, and social connections through drop-in services and play groups. Furthermore, families receive concrete support in time of need through over 12,000 hours of in-person drop-in support annually at family resource centers.

MHP Children's Services of Care clinicians began training for Child-Parent Psychotherapy, which is developed to provide services and resources that help young children (ages 0-5) and families recover and heal after stressful and traumatic events. The clinicians have completed the 0-5 diagnosis training but the remainder of the training has been postponed to identify adaptive program models that meet the needs of frontier county populations and staff capacity.

Gender

Table 8 represents gender distribution penetration rates. Females had a 7.2% penetration rate and males had a slightly lower rate at 6.4%. Unfortunately, the MHP's electronic health record does not capture genders other than male or female.

Table 8: Gender Penetration Rates (Kings View FY 21-22)

Age Group	**MMEF Eligibles**	**SDMC Clients Served**	**Penetration Rate (%)**
Female	9,583	693	7.2%
Male	9,127	587	6.4%
TOTAL	**18,710**	**1,280**	**6.8%**

Language

The MHP reduced the high penetration rate for Laotian (11.9% in FY 20-21) to 5.5% in FY 21-22; the MHP believes that the previous high penetration rate is similar to the race/ethnicity issue with minority groups being underrepresented in the U.S. Census, especially in frontier counties. The English penetration rate was 7.2%, the Spanish rate was 0.9%, and the Hmong rate was 1.0% for fiscal year 21-22 (Table 9).

Table 9: Language Penetration Rates (Kings View FY 21-22)

Language	**MMEF Eligibles**	**SDMC Clients Served**	**Penetration Rate (%)**
English	17,627	1,269	7.2%
Hmong	103	1	1.0%
Laotian	55	3	5.5%
Spanish	796	7	0.9%
Chinese	6	0	0.0%
Other	26	1	3.8%
Unknown	94	0	0.0%
TOTAL	**18,707**	**1,281**	6.8%

Similar to race/ethnicity penetration rates, the Spanish language rate has historically been a challenge for the MHP. Efforts to recruit and certify bilingual County staff and contractors have been continuous, but very few qualified applicants are available in the frontier county. The MHP also recognizes the growing Hmong and Laotian populations in the County and the need for targeted outreach to this community.

200% of Poverty

Siskiyou County has been unsuccessful in locating data that addresses 200% below the poverty level.

Community Services & Supports (CSS) Program Overview

CSS Annual Planning and Evaluation

SCBH recognizes the vital role Siskiyou County community members play in the development of MHSA programs. The MHSA community stakeholder process is a collaboration that adheres to the California Code of Regulations §3320 to plan, implement and evaluate Siskiyou County's Mental Health Services Act programs. The CPP process is designed to ensure that outreach is 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 the county. SCBH is committed to incorporating the diverse opinions of community members to ensure that our wellness, recovery and resilience-focused programs are successful. CSS funds are used to support this process, and to support administration and evaluation of programs.

CSS Full-Service Partnership (FSP)

Full-Service Partnership is a program that fosters client engagement in recovery through the provision of comprehensive client-centered mental health and non-mental health services that support recovery, wellness and resilience. Services are client and family driven, accessible, individualized, delivered in a culturally competent manner and focused on wellness, outcomes and accountability.

Individuals qualifying for Full Service Partnership must meet the eligibility criteria in WIC § 5600.3 (a) for children and youth or WIC § 5600.3(b) for adults and older adults at risk. In addition to meeting eligibility criteria as defined under WIC, individuals must also meet MHSA specific criteria. FSP eligible individuals may receive the full spectrum of services necessary to attain their Strengths Model goals. Under the Full-Service Partnership agreement, services and supports identified by the client, and as appropriate by the client's caregiver/parent, as necessary to promote progress toward goals are incorporated into treatment. FSP eligible individuals may also receive non-mental health supportive services in order to advance goals and achieve outcomes that support the client's recovery, wellness and resiliency.

Substance use disorders often play a significant role in the lives of clients engaged in the FSP program. SUD services are provided based on the client's level of readiness for change. With the passage of Assembly Bill 2265, MHSA funds can now be expended on individuals who present with co-occurring mental illness and substance

use disorders. CSS funds will be used to support these individuals to achieve recovery.

Unique to FSP programs is a low staff to client ratio, 24/7 crisis availability and team approach that is a partnership between mental health staff and participants.

Program: Children's/Transition Age Youth (TAY) Full-Service Partnerships

Target Population:

Children (ages 0-16) and TAY (ages 17-25) who are seriously emotionally disturbed and who meet one or more of the following:

Children:

Group 1:

1. As a result of the Serious Emotional Disturbance (SED), the child has substantial impairment in at least TWO (2) of these areas:
   a. Self-care
   b. School functioning
   c. Family relationships
   d. Ability to function in the community

   AND
2. EITHER of the following occur:
   a. The child is at risk of or has already been removed from the home.
   b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

Group 2

1. The child displays at least ONE (1) of the following features:
   a. Psychotic features
   b. Risk of suicide
   c. Risk of violence due to a mental disorder
   d.

Group 3:

1. The child meets special education eligibility requirements under Chapter 26.5 of the California Government Code.

Transition Age Youth (TAY):

Youth between the ages of 17 and 25 years who meet one or more of the following criteria:

Group 1:

1. As a result of the mental disorder, the child has substantial impairment in at least TWO (2) of these areas:
   a. Self-care
   b. School functioning
   c. Family relationships
   d. Ability to function in the community

   AND
2. EITHER of the following occur:
   a. The child is at risk of or has already been removed from the home.
   b. The mental disorder and impairments have been present for more than six (6) months or are likely to continue for more than one (1) year without treatment.

Group 2:

1. The child displays at least ONE (1) of the following features:
   a. Psychotic features
   b. Risk of suicide
   c. Risk of violence due to a mental disorder

Group 3:

1. The child meets special education eligibility requirements under Chapter 26.5 of the California Government Code,
   AND
2. They are unserved or underserved
   AND
3. They are in one or more of the following situations:
   a. Homeless or at risk of being homeless
   b. Aging out of the child and youth mental health system
   c. Aging out of the child welfare system
   d. Aging out of the juvenile justice system

e. Involved in the criminal justice system
f. At risk of involuntary hospitalization or institutionalization
g. Have experienced a first episode of Serious Mental Illness

Program Description:

Children's System of Care:

The Children's System of Care team focus is on keeping families intact and avoiding restrictive placements, including hospitalization, incarceration and Short-Term Residential Therapeutic Program (STRTP) placements. Services prioritize youth who are juvenile justice involved, at risk of foster care placement, or are in foster care placement and at risk of placement into a higher level of care. This program does not serve children/youth who are incarcerated. Children/youth receiving services in the Pathway to Wellbeing program and/or the Family Urgent Response System (FURS) program are eligible to participate in Full-Service Partnerships.

Referrals to the Family and Youth FSP program are made by Behavioral Health Specialists and/or Clinicians and authorized by the CSOC Site Supervisor. Children reviewed by the Interagency Placement Committee are given high priority access to this program.

The child and youth FSP program integrates wraparound principles including team-based decision making, strength–based interventions, cultural sensitivity, individualized plans, persistence and outcome-based strategies. Services are youth and family driven, collaborative and flexible. Each FSP child/youth and their family work with the Behavioral Health Program Coordinator who schedules and facilitates Child Family Team (CFT) meetings, and provides Intensive Care Coordination (ICC) services when appropriate. The child/youth is also assigned a Behavioral Health Specialist who provides Intensive Home-Based Services (IHBS), case management and linkage to appropriate supportive resources. Children/Youth receiving services through the CSOC may transition seamlessly to SCBH's Adult System of Care if they require services into adulthood.

Strengths Based Case Management:

FSP eligible children and youth receive Strengths Model Case Management services. In FY 2021/2022 as a result of participation in the Multi-County FSP Innovation Project,

SCBH restructured its case management services and incorporated Strengths Model Case Management into the FSP program. This program is goal-centric and client-driven emphasizing collaborative goal setting by the client, their families, and their care team to assist clients to progress through treatment to a lower level of care, or to transition out of the mental health system and engage with natural community supports.

First Episode Psychosis Program:

Transitional Age Youth that have been identified as experiencing their first episode of psychosis (FEP) will be supported by SCBH through wrap-around therapeutic services and enhanced medication support/educational services. Wrap-around services may be provided by Peer or Behavioral Health Specialists, or Psychiatric Aides. Additionally, FEP clients may be involved in services through Mental Health Diversion, AOT, CARE Court, FSP and/or outpatient treatment services.

Goal: To partner with children/TAY and their families on their path to wellness and recovery using a 'whatever it takes' approach to achieve the following objectives:

- *Objective 1*: Engage families in treatment
- *Objective 2*: Reduce youth incarcerations
- *Objective 3*: Reduce out of home placements

Program: Adult/Older Adult Full-Service Partnerships

Target Population:

Adults aged 18 and over who are seriously mentally ill and whose service needs are unmet or minimally met and are at-risk of homelessness, involvement in the criminal justice system, institutionalization, frequently use local hospital emergency departments and/or psychiatric hospital services as their primary treatment resource for mental health treatment or involuntary care.

Adult FSP programs provide support for housing, employment, and education, in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance use disorder. Services may be provided to individuals in their homes, in the community, or in other settings.

Adults:

Adults ages 26-59 who meet ALL of the following criteria:

1. The mental disorder results in substantial functional impairments or symptoms, or there is a psychiatric history that indicates that without treatment there is an imminent risk of decompensation with substantial impairments or symptoms.

AND

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services or entitlements.

AND

3. They are in ONE (1) of the following situations:
   a. They are unserved and one of the following:
      i. Homeless or at risk of becoming homeless.
      ii. Involved in the criminal justice system.
      iii. Frequent utilizers of hospital emergency room services as the primary resource for mental health treatment.
   b. They are underserved and at risk of one of the following:
      i. Homeless.
      ii. Involvement in the criminal justice system.
      iii. Institutionalization.

Older Adults:

Adults 60 or older who meet ALL of the following criteria:

1. The mental disorder results in substantial functional impairments or symptoms or they have a psychiatric history that suggests that without treatment there is an imminent risk of decompensation with substantial impairments or symptoms

AND

2. Due to mental functional impairment and circumstances, they are likely to become so disabled as to require public assistance, services or entitlements,

AND

3. They are in at least ONE (1) of the following situations:
   a. They are unserved and ONE (1) of the following:
      i. Experiencing a reduction in personal and/or community functioning.
      ii. Homeless.
      iii. At risk of becoming homeless.
      iv. At risk of becoming institutionalized.
      v. At risk of requiring out- of-home care.

vi. At risk of becoming frequent utilizers of hospital and/or emergency room services as the primary resource for mental health treatment.

b. They are undeserved and at risk of ONE (1) of the following:
   i. Homelessness.
   ii. Institutionalization.
   iii. Nursing home or out-of-home care.
   iv. Frequently using hospital and/or emergency room services as their primary resource for mental health treatment.
   v. Involvement in the criminal justice system.

Program Description:

Strengths Based Case Management:

As noted above, Strengths Based Case Management is goal-centric and client-driven emphasizing collaborative goal setting by the client and their care team to assist clients to progress through treatment to a lower level of care, or to transition out of the mental health system and engage with natural community supports.

Assisted Outpatient Treatment (AOT):

Individuals 18 years and older with a serious mental disorder who are unlikely to survive safely in the community without supervision, whose mental health is deteriorating and who meet eligibility criteria for AOT receive FSP services, including Strengths Based Case Management services.

Goal: To partner with adults and older adults on their path to wellness and recovery utilizing a 'whatever it takes' approach to achieve the following objectives:

- *Objective 1*: Reduce number of psychiatric hospitalization
- *Objective 2*: Reduce number of ER visits
- *Objective 3*: Increase number of individuals served in diversion programs

Additional Services Available to All FSP Participants:

The CSS category of MHSA funding and Full-Service Partnerships provide a full range of individualized mental health and supportive services for participants of all ages. It consists of a broad range of voluntary supports and services to accelerate recovery for individuals and their when appropriate their families, using a "whatever-it-takes" philosophy. All services provide 24/7 support as required by regulation.

Flex Funding

MHSA funding may be used to purchase services or supplies deemed necessary for an FSP to meet their Strengths Model goals. A revolving account has been established to assist with addressing identified emergencies or immediate FSP needs in a timely manner. Community services/activities funded under the Flex Fund program may include, but are not limited to:

- Mental health treatment, including alternative and culturally specific treatments
- Peer support
- Crisis intervention/stabilization services
- Wellness centers
- Supportive services to assist the client, and when appropriate, the client's family, in obtaining and maintaining employment, housing, and/or education.
- Case management services to assist the client, and when appropriate, the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services.

Non-mental health services available to persons eligible for FSP include, but are not limited to:

- Necessities to promote family stabilization
- Food and or clothing
- Housing including, but limited to, rent subsidies, housing vouchers, house payments, residence in a drug/alcohol rehabilitation program, and transitional or temporary housing
- Uncovered medical expenses
- Moving expenses
- Educational expenses
- Household items
- Funding for dual diagnosis treatment
- Residence in drug/alcohol rehabilitation programs

The funds expended for the FSP consumer are intended to reduce psychiatric hospitalization, reduce local emergency department utilization, reduce incarcerations, and assist consumers to stay engaged in the community and further develop relationships toward improved natural supports.

Peer Specialist Services

Peer Specialist services have proven invaluable to SCBH's continuum of care, and in particular to clients engaged in FSP services. Peers provide outreach, engagement, and ongoing supportive services for clients of all ages. With the passage of Senate Bill 803, and the expanded opportunities it affords counties, SCBH is partnering with CalMHSA in the "Peer Support Specialist Certification Program". Under this agreement, Peer Support Specialists will receive training and certification specific to the delivery of peer support services. In future years, Peer Specialist services will be reimbursed through fee-for-service Medi-Cal. MHSA will continue to support the current Peer Specialist workforce as they pursue certification.

Program: Six Stones Wellness and Recovery Center

Wellness Center programs across California play a prominent role in promoting self-healing, resiliency, and recovery for the seriously mentally ill. Wellness Centers provide a non-stigmatizing and welcoming setting where participants receive an array of services including life skills training, support groups, and social interaction. Organized around recovery and resiliency principles, wellness services include but are not limited to communication skills, physical health, social skills, self-advocacy, recreational activities, hobby development and healthy living activities.

Six Stones Wellness Center provides services to adults 18 years of age and older with serious mental illness. Six Stones is staffed predominantly with Peer Specialists who are trained in Wellness Recovery Action Plan (WRAP) facilitation. Satisfaction survey results consistently indicate that participation in Wellness Center activities increases member knowledge of mental health issues and improves their ability to advocate for themselves and/or their family members regarding mental health services.

This year, Six Stones will expand services in Yreka and move to a larger, more centralized location which is co-located with the Prop 47 funded low-barrier shelter SCBH is implementing this year. In addition, Six Stones is expanding services to residents in South County and will provide groups and other Wellness Center programs in Mt. Shasta.

Goal: To provide a member-directed wellness program that fosters wellness, recovery and resiliency to those living with mental illness.

- *Objective 1*: Increase membership and increase number of people who regularly attend groups.
- *Objective 2*: Expand services into south county in order to serve residents of

Weed, Mt. Shasta, Dunsmuir, McCloud and surrounding areas.
Six Stones Wellness Center provides support and services for FSPs in addition to providing services for the broader community. The expenditures for this program are from CSS categories of Full-Service Partnership and General Systems Development.

FSP Program Costs

The estimated cost for CSS FSP programs is based upon the number of individuals served in prior years. The cost of FSP programs for FY 21/22 was $1,573,219.53, and the estimated cost per person engaging in FSP services was $7,826.96.

Table 10: FSP Program Cost by Age Group (based on FY 21/22 data)

Age	Number	% of Total	Est. FSP Cost/Age
Children 0-15	43	21%	$333,559
TAY 16-25	24	12%	$127,847
Adults 26-64	122	61%	$955,599
Older Adults 65+	12	6%	$83,123
Total	201	100%	$1,500,128

CSS General System Development

Program: Expansion of Adult and Children's Behavioral Health Services

Expands services including individual and group therapy, psychiatry, case management, TBS, and IHSS, among other services, and provides flexible funds to support and engage clients in treatment. Services are expanded through contracts with network providers or with staff employed by the County. Services may be provided in-person or via telehealth.

Goal:

To maintain an adequate provider capacity to ensure timely access to care for all community members who meet eligibility requirements for specialty mental health care services.

Program: Expansion of Network Providers

Expands provider network to meet demand for services with a focus on increasing clinical capacity for children/youth.

Goal:

Ensure adequate network service capacity to meet the demand for services for children/youth.

Program: Crisis Intervention and Response

Siskiyou County Behavioral Health provides phone, walk-in and mobile crisis intervention services 24-hours per day, 7 days per week. The Psychiatric Emergency Team (PET) responds to the two local hospitals, jail, and will expand by December of 2023 to include mobile crisis services. Dedicating staff to the PET ensures individuals in crisis receive timely access to needed support and intervention services. Consumers presenting in crisis are eligible for immediate emergency and/or supportive services such as temporary housing, food, and clothing. Provision of these services enables clients in crisis to remain in the least restrictive setting possible with access to support networks while receiving crisis intervention and stabilization services. Siskiyou County does not have the population base to warrant the development of a crisis stabilization unit. Having a dedicated crisis response team available after hours affords SCBH the opportunity to

ensure safety measures are in place for clients in crisis, and reduces the risk of homelessness, hospitalization, incarceration, or additional deterioration. The formation of the PET reduced staff burnout and increased retention.

In alignment with Senate Bill 389, incarcerated individuals presenting in crisis are eligible to receive services under this project.

Goal:

To provide 24/7 access to crisis intervention services, including mobile crisis services in order to assess, stabilize, and place clients in the most appropriate level of care.

- *Objective 1*: Maintain adequate staffing levels for the after-hours psychiatric emergency and mobile crisis teams.
- *Objective 2*: Reduce placement in acute facilities by providing appropriate services locally, when possible.

Program: Six Stones Wellness and Recovery Center

As noted above, Six Stones Wellness Center provides services for adults 18 years of age and older with serious mental illness. Six Stones is staffed predominantly with Peer Specialists who provide peer support, support groups, referral and linkage to community services, including housing resources. Six Stone services are available to individuals engaged in Full-Service Partnerships, and to others with serious mental illness and their families, thus expenditures for this program are from both CSS FSP, and CSS GSD.

GSD Program Costs

General Service Development expenditures are based upon prior year costs, anticipated revenues and the number of individuals served in prior year Plans and Annual Updates.

GSD Program	Estimated Number of Individuals Served	Estimated Cost of Program	Estimated Cost Per Person
Expansion of Adult and Children's Behavioral Health Services	1,600	$375,734	$235
Expansion of Network Providers	100	$375,734	$3,757

Crisis Intervention and Response	917	$185,000	$202
Six Stones Wellness Center	300	$348,084	$1,160

CCS GSD Housing Programs

The CSS Housing programs incorporate a continuum of existing and new housing units for individuals with mental health challenges. SCBH contracts with Housing Tools, a firm specializing in housing and community development to provide expertise in the development of housing options and supports for Siskiyou County residents. Housing options are short-term, shared-housing, transitional and permanent, and include rental subsidies. All proposed new housing projects are vetted through a community process facilitated by the local Homeless Advisory Board.

Program: Homekey (One Time Funding)

This housing opportunity with Rural Communities Housing Development Corporation, the City of Yreka and the Karuk Tribe will provide additional low-income and permanent supported housing units in the City of Yreka. One million dollars of Community Services and Supports funding will be utilized for the construction of permanent supported housing units for use exclusively by MHSA and/or for a Capitalized Operating Subsidy Reserve to support the project. Separate office space and living quarters for on-site management will also be available. If RCHDC the City of Yreka and the Karuk Tribe are awarded Homekey funding, construction of this project will begin in 2024.

Program: Community Care Expansion (CCE) Match Funds (One Time Funding)

The CCE program provides funding for capital expansion projects, including acquisition, construction and rehabilitation of residential care settings. Funds may also be used to establish capitalized operating subsidy reserves for projects. Siskiyou County was awarded CCE funds and is working with two local Board and Care facilities on renovations, and establishing operating reserves to ensure these facilities remain viable living options for vulnerable community members. The CCE program requires a 10% match for the capital projects portion of the grant, and MHSA GSD funds will be utilized to meet this requirement.

CSS GSD Housing Program Costs

Expenditures for GSD Housing programs are based on known match requirements (CCE), and on anticipated costs for proposed projects.

Program	Estimated Number of People Served	Estimated Cost	Cost per Person Housed
Homekey	TBD	$1,000,000	TBD
Community Care Expansion (CCE)	22	$20,000	$932

Outreach and Engagement

Program: Homeless Outreach

The Siskiyou County Advisory Board, with representation from cities, Health and Human Services, health care providers, the County Office of Education, youth homeless service providers, and law enforcement among others, facilitates the community conversation regarding homelessness and housing in Siskiyou County. Participants on the Siskiyou County Advisory Board identify community priorities regarding homelessness and housing and pursue funding opportunities to address identified service and housing gaps. The Advisory Board also organizes and conducts Siskiyou County's Point in Time (PIT) count as part of their collaboration with the NorCal Continuum of Care.

Siskiyou County's 2023 PIT count was 507 which is a 37% increase over the 2022 count. Of this total, 23.5% identified as chronically homeless, 4.1% as veterans, 6.1% as survivors of domestic violence, 18.7% reported they had a felony conviction, 2.2% reported they were ill with Covid-19, 23.3% reported they were homeless as the result of a natural disaster, 4.1% were youth and 13.6% were children. Males in Siskiyou County are experiencing homelessness in higher numbers (286) than females (203). Nineteen (3.7%) of the individuals surveyed reported they had mental health issues, and 5.3% reported they had a substance use disorder.

Analysis of the feedback received by the Advisory Board pertaining to housing and homelessness has revealed the following overall themes:

- The need for permanent supported housing;
- The need for additional crisis intervention/outreach to the homeless community;
- The need for emergency shelter and transportation; and
- Challenges in transitioning households from shelter projects to permanent housing because of the shortage of affordable housing in Siskiyou County.

Siskiyou County is in the sixth year of its 10-Year Plan to End Homelessness. This plan addresses community identified housing needs and resources and emphasizes outreach and engagement efforts for chronically homeless individuals. SCBH facilitates a multi-disciplinary team (MDT) of service providers that meet on an ad-hock basis with individuals experiencing homelessness to identify and address barriers to accessing housing and conducts weekly Coordinated Entry meetings to review the by-name list of individuals with unmet housing needs.

SCBH will continue to leverage state, federal, and local funding in conjunction with MHSA Outreach and Engagement to expand homeless street outreach to members of the

community who are experiencing homelessness. In FY 22/23, in response to ongoing concerns expressed through the CPP process and by the Advisory Board regarding individuals experiencing homelessness, SCBH partnered with the Yreka Police Department (YPD) to provide outreach and crisis services to community members who were experiencing homelessness. This year, SCBH will grow the homeless outreach team through the addition of one Behavioral Health Specialist who will work directly with the YPD Homeless Outreach Liaison, and others including Public Health to deliver outreach services to the unhoused community.

- The desired outcome of these efforts is to increase the number of mentally ill and substance using consumers who are engaged in services and transition into stable housing.

Goal:

To provide outreach and engagement opportunities for the homeless mentally ill community in order to improve mental health treatment access, and transition clients into stable housing.

- Objective 2: Increase the number of unhoused mentally ill individuals receiving outreach and linkage to services.
- Objective 1: Increase the number of unhoused mentally ill persons who enter into housing.

Program	Number Served	Estimated Cost of Program	Cost Per Individual Served
Homeless Outreach	75	$80,000	$1,067

CSS Administration

MHSA CSS Administration funding sustains the costs associated with the administrative support required to ensure ongoing community planning, implementation, monitoring and evaluation of CSS programs and activities. The expenditures within the administrative budget are recurring and include funding for the MHSA Coordinator, and other staff who support the CSS Programs. Support staff include but are not limited to; the HHSA/Behavioral Health Director, Clinical and Deputy Directors, Adult and Children's Services System Administrators, the Drug and Alcohol Administrator, Fiscal Techs, and

Staff Services Analysts. These staff members, and others are involved in the community planning, implementation and/or monitoring and evaluation of the MHSA programs and activities.

Operating expenditure increases annually and are based on prior year actual expenses. The increase is due to an increase in staff, contractors and program activities. Expenses may include, but are not limited to, administration and management of contracts, purchase of office supplies, office furniture, and other operating expenses, capital purchases, training and education, food and other incentives, and the costs associated with the information systems used to collect data and outcomes for CSS programs.

County Allocated Administration is also a covered expense and is increasing due to the increase in staff who provide MHSA services and facilitate MHSA programs. Countywide Administration (A-87) expenditures are based on a formula prepared annually by the County Auditor based on the activities for the prior year.

SCBH ensures services are billed to fee-for-service MediCal as appropriate. The revenue generated through this practice will be used to help cover the costs of administrating MHSA CSS programs.

CSS Program Expenditures

MHSA CSS expenditures are estimates and are subject to change based on several factors which include SCBH's ability to recruit and retain staff, and the number of community members who choose to participate in services. Expenditures for the FY 23/24-FY 25/26 Three-Year Plan may include expenditures identified in prior Three-Year Plans and Annual Updates, and items identified through the CPP Process including, but not limited to: professional services, staffing, travel and transportation, including client transportation not covered by Partnership HealthPlan, client and contractor incentives, 'whatever it takes' funds to support clients in their recovery, housing support, including but not limited to, vouchers, rental subsidies, utility costs, and consulting fees to ensure expertise is available to the county in implementing housing projects and services, medications and medical support, self-insurance, training and education, hard and software to support telehealth services, and to purchase or improve the functionality of systems to collect and report client data, food, office furniture, vehicles, technology to support employees including cell phones, laptops and desktop computers, additional space related to expanded services, including leased space in outlying areas, and all other expenses necessary to support the services provided under this plan.

Prevention and Early Intervention Program Overview

Prevention and Early Intervention Programs

Prevention and Early Intervention (PEI) programs bring mental health awareness into the lives of all members of the community through public education initiatives and community dialogue. These programs facilitate access to services and supports at the earliest sign of mental health symptoms and build upon existing capacity to increase intervention services at sites frequently visited for other routine activities, e.g., health care clinics, educational facilities, community organizations, and FRC/CRC networks.

In 2019, SB 1004 was passed by the senate and established new priorities for the expenditure of PEI funds. These priorities include:

1. Childhood trauma prevention and early intervention at the early origins of mental health needs.
2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs.
4. Culturally competent and linguistically appropriate prevention and intervention services and strategies.
5. Strategies targeting the mental health needs of older adults.
6. As outlined below, SCBH PEI programs address the priorities established by SB 1004.

PEI Programs

Annual Planning and Evaluation-PEI

SCBH recognizes the vital role Siskiyou County community members play in the development of MHSA programs. The MHSA community stakeholder process is a collaboration that adheres to the California Code of Regulations §3320 to plan, implement and evaluate Siskiyou County's Mental Health Services Act programs. SCBH works closely with PEI providers to ensure programs and services are accessible throughout the county and responsive to community identified needs. Due to the rural nature of the county which is comprised of many small communities with distinct

cultures and needs, and to the shortage of Prevention and Early Intervention service providers, SCBH provides technical support and relies on feedback received from community providers throughout the year to inform decision making. PEI funds support Annual Planning activities, program evaluation and administration. The following PEI programs are currently being provided to Siskiyou County residents:

PEI Early Intervention Programs

Early Intervention Programs aim to prevent mental illness from becoming severe and disabling, and to improve timely access for un- and underserved populations. Early Intervention programs emphasize strategies to reduce negative outcomes that may result from untreated mental illness including suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

Program Name: High School Counseling Programs

- **Target Population**: Mt. Shasta, Weed, Yreka, Discovery, and Community Day High School youth ages 14 through 18 who are identified as at risk of developing mental illness.
- **Program Description:** The High School Counseling Program provides students who have been identified as at-risk access to on-site individual and group counseling services.
- **Goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 50% at Post Assessment)
- **Improves Access to Services for Un- and Underserved Populations:** The Yreka High School Counseling Program improves access to services for youth who are experiencing mental health issues.
- **Stigma and Discrimination:** This program provides walk-in services for youth who have been identified as at risk of developing mental health or substance use disorders. Services are free, and easily accessible.

- **SB 1004:**

- Childhood trauma prevention and early intervention to deal with the early origins of mental illness.
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs.

- **Estimated Number of Youth Served Per Year:** 320 students
- **Estimated Cost Per Person Served:** $523
- **Program Provided By:** Yreka and Siskiyou Union High School Districts

PEI Prevention Programs

Program Name: Youth Empowerment Siskiyou (YES)

- **Target Population**:
- Youth ages 13-25 who are homeless, at risk of homelessness, and/or in the Child Welfare system.
- **Program Description:** Youth Empowerment Siskiyou provides evidence-based Prevention groups for youth and families with a focus on homeless youth and youth involved with the Child Welfare system. Prevention services/groups include WRAP Facilitation, Wellness-Based Life Skills Workshops, and Unity Circle support groups. In addition, YES facilitates Access and Linkage to necessary services via screening with the Columbia Depression Scale and PERALs and providing case management and a warm hand-off to ensure youth connect with necessary services. YES will also host two community Outreach for Increasing Early Signs of Mental Illness events.
- **Goals:**

  Prevention: Increase percentage of workshop participants who report increased knowledge and satisfaction related to topic (Target: 75% at Post Assessment)

Access and Linkage to Services:

1. Increase number of youth screened using ACES and/or the Columbia Depression Scale (Target: Fifty-three unduplicated individuals will receive screening and case management services)
2. Increase percentage of youth with needs who are referred for care (Target: 80% referred)

Outreach: Total number of Outreach Events/Campaigns (Target: Outreach events will reach 100 unduplicated individuals)

- **Improves Access to Services for Un- and Underserved Populations:** Youth Empowerment Siskiyou services improve access to services for un- and underserved youth who due to their unhoused status have no or limited access to services. In addition, YES provides support and linkage to services for homeless youth, and children/youth involved in the Child Welfare system.
- **Stigma and Discrimination:** YES provides advocacy and warm hand-offs to behavioral health services for youth to reduce stigma of mental health services and homelessness.
- **SB 1004:** Childhood trauma prevention and early intervention to deal with the early origins of mental illness.
- **Estimated Number of Individuals Served Per Year:** 213
- **Estimated Cost Per Person Served:** $282
- **Program Provided By:** Youth Empowerment Siskiyou

Program Name: Ready4K

- **Target Population**: Children ages birth – 8th grade
- **Program Description:** Ready4K is an accessible, evidence-based, trauma-informed personalized learning family engagement program that provides general support, support for families working to overcome trauma and support for children with potential developmental delays. Ready4K is available in multiple languages.
- **Goal:** Provide psychoeducation activities that increase understanding of mental wellness and prevent likelihood of mental health issues.

- *Objective*: Increase percentage of participants who report increased knowledge and satisfaction related to topic (Target: 80% on Family Engagement Survey)

- **Improves Access to Services for Un- and Underserved Populations:** Research suggests that more than 95% of families use text messaging which makes Ready4K easily accessible even for parents that may live in isolated communities with limited access to services.
- **Stigma and Discrimination:** Ready4K decreases stigma and discrimination by meeting people where they are and providing education and support.
- **SB 1004:** Childhood trauma prevention and early intervention to deal with the early origins of mental illness.
- **Estimated Number of Families Served Per Year:** 450 (46,000 texts)
- **Estimated Cost Per Person Served:** $13
- **Program Provided By:** First 5

Program Name: Etna Pal

- **Target Population:** Youth ages 9-18 who reside in Scott Valley and who are at risk of failure/drop out, juvenile justice involvement, mental illness or substance use disorders.
- **Program Description:** Children/youth who have a number of risk factors and do not have an adult in their life are at risk of developing a serious mental illness. Etna PAL will provide evidence-based and community defined Prevention activities including Restorative Justice group based on keepin'it REAL curriculum, and Harmony with Horses, a community defined practice that builds confidence, leadership skills, awareness of body language, and boundary setting.
- **Goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment)
- **Improves Access to Services for Un- and Underserved Populations:** Etna PAL is improving access to services by supporting youth in a region with limited mental health providers. All participants in the PAL program are screened using the Pediatric ACEs and Related Life Events Screener (PEARLS). Children who are identified as

needing mental health services are provided a warm hand off to SCBH or to providers within the Partnership HealthCare network.

- **Stigma and Discrimination:** Etna PAL serves youth of all races, ethnicities, genders, and sexual orientations. Programming helps to diminish mental health stigma by providing children/youth with tools, vocabulary and an understanding of mental health, wellness and illness.
- **SB 1004:**
  - Childhood trauma prevention and early intervention to deal with the early origins of mental illness.
  - Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs.
- **Estimated Number of Youth Served Per Year:** 19
- **Estimated Cost Per Person Served:** $1,829
- **Program Provided By:** Etna PAL

Program Name: Gathering of Native American Elders (GONA)

- **Target Population:** Native American tribal elders, and other tribal members
- **Program Description:** A GONA is a culture-based planning process where community members gather to address community-identified issues. It used an interactive approach that empowers and supports tribes. The GONA approach reflects American Indian cultural values, traditions, and spiritual practices. GONAs focus on the four following themes:
  - Belonging- the GONA ensures that everyone feels welcomed in an inclusive, open, safe, and trusting environment.
  - Mastery- the GONA allows participants to take stock of how historical trauma impacts their communities and what fosters their resilience and holds them together.
  - Interdependence- the GONA initiates the planning process to assess resources and relationships, and to experience and strengthen interconnectedness.

- Generosity- the GONA exercise of creating gifts to share with other participants symbolizes each participant's larger gift to their families and communities in helping to prevent mental and substance use disorders, prevent suicide, and promote mental health.
- Goal: Build authentic relationships for effective work.
- *Objective*: Develop, implement, and sustain strategic prevention and interventions that prevent mental health and substance use disorders, and promote mental wellness.

- **Improves Access to Services for Un- and Underserved Populations:** This program improves access to services by supporting planning and implementation of culturally relevant mental health and substance use disorder interventions for tribal members.
- **Stigma and Discrimination:** This program incorporates culturally appropriate values, traditions and spiritual practices into mental health prevention and intervention activities for tribal members.
- **SB 1004:**
- Culturally competent and linguistically appropriate prevention and intervention.
- **Estimated Number of Individuals Served Per Year:** 63 youth, 40 adults
- **Estimated Cost Per Person Served:** $141
- **Program Provided By:** Quartz Valley Indian Reservation.

Program Name: Healing of the Canoe

- **Target Population:** Native American youth between the ages of 12 and 18 who have been identified as at-risk.
- **Program Description:** The Healing of the Canoe curriculum is a life skills and substance abuse prevention curriculum for use with tribal youth. It was designed to be adapted by tribal communities using their unique tribal traditions, practices, beliefs, values, and stories to teach youth the skills they need to navigate life's journey, and to promote a sense of belonging to their tribal community. The curriculum consists of 14 chapters and uses the Pacific Northwest Tribal Canoe Journey as a metaphor for life.

Traditional stories, cultural activities and speakers from the community are woven into each chapter.

- **Goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment)
- **Improves Access to Services for Un- and Underserved Populations:** This program will provide culturally relevant services for tribal youth in their communities. Participating youth will be linked to other community services, including mental health and/or substance abuse services necessary.
- **Stigma and Discrimination:** Healing of the Canoe provides opportunities for tribal youth to explore issues related to mental health and substance abuse through a culturally relevant lens**.**
- **SB 1004:**
  - Culturally competent and linguistically appropriate prevention and intervention.

- **Estimated Number of Individuals Served Per Year:** 110
- **Estimated Cost Per Person Served:** $362
- **Program Provided By:** Quartz Valley Indian Reservation and the Karuk Tribal Housing Authority

PEI Suicide Prevention Program

Program Name: Suicide Prevention and Intervention Program

- **Target Population:** Siskiyou County residents
- **Program Description:** For the years 2019-2021 (the most recent data available) Siskiyou County ranked 3rd out of the 58 counties for number of suicides with 29 suicides per 100,000 compared with a statewide average of 10.7. The HHSA Suicide Project Coordinator's goal is to design and implement a unified messaging campaign for 988 and risk identification awareness with multi-sector partner organizations; increase access to various types of safe storage means; implement a bathroom stall and locker campaign in high school bathroom stalls and locker rooms throughout the county; and create a suicide safe community by training healthcare providers, first responders, teacher, Family and Community Resource Center staff, and others in the

community in SafeTalk**,** Know the Signs, and ASIST to build community capacity and provide linkage to services.

- ***Goals:***
  1. Increase percentage of workshop participants who report increased knowledge and satisfaction related to topic (Target: 75% at Post Assessment)
  2. By June 30, 2024, design and implement unified messaging campaign for 988 and risk identification awareness with multi-sector partner organizations. Provide partners with monthly content that promotes unified messaging objectives.
  3. By June 30, 2024, increase access to various types of safe storage means (trigger locks, cable locks, portable lockboxes) and create educational campaign focusing on importance of safe storage. The project will continue to provide safe storage devices at all community events and outreach days attended, as well as continue to promote the community partner distribution program.
  4. By June 30, 2024, implement bathroom stall and locker campaign for 988/helpline messaging. The program will (with site permission) place helpline stickers in various bathroom stalls and high school student lockers throughout the county.
- **SB 1004:** Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- **Estimated Number of Individuals Served Per Year:** 150
- **Estimated Cost Per Person Served:** $84.78
- **Program Provided By:** Services will be delivered by Siskiyou County Health and Human Services Public and Behavioral Health Divisions, and by Lotus Educational Services Inc.

PEI Access and Linkage Programs

Access and Linage to services aims to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Access and Linkage programs connect children and adults with mental illness as early in the onset of their illness as possible.

Program Name: Early Childhood Screening Program

- **Target Population:** Children ages 0-6
- **Program Description:** First 5 partners with pediatricians, the FRC/CRCs, schools, Child Welfare Services (CWS), the Women, Infants and Children (WIC) program among others to administer ASQ/ASQ-SE screening and to facilitate Ready4K engagement activities. First 5 connects children and families as needed to appropriate services, including SCBH based upon screening outcomes.
- **Goal:** Ensure that individuals who need socio-emotional support are connected to care.
    - *Objective 1*: Increase the number of children that are screened on ASQ-3/SE (Target: 450)
    - *Objective 2*: Increase percentage of children with needs who are referred for care (Target: 80% referred)
- **Improves Access to Services for Un- and Underserved Populations:** This program will help to identify children who are not developing appropriately, and/or who are not receiving adequate or necessary mental health intervention through utilization of its universal screening methodology.
- **Stigma and Discrimination:** Screening staff are trained in best practices for engagement with families and will facilitate warm hand-offs to providers in the community who can best meet the needs of individual children.
- **SB 1004:** Childhood trauma prevention and early intervention to address early origins of mental health needs.
- **Estimated Number of Individuals Served Per Year:** 450 individuals, 49,000 texts
- **Estimated Cost Per Person Served:** $71
- **Program Provided By:** First 5

Program Name: Healthy Siskiyou Mobile Unit

- **Target Population:** Un- and underserved communities in Siskiyou County, with a focus on the unhoused.
- **Program Description:** In collaboration with the Public Health Division of Siskiyou County Health and Human Services Agency, MHSA supports staff to conduct outreach, screenings and linkage to behavioral health and substance use disorder services to un- and underserved populations in communities throughout Siskiyou County. Screenings and referrals are conducted by Public Health staff, and referrals and linkages are to existing health care providers including mild to moderate behavioral health providers, SCBH, Social Services and other supportive service providers. Staff are bilingual and targeted outreach includes underserved Latino communities, and the unhoused as well as the general population.
- **Goal:** To support mobile outreach activities, screenings, and linkage to behavioral health and substance use disorder services in remote communities throughout Siskiyou County.
    - *Objective*: Increase mental health and substance use service referrals to SCBH and other community providers/resources.

- **Improves Access to Services for Un- and Underserved Populations:** This program improves access to services by outreaching to individuals in their communities, and by providing services in English and Spanish.
- **Stigma and Discrimination:** The Healthy Siskiyou Mobile Unit helps to diminish mental health stigma by providing services for free, through building relationships with un- and underserved populations, and through the provision of education and resources for addressing mental health.
- **SB 1004:**
    - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
    - Culturally competent and linguistically appropriate prevention and intervention.
- **Estimated Number of Individuals Served Per Year:** 950
- **Estimated Cost Per Person Served:** $21.05

- **Program Provided By:** County of Siskiyou Health and Human Services Agency, Public Health Division.

Program Name: Promotoras/Latinx Outreach

- **Target Population:** Monolingual Spanish speakers and the general Hispanic population residing in eastern Siskiyou County.
- **Program Description:** Under guidance from the Tulelake Family Resource Center, a bilingual outreach worker provides outreach, education, linkage and referral, translation, and supportive services to Spanish speaking clients and their families. Services target communities in eastern Siskiyou County where the largest concentration of Latinx persons reside. This program is staffed by Promotoras who provide culturally appropriate physical and behavioral health education and information, assist people in accessing the care they need, offer interpretation and translation services, and advocate for individual and community health needs. Staff provide psych-education groups that educate community members about mental health issues to decrease stigma about mental health care and treatment. The Promotoras/Latinx program serves primarily older adults.
- **Goal:** To provide Promotoras services to the Latinx population, particularly monolingual Spanish speakers residing in eastern Siskiyou County.
  - *Objective 1*: Increase bilingual Outreach activities to Latinx populations residing in Siskiyou County (Target: Five Outreach events).
  - *Objective 2*: Increase mental health and substance use support and service referrals for the Latinx population.

- **Improves Access to Services for Un- and Underserved Populations:** The Promotoras/Latinx Outreach program improves access to services by providing outreach to individuals who because of language and/or cultural barriers, immigration status, isolation, distrust of government organizations and/or mental health issue may be hesitant to access services without support from a trusted source.

- **Stigma and Discrimination:** The Promotoras/Latinx Outreach program helps to reduce the stigma and discrimination surrounding mental health by utilizing

Promotoras whose cultural reference is similar to the populations being served, and who can educate and advocate for participants who are experiencing mental health challenges.

- **SB 1004:**
  - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
  - Culturally competent and linguistically appropriate prevention and intervention.
  - Strategies targeting the mental health needs of older adults.
- **Estimated Number of Individuals Served Per Year:** 15 referrals, 300 individuals attaching Outreach events
- **Estimated Cost Per Person Served:** $414
- **Program Provided By:** Provided by Promotoras in collaboration with and under the supervision of the Tulelake Family Resource Center.

PEI Outreach for Increasing Recognition of Early Signs of Mental Illness

PEI Category: Outreach for Increasing Recognition of Early Signs of Mental Illness

Outreach for Increasing Recognition of Early Signs of Mental Illness programs engage, encourage, educate, and train potential responders to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

Program Name: Mental Health First Aid

- **Target Population:** Residents of Siskiyou County.
- **Program Description:** Mental Health First Aid is a skills-based training course that teaches participants how to identify, understand and respond to signs of mental illness and substance use disorders. The training provides individuals with skills to reach out and provide initial help and support to community members who may be developing a mental health or substance use problem or experiencing a crisis.
- **Goal:** Increase the number of first responders in Siskiyou County trained to identify early indicators of mental health issues.

- *Objective:* Increase percentage of workshop participants who report increased knowledge and satisfaction related to topic (Target: 75% at Post Assessment)

- **Improves Access to Services for Un- and Underserved Populations:** Mental Health First Aid improves access to services for community members by normalizing mental health challenges, and by supporting participants in seeking necessary services.
- **Stigma and Discrimination:** Mental Health First Aid reduces stigma and discrimination by normalizing mental health issues, and when possible, by providing a warm hand-off to service providers.
- **SB 1004:** Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- **Estimated Number of Individuals Served Per Year:** 60
- **Estimated Cost Per Person Served:** $133
- **Program Provided By:** Lotus Educational Services, Inc.

PEI Stigma and Discrimination Reduction Programs

Program Name: Challenge Day/Yreka High School

- **Target Population:** Students attending Yreka High School.
- **Program Description:** Challenge Day events are experimental social and emotional learning programs for grades 7-12 that offer schools an opportunity to ignite a shift toward greater school connectedness, empathy, and inclusivity. The program goes beyond traditional ani-bullying efforts by building empathy and inspiring a school-wide movement of compassion and positive change. Challenge Day offers students an opportunity to address a wide array of issue including cliques, gossip, rumors, negative judgments, teasing, harassment, isolation, apathy, stereotypes, intolerance, racism, sexism, violence, suicide, homophobia, and hidden pressures to create an image, achieve or live up to the expectations of others. Challenge Day helps to diminish the stigma and discrimination associated with mental illness and mental health treatment by encouraging an environment of acceptance, love and respect.

- **Goal:** To create connections and build community at Yreka High School.

- *Objective 1:* Eighty percent participation rate from the incoming freshmen class at Yreka High School.

- **Improves Access to Services for Un- and Underserved Populations:** Challenge Day improves access to services for youth at YHS by normalizing mental health challenges, and by supporting youth in seeking necessary services.
- **SB 1004:** Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- **Estimated Number of Individuals Served Per Year:** 180
- **Estimated Cost Per Person Served:** 69
- **Program Provided By:** Yreka High School

Program Name: Rural Youth Media Outreach Program

- **Target Population:** Students attending middle and high schools in Siskiyou County.
- **Program Description:** The Rural Youth Media Program engages middle and/or high school students in a video production project that focuses on mental health and substance use issues. Videos are written and directed by participating students and are submitted annually to Directing Change. This program helps to diminish stigma and discrimination regarding mental health issues through storytelling. Videos may be viewed on Siskiyou County Behavioral Health's website at: www.co.siskiyou.ca.us/behavioralhealth/page/directing-change
- **Program Goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment).
- **SB 1004:** Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- **Improves Access to Services for Un- and Underserved Populations:** This program is improving access to services by linking youth in underserved areas who identify as having behavioral health challenges to necessary services.

- **Estimated Number of Individuals Served Per Year:** 30 student participants will present their media projects to approximately 200 students, teachers, and parents from participating schools.
- **Estimated Cost Per Person Served:** $833 per student.
- **Program Provided By:** Hellikon

PEI Combined Programs-Community/Family Resource Center Network Programs (F/CRC)

The Family/Community Resource Center network provides invaluable services to the residents of Siskiyou County. Ten F/CRCs are spread throughout the county, several serving small communities off the I-5 corridor. Family/Community Resource Center programming is based upon the needs identified within each community and may include Access and Linkage, Outreach for Increasing Early Signs of Mental Illness, Stigma and Discrimination Reduction and Prevention services for children/youth/adults and older adult community members.

Happy Camp Community Action

Happy Camp is a small, isolated community approximately 90 minutes from Yreka via a dangerous, two-lane road. In 2020, the Happy Camp community was devastated by the Slater Fire which destroyed approximately 200 homes. The majority of homeowners whose property burned were uninsured; recovery from this catastrophic event has been slow, and many residents remain in temporary housing. Happy Camp Community Action (HCCA) has long been the center of the community and is a vital resource as the community strives to recover. SCBH contracts with HCCA to provide Access and Linkage, Outreach for Increasing Early Signs of Mental Illness, Prevention and support groups (Slater Fire Survivors) and Stigma and Discrimination Reduction activities.

Siskiyou Community Resource Collaborative

Siskiyou Community Resource Collaborative (SCRC) is a consortium of six Family/Community Resource Centers located primarily along the I-5 corridor in Yreka, Montague, Dunsmuir, Weed, Mt. Shasta, and Scott Valley. The Siskiyou Collaborative partners with SCBH to provide Outreach for Increasing Recognition of Early Signs of

Mental Illness, and Prevention groups/activities. SCRC also assists community members to access mild to moderate and specialty mental health services, housing resources, and benefit services.

Tulelake/Newell Resource Center (TEACH)

The Tulelake/Newell Family Resource Center (TEACH, Inc.) has provided PEI services for many years, and is a vital resource for the communities of the Butte Valley. Eastern Siskiyou County is facing severe drought conditions that have left many families without water to meet basic needs and robbed many farmers of their livelihood. Under these circumstances, the FRC has become increasingly vital to the health and resilience of the community. The Tulelake FRC provides adult, family and youth Prevention groups, Outreach for Recognizing Early Signs of Mental Illness, and community events. In addition, they are an access point for eastern Siskiyou County residents and provide referrals for walk-in consumers seeking services and other resources/support. Most of the monolingual Spanish speakers living in Siskiyou County reside in the Butte Valley, and MHSA supports access and linkage to services for this population.

Program Name: F/CRC Prevention Programs

- **Target Population:** Adult, family and youth groups/prevention activities.
- **Program Description:** The C/FRC network provides a variety of Prevention groups, support groups, classes and play groups aimed at decreasing family isolation, building skills and confidence, and developing peer networks. Programming is based upon community identified needs and aims to strengthen protective factors. Because many of the C/FRC's are in isolated communities, they are often the first point of contact for the broader continuum of care as C/FRC staff provide referrals and information to access a broad array of services, including benefits, health care, housing and mental health and substance use disorder treatment. C/FRC staff also screen children accessing the centers and educate parents on child development and to recognize behaviors indicative of mental health disorders. Deepening parents' understanding of child development is a protective factor against child abuse. Programs offered in the C/FRC's are free of cost and include childcare and meals.

- **Goal:**
  1. *Adult Groups:* Increase percentage of group participants who report increased knowledge and satisfaction related to topic (Target: 75% at Post Assessment)
  2. *Parent Education:* Increase percentage of series participants who show statistically significant improvements in their knowledge and behaviors related o parent-child interaction coping with demands of parenting (Target: 80% at Post Assessment)
  3. *Youth Groups:* Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment)

Program Name: F/CRC Outreach for Increasing Recognition of Early Signs of Mental Illness

- **Target Population:** Parents, Adults and Older Adults
- **Program Description:** F/CRCs provide psychoeducation activities that increase understanding of mental wellness and prevent the likelihood of mental health issues becoming severe and disabling. F/CRCs also conduct outreach activities that reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services and lack of cultural competency among traditional service providers.
- **Goal:** Increase percentage of workshop participants who report increased knowledge and satisfaction related to topic (Target: 80% at Post Assessment)

Program Name: F/CRC Stigma and Discrimination Reduction

- **Target Population:** Parents, Adults, Youth and Older Adults
- **Program Description:** F/CRCs conduct a variety of SDR activities that strengthen engagement and linkage to services for un- and underserved populations.
- **Goal:**

1. Increase percentage of workshop participants who report increased knowledge and satisfaction related to topic (Target 75% at Post Assessment)
2. Total number of SDR events and campaigns (Target: Varies by F/CRC)

Program Name: F/CRC Access and Linkage

- **Target Population:** Residents of Happy Camp and surrounding areas
- **Program Description:** Happy Camp Community Action provides screening, case management and referrals for residents who require behavioral health services, including referrals to SCBH.
- **SB 1004:** The Family/Community Resource Network Adult and Families Programs address all the priorities established by SB 1004.
- **Improves Access to Services for Un- and Underserved Populations:** The Family/Community Resource Center programs improve access to services for un- and underserved populations by functioning as access points not only for mental health and substance use disorder programs, but also for other programs including housing, health care, and benefit programs. Centers are in small communities across the county.
- **Stigma and Discrimination:** Services provided in F/CRCs are community driven and typically administered by members who live in or are very familiar with the communities in which the centers are located. Services are free and voluntary, and cultural perspectives and preferences are considered as appropriate.
- **Estimated Number of Individuals Served Per Year:** 595
- **Estimated Cost Per Person Served:** $675
- **Program Provided By:** All F/CRCs in Siskiyou County

MHSA PEI Administration

PEI administrative funds are used to sustain the costs associated with the planning, implementation, monitoring, and evaluation of PEI programs. Most of the administrative PEI funding supports staff who plan, implement, and monitor PEI programs. These staff include the Health and Human Services Agency Director, Clinical Director, Deputy

Director of Administrative Services, Staff Analysts and Fiscal Techs. PEI expenditures are allocated based upon actual time spent on PEI activities. These expenditures are recurring and all administrative costs in the original PEI plan and subsequent Updates are applicable expenses.

Administrative funds may also be used to pay for training and education of community stakeholders, including program participants and their families, county or contracted staff, and program partners. These costs may include, but are not limited to, travel, food, lodging, and registration fees.

Operating expenditures include, but are not limited to, the cost of purchasing and improving the functionality of information systems used to collect and report program outcomes, office furniture and supplies, incentives for program participation, and food. These expenditures are projected based on actual prior year expenses. Capital purchases may include the cost of necessary technology for existing and new employees i.e., computer hardware and software, phones, etc. Costs may also include rent or lease fees associated with providing services, and other administrative expenses associated with services provided in this plan.

County allocated administration is also a covered expense that increases as the staff assigned to work on PEI programs increase. County administrative costs (A-87) expenditures are based on a formula prepared annually by the County Auditor and are a covered expense under this Plan.

SCBH works closely with contracted PEI providers to ensure costs that may be covered by MediCal are billed appropriately. Revenue generated by MediCal may be used to cover the costs associated with PEI programs.

PEI Expenditures

MHSA PEI expenditures are estimates and are subject to change based on several factors which include SCBH's ability to recruit and retain staff, and/or contractors, and the number of community members who choose to participate in services. Expenditures for the FY 23/24-FY 25/26 Three-Year Plan may include expenditures identified in prior Three-Year Plans and Annual Updates, and items identified through the CPP Process including, but not limited to: professional services, staffing, travel and transportation, including client transportation not covered by Partnership HealthPlan, client and contractor incentives, 'whatever it takes' funds to support clients in their recovery,

housing support including but not limited to, vouchers, rental subsidies, utility costs, and consulting fees to ensure expertise is available to the county, particularly with regard to data and data collection systems, medications and medical support, training and education, hard and software to support telehealth services, and to purchase or improve the functionality of systems to collect and report client data, food, office furniture, vehicles, technology to support employees including cell phones, laptops and desktop computers, additional space related to expanded services, and all other expenses necessary to support the services provided under this plan.

Innovation

Siskiyou County currently has two active Innovation projects, the Multi-County Full-Service Partnership Project which is in its fifth and final year, and the Semi-Statewide Electronic Health Record (EHR) Project which was approved by the Mental Health Services Oversight and Accountability Commission (MHOAC) in October of 2022.

County Name: Siskiyou

Project Title: Multi-County Full-Service Partnership (FSP) Innovation Project

Total Amount Requested: $700,000

Duration of Project: January 1, 2020, through June 30, 2024 (4.5 years)

Purpose of Proposed Innovation Project

Background

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. In Siskiyou County, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Even so, variation in FSP populations, needs, and local context has presented a challenge: FSP programs frequently apply different approaches to program design, outcomes measurement, and overall implementation. As a result, Siskiyou County and other counties across California do not have consensus about the best way to maximize impact

for FSP participants, and many would like to understand which core components of FSP drive better outcomes. Information flows often feel one-directional, as county staff and providers report data up to the state but struggle to interpret and analyze the data they receive back to examine outcomes or inform future decisions. Additionally, current state-required metrics are difficult to compare across programs, providers, and geographies. In practice, for county staff, providers, and community members, these challenges have meant that state-required performance measures do not fully capture how FSP clients are faring as whole people. Current metrics are limited: they do not prioritize what individuals need most, and in some cases, they fail to capture exactly how much improvement an FSP client has made. Additionally, processes for enrolling, discharging, and graduating clients from FSP programs are either inconsistent or not optimally informed by available data.

Project Purpose

Increases the quality of mental health services, including measured outcomes.

Promotes interagency and community collaboration related to Mental Health Services or supports outcomes

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This multi-county Innovation Project represents an innovative opportunity for Siskiyou to partner with a diverse group of participating counties (Fresno, Ventura, Sacramento, San Bernardino, and San Mateo) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) has supported Third Sector, a San Francisco-based nonprofit, in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSP's. Third Sector has helped behavioral and mental health programs

nationwide create an improved focus on outcomes, guiding government agencies through the process of implementing and sustaining outcome-oriented, data-driven services focused on improved meaningful life outcomes. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each participating county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

Through participation in this multi-county Innovation Project, Siskiyou County will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. Staff will examine what matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive programs. The overall purpose and goals of the Innovation Project are to:

1. **Improve how counties define and track priority outcomes** and related performance measures, as well as counties' ability to apply these measures consistently across FSP programs
2. **Develop new and/or strengthen existing processes for continuous improvement** with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and better using qualitative and quantitative data to inform potential FSP program modifications
3. **Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined** through various state-level and county-specific reporting tools
4. **Develop a shared understanding and more consistent interpretation of the core FSP components** across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context
5. **Increase the clarity and consistency of enrollment criteria, referral, and graduation processes** through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners

Collaboration with a Statewide FSP Learning Community:

In addition to the county-specific implementation technical assistance (TA) proposed in this Innovation Project, Siskiyou County will participate in a concurrent, statewide FSP Outcomes-Driven Learning Community that Third Sector is leading with funding from the MHSOAC. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the Learning Community, helping each group build upon the work of the other, and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

Rationale for Using the Proposed Approach

This project was in part a response to the Commission's finding that counties continue to struggle to demonstrate the original premise of FSP: to partner with the most at-risk mental health clients, providing a "whatever it takes" standard of care that helps individuals achieve fuller, more independent lives and avoid the negative outcomes that MHSA prioritizes (i.e. reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness).

Over the past several months, a broad group of counties (beyond just those participating in this Innovation Project) and Third Sector have convened to further unpack these challenges in a collective setting.[3] Specifically, counties and Third Sector have collaborated in several virtual and in-person convenings to develop (i) an initial baseline understanding of counties' current FSP programs, including unique assets and challenges as it relates to defining and measuring important FSP client outcomes; data collection, data sharing, and data use; FSP services and population guidelines; and ongoing FSP performance management / continuous improvement processes, and (ii) an initial, shared plan for implementing outcomes-focused FSP improvements. The activities and goals proposed by this project are directly informed by these efforts, designed to respond to common challenges, capacity needs, and shared opportunities for FSP program improvements cited by counties. This approach is also inspired by the Los Angeles (LA) County Department of Mental Health's journey to similarly focus their FSP programs on meaningful outcomes. This Innovation Project will build off LA County's early

[3] Counties engaged in early project planning and visioning discussions included: Butte, Kern, Fresno, Los Angeles, Marin, Orange, Plumas, Sacramento, Santa Barbara, San Bernardino, Shasta, Siskiyou, Sonoma, Ventura, Yolo

successes, implementing adjusted strategies and approaches that are appropriate for a statewide context.

Number & Description of Population(s) Served

This project focuses on transforming the data and processes counties use to manage their FSP programs to improve performance at scale; it does not entail direct services for FSP clients. Accordingly, we have not estimated the number of individuals that will be served or identified specific subpopulations of focus. This project will build outcomes-focused approaches across a variety of age-specific and population-specific FSP programs statewide, exploring and identifying key commonalities and relevant differences by population of focus, and building a flexible, scalable set of strategies that can be further implemented statewide.

Research on the Innovative Component

This Innovation Project presents a new opportunity and innovative practice for Siskiyou and the other participating counties in several ways:

1. County-Driven Origins

MHSA prioritizes specific outcome measures, including reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness. As it stands, many counties struggle to track these outcomes using existing tools, making it difficult to determine effectiveness or identify opportunities for improvement. Recognizing these gaps, counties themselves took the initiative to form this project as a response to their FSP program challenges and after hearing reflections on LA County's Department of Mental Health FSP transformation.

The county-driven origins of this project, paired with support from the MHSOAC, present a unique opportunity for Siskiyou to both (i) pursue county-specific implementation efforts that will drive lasting improvements within the Siskiyou's own FSP programs, and (ii) exchange learnings from these implementation efforts with other counties via a structured learning community designed to help increase *statewide* consensus on FSP's core components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

2. Introducing New Practices for Encouraging Continuous Improvement & Learning

This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients' experiences, client life outcomes, and aim to increase consistency in how FSP's are administered within and across different counties. This project will build on tools and learnings emerging from Third Sector's existing work with the Los Angeles County Department of Mental Health's FSP transformation, which centered on understanding and improving core child, adult, and older adult FSP outcomes, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement.

Importantly, the project will also contribute to these learnings and tools, creating new approaches and strategies intended to achieve similar and further results. It aims to develop and pilot continuous improvement processes and actionable data use strategies that are tailored to Siskiyou's specific context, and to generate new learning and shared consensus around FSP program and performance management best practices, alongside other participating counties.

3. Proposing Changes to State-level FSP Data Requirements

Building from the above, this project also intends to surface specific data collection and data use elements that counties can use to track their FSP outcome goals in a more streamlined, consistent fashion that can be feasibly applied across the state. Through this project, counties will develop a more cohesive vision around which data elements and metrics are most relevant and recommend changes to state-wide FSP data requirements that better prioritize and streamline their use. Ultimately, these recommendations and any changes aim to better support counties in understanding who FSP services, what services they receive, and the outcomes that clients ultimately achieve.

Project Activities and Deliverables and Timeline

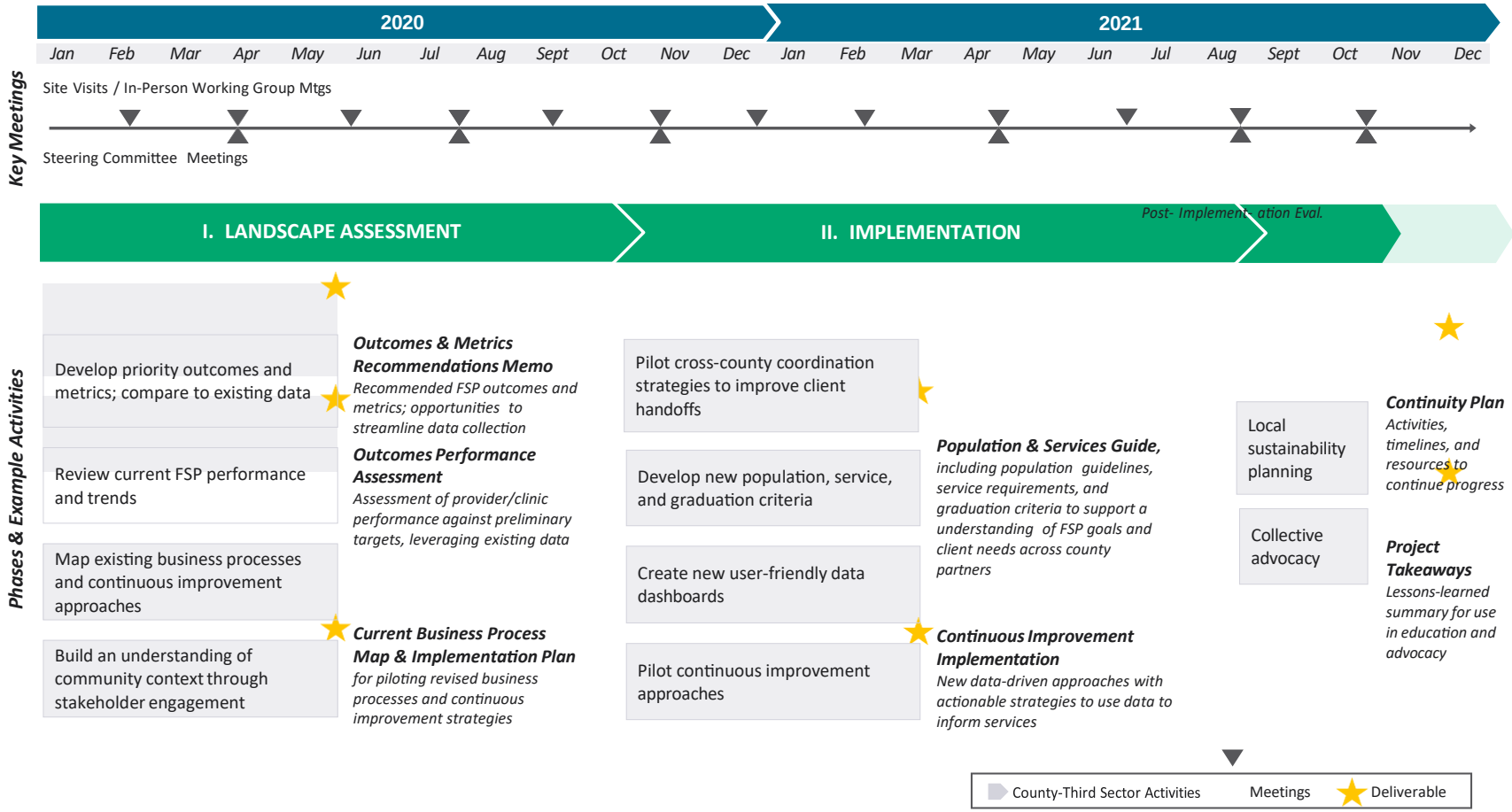
The Innovation Project will begin in January 2020 and end in June 2024 for a total project duration of 4.5 years. The project will be divided into two periods: an implementation technical assistance (TA) period and an evaluation period. Throughout project implementation, Siskiyou County will ensure continuity of FSP services.

In the first 23-month implementation technical assistance (TA) period, Third Sector will work directly with Siskiyou County and the six other participating counties to understand each county's local FSP context and provide targeted, county-specific technical assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings/calls with counties' core project staff, regular site visits and in-person working groups, and in-person stakeholder meetings with Siskiyou County leadership and community representatives, in order to advance the project objectives. These efforts will build on learnings and tools developed in Third Sector's work with the Los Angeles County Department of Mental Health, as well as Third Sector's previous partnerships with other California and national behavioral health, human services, justice, and housing agencies. Siskiyou County will receive dedicated technical support with a combination of activities and deliverables tailored for the Siskiyou's specific context, while also having access to shared resources and tools applicable across all FSP programs and counties.

This TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on which selection of deliverables is most relevant to Siskiyou County's needs and goals. Siskiyou County and Third Sector will collaborate over the next several months to identify Siskiyou's most priority activities and goals and to create a unique scope of work to meet these needs. See ***Figure 1*** below for an illustrative Implementation TA work plan and timeline by phase.

In the second period of the project, Siskiyou and other participating counties will pursue a post-implementation evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces. This post-implementation evaluation and the overall Innovation Project will conclude at the end of June 2024.

Figure 1: Illustrative Implementation TA Work Plan


2020
2021
Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec
Key Meetings
Site Visits / In-Person Working Group Mtgs
Steering Committee Meetings
I. LANDSCAPE ASSESSMENT
II. IMPLEMENTATION
Post- Implement- ation Eval.
Phases & Example Activities
Develop priority outcomes and metrics; compare to existing data
Outcomes & Metrics Recommendations Memo
Recommended FSP outcomes and metrics; opportunities to streamline data collection
Review current FSP performance and trends
Outcomes Performance Assessment
Assessment of provider/clinic performance against preliminary targets, leveraging existing data
Map existing business processes and continuous improvement approaches
Build an understanding of community context through stakeholder engagement
Current Business Process Map & Implementation Plan
for piloting revised business processes and continuous improvement strategies
Pilot cross-county coordination strategies to improve client handoffs
Develop new population, service, and graduation criteria
Create new user-friendly data dashboards
Pilot continuous improvement approaches
Population & Services Guide,
including population guidelines, service requirements, and graduation criteria to support a understanding of FSP goals and client needs across county partners
Continuous Improvement Implementation
New data-driven approaches with actionable strategies to use data to inform services
Local sustainability planning
Collective advocacy
Continuity Plan
Activities, timelines, and resources to continue progress
Project Takeaways
Lessons-learned summary for use in education and advocacy
County-Third Sector Activities
Meetings
Deliverable

Phase 1: Landscape Assessment

The Landscape Assessment phase will act as a ramp-up period and an opportunity for Third Sector to learn about Siskiyou County's context in further detail, including local community assets, resources, and opportunities, existing FSP program practices, and performance on existing outcomes measures. Building off of templates from national mental/behavioral health projects, Third Sector will customize deliverables and activities for Siskiyou County's local FSP context. During this phase, Third Sector will work with staff to lead working groups and interviews, analyze county data, and facilitate meetings with local stakeholders to identify opportunities for improvement. Staff will share data and documents with Third Sector and provide guidance on local priorities and past experiences. Other example activities may include conducting logic models and root cause analyses to create consensus around FSP's desired outcomes, reviewing current outcomes and performance data to understand trends, and gathering qualitative data about the client journey and staff challenges. By the end of this phase, Siskiyou County will have an understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during the Implementation phase.

Third Sector will produce a selection of the following illustrative deliverables, as appropriate for Siskiyou County's unique context and needs:

- **Outcomes & Metrics Plan:** Recommended improved FSP outcomes and metrics to understand model fidelity and client success, including recommended areas of commonality, alignment, and consistency across counties.
- **Population to Program Map:** A map of current FSP sub-populations, FSP programs, and community need, to illuminate any potential gaps or opportunities.
- **Population Criteria Outline:** Recommended changes to population eligibility criteria, service requirements, and graduation criteria.

- **Current State to Opportunity Map:** A map of metrics and existing data sources, including identification of any gaps and opportunities for improved linkages and continuity (e.g., auto-population of fields, removal of duplicate metrics, linking services/billing data to understand trends, opportunities to use additional administrative data sources to validate self-reported data).
- **Outcomes Performance Assessment:** An assessment of provider and clinic performance against preliminary performance targets, leveraging existing data and metrics.
- **Business Process Map:** A process map identifying current continuous improvement and data-sharing processes and opportunities for improvement.
- **Implementation Plan:** An implementation plan for new continuous improvement processes, both internal (i.e., creating improved feedback loops and coordination between county data, funding, and clinical/program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers).

Included in this phase, Third Sector and the counties will develop a set of qualifications and work plan for procuring a third-party evaluator. Example evaluator-led activities and deliverables include:

1. Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)
2. Work plan for executing any required data-sharing agreements and/or research board approvals that may be necessary to implement the post-implementation evaluation
3. Post-implementation evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client and systems level impacts
4. Final impact report

Phase 2: Implementation

Third Sector will provide individualized guidance and support to Siskiyou County and other participating counties through the Phase 2 Implementation process, piloting new strategies that were developed during Phase 1. Understanding

limitations on staff capacity, Third Sector will support staff by preparing materials, analyzing and benchmarking performance data, helping execute on data-sharing agreements, and leading working group or Steering Committee meetings. Staff will assist with local and internal coordination in order to meet project milestones. Additional activities in Phase 2 may include the following: improving coordination across county agencies to create a human-centered approach to client handoffs and transfers, completing data feedback loops, and developing new referral approaches for equitable access across client FSP populations. As a result of this phase, Siskiyou will have piloted and begun implementing new outcomes-oriented, data-driven strategies.

With Third Sector's implementation support, Siskiyou County may achieve a selection of the following deliverables in Phase 2:

- **Referral Strategies:** Piloted strategies to improve coordination with referral partners and the flow of clients through the system.
- **Population and Services Guide**: New and/or revised population guidelines, service requirements, and graduation criteria.
- **Updated Data Collection & Reporting Guidelines:** Streamlined data reporting and submission requirements.
- **Data Dashboards:** User-friendly data dashboards displaying performance against priority FSP metrics.
- **Continuous Improvement Process Implementation:** Piloted continuous improvement and business processes to create clear data feedback loops to improve services and outcomes.
- **Staff Training:** Staff trained on continuous improvement best practices.
- **FSP Framework:** Synthesized learnings and recommendations for the FSP Framework that counties and Third Sector can share with the broader statewide Learning Community for further refinement.
- **FSP Outcomes & Metrics Advocacy Packet:** Recommendations on improved FSP outcomes, metrics, and data collection and sharing practices for use in conversations and advocacy in stakeholder forums and with policy makers.

Further, in this phase, a third-party evaluator will be selected based upon the qualifications and workplan developed in Phase 1. Third Sector, participating counties, and the evaluator will develop a scope of work detailing the exact deliverables and activities that the evaluator will lead as part of the post-implementation evaluation.

Phase 3: Sustainability Planning

Throughout Phases 1 and 2, Third Sector will work closely with Siskiyou County to ensure sustainability and transition considerations are identified and prioritized during implementation, and that, by the conclusion of the project, staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 will provide additional time and dedicated focus for sustainability planning, whereby, Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Siskiyou County may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. Specific Phase 3 activities may include articulating lessons learned, applying lessons learned to other mental health and social service efforts, creating ongoing county work plans, and developing an FSP impact story. As a result of Phase 3, Siskiyou County will have a clear path forward to continue building on the accomplishments of the project.

Third Sector will produce a selection of the following deliverables for Siskiyou County:

- **Project Case Study:** A project case study highlighting the specific implementation approach, concrete changes, and lessons learned.
- **Continuity Plan:** A continuity plan that identifies specific activities, timelines and resources required to continue to implement additional outcomes-oriented, data-driven approaches.
- **Project Toolkit:** A project toolkit articulating the specific approaches and strategies that were successful in the local FSP transformation for use in

similarly shifting other mental health and related services to an outcomes orientation.

- **Communications Plan:** A communications plan/strategy articulating communications activities, timelines, and messaging.
- **Project Takeaways:** Summary documents articulating major takeaways for use educating statewide stakeholders on the value of the new approach.
- **Evaluation Work Plan & Governance:** An evaluation work plan to assist the counties and the evaluation partner in project managing the post-Implementation evaluation phase.

Expected Outcomes

At the end of this project, Siskiyou County will identify and prioritize FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation. The specific implementation activities may vary based on the results of Siskiyou's landscape assessment, but may include the following: piloting new referral processes, updating service guidelines and graduation criteria, using qualitative and quantitative data to identify program gaps, sharing data across providers, agencies, and counties, streamlining data practices, improving data-reporting formats, implementing data-driven continuous improvement processes, and recommending changes to state-level data requirements.

Mental Health Services Act General Standards

This project meets MHSA General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**

- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**
- It will establish a shared understanding of FSP's core components and create a common framework that reflects best practices while adapting for local context and **cultural competency**
- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project

Learning Goals

This project expects to contribute new learnings and capacities for Siskiyou and other participating counties throughout the county-specific technical assistance and evaluation activities involved. Guiding research questions that this project aims to further explore include, but are not limited to, the following:

1. What was the process that Siskiyou County and Third Sector took to identify and refine FSP program practices?
2. What changes to Siskiyou County's original FSP program practices were made and piloted?
3. What impacts did these changes to Siskiyou's original FSP program practices generate for clients and FSP program providers following implementation?
    a. For FSP clients: What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?
    b. For FSP providers: Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?
4. Has this project improved how data is shared and used to inform discussions within Siskiyou County on FSP program performance and strategies for continuous improvement?
5. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within Siskiyou County?

Beyond the above county-level learning goals, the project also aims to understand the quantity, quality, and ultimate impact of undertaking these changes through a

collaborative, multi-county approach. Guiding research questions to assess the collaborative nature of this project include, but are not limited to:

6. What concrete, transferrable learnings, tools, and/or recommendations for state-level change have resulted from the FSP Learning Community and collective group of participating counties?
7. Which types of cross-county collaboration forums and topics have yielded the greatest value for county participants?
8. Which types of collaboration forums and topics have yielded the greatest value for county participants?

Evaluation & Learning Plan

Third Sector and the counties will pursue a number of evaluation and data analysis activities throughout the duration of the project (as described in the *Project Activities & Deliverables* section above*).* Third Sector will support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator that can provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via a post-implementation evaluation. These efforts will support counties in articulating a meaningful, data-informed impact story to share across the state about the specific actions pursued through this project and the resulting impacts and learnings.

Counties have expressed a desire to prioritize onboarding an evaluator in the early stages of the project. Currently, counties have identified RAND Corporation and UC Irvine as potential evaluation partners, as both organizations have previously partnered with counties through CalMHSA. The counties, Third Sector, and CalMHSA are currently determining the appropriate method and process for contracting with an evaluation partner during the first phase of the project, given the importance of having this partner involved in any initial efforts to approximate counties' baseline FSP practices and performance, as well as provide appropriate time to execute any data-sharing agreements required for the evaluator to gather and assess outcomes data across each of the participating counties.

The post-implementation evaluation, led by the counties and the third-party evaluator, will aim to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to current FSP practices and program administration ("systems-level impacts"), and (B) the overall improvements for FSP client outcomes ("client-level impacts"). These two types of measures will help determine whether the practices developed by this project effectively simplify and improve the usefulness of data collection and management, *and* whether these practices supported the project's ultimate goal of improving FSP client outcomes.

Counties, with support from Third Sector and the evaluator, will identify and finalize outcome measures to quantify these impacts upon procuring the evaluator (end of 2020 to beginning 2021) via a written evaluation plan. The evaluation plan will include a timeline for defined deliverables and will crystallize these research questions, outcome measures, data-sharing requirements and resulting evaluation activities, including validation of baseline levels of performance and current FSP practices. Evaluation planning activities will also include developing and confirming a strategy for each county to gather and collect data consistently, both for the purposes of creating a baseline understanding of current FSP program practices and performance, as well as for gathering data required for the post-implementation evaluation.

Community Program Planning & Local Review Processes

Community Program Overview

Siskiyou County operates two FSP programs, a Children's System of Care (CSOC) and an Adult System of Care (ASOC) program that combined serve approximately 230 individuals annually. Program eligibility is determined by diagnosis and risk factors pursuant to the MHSA regulations for FSP criteria. Each Partner is assigned a clinician and case manager that work in the appropriate system of care as determined by the Partner's age. FSPs may also receive psychiatric services and/or peer support services upon referral by the primary service provider. Many Partners also receive services through the county Wellness Center.

Due to the specificity and flexibility of the FSP program, the county has encountered difficulty developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices. The county utilizes the Data Collection Reporting (DCR) database developed by the State to track outcomes, however, this tool has not been useful with regard to informing treatment or promoting quality improvements.

Stakeholder Engagement

Siskiyou County Behavioral Health is dedicated to including diverse stakeholder groups in the planning and implementation of MHSA programs and services. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Board, providers, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

Community stakeholders have consistently identified the need for clear, consistent and reliable data and outcomes to assist programs in identifying goals, measuring success and pinpointing areas that may need improvement. Throughout numerous focus groups where outcomes have been shared, the Department has recognized that consumers are not interested in the measurement of progress, rather they are solely focused on amelioration of the problem. Therefore, the FSP program rarely receives feedback on the outcome data. The program is being evaluated in order to find a meaningful way in which to share the data that will encourage collaborative feedback.

The FSP Innovation Project was shared in stakeholder groups in March 2019, where the proposed use of Innovation funds was well-received.

30-day Stakeholder Review and Public Hearing

A draft plan has been publically posted for a 30-day comment period beginning on December 10, 2019 through January 9, 2020. The Public Hearing with Siskiyou's Behavioral Health Board will be conducted on January 21, 2020. The plan will be revised based on feedback received, after which it is scheduled to go before the Siskiyou County Board of Supervisors for review and final approval on February 4, 2020.

Innovation Project Budget & Source of Expenditures

Overview of Project Budget & Sources of Expenditures: All Counties

The total proposed budget for supporting all six participating counties in pursuing this Innovation Project is approximately $5.7M over 4.5-years. This includes project expenditures that are shared across counties (i.e. Third Sector technical assistance; CalMHSA; third-party evaluation), as well as any additional county-specific expenditures that participating counties may choose to support for the purposes of this project (e.g. salary and benefits costs for county supporting staff).

All costs will be funded using county MHSA Innovation funds, with the exception of San Mateo County which will contribute CSS & PEI funding. Counties will contribute varying levels of funding towards a collective pool of resources to support shared project costs. This will streamline counties' funding contributions and drawdowns through sharing resources, reduce individual project overhead, and increase coordination across counties in the use of these funds.

Project Budget & Expenditures: Siskiyou County

Siskiyou County requests to contribute a total of $700,000 in MHSA Innovation funds to support this project over the 4.5-year project duration. See Figure 1 below for an estimated breakdown of requested funds by fiscal year. Figure 2 includes an estimated breakdown of budget expenditures by fiscal year.

Note that all of Siskiyou's funding contributions would come from MHSA Innovation funding.

Figure 1: Siskiyou County Budget Request by Fiscal Year

	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	Total
Individual County Contribution towards Shared Project Costs	$95,787	$207,741	$151,573	$123,450	$121,450	$700,000

Figure 2: Siskiyou County Budget Expenditures

BUDGET BY FUNDING SOURCE AND FISCAL YEAR							
EXPENDITURES							
Personnel Costs (salaries, wages, benefits)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
1.	Salaries	$17,578	$35,616	$37,396	$7,771	$7,771	$106,132
2.	Direct Costs	$10,597	$21,514	$22,590	$4,700	$4,700	$64,100
3.	Indirect Costs	$1,409	$2,856	$2,999	$624	$624	$8,512
4.	Total Personnel Costs	$29,584	$59,986	$62,985	$13,095	$13,095	$178,744

Operating Costs (travel, hotel)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 23/24**
5.	Direct Costs	$2,000	$4,000	$4,000	$4,000	$2,000	$16,000
6.	Indirect Costs	$0	$0	$0	$0	$0	$0
7.	Total Operating Costs	$2,000	$4,000	$4,000	$4,000	$2,000	$16,000

Non-Recurring Costs (technology, equipment)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
8.	Direct Costs	$0	$0	$0	$0	$0	$0
9.	Indirect Costs	$0	$0	$0	$0	$0	$0
10.	Total Non-Recurring Costs	$0	$0	$0	$0	$0	$0

Consultant Costs/Contracts (training, facilitation, evaluation)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
11a.	Direct Costs (Third Sector)	$0	$100,000	$120,336	$0	$0	$220,336

11b.	Direct Costs (CalMHSA)	$0	$33,338	$18,038	$938	$938	$53,252
11c.	Direct Costs (Evaluator)	$0	$10,417	$10,417	$105,417	$105,417	$231,668
12.	Indirect Costs	$0	$0	$0	$0	$0	$0
13.	Total Consultant Costs	$0	$143,755	$148,791	$106,355	$106,355	$505,256

Other Expenditures (explain in budget narrative)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**Total**
14.	Program/Project Cost	$0	$0	$0	$0	$0	$0
15.	Total Other Expenditures	$0	$0	$0	$0	$0	$0

EXPENDITURES TOTAL						
Personnel	$29,584	$59,986	$62,985	$13,095	$13,095	$178,744
Direct Costs	$0	$143,755	$148,791	$106,355	$106,355	$505,256
Indirect Costs	$2,000	$4,000	$4,000	$4,000	$2,000	$16,000
Total Individual County Innovation Budget*	$31,584	$207,741	$215,776	$123,450	$121,450	$700,000
CONTRIBUTION TOTALS						
Individual County Contribution	$0	$143,755	$148,791	$106,355	$106,355	$505,256
Additional Funding for County-Specific Project Costs	$31,584	$63,986	$66,985	$17,095	$15,095	$194,745
Total County Funding Contribution	$31,584	$207,741	$215,776	$123,450	$121,450	$700,001

Budget Narrative

As detailed above, Siskiyou County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Siskiyou County's funding also set aside for county staff travel and administrative costs:

County Travel and Administrative Costs:

Siskiyou County anticipates travel costs up to $16,000 over the 4.5 years, or approximately $3,500 per year, which may vary based on the number of staff

traveling and the number of in-person convenings. Including estimated administrative costs, Siskiyou County will allocate approximately $178,000 for 4.5 years of personnel costs.

Shared Project Costs:

The remaining amount, $506,000, will support project management and technical assistance (e.g. Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation. Siskiyou County's funding contribution will be added to other County's funding, approximately $278,000, to ensure total consultant costs are covered.

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EHR Multi-County Innovation (INN) Project
Appendix and Budget Template

APPENDIX: Siskiyou County

1. COUNTY CONTACT INFORMATION

- **Primary Project Lead—** Sarah Collard, HHSA Director – scollard@co.siskiyou.ca.us
- **Secondary Project Lead—** Tara Ames, Project Coordinator — tames@co.siskiyou.ca.us
- **Information Systems (I.S.) Project Lead—**Mark Halsebo – mhalsebo@co.siskiyou.ca.us

2. KEY DATES:

Local Review Process	Dates
30-day Public Comment Period (begin and end dates)	9/3/2022 – 10/3/2022
Public Hearing by Local Mental Health Board	10/3/2022
County Board of Supervisors' Approval	Anticipated 10/18

This INN Proposal is included in:

	Title of Document	Fiscal Year(s)
	MHSA 3-Year Program & Expenditure Plan	
X	MHSA Annual Update	*Revised MHSA Plan (Mid-Year Adjustment to 22-23 Annual Update), currently in 30 day Public Comment*
	Stand-alone INN Project Plan	

3. DESCRIPTION OF THE LOCAL NEED(S)

Siskiyou County Behavioral Health (SCBH) hosted four community stakeholder activities to present the INN Project and receive feedback.

1. Six Stones Wellness Center: Consumer/Family Member Stakeholder Surveys August 29th through August 31st, 2022.
2. SCBH Consumer surveys— August 29th through August 31st, 2022.

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3. SCBH Supervisors Meeting (Zoom)– September 1, 2022 – 8:15 am
4. SCBH All-Staff stakeholder surveys—August 29th through August 31st, 2022.

All stakeholder activities included key questions related to the current EHR System.

- How many attendees utilize SCBH Electronic Health Records?
- What Challenges exist with the current SCBH EHR?
- What Improvements can be made to enhance user experience? Consumer and Family Member Experience? Contractor Experience?
- What other systems do you utilize to document consumer/client information or to generate reports for quarterly data reports/outcomes?

Below are the nine categories of challenges with the current EHR system and the qualitative responses from the surveys:

1. Inefficient documentation
   - Too much time every day is spent doing documentation.It is unnecessary.
   - Too much repeat information gathering for staff.
   - The system is not user friendly and extremely slow to navigate.
   - It is slow to respond at times and the need for multiple electronic signature or passwords is very annoying.
   - It shouldload faster.
   - Takes additional time, thus time away from clients and collaborating with staff
   - Hard to find old records easily, old labs new labs, difficult in how meds are accessed. Doing a diagnosis we shouldnot be doing anything but writing it out someone else shouldcode and bill it and it is so time consuming to change a diagnosis quickly and discontinueanother one.
   - The staff have to repeat entering the same information in several places. In order to track information many screens have to be opened and closed just to find what is needed.
2. The EHR is too difficult to learn and detracts from client care
   - It is hard to train someone new on a system that does not always make sense. Having so many different procedures for inputting information is challenging to remember and track. There are new expectations being handed down through regulations on a regular basis that do not fit into the design of Anasazi. This makes it frustrating and hard to keep trying to learn the new processes when they do not actually fit.
   - I feel Anasazi is outdated and does not offer the best services for client care.
   - Not client or clinically oriented.

- Getting behind in notes or assessment documentations can affect our ability to have availability for clients. Not having ease of access to prior notes through a more streamlined organizational flow is a challenge for being able to know what is going on and the history of a client.
- Anasazi is difficult to learn and teach for new/incoming providers and slows down the documentation process. Too many steps!
- I feel we spend more time on documentation than seeing the client.
- If we could focus more on the services we provide to clients instead of the need to use specific language to capture those services, and having to block out time to properly enter information into Anasazi, many of our clients would have more time dedicated to the services we provide
- I have witnessed several times clinicians being required to cancel clients to catch up on tardy documentation.
- I would argue that the client service to documentation time is very disproportionate.

3. The EHR creates needless barriers to reporting requirements
   - In regards to SUD, the barriers are several; Timelines are not flagged for staff to know when their 5-month additional medical necessity is due. CalOms is not flagged if the client has not been seen within the 30 days so that the 10-day letter can go out prior to the end of the 30 days.
   - Staff are forced to prioritize documentation over client care, even at the point of first contact. The EHR doesn't have a way to easily meet the state requirements by tracking client access data, such as timeliness and CSI Assessment Record data, without duplicating processes. New clients don't understand why they can't be scheduled for an assessment on their first phone call to the agency; instead, they are directed to access coordinator because scheduling within the system is very complicated.
   - Pulling data from the EHR is extremely challenging, and staff must be highly trained to extract accurate data. The dashboards are not built directly into the EHR, which limits who has access to them, and aggregated client data for managing staff caseloads doesn't exist. This EHR was never meant to be used for behavioral health purposes, and it is clear that it creates needless burdens for staff and excludes clients from seeing their health information online.
4. Lack of access to viewing the client's full chart at once
   - It is very time consuming all the signatures needed, all the different screens needed that have nothing to do with charting, Multiple screens needed to order a medication, consents, sending to pharmacy and to see your current medications quickly while in session. All very cumbersome. I have worked on many electronic records and none as difficult and non-necessary work to document.
   - Unable to view multiple clients at once.

- There are so many steps involved with viewing, documenting, schedulingand navigation within the clients chart. unable to access multiple forms/pages or multiple clients at the same time.
- The staff have to repeat entering the same information in several places. In order to track information many screens have to be opened and closed just to find what is needed.
- Not being able to access multiple documents at once makes UR and Quality Improvement processes more time-consuming and difficult.
- Frustrating to navigate between different client charts as well as within individual charts. There are too many different screens to move around in to achieve complete and satisfactory documentation. Fluid real-time documentation is nearly impossiblein clinical or medical settings using Anasazi.

5. Prescription and Medication management barriers
   - E-scripting limited to non-controlled medications which requires the use separate E-scripting service for controlled medications. That said, even non- controlled medications can be difficult for medical providers and nursing staff to use and manage usingthis program. Useful information is not easily accessed and is not well organized. Takes extensive and lengthy training to use proficiently. This EHR seems like a program for billing rather than for managing and documenting client care. Medical staff here have to maintain and use a paper chart in conjunctionwith the electronic record to be able to quickly reference medication orders and administration records. Maintaining a duplicate paper chart is extremely wasteful of staff time, space and paper.
   - It is a billing system built for billing purposes, NOT for clinicians or provider. It DOES NOT allow a provider to print a current med list for a client so that a client can leave with a clear understanding of their current medications.
6. Overcomplicated, not adaptable, and not intuitive for users
   - Anasazi has terrible spell check. It doesn't recognize common words. The font is super small and hard to read. It is embarrassing to have to move real close to the screen in front of clients. I have not found a way to zoom the screen or anything like you can in other computer platforms. The new EHR requirements have very limited Z codes that are appropriate or compliment SUD services.
   - The system is not user friendly for staff. It is difficult to navigate . It is hard to get the data needed out of it. It is hard to help staff understand that what they do effects the revenue.
   - I feel we could have a system that is much more user friendly.
   - This is by far the worst EHR in my 33 year career helping people. Completely distracts from being able to provide good quality care. Cumbersome and unintuitive is being kind here.

- This program is not user friendly at all. There are too many places to get lost in this program that causes a lot of frustration.
- The amount of time it takes to access the chart, look for documentation, completing documentation, and too many documents to complete.
- Not a barrier to all around care but a barrier to efficient client care. Frustrating and time consuming to use this EHR.
- The font size is hard to read and small. It is a strain on my eyes and leads headaches and frustration.
- Anasazi is terrible to try and use via VPN because the font size cannot be adjusted and you can only have one item open at a time.

7. Poor caseload management
   - Not only do we have a lot of documentation, but the timelines are hard to keep track off.
   - Anasazi, is not user friendly and lack of reporting for Chart storage, lack of flagging system for Assessments...etc.
8. Contributes to staff burnout
   - So many tasks we shouldnot be doing as the providers and it is so nonsensicalto learn every single provider I worked with when I started said how they "hate it"
   - The amount of documentation and time spent documenting is problematic. It gets overwhelming and takes time away from spending quality time with the client. The stress of time lines follows me home at times because I feel like its so much.
   - It's cumbersome and time consuming which detracts from the time available for treatment. It contributes to staff burnout which in turn results in increased sick and other leave which reduces availability of staff who are providing services. Staff are unwilling to work in the public sector due to charting requirements and the challenges associated with use of the EHR and this creates a barrier to access.
   - We have even had new staff leave because learning the complex documentation process is too challenging for them, and it is not intuitive at all. Many of our staff do not meet their billable standards because they don't capture much of their time due to not wanting to waste their time documenting.
   - As someone who supportstraining these staff on documentation,I can tell you that not only is it the least favorite aspect of their job, but they spend nearly as much time doing it as seeing clients. Often times those who stay current on documentation, have to stay late or come in after hours in order to do so, which directly corresponds to increased levels of burn out!
   - I had already decided to leave my job within three weeks of being here until I was treated so kindly I didn't have the heart to pull the resignation trigger.
   - Being in front of a computer 25% of the time documenting client care and coordination of care is exhausting and brain numbing.

- It is exhausting and not why I became a therapist.

- I feel that there is an overwhelming amount of documentation which leads many employees to feel overloaded and frustrated.

9. No access for client's to see their information
   - Consumers, family members, and community-based organizations reported the need for clients to have access to their own information through a portal.

SCBH Supervisors shared their experiences regarding challenges with onboarding new users, supervision, caseload management, compliance, functionality, and cultural competence.

1. New users
   - Not user friendly. It takes a long time to learn to navigate.
   - New people take a long time to see clients due to the time it takes to train them on the EHR. (weeks to get up to speed)
   - It takes a lot of supervisor time to get people set up in the system. If there are other challenges in the agency, it can sometimes take days before the staff can begin their training.
   - Heavy supervisorburden to train new staff.
   - Training depends heavily on the learning style of the staff.
   - The EHR is not an intuitive program. There is no draw to bring people into the agency when they hear that the EHR is a challenge to work with.
   - Cumbersome, it doesn't auto-populate which creates more work for providers. Very duplicative processes.
   - Other programs have formal trainings that are offered to staff; this is not available for our EHR.
2. Compliance
   - No flagging or warning system.
   - Challenges with scanningdocuments, time-consuming.
   - Records retention: the flagging system would tell you how long we've been holding on to records for. We have to do this manually.
   - Doesn't allow for scanningtwo-sided documents.
   - People print out attachments to read, which increases chance of a HIPAA breach.
   - Lack of security, you can still tell if someone is in SUD services.
   - Not set up for Title 42 protections.
   - Additional ROIs have to be made to protect liability between BH and SUD departments.
   - Staff want the system to be more secure for client data.
3. Functionality
   - The background contributes to eye fatigue.

- Improved CalOMS reporting, easier share of costs reporting, better fiscal and service reports.
- User friendly system
- Sequentially required forms to be available. Integrate new CalAIM Problem list as part of the clinical record, not a separate item in the database.
- Increase the number of templates for medical department. Include Medical ROI's on the front page, add a lab work template
- Ensure that information that can be duplicated from various forms is done so accurately.
- Increase functionality across systems
- Forms that pre-populate demographic information and other known information
- Have an EHR that is available to the user no matter where they are.
- Creating a portal system in which consumer/family members have the ability to access information on their health status, problem lists, aftercare, follow-up appointments and an application that will allow for ease of communication between provider and consumer through the portal system.
- Simple and Intuitive Platform
- IS Help Desk that is quick to respond – 24 hour Access
- System that connects and integrates with other counties across California

Quantitative data from the surveys showed that 60% of respondents use the current EHR in their daily work activities. Of those individuals, 90% of staff respondents were either neutral or dissatisfied with how Anasazi manages caseloads, and 88% of staff respondents reported that they were dissatisfied with Anasazi overall as an electronic health record. Additionally, 75% of psychiatric providers were dissatisfied with Anasazi's ability to monitor medications and medication refills.

4. DESCRIPTION OF THE RESPONSETO LOCAL NEED(S) AND REASON(S)WHY YOUR COUNTY HAS PRIORITIZEDTHIS PROJECT OVER OTHER CHALLENGES IDENTIFIEDIN YOUR COUNTY

As with many counties across California, SCBH and Community Partners are uniquely situated to participate in this Multi-County INN project. Stakeholders across our system have expressed deep concern about the inadequate EHR system that is currently utilized. Stakeholders have prioritized this project to improve and enhance the EHR system to meet the needs of the provider and consumer community alike. With this unique multi-county collaborative, Siskiyou County can provide continuous feedback through system end-users, providers, contractors, consumer/family member staff and recipients of care. This broad stakeholder group will serve as an essential feedback loop

- Notifications are a huge problem. The agency spends a lot of money for staff to keep their notifications updated.
- Filters in every tab have to be changed.
- Client attachments are challenging to view and navigate, especially if you're on a VPN.
- Auto population doesn't go to all the places where data is stored.
- Can assign tasks/due dates to staff through the EHR or send notifications when tasks have been completed.
- Timeliness: supsaren't informed when services are scheduled outsideof standards.
- You can't track urgent services or assessmentupdates, if staff never finalized a document.
- No plagiarizing notices (copy/paste).
- All staff use another program to use spell check.
- If staff are interrupted, it doesn't save or auto-save the progress.
- Hard to set up groups and adjust times.
- CalOMS is exceptionally challenging to pull out data for reporting.
- SUD notifications are not set up or easy to change.

4. Caseload Management
   - Case managers, peers, and nurses can't carry caseloads in the EHR. It's hard to find out to who people are assigned to.
   - A lot of workarounds are needed to make referrals to other agencies or even within different departments within the agency. There is no mechanism to track referrals or make them through the EHR.
   - Tasks cannot be assigned to other staff and monitored by supervisorvia notifications and due dates.
   - Supervisors have to oversee the frequency of services and the EHR does not allow for this. They have to usemultiple logs to track caseloads, referrals, special programs, etc.
5. Cultural Competence Concerns
   - No alias abilities
   - No preferred names or pronouns,only allows Medi-Cal Name to identify chart and has no way to give staff a heads-up that the client identifies by a different name or gender.

As evidenced above, the challenges with the current EHR are impactful for the entire SCBH system and the clients it services. Below are the recommended solutions for a new EHR that meets the needs of all SCBH staff and consumers.

- Full integration and portability of systems including android and apple application access for consumers/family members
- Link Health Information Exchange system into new EHR system so that staff and consumers can have access across the county.
- Fast connections to the server.

- Improved CalOMS reporting, easier share of costs reporting, better fiscal and service reports.
- User friendly system
- Sequentially required forms to be available. Integrate new CalAIM Problem list as part of the clinical record, not a separate item in the database.
- Increase the number of templates for medical department. Include Medical ROI's on the front page, add a lab work template
- Ensure that information that can be duplicated from various forms is done so accurately.
- Increase functionality across systems
- Forms that pre-populate demographic information and other known information
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to program design, system design and evaluation alike. SCBH hopes to achieve the following learning goals in participation with this INN Project:

1. Using a Human-Centered Design approach, identify design elements of a new Electronic Health Record to improve our local behavioral health workforce's job effectiveness, satisfaction, and retention.
2. Implement a new EHR that is more efficient to use, resulting in a 30% reduction in time spent documenting services, thereby increasing the time spent providing direct care.
3. Implement a new EHR that facilitates a client-centered approach to service delivery, founded upon creating and supporting a positive therapeutic alliance between the service provider and the client.

5. DESCRIPTIONOF THE LOCAL COMMUNITYPLANNING PROCESS

SCBH recognizes the meaningful relationship and involvement in the MHSA Process and related behavioral health system. A partnership with constituents and stakeholders is key to the CPPP. SCBH hosted four community stakeholder activities to present the INN Project and receive feedback.

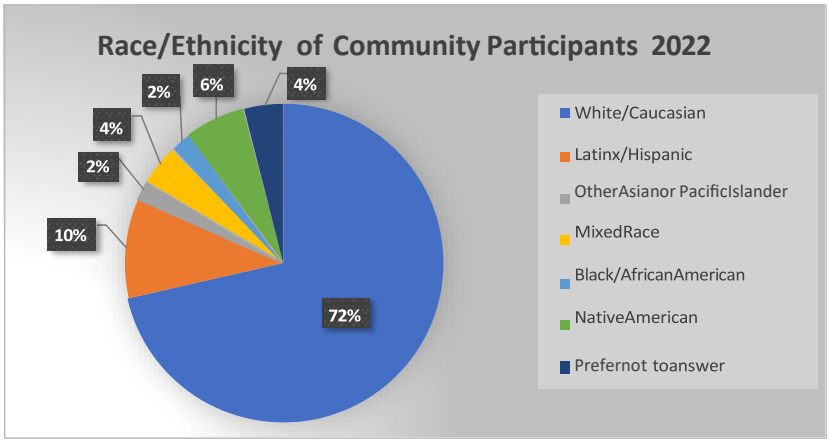
1. Six Stones Wellness Center: Consumer/Family Member Stakeholder Surveys August 29th through August 31st, 2022.
2. SCBH Consumer surveys— August 29th through August 31st, 2022.
3. SCBH Supervisors Meeting (Zoom)– September 1, 2022 – 8:15 am
4. SCBH All-Staff stakeholder surveys—August 29th through August 31st, 2022.

Stakeholder participation and demographics were tracked through Microsoft Forms. Stakeholder participants were demographically diverse and included representatives of unserved and underserved populations. The community activities had participation by 50 individuals; 11 were members of the Six Stone Wellness Center, 9 were SCBH clients, and 30 were SCBH and community-based organization staff. 72% of the participants self-identified as a consumer or as a family member of a consumer. All participants were adults, there were no youth surveys returned. Participants also represented the following stakeholder groups:

- Consumer Advocates/Family Members
- Community-Based Organizations

- Substance use disorder treatment providers
- Health Care Providers
- County Behavioral Health Department Staff
- LGBTQIA/Family member of LGBTQIA
- Professionals with lived experience with mental illness
- Family members of disabled veterans

A diverse range of individuals from racial and ethnic backgrounds attended the community activities. Similar to the County's demographic breakdown and those SCBH provides services to, the White/Caucasian group comprised a majority of participants (71%). However, the survey results included more racial and ethnic diversity than the County's demographics, as the White/Caucasian group typically represents 85% of the County population.



All community activities began with the purpose of the INN project and included key questions related to the current EHR System.

- How many attendees utilize SCBH Electronic Health Records?
- What Challenges exist with the current SCBH EHR?
- What Improvements can be made to enhance user experience? Consumer and Family Member Experience?

- What other systems do you utilize to document consumer/client information or to generate reports for quarterly data reports/outcomes?

The SCBH supervisor discussion group was led Ashley Bray, Quality Assurance Manager. Sarah Collard, the HHSA Director, presented on the CalMHSA Multi-County EHR Project and qualitative feedback was documented via minutes and through the Zoom chat box. To gain consumer and family member feedback, SCBH distributed paper surveys at the Six Stones Wellness Center and at the North and South County SCBH offices. Each survey described the CalMHSA Multi-County EHR Project and included a mixed methods approach to collecting qualitative and quantitative responses.
Another survey was sent to all SCBH staff that utilize the current EHR (Anasazi). The survey described the CalMHSA Multi-County EHR Project and included a mixed methods approach to collecting qualitative and quantitative responses. Staff participants included peers, behavioral health specialist, clinicians, SUD counselors, nurses, psychiatric providers, health information technicians, fiscal technicians, telehealth providers, contracted providers, information system technicians, and receptionists.
There were 50 respondents to the surveys, which represented a broad range of SCBH staff, contract providers, community members, and consumer and family members.

A 30 day public comment period will commence on September 3rd through October 3rd, 2022 with the release of Siskiyou County's Revised (DRAFT) 2022-23 MHSA Annual Update to include this draft appendix, associated INN Budget summary and INN Project description. A Public Hearing is scheduled with the Siskiyou County Behavioral Health Board on October 3 rd to finalize the 30 day public comment period. A final draft will be presented for approval to Siskiyou County Board of Supervisors at the next available meeting on October 18th, 2022.

6. CONTRACTING

Organizational Management:

- The HHSA Director and/or MHSA Coordinator will serve as Lead Contact for the EHR INN Project. These individuals are experienced in stakeholder engagement and chairs various stakeholder system committees such as MHSA Consortiumof Providers & Community Stakeholders and the SCBH Cultural Competency Committee. The HHSA Director and/or MHSA Coordinator manage the MHSA 3 Year Plan and Annual Update Community

Planning Process annually and additional stakeholder engagement projects as needed.

- The Project Director will serve as Alternate Contact for the INN Project and develops all SCBH programs.
- The Department Information Systems (IS) Supervisor will serve as IS Project Leads for EHR INN Project. The IS Supervisor is experienced in our current EHR systems and overall I.S.technology and have led system-wide projects through our I.S. Department.
- Department Fiscal Officer will provide direct feedback for platform upgrades/changes and analysis for the Finance/Billing department to insure proper integration through the Medi-Cal billing system.

Contract Monitoring:
Ongoing contract monitoring and quality control is undertaken through the SCBH administration team, per protocols outline by the organization. Protocols include comprehensive contract review and auditing protocols.

SCBH contract monitoring is a year-long process of evaluating a contract's performance based on measurable deliverables and verifying contractor compliance with term and conditions of the contract with the County. The purposes of the monitoring are to 1) improve program performance, thereby mitigating program inefficiencies; 2) evaluate contractor performance controls to ensure there is a reliable basis for validating service deliverables; 3) to assure that the financial documentation is adequate and accurate; 4) and review compliance with applicable regulatory requirements.

7. COMMUNICATION AND DISSEMINATION PLAN

Upon approval of the INN project, the HHSA Director (and once hired, the MHSA Coordinator) will create an EHR Community Stakeholder group. Stakeholders engaged in the EHR Community Stakeholder Group may include: staff, providers, consumers, and family members. The stakeholder group will play a critical role to serve as an essential feedback loop to program design, system design and evaluation alike.
The EHR Community Stakeholder Group will be included as a subcommittee to the Quality Improvement Committee to solidify commitment to the stakeholder process. The subcommittee will be scheduled on the agenda on a monthly basis to provide ongoing progress and quarterly feedback from the larger stakeholder committee.

CaliforniaMental Health Serv icesAuthority
1610ArdenWay
STE 175
Sacramento,CA 95815
Office: 1-888-210-2515
Fax: 916-382-0771
www.calmhsa.org

SCBH will work with CalMHSA and its program partners to disseminate information regarding the EHR Multi-County Innovation Project to local stakeholders and counties. In general, communication pertaining to evaluation findings, or the publication of research studies will occur through the following steps:

1. SCBH will post a public announcement to the SCBH MHSA Website https://www.co.siskiyou.ca.us/behavioralhealth/page/ment-ahlealth-services-act
2. MHSA Coordinator and/or program staff will provide annual presentation to stakeholder committees (Behavioral Health Board, MHSA Consortium of Providers (CBO's), Consumer/Family Member Stakeholders, and Quality Improvement Committee) on progress of the innovation project.
3. SCBH will partner with CalMHSA to further expand and provide related reports to social media outlets to announce findings and direct subscribers to the report.

8. COUNTY BUDGET NARRATIVE

Expenditure Category	*Expenditure Item*	*Description/Explanation of Expenditure Item*	*Total Project Cost*
Other Expenditures		*10% Annual Administration costs for management of the contract.*	*$97,556 ($99,457 - 646,361 Annually)*
Contract/ Consultation		*Contract/PA Agreementwith CalMHSA*	*$975,550 for 5 Year span of INN funds ($90,415 - $587,601 Annually)*

9. BUDGET & FUNDINGCONTRIBUTIONBY FISCAL YEAR AND SPECIFICBUDGET CATEGORY

Attached as requested

10. TOTAL BUDGET CONTEXT: EXPENDITURESBY FUNDINGSOURCE & FISCAL YEAR

Attached as requested

BUDGETBY FISCALYEARAND SPECIFICBUDGETCATEGORY

COUNTY EXPENDITURES ***SiskiyouCounty***

	PERSONNELCOSTS(salaries, wages, benefits)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
1	Salaries						
2	Direct Costs						-
3	IndirectCosts						-
4	**Total PersonnelCosts**	**-**	**-**	**-**	**-**	**-**	**-**

	OPERATINGCOSTS*	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
5	Direct Costs						
6	IndirectCosts						
7	**Total OperatingCosts**						$

	NON-RECURRINGCOSTS(equipment, technology)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
8							
9							
10	**Total non-recurringcosts**						**$**

	CONSULTANT COSTS/CONTRACTS	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
11	Direct Costs	587,601	116,505	90,415	90,481	90,548	975,550
12	IndirectCosts						-
13	**Total ConsultantCosts**	**587,601**	**116,505**	**90,415**	**90,481**	**90,548**	**975,550**

	OTHEREXPENDITURES(explainin budget narrative)	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
14	AdministrativeCost	58,760	11,651	9,042	9,048	9,055	97,556
15							
16	**Total OtherExpenditures**	**58,760**	**11,651**	**9,042**	**9,048**	**9,055**	**97,556**

EXPENDITURETOTALS	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
Personnel(totalof line 1)						
DirectCosts(add lines 2, 5, and 11 from a	587,601	116,505	90,415	90,481	90,548	975,550
IndirectCosts(add lines 3, 6, and 12 from	-	-	-	-	-	-
Non-recurring costs(totalof line 10)						-
OtherExpenditures(totalof line 16)	58,760	11,651	9,042	9,048	9,055	97,556
TOTALINDIVIDUALCOUNTYINNOVATION	**646,361**	**128,156**	**99,457**	**99,529**	**99,603**	**1,073,106**

CONTRIBUTIONTOTALS**	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
County Committed Funds						
Additional Contingency Fundingfor County-Specific ProjectCosts						
TOTAL COUNTYFUNDINGCONTRIBUTION						

BUDGETCONTEXT - EXPENDITURESBY FUNDINGSOURCEANDFISCALYEAR (FY)							
COUNTY:	***SiskiyouCounty***						
ADMINISTRATION:							
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Projectby FY & the followingfunding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation(INN)MHSA Funds	646,361	128,156	99,457	99,529	99,603	1,073,106
2	Federal Financial Participation						
3	1991Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total ProposedAdministration	**646,361**	**128,156**	**99,457**	**99,529**	**99,603**	**1,073,106**
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Projectby FY & the followingfunding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation(INN)MHSA Funds						
2	Federal Financial Participation						
3	1991Realignment						
4	Behavioral Health Subaccount						
5	Other funding						
6	Total ProposedEvaluation						
TOTALS:							
C.	Estimated TOTAL mental health expenditures (this sum to total fundingrequested) for the entire durationof this INN Projectby FY & the followingfunding sources:	**FY 22-23**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**FY 26-27**	**TOTAL**
1	Innovation(INN)MHSA Funds*	646,361	128,156	99,457	99,529	99,603	1,073,106
2	Federal Financial Participation	-	-	-	-	-	-
3	1991Realignment	-	-	-	-	-	-
4	Behavioral Health Subaccount	-	-	-	-	-	-
5	Other funding**	-	-	-	-	-	-
6	Total ProposedExpenditures	**646,361**	**128,156**	**99,457**	**99,529**	**99,603**	**1,073,106**
* INN MHSA funds reflected in total of line C1 shouldequal the INN amountCountyis requesting approvalto spend.							
** If "other funding"is included,please explain within budget narrative.							

Workforce Education and Training (WET) Programs

Workforce Education and Training programs and activities address workforce shortages and deficits using strategies identified in Welfare and Institutions Code Section 5822(a)-(i) as follows:

Training and Technical Assistance

- The **Community and Workforce Training and Technical Assistance Program** provides education and training programs and activities for prospective and current public mental health system employees, contractors, and volunteers, including clients and family members with the goal of developing and maintaining a culturally and linguistically competent workforce (W&I Code 5822 f-j).
- The **Behavioral Health Workforce Training and Technical Assistance Program** provides training in evidence-based practices for agency staff and providers in the community. The objective of this program is to improve the quality of services provided throughout the public mental health system (W & I Code 5822 f)

Residency and Internship Programs

- The **Remote Supervision Program** expands the public behavioral health workforce by providing remote supervision for pre-licensed staff (W & I Code f).

Financial Incentive Program

- **Scholarships for Medi-Cal Peer Specialists** are offered in recognition of the value Peer Specialists bring to the workforce. Scholarships support individuals seeking Medi-Cal Peer Specialist certification. This program aligns with strategies outline in W & I Code f-i.
- The **Clinician Training Program** increases the number of licensed clinicians in the behavioral health workforce by providing tuition repayment for SCBH staff members to attend master's level programs (W & I Code a, b, and f).

Superior WET Contribution

Siskiyou County contributes to the MHSA Superior Region WET program to fund pipeline/career awareness, scholarships, stipends and loan repayment programs in collaboration with the Department of Health Care Access and Information (HCAI). The Superior Region is comprised of fifteen (15) counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Shasta, Sierra, Siskiyou, Tehama, and Trinity. This program was implemented in July of 2021, and will continue through June of 2025. Siskiyou's contribution to this program in FY 23/24 is estimated to be $59,221. These funds will be matched by HCAI and will be available to Behavioral Health employees for student loan repayment.

Capital Facilities and Technology Needs (CFTN)

The CFTN component of the MHSA Plan is intended to produce long-term impacts with lasting benefits that increase the mental health system's goals of wellness, recovery, resiliency, cultural competence, and expansion of opportunities for accessible community-based services for clients and their families which promote the reduction in disparities for underserved groups.

Prudent Reserve

Siskiyou County Behavioral Health maintains a Prudent Reserve that is available for use if PEI and CSS funding is insufficient to support existing programs. The Prudent Reserve fund may not exceed 33% of the average Community Services and Supports revenue received in the preceding five years. This amount is reassessed at five-year intervals.

Siskiyou County Behavioral Health established the Prudent Reserve account in FY 07/08 and contributed funds to the account in each of the ensuing three years. In FYs 11/12 through 14/15, no additional funds were allocated to the Prudent Reserve. In FY 15/16, SCBH resumed allocating funds to the Prudent Reserve account. In FY 19/20, in accordance with SB 192 which established a cap on the amount of funds counties can have in the Prudent Reserve account, SCBH reallocated $1,054,688.39 Prudent Reserve funds back to the CSS account. The current Prudent Reserve amount is $893,441.50. SCBH will not be allocating additional funds to the Prudent Reserve account in FY 23/24.

SISKIYOU COUNTY
Health and Human Services Agency

SARAH COLLARD, PH.D.
Director of Health and Human Services Agency
TRACIE LIMA, LCSW
Clinical Director of Behavioral Health Division
AIMEE VONTUNGELN, LMFT
Deputy Director of Behavioral Health Division

DEPARTMENTAL PROCEDURES

SUBJECT: Mental Health Services Act Community Program Planning Process	POLICY NO. MHSA 103 Appendix A	EFFECTIVE DATE 3/31/2020
APPROVED BY: Sarah Collard, Ph.D., HHSA Director	REVISION DATE: NA	PAGES 2

PURPOSE: The Siskiyou County Behavioral Health Division, (BHD) Mental Health Services Act, (MSHA) program participates in the Community Program Planning Process as the basis for developing the three-year program and expenditure plans, and updates in partnership with stakeholders to:

- Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the MHSA;
- Analyze the mental health needs in the community; and
- Identify and re-evaluate priorities and strategies to meet those mental health needs.

The Community Program Planning Process shall, at a minimum, include:

- Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members;
- Participation of stakeholders, including community/agency partners.

POLICY:

BHD ensures that the Community Program Planning Process is adequately staffed. The BHD's designated staff are responsible for:

- The overall Community Program Planning Process;
- Coordination and management of the Community Program Planning Process;
- Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process;

- Ensuring that stakeholders reflect the diversity of the demographics of the BHD, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process;
- Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations; and
- Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

Authority: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d) and 5892(c), Welfare and Institutions Code.

DIRECTOR OF HEALTH AND HUMAN SERVICES AGENCY

Class Code: 1609

Bargaining Unit: Appointed Department Heads

COUNTY OF SISKIYOU
Established Date: Feb 3, 2022
Revision Date: Feb 3, 2022

SALARY RANGE

$61.22 - $78.19 Hourly
$4,897.96 - $6,254.90 Biweekly
$10,612.24 - $13,552.27 Monthly
$127,346.94 - $162,627.29 Annually

DESCRIPTION:

Under administrative direction, to plan, organize, manage, direct, and supervise the activities, programs and services of the county Health and Human Services Agency including Disaster and Emergency Preparedness Services, specialized public, personal and inmate health programs, WIC, California Children's Services public assistance, employment services, adult and child protective services and mental health services to be responsible for fiscal management, personnel management, program planning, and program evaluation, and public and political relations; to represent department activities, programs, and services with community organizations, and other government agencies; and to do related work as required.

DISTINGUISHING CHARACTERISTICS
This is a Department Head classification for the position which has overall management responsibility for the county Health and Human Services Agency.

REPORTS TO
Receives policy direction from the Board of Supervisors and administrative direction from the County Administrator.

CLASSIFICATIONS SUPERVISED
Director of Behavioral Health, Director of Social Services and Director Administrative Services, Director of Nursing, Public Health Officer, Deputy Director of Emergency Services and Executive Secretary
Other staff as necessary.

EXAMPLES OF DUTIES:

ESSENTIAL FUNCTIONS
Plans, organizes, directs, coordinates, and administers the programs, activities, and services of the county Health and Human Services Agency, based on policy direction provided by the County Board of Supervisors, federal requirements, and state regulations and policies; has responsibility for enforcement of Disaster and emergency services, specialized public, personal and inmate health programs, WIC, California Children's Services, eligibility, employment, child and adult protective services, mental health laws and regulations; develops and recommends department goals, objectives, and policies; prepares and administers the department budgets; submits budget requests to the County Administrator and the County Board of Supervisors, providing accompanying justification; controls fiscal expenditures and revenues; formulates policies and procedures; analyzes, interprets and evaluates the effect of federal, state, and local legislation, rules, policies and procedures on county Health and Human Services Agency Programs and initiates appropriate compliance actions; hires, supervises, evaluates, and ensures proper training of agency staff in accordance with county personnel rules and the Interagency Merit System; counsels department staff as warranted by problems and circumstances; oversees Health and Human Services agency programs planning and evaluation; directs the gathering of statistical information and the preparation of a variety of agency reports; explains and interprets rules and regulations concerning the administration of the Health and Human Service Agency programs; represents the department with the public, community organizations, and other government jurisdictions; serves as the department's advocate in a variety of forums; deals with the most sensitive

public complaints and issues; provides expertise on human services and social services and mental health problems and issues for county management staff and elected officials; performs a broad range of administrative and management duties; coordinates department functions and services development with other county departments; meets with state representatives regarding department reviews; develops appropriate corrective action as warranted by reviews.

TYPICAL QUALIFICATIONS:

Any combination of training and experience which would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities would be:

Possession of a Bachelor's Degree is required in public or business administration, social services, or a closely related field. A Master's Degree is highly desirable.

Broad and extensive professional experience working in public or private agency human services program; including five years in high level management or Assistant Department Head level or related experience as a Department Head in a similar agency.

Special Requirements:

Possession of, or ability to obtain, a valid and appropriate driver's license.

SUPPLEMENTAL INFORMATION:

TYPICAL PHYSICAL REQUIREMENTS
Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; lift and move objects weighing up to 25 pounds; corrected hearing and vision to normal range; verbal communication; use of office equipment, including computer, telephone, calculator, copiers, FAX, and other related peripheral equipment such as printers and scanners.

TYPICAL WORKING CONDITIONS
Work is performed in an office environment; work may involve stressful situations and include dealing with erratic and sometimes threatening behavior. Continuous contact with staff and the public.

SPECIAL REQUIREMENTS:

Possession of, or ability to obtain, a valid and appropriate driver's license.

KNOWLEDGE OF::

- Social Service and Mental Health problems and issues and their relationship tp the development and delivery of programs and services.
- Federal, state and county laws and regulations applicable to the delivery of human services, protective services, employment services, public assistance eligibility, behavioral health and department functions.
- Local, state, and national social services and mental health policies, functions, and systems.
- Public personnel management.
- Principles, techniques, and practices of effective program administration.
- Budget development and expenditure control.
- Goals and purposes of public health services programs.

ABILITY TO::

- Principles and techniques of supervision, training, and development.
- Plan, organize, direct, manage, and coordinate the functions and programs of the county Human Services Agency.
- Develop a budget and control expenditures.
- Analyze, interpret, explain, and apply a variety of federal, state and county policies, rules, procedures, and regulations.
- Establish program goals and objectives.
- Communicate effectively orally and in writing.
- Effectively communicate with people from diverse ethnic and cultural backgrounds.
- Coordinate department services with other agencies and service providers.
- Effectively represent the Human Services Department in contacts with the public, community organizations, and other government agencies.
- Establish and maintain cooperative working relationships.

Clinical Director of Behavioral Health Services

Class Code: 1656

Bargaining Unit: Assistant Department Heads

COUNTY OF SISKIYOU
Established Date: Aug 7, 2018
~~Revision Date: Feb 6, 2020~~

SALARY RANGE

$47.07 - $60.11 Hourly
$3,765.69 - $4,808.94 Biweekly
$8,158.99 - $10,419.36 Monthly
$97,907.83 - $125,032.33 Annually

DESCRIPTION:

The County of Siskiyou is an Affirmative Action/Equal Opportunity Employer.
We welcome applicants of any race, religion, or ancestry

DEFINITION
Under executive direction, to plan, organize, direct, manage, and supervise the County of Siskiyou Behavioral Health Clinical Programs; to represent Behavioral Health Division programs and services with the public, community organizations, and other government agencies; and to do related work as required.

DISTINGUISHING CHARACTERISTICS
This is a Division Director position with general responsibility for the planning, organizing, directing, managing and supervising of county Behavioral Health Clinical staff and functions.

REPORTS TO
Human Services Agency Director

CLASSIFICATIONS SUPERVISED
System Administrators, and other staff as assigned

EXAMPLES OF DUTIES:

Plans, organizes, directs, coordinates, and administers the county Behavioral Health Division; develops, recommends, and implements department goals, objectives, and policies; coordinates with to fiscal administrator in preparing department budgets; manages various outpatient, and outreach programs, including MHSA, and monitors inpatient and residential programs utilized by the department; ensures proper development of case management services for department clients; develops prevention programs; administers provider contracts; compiles data and records, prepares reports and statistical information for planning purposes; responds to public concerns and requests for information; hires, supervises, evaluates, and insures proper training of department staff in accordance with county personnel rules; administers a variety of categorical programs; develops new programs and services to meet community needs; prepares and administers grants; provides mental health information to the public, community organizations, and other county staff; interprets policies and regulations for the public; represents the department with other government agencies; serves as staff to the Behavioral Health; provides consultation and advice regarding complex case problems to clinical, professional, and support staff.

TYPICAL QUALIFICATIONS:

Training and Experience:

Any combination of training and experience which would likely provide the required

knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities would be:

Masters degree or Ph.D. in Psychology/Sociology, Public or Business administration, applied social science, or a related field;

AND

Minimum of (3) years of progressively responsible management and/or administrative position

Special Requirements:
Must be licensed as a LMFT, LPC, LCSW, or Clinical Psychologist, or possess a Masters in Public or Business Administration.

Possession of a valid and appropriate driver license.

SUPPLEMENTAL INFORMATION:

TYPICAL PHYSICAL REQUIREMENTS
Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; lift and move objects weighing up to 25 pounds; corrected hearing and vision to normal range; verbal communication; use of office equipment, including computer, telephone, calculator, copiers, and FAX.

TYPICAL WORKING CONDITIONS
Work is performed in an office environment; continuous contact with other staff and the public. Work may involve stressful situation and include dealing with erratic and sometimes threatening behavior.

SPECIAL REQUIREMENTS:

Special Requirements:
Must be licensed as a LMFT, LPC, LCSW, or Clinical Psychologist, or possess a Masters in Public or Business Administration.

Possession of a valid and appropriate driver's license.

KNOWLEDGE OF::

- Behavioral health problems and issues and their relationship to the development and delivery of mental health and alcohol and drug programs and services.
- Principles and practices of mental health, psychiatric, and alcohol and drug abuse assessments, evaluations, and client treatment.
- Local, statewide, and national behavioral and mental health delivery systems.
- Federal, state, and local laws and regulations applicable to mental health and alcohol and drug programs and services.
- Principles, techniques, and practices of effective mental health and alcohol and drug program development and administration.
- Budget development and expenditure control.
- Public personnel management principles and techniques of effective employee supervision, training, development, and evaluation.
- Community needs and resources.

ABILITY TO::

- Plan, organize, supervise, and administer the functions and programs of the county Behavioral Health Division.
- Interpret and apply County policies, procedures, rules and regulations.
- Insure proper enforcement of mental health and alcohol and drug program statutes, laws, and regulations.
- Provide direction, supervision, and training for department staff.
- Develop and administer budgets and control expenditures.
- Plan and implement a managed care system.

- Direct the preparation and prepare clear, concise reports.
- Effectively represent the Behavioral Health Department in contacts with the public, community organizations, and other governmental agencies.
- Establish and maintain cooperative working relationships.
- Supervise, train and evaluate assigned personnel.
- Establish goals & objectives and follow through to their attainment.

Mental Health Services Act Coordinator

Class Code: 0002

Bargaining Unit: Management

COUNTY OF SISKIYOU
Established Date: Oct 6, 2020
~~Revision Date: Oct 6, 2020~~

SALARY RANGE

$24.52 - $30.55 Hourly
$1,961.36 - $2,443.60 Biweekly
$4,249.61 - $5,294.47 Monthly
$50,995.36 - $63,533.60 Annually

DESCRIPTION:

The County of Siskiyou is an Affirmative Action / Equal Opportunity Employer
We welcome applicants of any race, religion, or ancestry.

Under limited direction, provides and coordinates mental health services as well as administrative services; coordinates the programs funded under California's Mental Health Services Act (MHSA), also known as Proposition 63. Additionally, plans, develops, and coordinates education and training services as outlined in the MHSA plan, and is responsible for the implementation and compliance of all related programs.

DISTINGUISHING CHARACTERISTICS
This classification is characterized by the responsibility for managing MHSA Programs. The single incumbent will plan, coordinate, and implement MHSA activities. This will include development and coordination of programs, managing budgets, and providing outreach information regarding wellness and recovery services. The required job duties will be accomplished by problem resolution, human resource development, training for consumers and providers, and other initiatives. Performance of the work requires the use of considerable independence, initiative, and discretion within established guidelines.

REPORTS TO
Receives direct supervision from assigned supervisory or management personnel.

CLASSIFICATIONS SUPERVISED
May provide programmatic lead direction of professional and support staff as assigned.

EXAMPLES OF DUTIES:

-
- Develops, plans, implements, organizes, and directly oversees the implementation of the MHSA components.
- Implements plans to meet program performance outcome measurement requirements.
- Conducts internal audits and participates in the external departmental review and audit process. Coordinates and monitors the established measureable, values-driven outcomes.
- Drafts and executes MHSA contracts as appropriate to ensure MHSA service are available to community members.
- Ensures needs assessments, quarterly reports, annual updates and executed contracts are within established program outcomes.
- Analyzes trends, evaluates program requirements and resource utilization; coordinates program planning and execution, and coordinates protocols to affect integrated services with other programs, departments, and agencies.
- Ensures compliance with the Mental Health Quality Assurance Program.
- Oversees, maintains, and revises reports, amendments, and programmatic changes for State approval.
- Monitors budget and expenditures for services, assures that appropriate services are provided; coordinates information and assures effective communications between programs.
- Promotes recovery and wellness, cultural competency, community, and consumer and

family member partnership and participation.

- Promotes and develops capacity for “best practices” in the delivery of behavioral health services.
- Prepares and submits funding proposals to appropriate agencies and organizations.
- Prepares exhibits, brochures, flyers, posters and other materials for presentation to the public, community agencies, support groups, healthcare professionals, and elected officials; works closely with community members in promoting events and outreach activities; reviews, selects and orders informational and educational literature.
- Represents the Health and Human Services Agency and its programs at professional, statewide, community and agency meetings and functions; participates on committees, advisory boards, task forces, etc., as appropriate.
- Attends training sessions, meetings, conferences, etc., to enhance job knowledge and skills.
- Performs various office/administrative duties as necessary, including preparing comprehensive reports and correspondence, compiling and analyzing statistical data for reports, attending and conducting meetings, procuring supplies, maintaining files, etc.
- Assist clients in accessing appropriate services by identifying and reducing barriers. Provide client education about the community health systems, focusing on access for the underserved populations.
- Draft mental health policy documents, news releases, and special features on assigned health topics.
- Engages clients and family members in activities that promote mental health awareness in daily activities..
- Work with clients, family members, and community members to identify methods of increasing mental health awareness and decreasing stigma towards those who suffer from mental illness.
- Compliance with all provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Compliance with all relevant laws and regulations regarding confidentiality.
- Performs related work as required.

TYPICAL QUALIFICATIONS:

TRAINING AND EXPERINCE

Any combination of training and experience which would provide the required knowledge, skills and abilities is qualifying. A typical way to obtain the required qualifications would be:

- Graduation from an accredited four-year college or university with a Bachelor’s Degree and major coursework in social services, psychology, education, marketing, communications, organizational studies or a closely related field.
- Behavioral Health/Health Services Administration experience is desirable.
- Two (2) years of increasingly responsible professional or administrative experience, preferably in the behavioral health field, including budgetary and/or contract management.
- Other combinations of education and experience may be considered.

License and Special Requirements:

- Requires a valid California driver’s license.

SUPPLEMENTAL INFORMATION:

TYPICAL PHYSICAL REQUIREMENTS

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; to operate a motor vehicle and to visit various County and meeting sites; vision to read printed materials and a computer screen; and hearing and speech to communicate in person, before groups, and over the telephone. While this may at times be a sedentary office classification, there may be times of frequent standing in work areas and walking between work areas. Tasks may frequently require standing or walking for extended periods of time. This position requires stamina for long distance or all-day driving of vehicle. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard, typewriter keyboard, or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects, up to 30 pounds, as necessary to perform job functions. Occasionally, while participating in public education events, may be exposed to inclement weather conditions.

TYPICAL WORKING CONDITIONS

Employees work in an office environment or in the field with moderate noise levels, limited controlled temperature conditions, and potential exposure to hazardous physical substances. Tasks may require exposure to illness/disease, work related stress and hostile clients. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures. Employees may work varying shift schedules including nights, weekends, and/or holidays.

SPECIAL REQUIREMENTS:

- Requires a valid California driver's license.

KNOWLEDGE OF::

- Basic principles of project management;
- Behavioral Health Wellness and Recovery Principles;
- MHSA regulations, programs and funding;
- General concepts of mental health treatment and preventive medicine;
- Available community resources;
- Leadership concepts and principles;
- Principles and practices of effective public speaking;
- Community outreach and public relations best practices;
- Basic statistical concepts;
- Fiscal management principles;
- Meeting facilitation and documentation of stakeholder participation;
- Grant preparation and administration; Applicable Federal, State, County, Department, and Division laws, regulations, policies and procedures;
- Modern office practices, methods and computer equipment;
- Record keeping principles and procedures;
- Computer applications related to the work;
- English usage, grammar, spelling, vocabulary, and punctuation;
- Techniques for dealing effectively with and providing a high level of customer service to all individuals contacted in the course of work;
- Concise business letter and report writing.

ABILITY TO::

- Plan, develop and implement effective programs;
- Monitor compliance of the MHSA via oversight and engagement of staff and contractual entities;
- Effectively facilitate meetings;
- Plan and successfully conduct community stakeholder input processes;
- Read and synthesize data;
- Read and interpret moderately complex materials pertaining to the responsibilities of the job;
- Follow government instructions for writing reports and grant applications;
- Provide effective leadership to staff and volunteer personnel;
- Make sound, educated decisions;
- Read and interpret moderately complex materials pertaining to the responsibilities of the job;
- Speak effectively in public;
- Assemble and analyze information and prepare written reports and records in a clear, concise manner;
- Make accurate arithmetic, financial and statistical computations;
- Maintain accurate records;
- Plan and provide effective training;
- Maintain significant flexibility in daily operations and decision making;
- React calmly and professionally in emergency, emotional and/or stressful situations;
- Establish and maintain effective working relationships with those contacted in the course of the work;
- Interact effectively with persons of different social, economic, and ethnic backgrounds.
- Work independently and as a team member;
- Operate modern office equipment including computer equipment and specialized software applications programs;
- Use English effectively to communicate in person, over the telephone and in writing.

Appendix C

Community Partnership Planning Process

FY 23/24

COMMUNITY PARTNERSHIP PLANNING

A process by which the County partners with it's stakeholders to develop the Three-year and Annual Update program and expenditure plans

- **We hope to identify unmet community mental health needs**
- **Analyze our findings**
- **Re-evaluate priorities and strategies as needed**

Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d) and 5892(c), Welfare and Institutions Code.

Section 3200.070. Community Program Planning Process.

INTRODUCTIONS

INTRODUCTIONS

Tracie Lima
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MHSA Coordinator
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What is MHSA?

PROGRAM INFORMATION

THE MENTAL HEALTH SERVICES ACT (MHSA)

- In 2004 California voters approved Proposition 63.
- Proposition 63 is a 1% tax on personal incomes above $1 million.
- The revenue generated funds nearly 25% of the state's public mental health system.
- MHSA funds a wide range of prevention, early intervention, and treatment services.
- MHSA funds are also used to support general system development.

CORE PRINCIPLES OF MHSA

- Community Collaboration
- Cultural Competency
- Client & Family Driven Services
- Integrated Services Experience
- Focus is on Wellness, Recovery and Resilience

CORE PRINCIPLES OF MHSA

- Community Collaboration is the process by which clients and/or families receiving services…work together to share information and resources in order to fulfill a shared vision and goals.

Section 3200.060. Community Collaboration.

CORE PRINCIPLES OF MHSA

- Cultural Competence means being aware of your own cultural beliefs and values…including being able to learn about and honor the different cultures of those you work with.

Section 3200. 100. Cultural Competence.

CORE PRINCIPLES OF MHSA

- Client & Family driven services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

Section 3200.050. Client Driven. Section 3200.120. Family Driven.

CORE PRINCIPLES OF MHSA

- Integrated Service Experience means individuals access a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.

Section 3200.190. Integrated Service Experience.

CORE PRINCIPLES OF MHSA

- Wellness, Recovery and Resilience is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Section 3320. General Standards. Wellness, Recovery, and Resilience

THE 5 COMPONENTS OF MHSA

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education & Training (WET)
- Capital Facilities and Technology Needs (CFTN)

THE TWO LARGEST COMPONENTS OF MHSA ARE ALSO THE MOST IMPACTFUL OF THE COMMUNITY

Community Services & Supports

Prevention & Early intervention

Section 3200.080. Community Services and Supports.
Welfare and Institutions Code Sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care).

COMMUNITY SERVICES & SUPPORTS

- Full Service Partnership (FSP) is a program that fosters client engagement in recovery through the provision of comprehensive client-centered mental health and non-mental health services that support recovery, wellness and resilience.
- General System Development is used to fund strategies for Adult and Children's Systems of Care; assessment and treatment of co-occurring mental health and substance use disorders; purchase of advertising/outreach materials; as appropriate, to draw down federal funds to support clinical services; for office supplies and to cover administrative costs.

Section 3200.170. General System Development Service Category.

AB 2265

COMMUNITY SERVICES & SUPPORTS

- General System Development funds have been used to support the following programs:
  - *Siskiyou County Health Care Collaborative
  - *Tulelake Healthcare Project
  - *Telehealth Expansion
  - *Transportation
  - *Crisis Intervention and Response

Section 3200.170. General System Development Service Category.

AB 2265

COMMUNITY SERVICES & SUPPORTS

- Outreach & Engagement are strategies used to engage unserved and underserved individuals in communities to help link them to services and reduce disparities identified by the County.

Section 3200.170. General System Development Service Category.

AB 2265

COMMUNITY SERVICES & SUPPORTS

Outreach & Engagement are strategies used to engage unserved and underserved individuals in communities to help link them to services and reduce disparities identified by the County.

Some examples of Community outreach projects are:

- Homeless Outreach – YPD
- Siskiyou Crossroads – 50 units (24 units dedicated to Supported Housing)
- Dare Officer – Sheriff's Office
- Outreach Video Project
- FSP Housing

PREVENTION AND EARLY INTERVENTION (PEI)

Prevention and Early Intervention Component is the section within the Plan intended to prevent mental illnesses from becoming severe and disabling.

Section 3200.245. Prevention and Early Intervention Component.
NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code

PREVENTION AND EARLY INTERVENTION (PEI)

Early Intervention	Outreach	Prevention	Stigma & Discrimination	Access & Linkage	Suicide Prevention
Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence . . .	A process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.	A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes	Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination rel ated to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dign ity, inclusion, and equity for individuals with mental illness, and members of their families.	Activities to connect children, adults, and seniors with severe mental illness as early in the onset of conditions to medically necessary services	Organized activities to prevent suicide as a consequence of mental illness. They are targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education.

CURRENT PEI PROVIDERS

DUNAMIS WELLNESS

HEALTHY, WHOLE AND LIVING WELL

MHSA COMPONENT - Early Intervention

- Provides a clinician and peer mentors to teach Botvin Life Skills to grades 6-8 at the Dunsmuir Elementary School and McCloud Elementary School. They have provided an experienced clinician who has provided short-term therapeutic interventions to high-risk students to address mild to moderate mental health issues.
- Adult mentoring for students that focuses on wellness topics, mindfulness, resilience, nutrition, self-care, healthy-coping mechanisms, and stigma reduction. Incorporation of these topics will be tailored to the age group being counseled. Refer students who meet the criteria for moderate to severe mental health issues to the County or Beacon for assistance to avoid supplantation of Medi-Cal Funds

CURRENT PEI PROVIDERS

Etna PAL

MHSA COMPONENT – Prevention

- **The goal of this program is to effect change in an individual's mental health including reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. Program services may include relapse prevention for individuals in recovery from a serious mental illness. Services provided are: mentoring (using Why Try and Girls Circle); Harmony with Horses; Strengthening the bond child/parent.**

CURRENT PEI PROVIDERS

YREKA HIGH SCHOOL

MHSA Component – Prevention, Early Intervention

- **Prevention groups are provided at Yreka High School and Discovery High School that focus on: Psychoeducation, Substance Use Prevention Presentations, Conflict Resolution presentations, one on one support.**
- **Early Intervention services are provided by an At-Risk counselor at Discovery High School and Yreka High School.**

MHSA COMPONENT - SDR

- **The Challenge Day mission is to provide youth and their communities with experiential programs that demonstrate the possibility of love and connection through the celebration of diversity, truth, and full expression. For millions of young people, bullying, violence, and other forms of oppression are a part of a typical school day. Four Challenge Day events provided at to all grade levels.**

CURRENT PEI PROVIDERS

Youth Empowerment Siskiyou

MHSA COMPONENT – Prevention & Early Intervention

- YES serves County residents within all age groups with a primary focus on Children, Transition Age Youth, and Families at a significantly higher than average risk of developing a serious mental illness including, but not limited to, Underserved populations, trauma-exposed, and children/youth in stressed families, at risk of school failure or Juvenile Justice Involvement. YES provides weekly Trauma Focused Youth Groups.
- Question Persuade Refer (QPR) teaches people to recognize the warning signs of suicide, how to offer hope to someone in need, and how to get help. The mission of Question, Persuade, Refer (QPR) is to save lives and reduce suicidal behaviors by providing evidence-based suicide prevention training. YES provides QPR Workshops, and Support Groups for Youth Experiencing Housing Instability.

MHSA COMPONENT - Outreach

- YES conducted a Suicide Prevention Open House, they participated in the May is Mental Health Month and conducted an Open House at the Weed YES Office. YES also provides a Youth Forum Awareness and Prevention open house.

CURRENT PEI PROVIDERS

Lotus Educational Services, Inc.

Just like the lotus, we too have the ability to rise from the mud, bloom out of the darkness, and radiate into the world.
~Unknown~

MHSA COMPONENT – Prevention & Early Intervention

- YES serves County residents within all age groups with a primary focus on Children, Transition Age Youth, and Families at a significantly higher than average risk of developing a serious mental illness including, but not limited to, Underserved populations, trauma-exposed, and children/youth in stressed families, at risk of school failure or Juvenile Justice Involvement. YES provides weekly Trauma Focused Youth Groups.
- Question Persuade Refer (QPR) teaches people to recognize the warning signs of suicide, how to offer hope to someone in need, and how to get help. The mission of Question, Persuade, Refer (QPR) is to save lives and reduce suicidal behaviors by providing evidence-based suicide prevention training. YES provides QPR Workshops, and Support Groups for Youth Experiencing Housing Instability.

MHSA COMPONENT - Outreach

- YES conducted a Suicide Prevention Open House, they participated in the May is Mental Health Month and conducted an Open House at the Weed YES Office. YES also provides a Youth Forum Awareness and Prevention open house.

CURRENT PEI PROVIDERS

Siskiyou Community Resource Collaborative

MHSA COMPONENT - Prevention

- SCRC provides groups that focus on Women, Parenting, Wise and Well, Pride Circles, Girls Circles, and Why Try, Boys Council, and Mother/Daughter Circles.

MHSA COMPONENT SDR

- SCRC disseminate mental health campaigns throughout the County. They host a variety of community events designed to reduce mental stigma. SCRC utilizes social media to share campaigns that improve understanding of mental health issues and reduce the stigma associated.

MHSA COMPONENT - Outreach

- SCRC provides mental health workshops that teach skills, promote mental well-being, and adverse childhood experiences.
- Access and Linkage
- SCRC is available to assist the community in accessing and linking to mental health services throughout the County.

CURRENT PEI PROVIDERS

Hellikon

MHSA COMPONENT - SDR

- This provider participates in the Directing Change statewide effort to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. Hellikon works with up to 4 schools in Siskiyou County to create 4 video projects following the state Directing Change guidelines.

CURRENT PEI PROVIDERS

Karuk

Prevention

- **The Karuk Tribal Housing prevention program offers groups that focus on mental wellbeing. The programs offered are: Bounce Back (skills building that aims at relieving symptoms of childhood PTSD, anxiety, depression, and functional impairments among students ages 5-11 years); Strengthening Families (evidenced based family skills training program for high risk and general population families), Healing of the Canoe (culturally grounded prevention and intervention life skills curriculum for tribal youth that builds on the strengths and resources in the community).**

CURRENT PEI PROVIDERS

Happy Camp Community Action/Mindful Little Campers (HCCA)

Prevention

- HCCA provides a Survivor support group for community disasters, Parenting workshops and series, youth groups (Why Try, Boys Council, Girls Circle) at the high school, and a Mindful Little Campers program at the elementary school. All groups are focused on the prevention of serious mental illness.

SDR

- HCCA hosts outreach events designed to reduce stigma and discrimination of mental illness. Examples of events are: Karuk Tribal Reunion, Bigfoot Jamboree, veterans clinics, and WIC clinics, etc)

Outreach

- HCCA provides workshops that teach ACES in collaboration with First 5, Raising your Spirited Child, and Mental Health Awareness.

Access and Linkage

- HCCA is available to assist the community in accessing and linking to mental health services throughout the County.

CURRENT PEI PROVIDERS

Quartz Valley Indian Reservation (QVIR)

Prevention

- QVIR provides prevention groups for youth and adults. Examples of groups are: Girls Circle, Boys Council, and Mother/Daughter Circle.

Outreach

- QVIR hosts a variety of community events, such as, a Monthly Culture Night to increase protective factors, Elder groups to focus on mental wellness, Gathering of Native Americans (GONA) community events focused on community concerns, and Healing of the Canoe series.

CURRENT PEI PROVIDERS

Tiny Mighty and Strong (TMS)

Prevention

- **TMS provides Restorative Justice Circles (focuses on mediation and agreement rather than punishment) in both Tulelake and Butte Valley Schools.**

Outreach

- **TMS provides community outreach events designed to increase awareness of mental illness and support for mental wellbeing.**

CURRENT PEI PROVIDERS

Tulelake/Newell Family Resource Center (TEACH)

Prevention

- TEACH provides a variety of adult and youth groups. Examples of groups are: Women's Circle-Being a Well Woman and Relationships, La Mariposa (engages adolescent Latina girls in a 12-week workshop that focuses on personal empowerment skills), Wise and Well (8 session program that works with ages 12-18 that addresses cyberbullying, social networking, binge drinking, marijuana use, the stigma of mental health and more), Empowerment and Identity on Social Media, and Mother/Daughter Circle.

Outreach

- TEACH provides various workshops that focus on Teen Dating Violence, Nurturing Parenting, Strengthening Families, Senior Isolation, Safe Space Presentation, and Erika's Lighthouse (geared toward middle school and high school students that teaches key concepts about depression and suicide through student stories, narration and graphics.)

CURRENT PEI PROVIDERS

First 5

Access & Linkage

- First 5 is available to assist the community in accessing and linking to mental health services throughout the County. Promote awareness and access to resources to improve early identification of mental illness and linkages to services for parents and caregivers of young children. They coordinate screening events WIC, SUD and CPS as well as document the attendance and demographic.

Outreach

- Facilitate Ready4K Texting Service to increase awareness of trauma-informed family activities. Provide ASQ training within Siskiyou County and provide access to curriculum and the online screening portal.

PRODUCTS OF THE CPP PROCESS FOR FY 22/23 ANNUAL UPDATE

- Add housing case manager to work with YPD
- Continue Homeless Outreach-YPD
- Housing Tools/Siskiyou Crossroads Complex
- FSP Housing
- Six Stones Wellness Center to co-locate with the low barrier homeless shelter
- Add analyst to support housing programs (may share with Social Services)

WHERE TO NEXT?

HOUSING

SUICIDE PREVENTION

HOMELESS OUTREACH

FY 23/24 - 25/26 MHSA IDEAS

CSS-FSP

- Lease for Revive houses
- Wellness Center in South County (also non-FSP)
- Driver
- Case manager
- Possible rent at FRC/CRC
- Hire BHS in outlying areas (HC, Tule) to work out of the FRCs and provide services (with FRCs?)

CSS-Non-FSP

- Match for the CCE grant
- Analyst specifically for MHSA
- Homeless Case Manager
- YPD for Homeless Outreach officer
- Contract with Housing Tools
- Contract for 2nd video for recruitment and community perception in working for the County (stories of employees who have started careers prior to current position/education)

FY 23/24 - 25/26 MHSA IDEAS

PEI

- Prevention specialist (MH) to work in schools in collaboration with MHSSA grant staff
- Prevention specialist (SUD) to work in schools in collaboration with MHSSA grant staff
- First 5
- Lotus (coordinate with PH to avoid duplication)
- Siskiyou mobile van
- Incentive grants for providers to get onto Apricot

INN

- Continue with CalMHSA EHR
- Final year of CalMHSA FSP (?)

FY 23/24 - 25/26 MHSA IDEAS

WET

- Start-up costs for Dunamis ($100,000)
- Incentive grants for Remi to implement documentation/payment reform
- Certification costs for peers

CAP/TEACH

- New computers
- Laptops for BHS in the field

COMMUNITY FEEDBACK QUESTIONS?

SURVEYS

English Language Version

Spanish Language Version

MHSA

Community Partnership Planning Process

The Mental Health Services Act funds many great programs in Siskiyou County for the purpose helping those who are often overlooked or not given enough support in addressing their mental health struggles.

If you have ideas on how we can help in your community through MHSA funds, please join us and share your feedback on where money and services would be most helpful.

Programs we fund:

WhyTry * Boy's Council * Girl's Circle * Strengthening Families * GONA Positive Peer Groups (YHS) * Etna PAL * Directing Change and many more . . .

If you were unable to attend, please use the QR Code to navigate to the website where there is a fillable word doc survey that can be emailed to:

MHSAcomments@co.siskiyou.ca.us

Or
An electronic survey on Survey Monkey.

MHSA will be in Happy Camp **on Tuesday, 03/06/23, 12-2 pm**

We hope to see you and talk to you at the MHSA Meeting

Join us at the Happy Camp Community Resource Center!

Appendix D

MHSA

Proceso de planificación de la asociación comunitaria (Community Partnership Planning Process)

MHSA financia muchos programas excelentes en el condado de Siskiyou con el propósito de ayudar a aquellos a quienes a menudo se les pasa por alto o no se les brinda suficiente apoyo para abordar sus problemas de salud mental.

Si tiene ideas sobre cómo podemos ayudar en su comunidad a través de los fondos de la MHSA, únase a nosotros y comparta sus comentarios sobre dónde serían más útiles el dinero y los servicios.

Programas que financiamos:

WhyTry * Boy's Council * Girl's Circle * Strengthening Families * GONA Positive Peer Groups (YHS) * Etna PAL * Directing Change y muchos más . . .

Si no pudo asistir, use el código QR para navegar al sitio web donde hay una encuesta de

Word doc que se puede completar y que se puede enviar por correo electrónico a:
MHSAcomments@co.siskiyou.ca.us
Una encuesta electrónica sobre Survey Monkey.

MHSA estará en Tulelake el miércoles 03/15/23, 12 -2 pm

Esperamos verlo y hablar con usted en la reunión de MHSA

¡Únase a nosotros en Tulelake Community Resource Center 800 Main

FY 2023-24 through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Siskiyou Date: 8/18/23

	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	2,347,185	92,094	187,156	0	0	
2. Estimated New FY 2023-24 Funding	5,169,244	1,295,832	339,423			
3. Transfer in FY 2023-24[a/]	(710,634)			427,470	283,164	
4. Access Local Prudent Reserve in FY 2023-24						
5. Estimated Available Funding for FY 2023-24	6,805,795	1,387,926	526,579	427,470	283,164	
B. Estimated FY 2023-24 MHSA Expenditures	5,002,444	1,129,767	267,039	427,470	283,164	
C. Estimated FY 2024-25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,803,351	258,159	259,540			
2. Estimated New FY 2024-25 Funding	2,486,867	621,717	163,610			
3. Transfer in FY 2024-25[a/]	(498,218)			369,575	128,642	
4. Access Local Prudent Reserve in FY 2024-25						
5. Estimated Available Funding for FY 2024-25	3,792,000	879,876	423,150	369,575	128,642	
D. Estimated FY 2024-25 Expenditures	3,484,759	872,746	134,564	369,575	128,642	
E. Estimated FY 2025-26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	307,241	7,130	288,586			
2. Estimated New FY 2025-26 Funding	2,454,902	613,725	161,507			
3. Transfer in FY 2025-26[a/]	(464,932)			323,260	141,674	
4. Access Local Prudent Reserve in FY 2025-26						
5. Estimated Available Funding for FY 2025-26	2,297,211	620,855	450,093	323,260	141,674	
F. Estimated FY 2025-26 Expenditures	2,292,026	619,652	141,292	323,260	141,674	
G. Estimated FY 2025-26 Unspent Fund Balance	5,185	1,203	308,801	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	692,431
2. Contributions to the Local Prudent Reserve in FY 2023-24	201,011
3. Distributions from the Local Prudent Reserve in FY 2023-24	
4. Estimated Local Prudent Reserve Balance on June 30, 2024	893,442
5. Contributions to the Local Prudent Reserve in FY 2024-25	
6. Distributions from the Local Prudent Reserve in FY 2024-25	
7. Estimated Local Prudent Reserve Balance on June 30, 2025	893,442
8. Contributions to the Local Prudent Reserve in FY 2025-26	
9. Distributions from the Local Prudent Reserve in FY 2025-26	
10. Estimated Local Prudent Reserve Balance on June 30, 2026	**893,442**

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 CSS for the previous five years.

FY 2023-24 through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Siskiyou Date: 8/18/2023

Community Services and Supports (CSS) Component Worksheet

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.	Children/TAY Full Service Partnerships	413,707	291,971	121,736			
2.	Adult/Older Adult Full Service Partnerships	1,549,911	860,073	689,838			
3.	Six Stones Wellness and Recovery Center	348,084	348,084				
Non-FSP Programs							
1.	Expansion of Adult/Children's BH Services	375,734	375,734				
2.	Expansion of Network Providers	375,734	375,734				
3.	Crisis Intervention and Response	355,235	355,235				
4.	Six Stones Wellness and Recovery Center	348,084	348,084				
5.	GSD Homekey Project Based Housing	1,000,000	1,000,000				
6.	Community Care Expansion	20,509	20,509				
7.	Homeless Outreach	80,000	80,000				
CSS Administration		115,346	115,346				
CSS Annual Planning		20,100	20,100				
CSS Evaluation Cost			-				
CSS MHSA Housing Program Assigned Funds		-	-				
Total CSS Program Estimated Expenditures		5,002,444	4,190,870	811,574			
FSP Programs as Percent of Total		46.2%	36.0%				

Community Services and Supports (CSS) Component Worksheet

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.	Children/TAY Full Service Partnerships	394,161	262,774	131,387			
2.	Adult/Older Adult Full Service Partnerships	1,161,099	774,066	387,033			
3.	Six Stones Wellness and Recovery Center	310,285	310,285				
Non-FSP Programs							
1.	Expansion of Adult/Children's BH Services	371,977	371,977				
2.	Expansion of Network Providers	371,977	371,977				
3.	Crisis Intervention and Response	351,683	351,683				
4.	Six Stones Wellness and Recovery Center	310,285	310,285				
5.	Homeless Outreach	79,200	79,200				
CSS Administration		114,193	114,193				
CSS Annual Planning		19,899	19,899				
CSS Evaluation Cost		-	-				
CSS MHSA Housing Program Assigned Funds		-	-				
Total CSS Program Estimated Expenditures		3,484,759	2,966,339	518,420			
FSP Programs as Percent of Total		53.5%	45.4%				

Community Services and Supports (CSS) Component Worksheet

		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.	Children/TAY Full Service Partnerships	232,555	155,037	77,518			
2.	Adult/Older Adult Full Service Partnerships	685,048	456,699	228,349			
3.	Six Stones Wellness and Recovery Center	320,712	320,712				
			-				
Non-FSP Programs			-				
1.	Expansion of Adult/Children's BH Services	208,307	208,307				
2.	Expansion of Network Providers	208,307	208,307				
3.	Crisis Intervention and Response	196,942	196,942				
4.	Six Stones Wellness and Recovery Center	320,712	320,712				
5.	Homeless Outreach	44,352	44,352				
CSS Administration		63,948	63,948				
CSS Annual Planning		11,143	11,143				
CSS Evaluation Cost		-	-				
CSS MHSA Housing Program Assigned Funds		-	-				
Total CSS Program Estimated Expenditures		2,292,026	1,986,159	305,867			
FSP Programs as Percent of Total		54.0%	46.9%				

FY 2023-24 through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component

County: Siskiyou Date: 8/18/2023

Prevention and Early Intervention (PEI) Component

Fiscal Year 2023-24

		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							
1.	High School Prevention Program	155,000	155,000				
2.	Youth Empowerment Siskiyou (YES)	60,000	60,000				
3.	Ready 4K	28,800	28,800				
4.	Etna PAL	30,215	30,215				
5.	Gathering of Native American Elders (GONA)	37,500	37,500				
6.	Healing of the Canoe	37,500	37,500				
PEI Programs - Early Intervention							
1.	High School Counseling Program	133,000	133,000				
Suicide Prevention							
1.	Suicide Prevention & Intervention Program	10,359	10,359				
Access and Linkage to Treatment							
1.	Early Childhood Screening Program	3,200	3,200				
2.	Senior Outreach Program	94,135	94,135				
3.	Healthy Siskiyou Mobile Unit	40,000	40,000				
4.	Promotoras / Latinx Outreach	11,949	11,949				
Stigma and Discrimination Reduction							
1.	Challenge Day	12,000	12,000				
2.	Rural Youth Media Outreach Program	10,000	10,000				
Outreach for Increasing Recognition of Early Signs of Mental Illness							
1.	Mental Health First Aid	10,359	10,359				
Community Family Resource Network Programs							
1.	F/CRC Prevention Programs	308,056	308,056				
2.	F/CRC Outreach for Increasing Recognition of Early Signs of Mental Illness	50,404	50,404				
3.	F/CRC Stigma and Discrimination Reduction	6,445	6,445				
4.	F/CRC Access and Linkage	3,146	3,146				
Evaluation							
1.	Applied Survey Research	35,000	35,000				
2.	Social Solutions Global	22,599	22,599				
PEI Administration		30,100	30,100				
PEI Assigned Funds							
Total PEI Program Estimated Expenditures		1,129,767	1,129,767				

Prevention and Early Intervention (PEI) Component

Fiscal Year 2024-25

		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							
1.	High School Prevention Program	119,738	119,738				
2.	Youth Empowerment Siskiyou (YES)	46,350	46,350				
3.	Ready 4K	22,248	22,248				
4.	Etna PAL	23,341	23,341				
5.	Gathering of Native American Elders (GONA)	28,969	28,969				
6.	Healing of the Canoe	28,969	28,969				

PEI Programs - Early Intervention							
1.	High School Counseling Program	102,743	102,743				
Suicide Prevention							
1.	Suicide Prevention & Intervention Program	8,002	8,002				
Access and Linkage to Treatment							
1.	Early Childhood Screening Program	2,472	2,472				
2.	Senior Outreach Program	72,719	72,719				
3.	Healthy Siskiyou Mobile Unit	30,900	30,900				
4.	Promotoras / Latinx Outreach	9,231	9,231				
Stigma and Discrimination Reduction							
1.	Challenge Day	9,270	9,270				
2.	Rural Youth Media Outreach Program	7,725	7,725				
Outreach for Increasing Recognition of Early Signs of Mental Illness							
1.	Mental Health First Aid	8,002	8,002				
Community Family Resource Network Programs							
1.	F/CRC Prevention Programs	237,973	237,973				
2.	F/CRC Outreach for Increasing Recognition of Early Signs of Mental Illness	38,937	38,937				
3.	F/CRC Stigma and Discrimination Reduction	4,979	4,979				
4.	F/CRC Access and Linkage	2,430	2,430				
Evaluation							
1.	Applied Survey Research	27,038	27,038				
2.	Social Solutions Global	17,458	17,458				
PEI Administration		23,252	23,252				
PEI Assigned Funds							
Total PEI Program Estimated Expenditures		872,746	872,746				

Prevention and Early Intervention (PEI) Component

		Fiscal Year 2025-26					
		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							
1.	High School Prevention Program	85,014	85,014				
2.	Youth Empowerment Siskiyou (YES)	32,909	32,909				
3.	Ready 4K	15,796	15,796				
4.	Etna PAL	16,572	16,572				
5.	Gathering of Native American Elders (GONA)	20,568	20,568				
6.	Healing of the Canoe	20,568	20,568				
PEI Programs - Early Intervention							
1.	High School Counseling Program	72,947	72,947				
Suicide Prevention							
1.	Suicide Prevention & Intervention Program	5,682	5,682				
Access and Linkage to Treatment			-				
1.	Early Childhood Screening Program	1,755	1,755				
2.	Senior Outreach Program	51,630	51,631				
3.	Healthy Siskiyou Mobile Unit	21,939	21,939				
4.	Promotoras / Latinx Outreach	6,554	6,554				
Stigma and Discrimination Reduction							
1.	Challenge Day	6,582	6,582				
2.	Rural Youth Media Outreach Program	5,485	5,485				
Outreach for Increasing Recognition of Early Signs of Mental Illness							
1.	Mental Health First Aid	5,682	5,682				
Community Family Resource Network Programs							
1.	F/CRC Prevention Programs	168,960	168,961				
2.	F/CRC Outreach for Increasing Recognition of Early Signs of Mental Illness	27,645	27,645				
3.	F/CRC Stigma and Discrimination Reduction	3,535	3,535				
4.	F/CRC Access and Linkage	1,726	1,726				
Evaluation							
1.	Applied Survey Research	19,197	19,197				
2.	Social Solutions Global	12,395	12,395				
PEI Administration		16,509	16,509				
PEI Assigned Funds							
Total PEI Program Estimated Expenditures		619,652	619,652				

FY 2023-24 through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Siskiyou Date: 8/18/23

Innovations (INN) Component Worksheet

	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 Projects						
1. Multi-County FSP Project	123,883	123,883				
2. EHR Multi-County Innovation Project	116,505	116,505				
INN Administration	26,651	26,651				
INN Annual Planning Cost						
Total INN Component Estimated Expenditures	267,039	267,039	0	0	0	0

Innovations (INN) Component Worksheet

	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 Projects						
1. EHR Multi-County Innovation Project	122,330	122,330				
INN Administration	12,234	12,234				
INN Annual Planning Cost	0	0				
Total INN Component Estimated Expenditures	134,564	134,564				

	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 Projects						
1. EHR Multi-County Innovation Project	128,447	128,447				
INN Administration	12,845	12,845				
INN Annual Planning Cost	0	0				
Total INN Component Estimated Expenditures	141,292	141,292				

FY 2023-24 through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Siskiyou Date: 8/18/23

	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. Community Workforce Training & TA	30,613	30,613				
2. BH Workforce Training and TA	137,997	137,997				
3. Remote Supervision	56,207	56,207				
4. Scholarships for Medi-Cal Peer Specialists	5,550	5,550				
5. Clinician Training Program	137,882	137,882				
6. Superior WET Contribution	59,221	59,221				
WET Administration		0				
Total WET Program Estimated Expenditures	427,470	427,470				

	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. Community Workforce Training & TA	24,490	24,490				
2. BH Workforce Training and TA	137,997	137,997				
3. Remote Supervision	44,966	44,966				
4. Scholarships for Medi-Cal Peer Specialists	4,440	4,440				
5. Clinician Training Program	110,306	110,306				
6. Superior WET Contribution	47,377	47,377				
WET Administration						
Total WET Program Estimated Expenditures	369,576	369,576				

	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. Community Workforce Training & TA	19,592	19,592				
2. BH Workforce Training and TA	137,997	137,997				
3. Remote Supervision	35,972	35,972				
4. Scholarships for Medi-Cal Peer Specialists	3,552	3,552				
5. Clinician Training Program	88,244	88,244				
6. Superior WET Contribution	37,901	37,901				
WET Administration						
Total WET Program Estimated Expenditures	323,258	323,258				

FY 2023-24 through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Siskiyou Date: 8/18/23

	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. New Server	6,000	6,000				
2.						
CFTN Programs - Technological Needs Projects						
1. Copier Project	14,134	14,134				
2. Cont Elec Health Record Maint	259,410	259,410				
3. Software/Hardware Upgrades	3,620	3,620				
CFTN Administration						
Total CFTN Program Estimated Expenditures	283,164	283,164				

	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.	-					
2.						
CFTN Programs - Technological Needs Projects						
1. Copier Project	14,841	14,841				
2. Cont Elec Health Record Maint	110,000	110,000				
3. Software/Hardware Upgrades	3,801	3,801				
CFTN Administration		0				
Total CFTN Program Estimated Expenditures	128,642	128,642				

	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. New Server	6,600	6,600				
2.						
CFTN Programs - Technological Needs Projects						
1. Copier Project	15,583	15,583				
2. Cont Elec Health Record Maint	115,500	115,500				
3. Software/Hardware Upgrades	3,991	3,991				
CFTN Administration						
Total CFTN Program Estimated Expenditures	141,674	141,674				