

**SISKIYOU COUNTY BEHAVIORAL HEALTH  
Mental Health Services Act Annual Update  
FY 2024-2025**



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## ACRONYMS

TERM	ACRONYM
Mental Health Plan	MHP
Request for Application	RFA
Specialty Mental Health Services	SMHS
Community Program Planning Process	CPPP
Siskiyou County Behavioral Health	SCBH
Community Resource Center	CRC
Family Resource Center	FRC
Health and Humans Services Agency	HHSA
Full-Service Partnership	FSP
Integrated Care Project	ICP
California Mental Health Services Authority	CalMHSA
Rural Community Housing Developing Corporation	RCHDC
Psychiatric Emergency Team	PET
Wellness Recovery Action Plan	WRAP
Community Corrections Partnership	CCP
Day Reporting Center	DRC
Seriously Mentally Ill	SMI
County Continuum of Care	CoC
Point In Time	PIT
Multi-Disciplinary Team	MDT
Homeless Mentally Ill Outreach and Treatment	HMIOT
Mental Health Services Oversight and Accountability Commission	MHSOAC
California Code of Regulations	CCR
Health Information Portability and Accountability Act	HIPAA
Area on Aging: Planning Service Area II	PSAII
Request for Proposal	RFP
Ages and Stages Questionnaire	ASQ-3
Ages and stages: Social Emotional Questionnaire	ASQ:SE
Family Urgent Response System	FURS
Child Family Team	CFT
Intensive Care Coordination	ICC
Therapeutic Behavioral Services	TBS
Intensive Home-Based Services	IHBS
Key Event Tracking	KET
Child and Adolescent Needs and Strengths Assessment	CANSA
Data Collection and Reporting System	DCR
Prevention and Early Intervention	PEI

Stigma & Discrimination Reduction	SDR
Child Welfare Services	CWS
Adverse Childhood Experiences	ACE
Electronic Health Record	HER
Client Identification Numbers	CIN
Global Unique Identifier ID's	GUID
Department of Health Care Access and Information	HCAI
Office of Statewide Health Planning and Development	OSHPD
Continued Education Assistance Program	CEAP
Capital Facilities and Technology Needs	CFTN

# CERTIFICATIONS

## COUNTY CERTIFICATION

**County:** SISKIYOU

**Mailing Address:** 2060 Campus Dr, Yreka, CA 96097

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

**Telephone Number:** 530-841-4802      **Telephone Number:** 530-841-4802

**Email:** [scollard@co.siskiyou.ca.us](mailto:scollard@co.siskiyou.ca.us)      **Email:** scollard@co.siskiyou.ca.us

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 Annual Update to the Three-Year Program and Expenditure Plan, including stakeholder participation and non-supplantation requirements.

This Three-Year Plan Update 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 February 18, 2025. 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 Annual Update to the Three-Year Plan FY 23/24-25/26 are true and correct.

Sarah Collard, Ph.D.

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Print Name

Signature

Date

## FISCAL ACCOUNTABILITY CERTIFICATION

- ☐ 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

**Telephone Number:** 530-841-4802

**Telephone:** 530-842-8078

**Email:** [scollard@co.siskiyou.ca.us](mailto:scollard@co.siskiyou.ca.us)

**Email:** [dlolson@co.siskiyou.ca.us](mailto:dlolson@co.siskiyou.ca.us)

I hereby certify that the Annual Update to 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 Annual Update to the Three-Year Plan and Expenditure Plan is true and correct to the best of my knowledge.

Sarah Collard, Ph.D.

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Local Mental Health Director

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2023, 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 May 23, 2024 for the fiscal year ended June 30, 2023. I further certify that for the fiscal year ended June 30, 2023, 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

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County Auditor Controller

Signature

Date



## SISKIYOU COUNTY OVERVIEW

Siskiyou County is a large, rural frontier county with a population of 42,905 people, located in the Shasta Cascade region of Northern California. At 6,278.8 square miles, Siskiyou County is the fifth largest county by land mass in California and 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. Siskiyou County's largest cities (Yreka pop. 7,800, Mt. Shasta pop. 3,200 and Weed 2,800) are located along the I-5 corridor with numerous smaller communities which are geographically isolated and only accessible by two-lane roads with limited public transportation available. Geography and distance play important roles in determining service delivery to the residents of this remote county. Siskiyou County's main behavioral health clinic is in Yreka with a smaller satellite clinic in Mt. Shasta.

Siskiyou County demographics differ considerably from the state as it is less racially and ethnically diverse. The county predominately identifies as rural and non-Hispanic white with a significantly older population compared to state-wide demographics.

### Age and Sex: <sup>1</sup>

Persons under 5 years	4.4%
Person under 18 years	19.7%
Persons 65 years and over	28.7%
Female persons	50.1%

### Race and Hispanic Origin:

White Alone	84.9%
Black or African American	1.5%
American Indian or Alaskan Native	5.3%
Asian	1.9%
Pacific Islander	0.4 %
Two or more races	6.0 %
Hispanic or Latino	13.7 %

Siskiyou County has a median income of \$53,898 versus the state average income of \$91,905. Based on a full-time working resident, the county average wage of \$24.09 requires an 85% increase to achieve a living wage vs. \$40.77 and 38% increase state-wide.

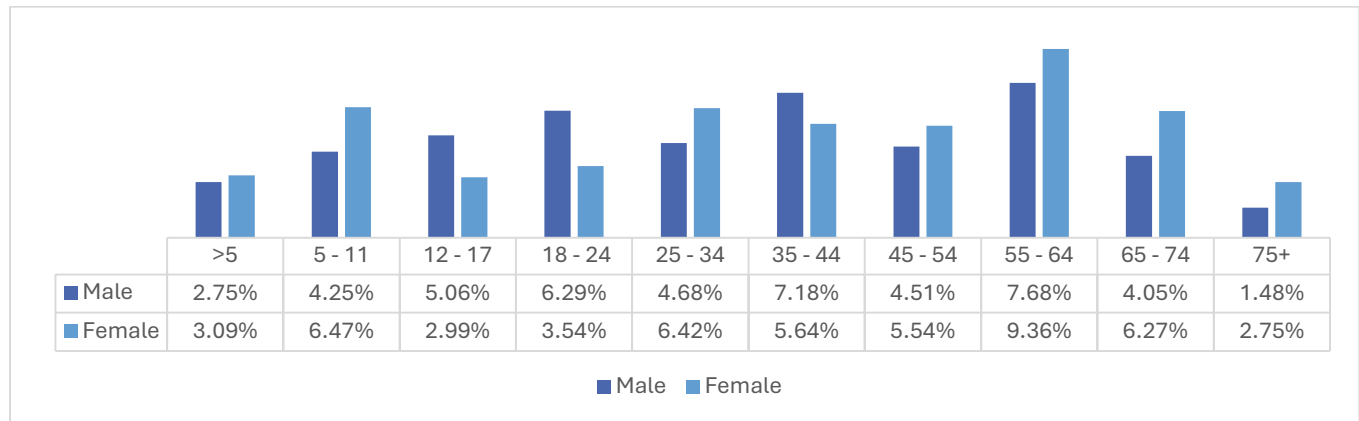
Approximately 18% of the population in Siskiyou County live below the poverty line, a number that is higher than the national average of 12.6%. The largest demographic living in poverty are females ages 55 - 64, followed by males ages 55 - 64 and then males ages 35 - 44.

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<sup>1</sup> [U.S. Census Bureau QuickFacts: Siskiyou County, California](#)

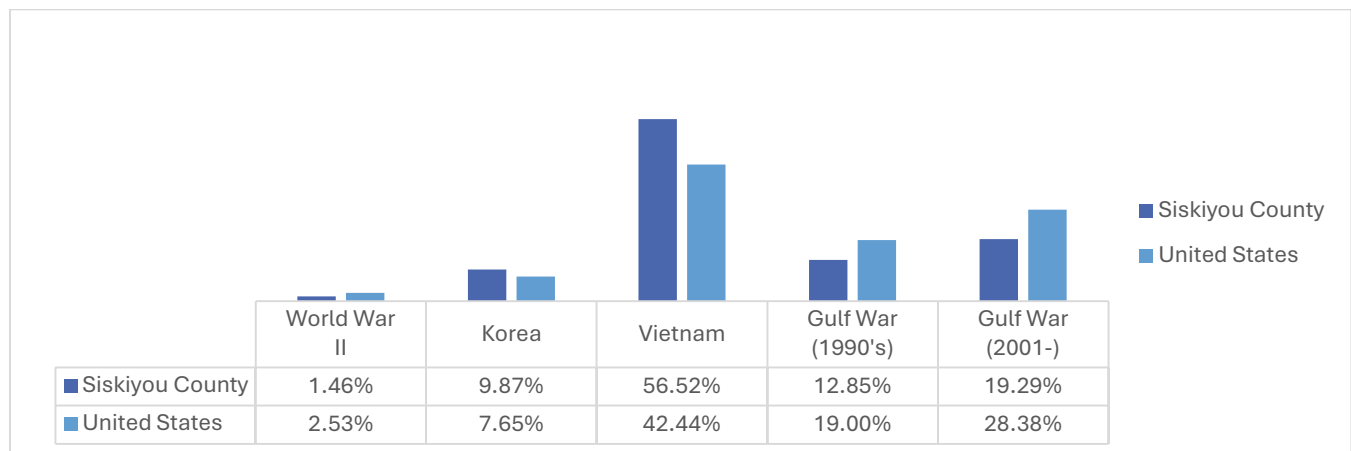
The most common racial or ethnic group living below the poverty line is white, followed by Hispanic and two or more races.

### Siskiyou County Poverty Level Demographics by Age and Sex:<sup>2</sup>



### Veterans of Siskiyou County:<sup>3</sup>

Siskiyou County is proud of its veterans who make up 8.6% of the population in the county compared with 3.6% in California. Most of the veterans residing in Siskiyou County served in Vietnam with the second largest group having served in the Gulf Wars.



<sup>2</sup> [Siskiyou County, CA | Data USA](#)

<sup>3</sup> [Siskiyou County, CA | Data USA](#)

Language: <sup>4</sup>

The majority of the residents of Siskiyou County speak English while the second highest language used by residents is Spanish.



Siskiyou County is among the least healthy counties in California ranking 57<sup>th</sup> of 58 counties in overall health despite the fact that 93.5% of the population has health coverage (31% on employee plans, 27.8% on Medicaid, 18.9% on Medicare, 13% on non-group plans, and 2.71% on military or VA plans). <sup>5</sup> The premature death rate is almost twice as high as the state average with 10,600 life years lost before the age of 75 per 100,000 residents vs. 5,700 life years lost state-wide. Siskiyou County adults also reported that their mental health was not good on average 5.3 of the previous 30 days, which is 32.5% higher than the state average of 4 days.

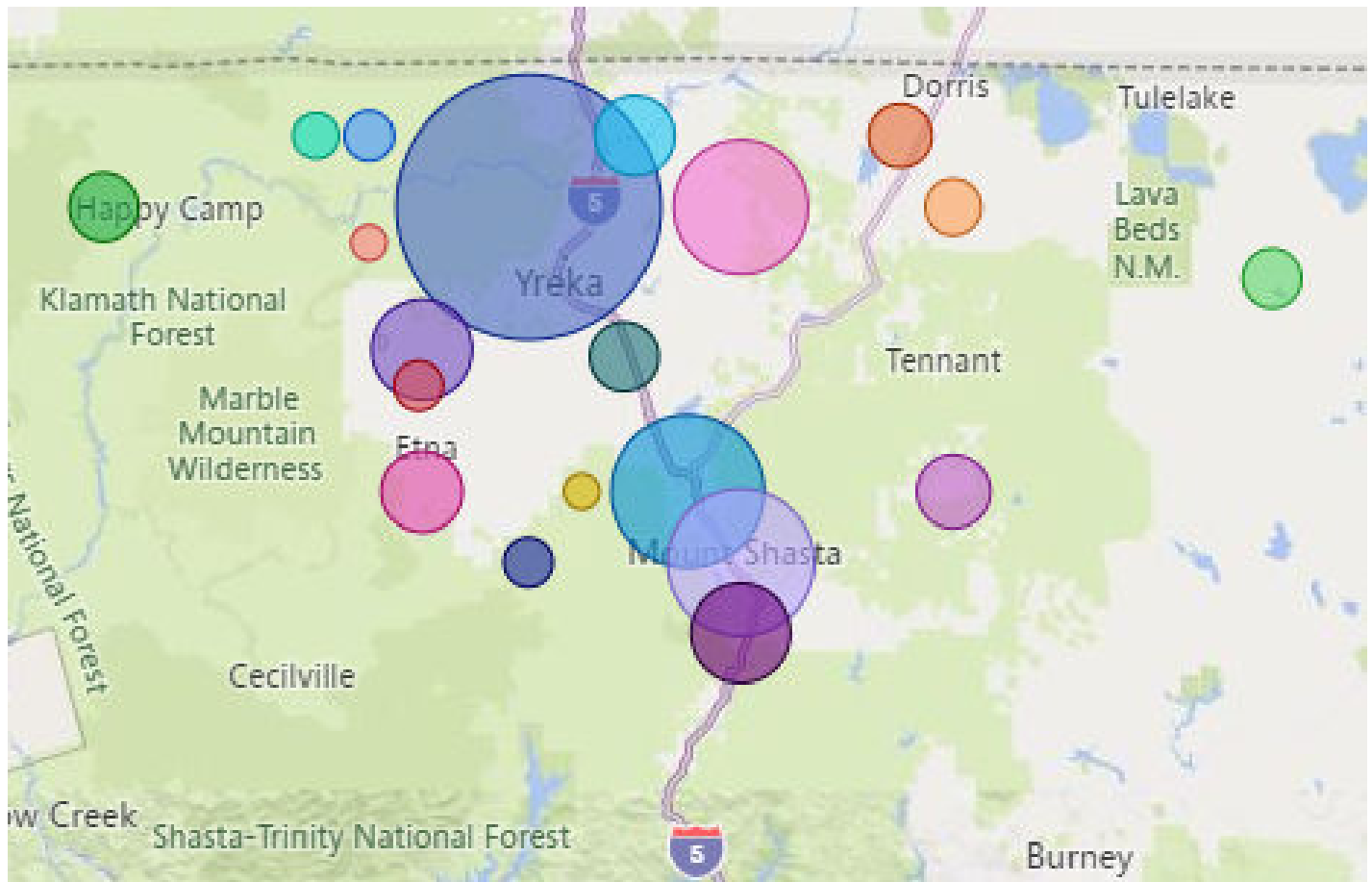
Access to healthcare is an issue for many county residents. The county's public transportation department operates buses connecting the more populated areas, however, due to distance and sparse population (6.9 persons per square mile), trips may occur as infrequently as once a week to and from the remotest 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.

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<sup>4</sup> [Siskiyou County, California - Census Bureau Profile](#)

<sup>5</sup> [Siskiyou County, CA | Data USA](#), poverty and diversity

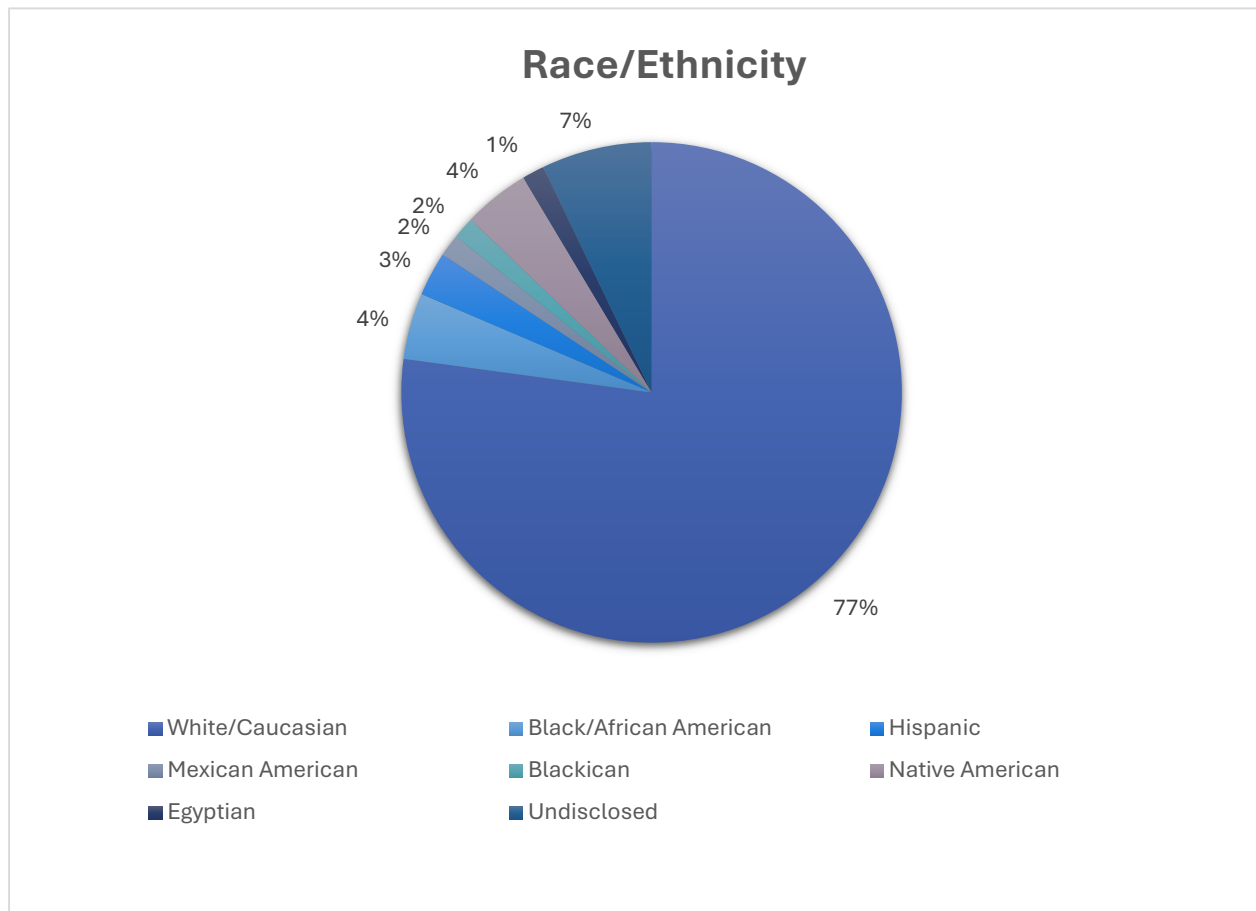
## Client Density Map



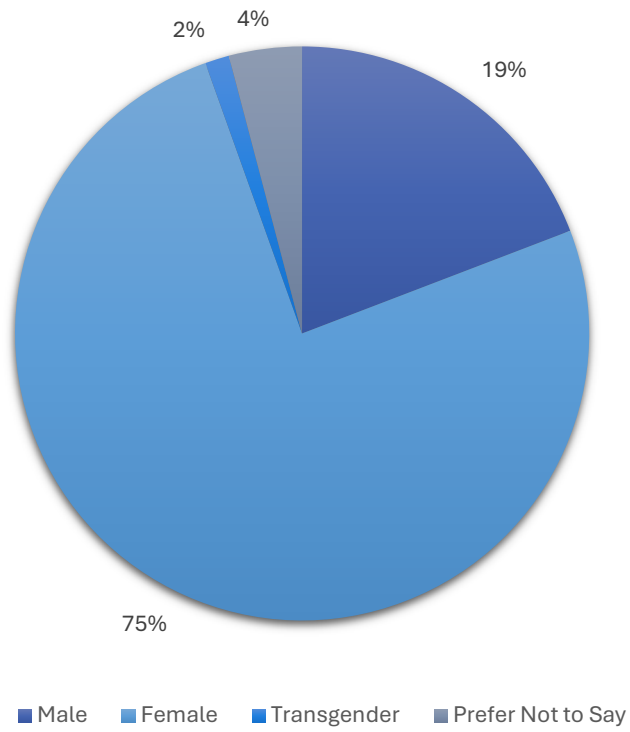
## WORKFORCE ASSESSMENT

Siskiyou County Behavioral Health (SCBH) prioritizes the delivery of services in a culturally, ethnically, and linguistically appropriate manner to the communities of Siskiyou County. This value is evident in all layers of Behavioral Health including management meetings, staff training and supervision, and program development and monitoring. Staff training is provided by SCBH and includes local partners whenever possible. SCBH makes every effort to provide training that is culturally relevant for local communities, including tribal communities, and to leverage available regional and/or state training.

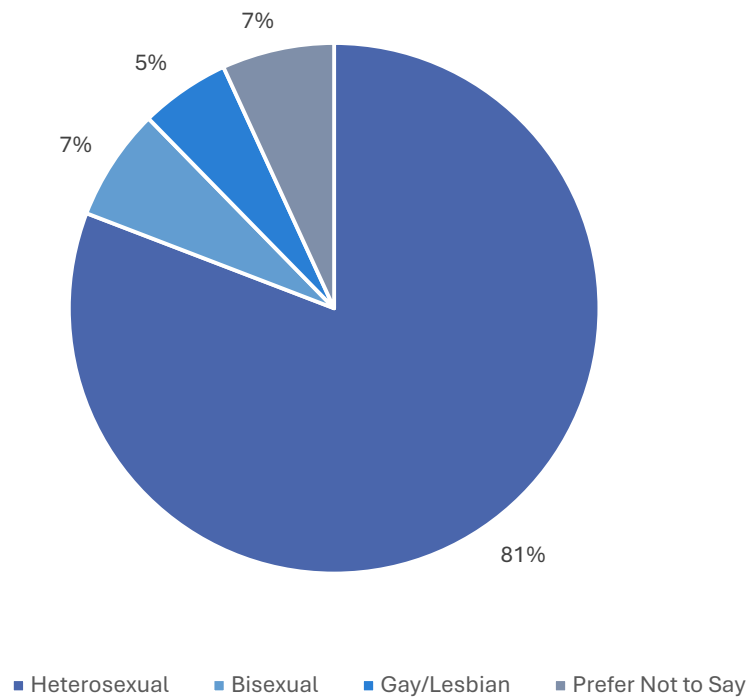
To better provide services that are sensitive to all components of the county, SCBH endeavors to hire diverse staff that reflect the makeup of the community. The following tables describe the current composition of the Behavioral Health workforce.



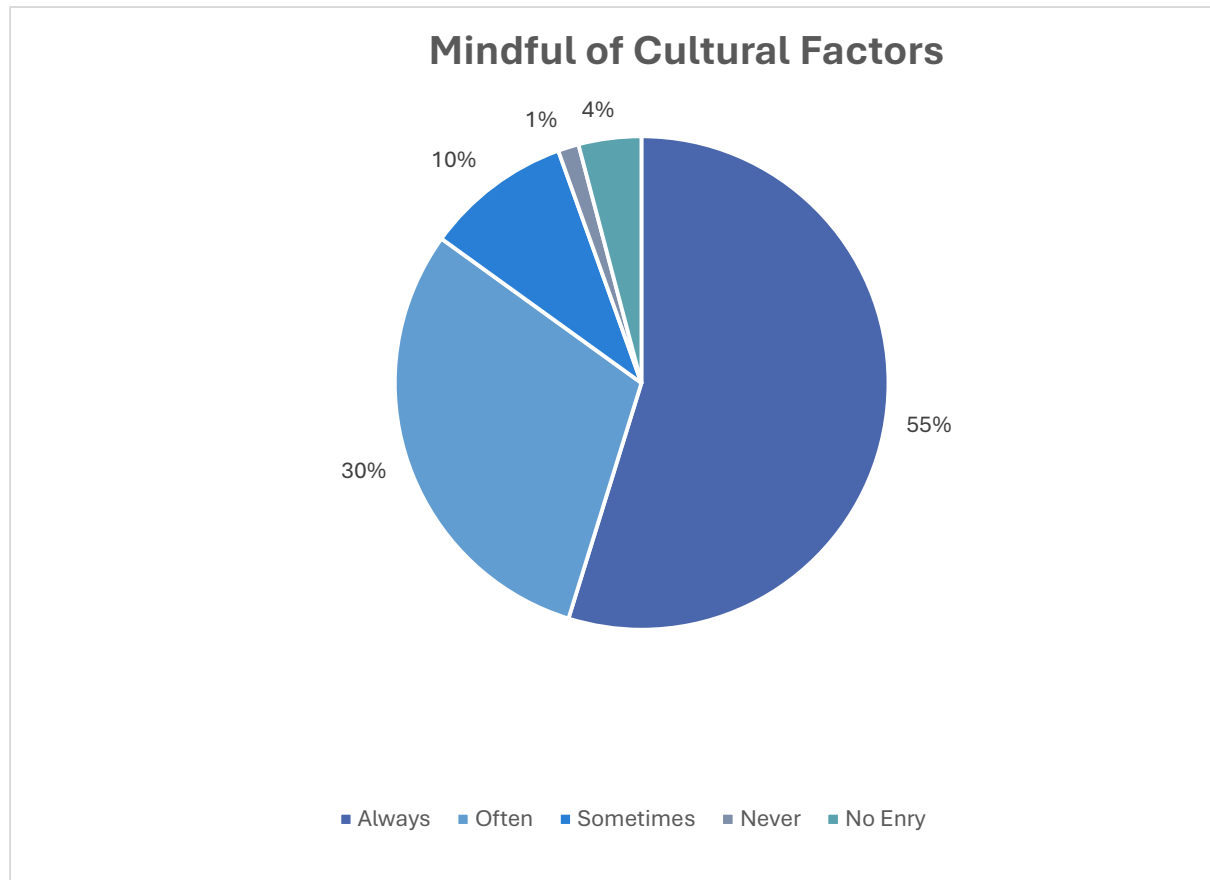
## Gender Identity



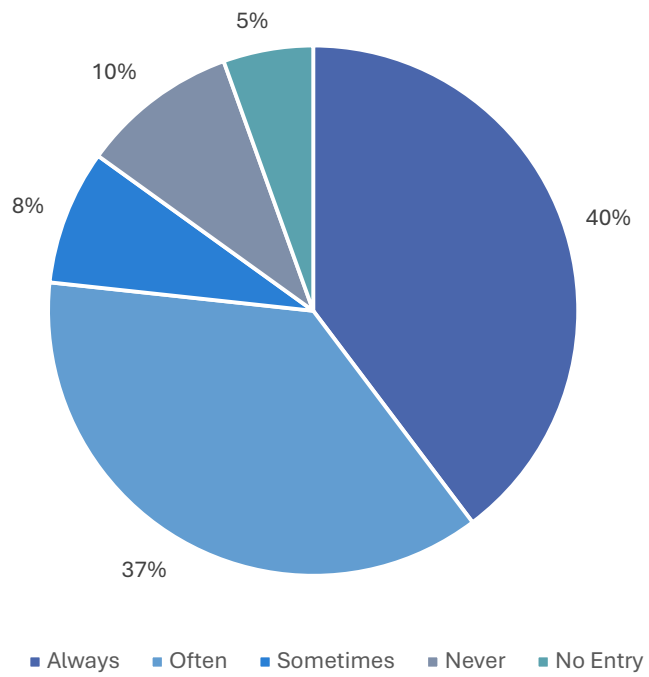
## Sexual Orientation



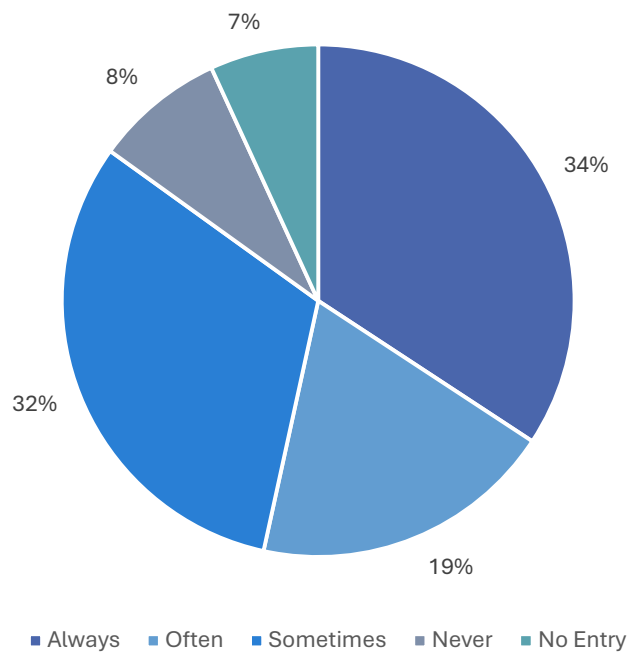
The following charts depict staff self-report regarding their mindfulness of cultural factors, personal biases regarding cultural factors, and their reactions when other staff are observed exhibiting inappropriate cultural behavior.



### Personal Biases



### Appropriate Intervention





## Areas of Improvement Feedback

Spend less time focusing on how to categorize and label clients and more time on interacting and addressing the clients' individual needs.

I wouldn't say I like receiving special treatment or being treated differently due to my Hispanic background. I advocate for equal opportunities without the need to be hypersensitive, believing that our extra efforts may sometimes miss the core principle of recognizing each person's humanity. I feel like we overdo it for historical injustice. I don't feel responsible for what's happened or not happened. I am responsible for recognizing and responding to each person's humanity today. I feel like this would reunite us instead of adding fuel to the fire of "providing justice to diverse populations" that continues to separate us."

Annual, or semi-annual events, throughout the county which highlight the importance of mental health and inform people of services available. Transportation seems to be a challenge for the more rural areas; services (telehealth) should be accessible where the client is. Also, holding community events to foster engagement and camaraderie.

I am not sure how to improve meeting the needs of all of our community, but in my opinion some of our staff don't recognize challenges that People of Color (POC) and the LGBTQ+ community face. I think those staff feel that all things are equal now and we can just move forward without being mindful of their challenges. It would be good to provide trainings that didn't challenge their beliefs so that these people might be able to hear what others experience?

Ignoring qualifications simply for diversity is not the answer.

Having more cultural competency trainings available to staff.

Ongoing training. Have a specific staff member in charge of Cultural Diversity training and be available to staff to consult with.

More diverse staff members of different cultures, backgrounds, and religions.

## MHSA SUMMARY

The Mental Health Services Act was passed by California voters in 2004 and is funded by a 1% income tax on personal income in excess of \$1 million per year. It is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology and training elements that effectively support public behavioral health.

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### MHSA GUIDING PRINCIPLES

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

- **Community Collaboration:** A process by which participants and families, community members, agencies, organizations, and businesses work together to share information and resources to fulfill a shared vision and goal.
- **Client Driven:** Clients are the primary decision makers with regard to identifying their needs, preferences, and strengths with a goal for shared decision-making in determining the services and supports that are most effective and helpful to them.
- **Cultural Competence:** Services should reflect the values, customs, beliefs, and languages of the populations served to reduce or eliminate disparities in accessing services.
- **Family Driven:** Families of children and youth with serious emotional disturbances have a primary decision-making role in the care of their children, including the identification of needs, preferences, and strengths to include the input of families in planning and development of policies and procedures, and service delivery.
- **Wellness and Recovery Oriented:** Services promote personal empowerment, respect, social connections, self-responsibility and self-determination.
- **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.

## **THE FIVE COMPONENTS**

The Mental Health Services Act is comprised of three primary components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Innovation (INN). County Behavioral Health agencies have the discretion to direct up to 20% of the Community Services and Supports component to developing the behavioral health workforce and technological/infrastructure needs. Each of these components are designed to support specific service areas within the behavioral health continuum.

### **COMMUNITY SERVICES & SUPPORT**

Direct Services for individuals with severe mental illness using a client-centered, wellness, and recovery based approach.

### **PREVENTION & EARLY INTERVENTION**

Helping counties prevent negative outcomes by intervening early in the onset of mental health needs with timely access to service.

### **INNOVATION**

Improving the quality of services, promoting collaboration, and increase access to services.

### **CAPITAL FACILITIES & TECHNOLOGIES**

Supporting the development of facilities and technologies used for administrative services or delivery of mental health services.

### **WORKFORCE, EDUCATION & TRAINING**

Building a diverse mental healthcare workforce to include the viewpoints and expertise of clients and their families/caregivers.

## MHSA FUNDING

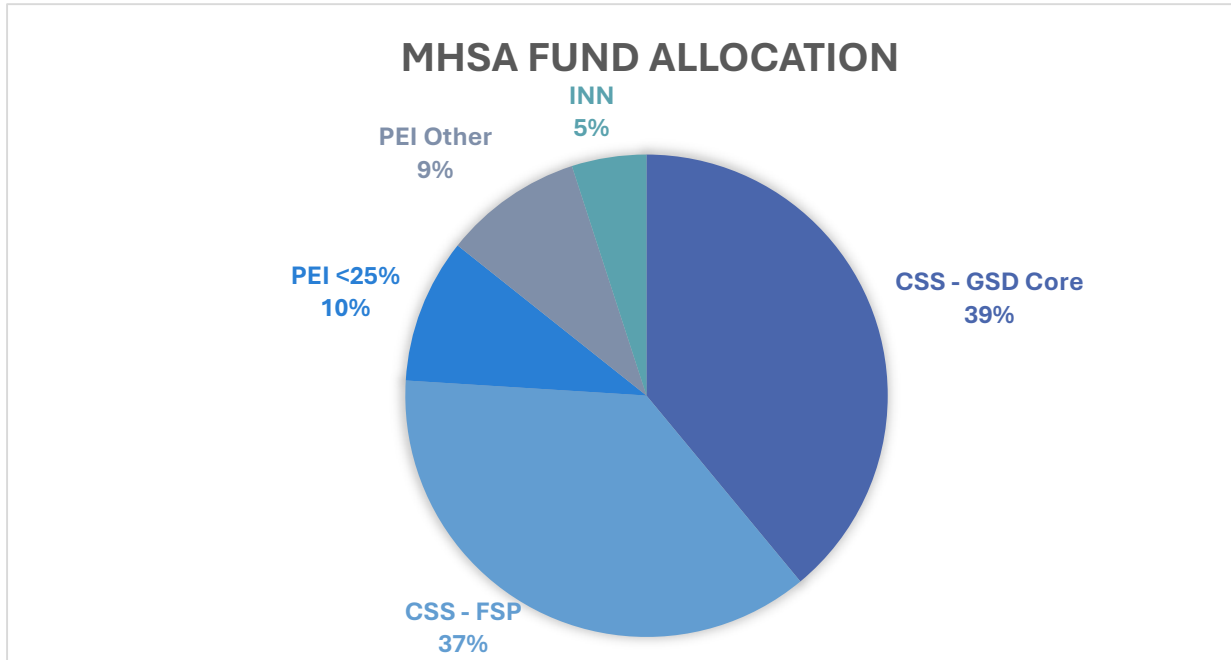


Chart does not include the state allocation of 5%

Below is the estimated funding SCBH will allocate to each of the MHSA components in FY 2024-25. SCBH also maintains a prudent reserve which may be used to maintain programs during economic downturns.

	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
<b>A. Estimated FY 2023/24 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Year	2,918,849	82,924	224,489			
2. Estimated New FY 2024/25 Funding	3,734,190	933,554	245,672			
3. Transfer in FY 2024/25 <sup>a/</sup>	(427,599)			397,471	30,128	0
4. Access Local Prudent Reserve in FY 2024/25	0					0
5. Estimated Available Funding for FY 2024/25	6,653,039	1,016,478	470,161	397,471	30,128	
<b>B. Estimated FY 2024/25 MHSA Expenditures</b>	4,882,856	1,012,974	111,184	397,471	30,128	
<b>G. Estimated FY 2024/25 Unspent Fund Balance</b>	1,342,584	3,504	358,977	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2024	894,360
2. Contributions to the Local Prudent Reserve in FY 2024/25	0
3. Distributions from the Local Prudent Reserve in FY 2024/25	(15,279)
4. Estimated Local Prudent Reserve Balance on June 30, 2025	879,081

<sup>a/</sup> Pursuant to Welfare and Institutions Code Section 5832(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

## COMMUNITY PROGRAM PLANNING

The Community Program Planning Process (CPPP) for SCBH focused on outreach to the different regions of Siskiyou County. Community members, partners, providers, staff, consumers, families, and other stakeholders participated in these meetings. The CPP meetings were promoted throughout the community with the distribution of flyers, emails, and posting on the county website.

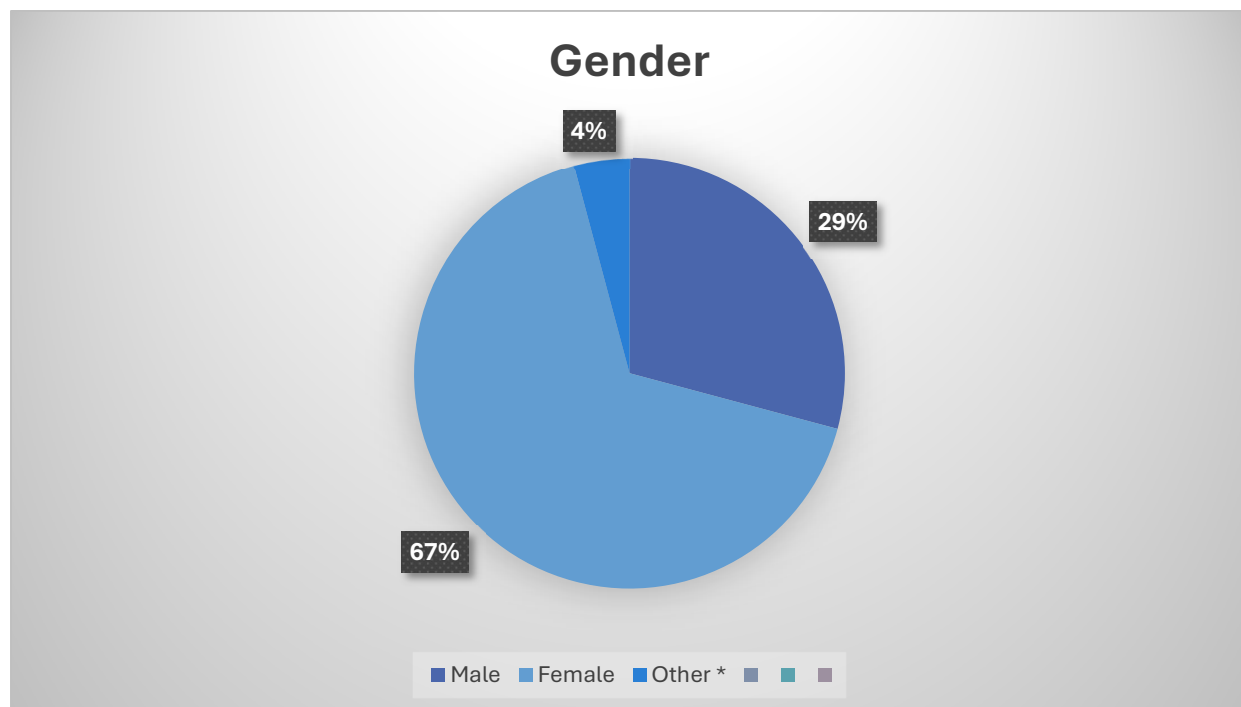
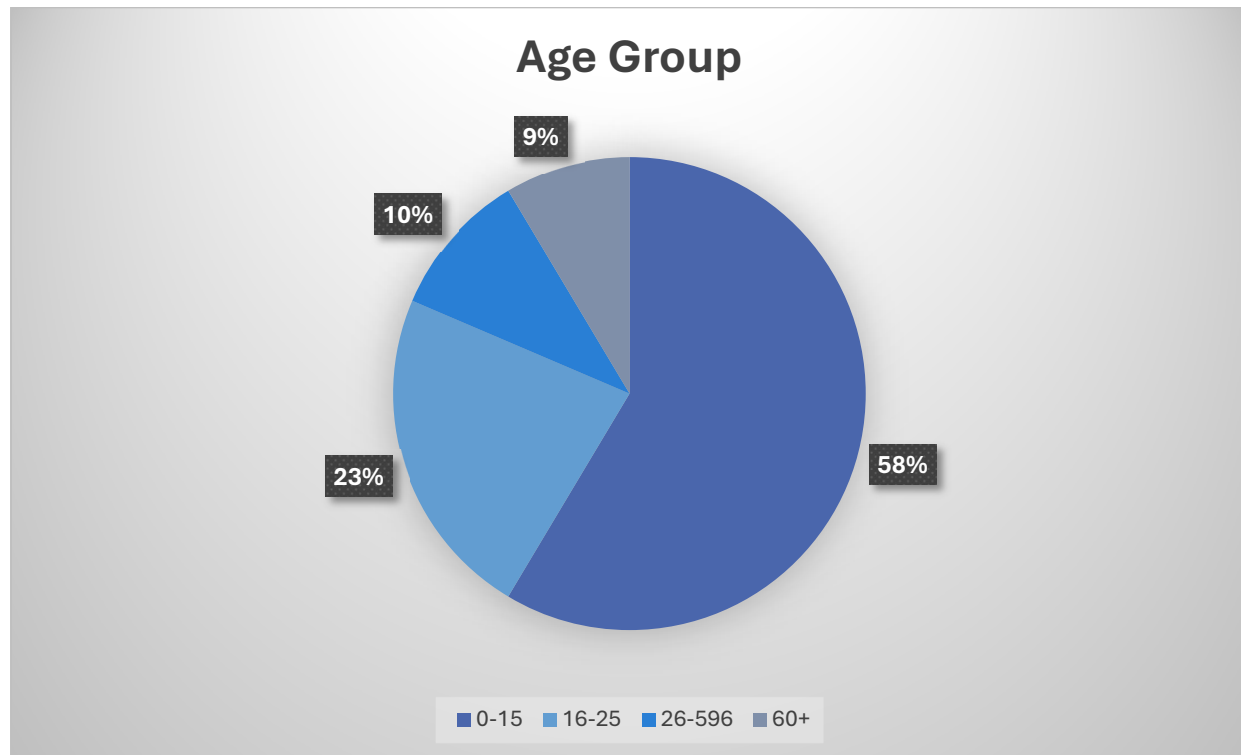
Events were held at the Siskiyou County Community Resource Centers in Yreka, Fort Jones, Weed, Happy Camp and Tulelake. Additional outreach occurred with the Cultural Competency Committee, the Quality Improvement Committee, the Continuum of Care local Advisory Board, the Community Corrections Partnership (CCP), the Behavioral Health Board and Agency staff meetings.

The data and information collected throughout the CPPP contributes directly to the development of the MHSA Three-Year Program & Expenditure Plan. This open communication allows Siskiyou County Behavioral Health to engage with consumers, families, community members, partners and stakeholders.

Surveys were provided to participants via paper and/or electronically in English and Spanish. These surveys allowed consumers and community members the opportunity to provide feedback and insight on MHSA programs and projects from the MHSA Three-Year Program and Expenditure Plan, gaps in service, as well as mental health needs. The surveys were used to evaluate programs and their impact on the community's needs.

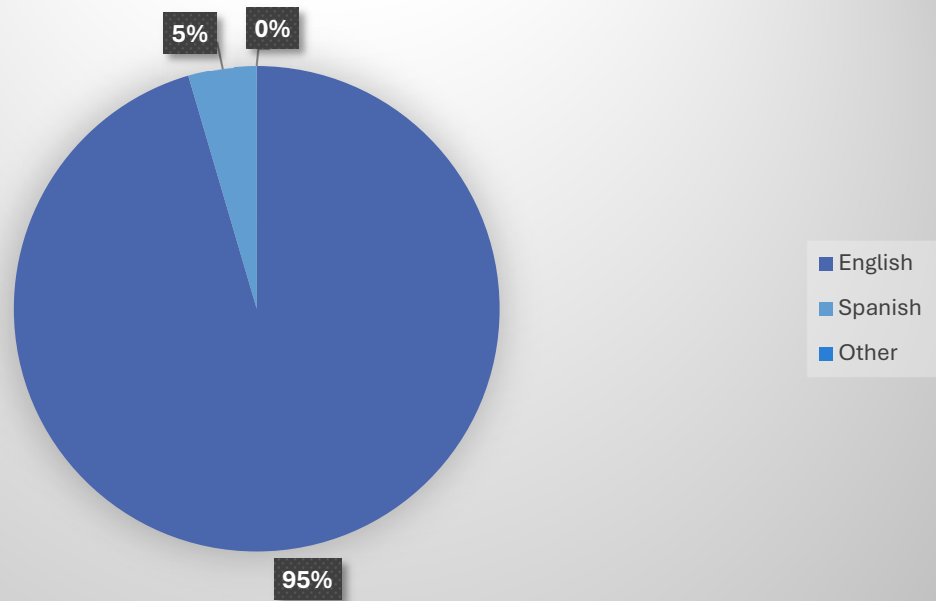
## SURVEY RESULTS

Twenty-four surveys were completed during the CPP process. Below are the survey findings:

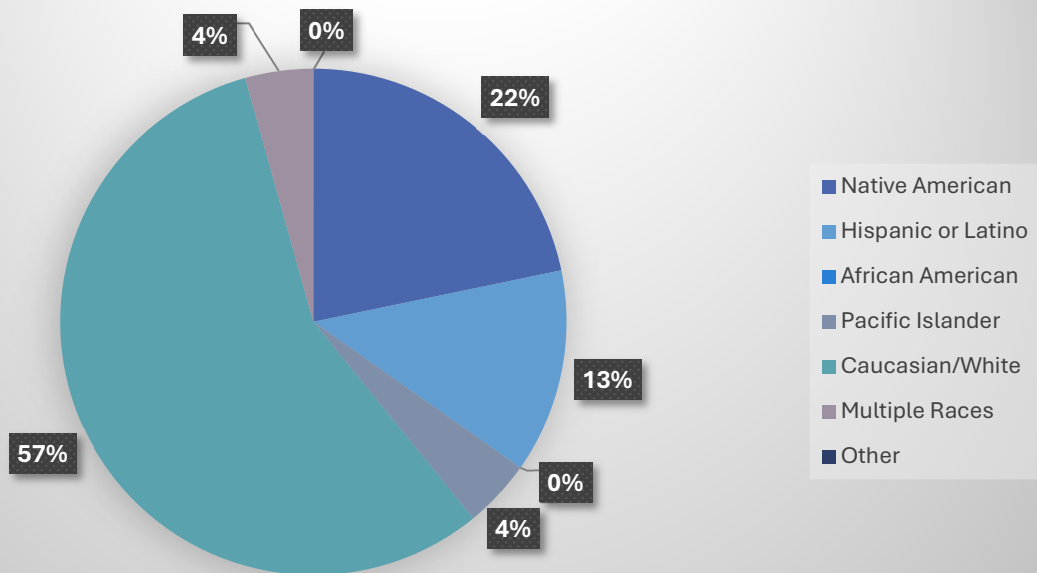


\*Survey included Transgender, Questioning and Non-binary with zero entries

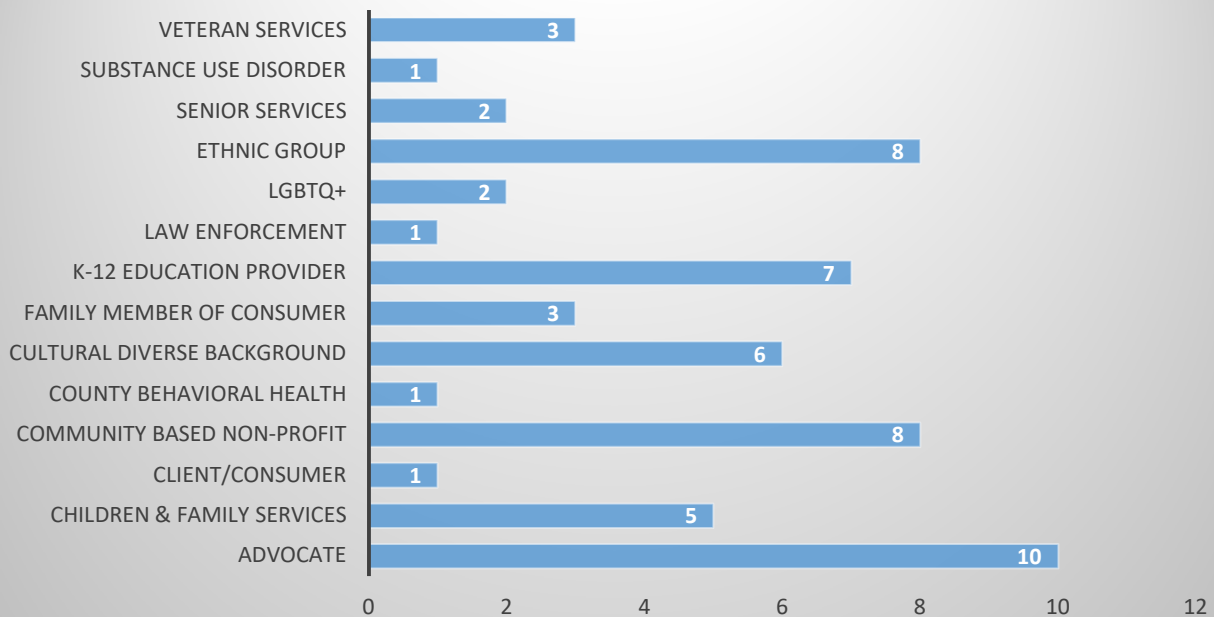
## Primary Language



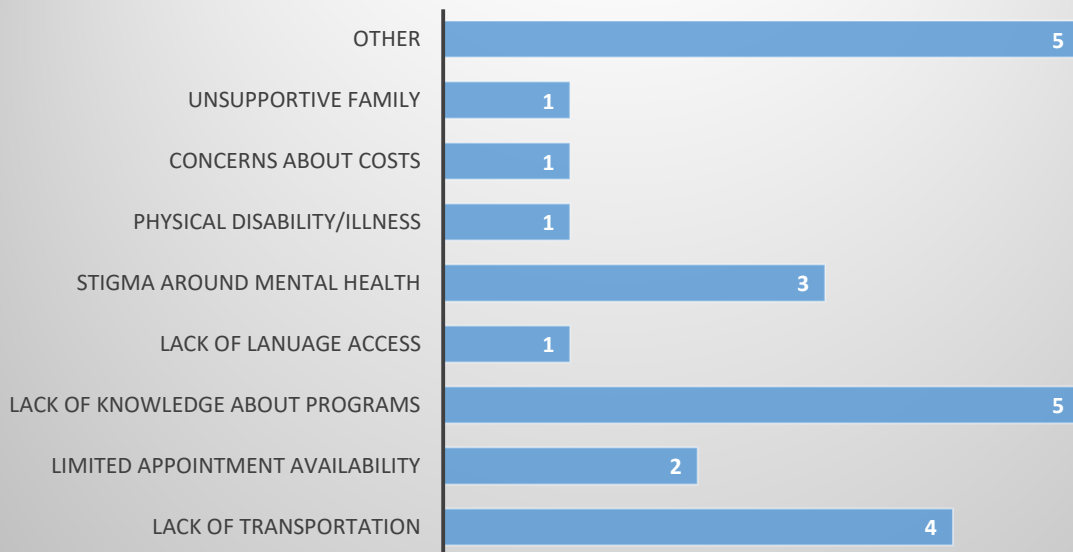
## Race



## AFFILIATIONS

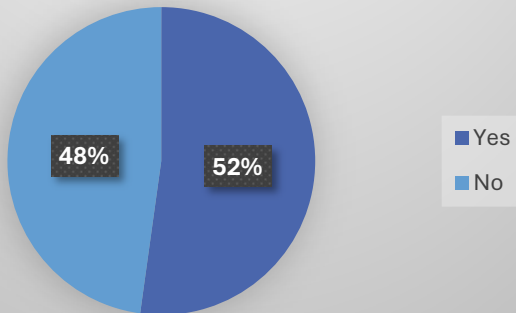


## What issues make it more challenging to receive mental health services?





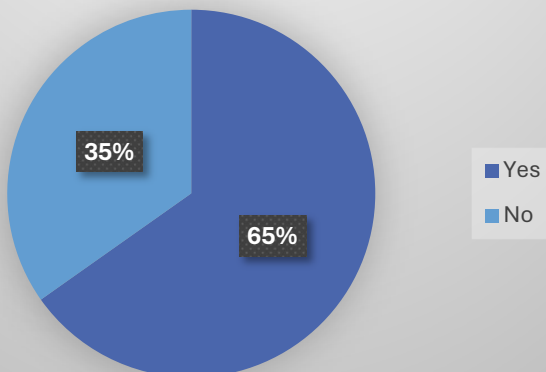
**Do you feel that MHSA  
One Circle Foundation  
groups  
are meeting the social  
and emotional needs  
of your community?**



**If no, what would you like to see?**

- ❖ Based on feedback from an attendee of Girls Circle, “all the popular girls were chosen” and “going didn’t improve any aspect of their life”. Look at a different approach.
- ❖ Making it more culturally relevant as this is a Karuk community.
- ❖ Weekly ‘Game Night’
- ❖ More teen and young adult.

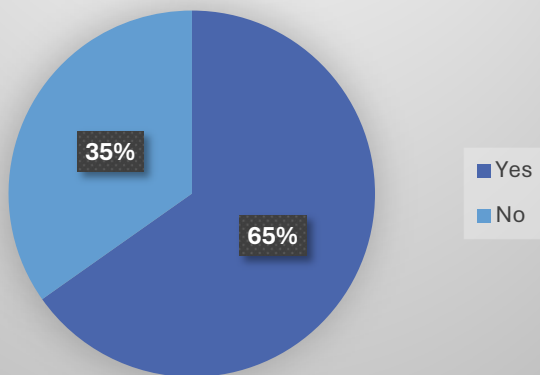
**Do you feel that MHSA  
WhyTry groups are  
meeting the social and  
emotional needs of our  
youth?**



**If no, what would you like to see?**

- ❖ Needs to be Karuk specific teachings and practices.
- ❖ This has not been advertised in the community
- ❖ Outreach to high school

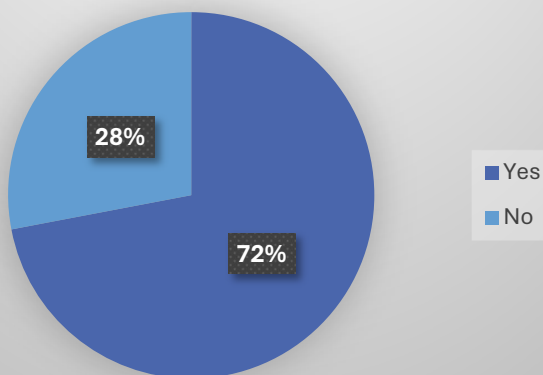
**Do you feel that MHSA  
Suicide Prevention  
services are meeting  
the cultural needs of  
our community?**



**If no, what would you like to see?**

- ❖ More counseling made available
- ❖ Destigmatize Behavioral Health in native culture
- ❖ Understanding cultural stance on mental health

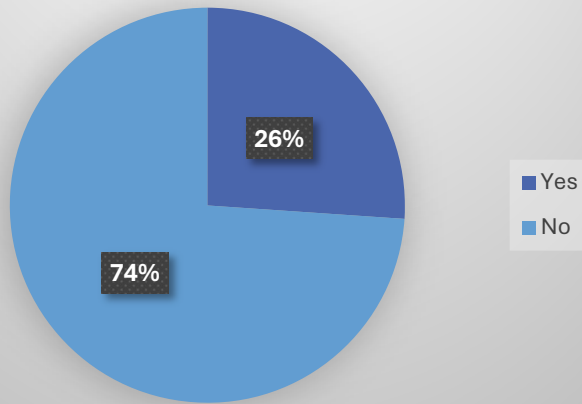
**Do you feel that there  
are enough family-  
centered wellness  
programs in our  
community?**



**If no, what would you like to see?**

- ❖ More advertisement of programs
- ❖ Arts education
- ❖ The community can benefit from more mental health services and have stigma reduced.
- ❖ A therapist, case manager, advocates for mental health services, outreach events.
- ❖ Programs for people on the poverty line

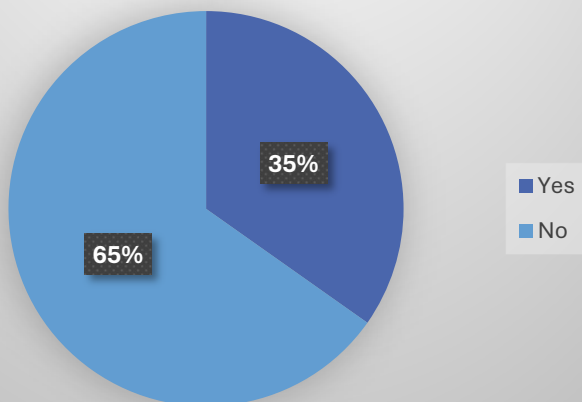
**Do you feel there are enough youth-centered wellness programs in our community?**



**If no, what would you like to see?**

- ❖ Conduct Teen/High School classes on mental health.
- ❖ More after school and weekend programs for kids to be physically active and engaging in healthy activities.
- ❖ Nothing available after hours that allow open dialog to ask questions.
- ❖ More activity-based programs like clubs.

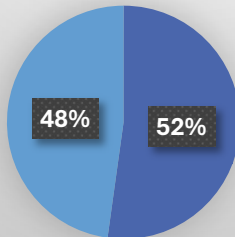
**Do you feel there are enough senior-centered wellness programs in our community?**



**If no, what would you like to see?**

- ❖ Daily exercise and meditation
- ❖ Senior group meetings for all to discuss their feelings.
- ❖ Senior food resources
- ❖ Bingo hall, crocheting classes, sewing, senior social groups.
- ❖ Education on who can use the programs.
- ❖ Senior food resources, meetings and connections.

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



■ Yes  
■ No

**If no, what would you like to see?**

- ❖ Basket weaving, regalia making, talking circles.
- ❖ Karuk cultural history, like teaching the language, drum circles, and other social events for the Hmong and other cultures.
- ❖ More funding and programs

**Do you have suggestions on how to improve the community input process?**

- ❖ Big PR campaign – Facebook, pharmacies, resource centers. Needs to be gently repetitive to get people’s attention.
- ❖ Make meeting accessible virtually for those with transportation issues
- ❖ Newsletters may help
- ❖ Our community runs on incentives
- ❖ Connection with the resource center is necessary as they are the hub in Tulalake for services.
- ❖ Classes/fliers/posting on socials with information.

**If you could have better wellness/mental health services, what would they be?**

- ❖ Autism/special needs community
- ❖ Arts, drama, etc.
- ❖ Pre-Teens, Teens and Seniors
- ❖ Community Environmental Health
- ❖ More supports for Native families and LGBTQ+

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## STAKEHOLDER ENGAGEMENT RESULTS

### ***Yreka Community Resource Center***

Yreka is the County Seat and the most populated city in Siskiyou County with 7,765 inhabitants, of which 643 are Behavioral Health clients. As the last major stop on Interstate 5 before the Oregon border, Yreka sees a regular influx of persons who are unhoused arriving in warmer weather months. Community feedback from engagement at the Resource Center shows that the prevalent concern in this community is the lack of affordable housing. Discussions revolved around the new low-income housing complex, Siskiyou Crossroads and how many homeless individuals lack the minimum income requirements needed for acceptance into the complex. Residents generally have a positive perception of the upcoming Project Basecamp, the only low-barrier shelter that will be situated in Siskiyou County.

### ***Mt. Shasta and Weed Community Resource Centers***

Both Mt. Shasta and Weed are located on the I-5 corridor within 5 miles of each other. The City of Mt. Shasta is a tourist destination in Siskiyou County with the majestic Mount Shasta, an active volcano from the southern portion of the Cascade Range, standing prominently above the small community. Mt. Shasta is a mecca for many “New Age” countercultures that believe the mountain holds healing powers, spiritual deities and even has alien origins. With a population of 3,233, it is the second most populated city in the county with 223 Behavioral Health clients.

Weed is the home of the county’s only higher education school, College of the Siskiyous. The prominent industry in this working-class city is timber production and milling. On September 15, 2014, the Boles fire ripped through the city destroying over 200 structures. Many of the residents who lost their homes and jobs are still dealing with mental health issues as a direct result of the fire. With a steadily decreasing population of 2,862, 181 residents are clients of Siskiyou County Behavioral Health.

Results from the community feedback meetings were similar in both cities.

Concern over the newly approved Proposition 1 and how that will affect the Community Resource Centers programs was the focus in our engagement. As with most rural areas, the lack of funding for community health and wellness programs exacerbates the difficulties in providing care to the population most in need of these services. Siskiyou County Health and Human Services will look for alternate funding for these valuable programs.

### ***Scott Valley Community Resource Center***

Scott Valley is a large, scenic rural area of western Siskiyou County containing the towns of Etna and Fort Jones, each with a population under 750, as well as several unincorporated census-designated communities. Affordable housing and programs for youth are the major

concerns in this agricultural corner of the county. Cattle, dairy, and alfalfa ranching, as well as federal forestry, leave little land available for new housing projects. Most youth activities are school sponsored sports with the exception of our PEI partner, Etna PAL.

### ***Happy Camp Community Center***

Happy Camp is a remote, census-designated area 70 miles Northeast of Yreka. Travel to this community is via a precarious, winding two-lane road between the Klamath River and heavily forested mountains. With little to no public transportation available, this area is quite isolated. Happy Camp has a population of 905 residents, of which 23% are Karuk Tribal members. The Karuk Tribe offers Behavioral Health services for Mild to Moderate clients by telehealth in their clinic, but no additional services are available in the vicinity. Siskiyou County Behavioral Health has 31 clients in the surrounding area and works directly with Tribal leaders and residents to identify ways to reduce the stigma and accessibility issues that are prevalent in the community.

### ***Tulelake/Newell Family Resource Center***

Tulelake is located in the northeastern most corner of Siskiyou County and is a predominately agricultural area. The 93-mile road between Yreka and Tulelake is mainly a barren landscape with few amenities available. The poverty rate in this small area is 34% compared to 17% for the entire county, with a median income of \$41,378, well below the county median at \$53,898. With a high Hispanic and Hispanic migrant population, cultural disparities are the focus of much of the County's outreach along with the isolation and depression that afflict older residents unable to travel out of the area. With a population of 1,234, Siskiyou County Behavioral Health has 37 clients in the Tulelake area and works directly with T.E.A.C.H., a Modoc County non-profit, offering services through the PEI component of MHSA.

## 30 DAY PUBLIC COMMENT

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 recommended that the plan be presented to the Siskiyou County Board of Supervisors.

## SUMMARY OF PUBLIC COMMENT

PUBLIC COMMENT WILL BE ADDED HERE WHEN AVAILABLE.

## COMMUNITY SERVICES AND SUPPORT

### ANNUAL PLANNING AND EVALUATION

Siskiyou County Behavioral Health understands the important 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. Siskiyou County Behavioral Health is committed to incorporating the diverse opinions of community members to ensure that our wellness-, recovery-, and resilience-focused programs are successful. Community Services and Support funds are used to support this process and to support administration and evaluation of programs.

### FULL-SERVICE PARTNERSHIP PROGRAM (FSP)

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. Services are client and family driven, accessible, individualized, delivered in a culturally competent manner and focused on wellness, outcomes and accountability.

The eligibility criteria for individuals qualifying for Full Service Partnership is in WIC 5600.3 (a) for children and youth or WIC 5600.3 (b) for adults and older adults at risk. 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 and 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 to individuals who present with co-occurring mental illness and substance use disorders. CSS funds will be used to support these individuals to achieve recovery.

Children's FSP services focus on keeping families intact and avoiding restrictive placements, including hospitalization, incarceration and short-term residential therapeutic program placements. Services are available to 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 prioritized 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.

The following chart displays the number of individuals by age group who participated in the FSP program and the cost per individual in FY 2022-2023.

Age	Number	% of Total	Est. FSP Cost/Age
Children 0-15	43	23%	\$470,809
TAY 16-25	24	13%	\$262,777
Adults 26-64	114	60%	\$1,248,193
Older Adults 65+	10	5%	\$109,491
Total	191	100%	\$2,091,270

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## STRENGTHS BASED CASE MANAGEMENT

In 2021, Siskiyou County Behavioral Health began its participation in the Multi-County FSP Innovation Project. Based on this engagement, Siskiyou County Behavioral Health revitalized its case management services and integrated the Strengths Model Case Management into the FSP program.

All FSP clients served by SCBH receive Strengths Model Case Management, a case management model that is goal-centric and client-driven and emphasizes 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.

***Achived in FY 2022-2033:***

All Behavioral Health Specialists (case managers) were trained in Stengths Based Case Management, and all FSP clients receiving services were provided Strengths Based Case Management services. Three BHS staff members were rated for fidelity in FY 2022-2023 and achieved an overall rating average of 3.2 out of 5. At that time 60-70% of clients were engaged in the Strengths Assessment process.

***Looking to next year:***

All SCBH Behavioral Health Specialists will be trained in Stengths Based Case Management and will continue to offer these services to clients participating in the FSP programs.

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**PEER SPECIALIST SERVICES**

Peer specialists are a valuable addition to Siskiyou County Behavioral Health's continuum of care, especially to the clients receiving FSP services. Peer specialists provide outreach, engagement, and ongoing supportive services for clients, including children, transitional aged youth (TAY), adults and older adults. Siskiyou County Behavioral Health partners with the California Mental Health Services Authority (CalMHSA) a joint powers authority to provide peer training and certification. Through this partnership, peer specialists are trained and certified to deliver peer support services.

***Achieved in FY 2022-2023:***

Two county employed Peer Specialists enrolled in a certification program in FY 2022-23 with anticipated completion dates of fall/winter 2023.

***Looking to next year:***

Peers providing services in SCBH programs will participate in training and receive certification to deliver peer support services.

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**SIX STONES WELLNESS AND RECOVERY CENTER**

Wellness Center programs throughout California have a prominent role in promoting self-healing, resiliency, and recovery for the seriously mentally ill. In a welcoming, non-stigmatizing setting, participants receive services including life skills training, support groups, and social interaction. With recovery and resiliency principles at its foundation, wellness services include, but are not limited to:

- ❖ Communication skills
- ❖ Physical health
- ❖ Social skills
- ❖ Self-advocacy
- ❖ Recreational activities
- ❖ Hobby development
- ❖ Healthy living activities

Six Stones Wellness Center provides services and support for adults over the age of 18 years old with serious mental illness and their families. The staff at Six Stones are made up of Peer Specialists, who are trained in Wellness Recovery Action Plan (WRAP) facilitation. According to satisfaction surveys, participation in Wellness Center activities increases member knowledge of mental health issues and improves their ability to advocate for themselves and their family members regarding mental health issues. Expenditures for this program are from both CSS FSP and CSS General System Development funds.

***Achieved in FY 2022-2023:***

Six Stones provided an average of 95 services per month including both individual contacts and groups to approximately 300 individuals. The cost of this program was \$372,082 or \$80.06 per person.

***Looking to next year:***

In the coming year, the Six Stones Wellness Center will expand services currently being provided in Yreka. They will move to a larger, more centralized center which is co-located with Siskiyou County's first low-barrier shelter. Six Stones is also expanding services in Mount Shasta.

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## **FLEX FUNDING**

MHSA funding is available to purchase supplies and services that are important for FSP clients to attain their goals within the program. To support FSP clients in their identified emergencies and needs, a revolving account is available. Under the Flex Fund program, services and activities to support FSP clients include, but are not limited to:

- ❖ Crisis intervention/stabilization service
- ❖ Case management services to help clients and their families, when appropriate, have access to needed medical care, educational supports, social assistance, vocational, rehabilitative help, and other community services that are available
- ❖ Peer Support
- ❖ Support Services to help the client and their families, when appropriate, with acquiring and continuing employment, housing, and/or education
- ❖ Treatment for mental health, with treatment alternatives and culturally specific treatment as options
- ❖ Wellness Centers

Ancillary services are available for FSP clients. The following services are available to FSP clients, including, but not limited to:

- ❖ Dual diagnosis treatment (funding)
- ❖ Educational funds
- ❖ Food and/or clothing

- ❖ Housing (rent subsidies, vouchers, house payments, and transitional and/or temporary housing)
- ❖ Household items
- ❖ Medical expenses (Uncovered)
- ❖ Residence in a drug/alcohol rehabilitation program
- ❖ Vital needs to stabilize the family.

The available funds to support FSP clients are intended to reduce psychiatric hospitalizations, reduce the use of local emergency departments, lower incarcerations and to help clients to remain engaged in their local community and to build better relationships toward natural supports.

## NON-FSP PROGRAMS

### EXPANSION OF ADULT AND CHILDREN'S BEHAVIORAL HEALTH SERVICES

Services will be expanded to include individual and group therapy, psychiatry, case management, Therapeutic Behavioral Service (TBS), and Intensive Home-Based Services (IHBS). Contracts with network providers, as well as staff employed by the County, allow for the expansion of services. Services may be supported either in-person or through 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.

#### ***Achieved in FY 2022-2023:***

SCBH has persistent staffing shortages that were exacerbated by the Covid-19 pandemic. Due to its location and rural nature, Siskiyou County has difficulty attracting qualified personnel and has challenges filling positions, especially clinical positions. To address shortages, SCBH expanded its' pool of on-line clinicians, and it's workforce by creating Peer Specialist positions and supporting this job classification in becoming certified.

#### ***Looking to next year:***

With the addition of clinician trainees to the workforce, and the expansion of peer services, SCBH anticipates it will continue to meet network adequacy standards for all qualified provider types.

### EXPANSION OF NETWORK PROVIDERS

Expand the 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.

***Achieved in FY 2022-2023:***

SCBH has one long-standing network provider that has experienced challenges with hiring and retention of qualified staff and consequently has limited and inconsistent capacity. In 2022, SCBH issued an RFP for a network provider to expand capacity but received no responses. SCBH reached out to multiple providers individually and eventually entered negotiations with an interested party. Due to budget constraints, negotiations are temporarily on hold.

***Looking to next year:***

SCBH will continue to closely monitor its network to ensure adequate services are available to the residents of Siskiyou County.

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## **CRISIS INTERVENTION & RESPONSE**

Siskiyou County Behavioral Health provides support through phone, walk-in and mobile crisis intervention services 24-hours per day, 7 days per week. The Psychiatric Emergency Team (PET) responds to two local hospitals and the county jail. Having staff dedicated 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 to assess, stabilize, and place clients in the most appropriate level of care.

***Achieved in FY 2022-2023:***

SCBH conducted 966 crisis evaluations in FY 2022-2023 at the cost of \$424,439.96, an average of \$439,38 per contact.

### ***Looking to next year:***

SCBH implemented mobile crisis services in March of 2024 and is working toward integration of the PET and Mobile Crisis teams.

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## **GENERAL SERVICE DEVELOPMENT (GSD)**

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.

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## **HOMEKEY**

SCBH planned to contribute CSS GSD funding in the amount of one million dollars for construction of a Homekey project in collaboration with Rural Communities Housing Development Corporation and the city of Yreka. This project did not come to fruition due to difficulty securing an appropriate site. Housing and homelessness remain a critical issue in Siskiyou County and this funding will remain available to support construction and/or operation of existing or future housing projects with priority given to permanent supported housing projects.

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## **COMMUNITY CARE EXPANSION**

SCBH has experienced challenges securing a general contractor to move forward with the proposed CCE Capital projects, and will continue to work toward implementation of this project in the coming year.

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# **OUTREACH & ENGAGEMENT**

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## **HOMELESS OUTREACH**

The Siskiyou County Advisory Board facilitates community conversation regarding homelessness and housing in Siskiyou County. The Advisory Board is comprised of staff from Health and Human Services, the County Office of Education, youth homeless service providers, law enforcement, and representatives from cities. Community priorities surrounding homelessness and housing are identified by the Advisory Board participants and funding opportunities are pursued to address the identified service and housing gaps.

Feedback received by the Advisory Board regarding housing and homelessness has disclosed the following concerns:

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

Siskiyou County is in the seventh year of its 10 Year Plan to End Homelessness. This plan centers on community identified and resources, and emphasizes outreach and engagement efforts for chronically homeless people. Siskiyou County Behavioral Health facilitates a multi-disciplinary team (MDT) of service providers that meet on an ad hoc basis with people who are experiencing homelessness to identify and address issues and barriers to being able to access housing as well as conducting weekly Coordinated Entry meetings to go over the by-name list of people with housing needs. Siskiyou County Behavioral Health 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.

***Achieved in FY 2022-2023:***

In FY 22/23, in response to ongoing concerns expressed through the CPP process and by the Advisory Board regarding individuals experiencing homelessness, Siskiyou County Behavioral Health partnered with the Yreka Police Department (YPD) to provide outreach and crisis services to community members who were experiencing homelessness. The outreach program was initially intended to be funded with CSS GSD funds, however, SCBH received a grant that was utilized instead. SCBH's partnership with YPD is ongoing,

***Looking to next year:***

Siskiyou County Behavioral Health has grown the homeless outreach team through the addition of one Homeless Outreach Worker who works 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 them into stable housing.

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

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



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## CSS ADMINISTRATION

MHSA Community Services & Supports Administration funds support costs that come with the administrative support necessary to ensure ongoing community planning, implementation, monitoring and evaluation of CSS programs and activities. The expenditures that are within the administrative budget are recurring and include funding for the positions of MHSA Coordinator as well as other staff who support the Community Services and Supports Programs. 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 are included as support staff. Community planning, as well as monitoring and evaluation of the MHSA programs and activities are conducted by staff members.

Operating expenditure increases annually and is based on the previous year's actual expenses. The increase is due to an increase in staff, salaries, 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 Medi-Cal as appropriate. The revenue generated through this practice will be used to help cover the costs of administering the MHSA CSS program.



		Community Services and Support (CSS)					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures (Including Interest)	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>							
1.	Adult/Older Adult FSP	1,050,000	525,000	525,000			
2.	Child/TAY FSP	700,000	350,000	350,000			
3.	Flex Funds	501,295	501,295				
4.	Wellness & Recovery Program	328,890	328,890				
5.	Peer Support	39,265	39,265				
<b>Non-FSP Programs</b>							
1.	General System Development	674,378	674,378				
2.	Telehealth Expansion	763,919	763,919				
3.	Transportation	0	0				
4.	Crisis Intervention Response	360,000	360,000				
5.	Homeless Outreach	0	0				
6.	Community Outreach	0					
7.	Veterans Outreach	0	0				
8.	Outreach Video Project	0	0				
<b>CSS Annual Planning Costs</b>		4,509	4,509				
<b>CSS Evaluation Costs</b>		10,000	10,000				
<b>CSS Administration</b>		450,600	450,600				
<b>CSS MHSA Housing Program Assigned Funds</b>		0	0				
<b>Total CSS Program Estimated Expenditures</b>		4,882,856	4,007,856	875,000	0	0	0
<b>FSP Programs as Percent of Total</b>		65.4%					

## PREVENTION & EARLY INTERVENTION PROGRAM OVERVIEW

Prevention and Early Intervention (PEI) programs bring awareness of mental health issues to all the people of the community through public education initiatives and dialogue with the community. These programs allow access to services and supports early in the lives of community members when mental health symptoms first arise.

In 2019, Senate Bill 1004 was approved by the senate and set new priorities for the expenditure of PEI funds. These priorities include:

- Childhood trauma prevention and early intervention at the early origins of mental health needs.
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- Youth outreach and engagement strategies that target secondary school and

transition age youth, with a priority on partnerships with college mental health programs.

- Culturally competent and linguistically appropriate prevention and intervention services and strategies.
- Strategies targeting the mental health needs of older adults.
- SCBH PEI programs address the priorities established by SB 1004.

**PEI Priorities:** PEI Programs are required to address one of the following priorities:

**Prevention:** 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.

**Early Intervention:** 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.

**Outreach:** 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.

**Stigma & Discrimination Reduction:** Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

**Access & Linkage:** Activities to connect children, adults, and older adults with severe mental illness as early in the onset of conditions to medically necessary services.

**Suicide Prevention:** 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.

See Appendix A for Annual Report.

**Program Name:** Etna PAL

**Program Type:** Prevention

**Fiscal Year 2022-23 Expenditures:** \$50,357.14



**Who this program serves:** 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.

**What this program does:** 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 provides evidence-based and/or community defined Prevention activities that include the Keepin'it REAL curriculum and Harmony with Horses, a community defined practice that builds confidence, leadership skills, awareness of body language, and boundary setting. 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) screening tool. 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.

**Three-year goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment)

**Looking to next year:** Continue to provide Prevention services to the youth of Scott Valley.

**Estimated 2024-2025 Expenditures:** \$30,215

**Estimated 2024-2025 People Served:** 35

**Program Name:** First 5 Siskiyou

**Program Type:** Outreach for Increasing Recognition of Early Signs of Mental Illness, Access & Linkage

**Fiscal Year 2022-23 Expenditures:**

Ready4K: \$3,366.00

ASQ Training: \$9141.00

ASQ Screenings: \$17,633.00



**Who this program serves:** First 5 Siskiyou provides Ready4K, 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. 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.

**What this program does:** Provide psychoeducation activities that increase understanding of mental wellness and prevent likelihood of mental health issues.

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

**Looking to next year:** First 5 will continue providing Outreach and Access & Linkage services throughout Siskiyou County.

**Estimated 2024-2025 Expenditures:** \$32,000

**Estimated 2024-2025 People Served:** 450

**Program Name: Happy Camp Community Action (HCCA)**

Happy Camp is a small, isolated community that is 90 minutes from Yreka. In 2020, the Happy Camp Community was severely impacted by the Slater Fire. Two hundred homeowners lost their homes and recovery has been slow. Happy Camp Community Action (HCCA) Center is the heart of the community and provides crucial resources for the community.



**Happy Camp**  
**Community Action**

**Program Type:** Prevention, Outreach for Increasing Recognition of Early Signs of Mental Illness, and Stigma & Discrimination Reduction

**Fiscal Year 2022-23 Expenditures:**

Prevention: \$86,487.46

Stigma & Discrimination Reduction: \$8,093.56

Outreach for Increasing Recognition of Early Signs of Mental Illness: \$9,131.25

**Who this program serves:** Residents of the Happy Camp community.

**What this program does:** Happy Camp Community Action 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 Community Resource Centers are in isolated communities, they are often the first point of contact for the broader continuum of care as Community Resource Center 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. Community Resource Center 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 Community Resource Centers are free of cost and include childcare and meals.

Happy Camp Community Action provides screening, case management and referrals for residents who require behavioral health services, including referrals to SCBH.

**Three-year 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 to 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)

**Looking to next year:**

1. Continue to provide Prevention, SDR, and Outreach services to the Happy Camp Community.
2. Continue to assist community members in accessing resources including medically necessary behavioral health services.

**Estimated 2024-2025 Expenditures: \$95,000**

**Estimated 2024-2025 People Served: 275**

**Program Name:** Hellikon

**Program Type:** Stigma & Discrimination Reduction

**Fiscal Year 2022-23 Expenditures:** \$40,000.00

**Who this program serves:** Students attending middle and high schools in Siskiyou County.



**What this program does:** Hellikon 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](http://www.co.siskiyou.ca.us/behavioralhealth/page/directing-change).

**Three-year goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment).

**Looking to next year:** Hellikon will engage two schools to develop and present video projects.

**Estimated 2024-2025 Expenditures:** \$10,000.00

**Estimated 2024-2025 People Served:** 125

**Program Name:** Karuk Tribe

**Program Type:** Prevention, Outreach for Increasing Recognition of Early Signs of Mental Illness

**Fiscal Year 2022-23 Expenditures:** \$62,486.85

**Who this program serves:** Native American youth between the ages of 12 and 18 who have been identified as at-risk, and Native American adults and families.



**What this program does:** The Karuk Tribe provides a variety of Prevention services to Tribal members including Healing of the Canoe, Bounce Back and Strengthening Families groups. 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.

**Three-year goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment)

**Looking to next year:** The Karuk Tribe will continue to provide The Healing of the Canoe program. Efforts will be made to provide services earlier in the year and to work on better recruitment strategies for achieve better attendance in the future.

**Estimated 2024-2025 Expenditures:** \$25,000.00

**Estimated 2024-2025 People Served:** 20



**Program Name:** Lotus Educational Services

**Program Type:** Suicide Prevention, Outreach for increasing recognition of early signs of mental illness

**Fiscal Year 2022-23 Expenditures:** \$37,832.25

**Who this program serves:** Residents of Siskiyou County



**What this program does:** 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, teachers, 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.

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.

**Three-year goal:**

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 a unified messaging campaign for 988 and risk identification awareness with multi-sector partner organizations. Provide partners with monthly content that promotes unified messaging objectives.

**Looking to next year:** Lotus Educational Services will continue to provide services to the residents of Siskiyou County.

**Estimated 2024-2025 Expenditures:** \$20,718.00

**Estimated 2024-2025 People Served:** 50

**Program Name: Quartz Valley Indian Reservation (QVIR)**

*Quartz Valley Indian Reservation*



**Program Type:** Prevention, Outreach for increasing recognition of early signs of mental illness, Stigma & Discrimination Reduction

**Fiscal Year 2022-23 Expenditures:** \$151,401.34

**Number of people served:** 106

**Estimated Cost Per Person Served:** \$1,428.31

**Who this program serves:**

GONA: Native American tribal elders, and other tribal members; Healing of the Canoe: Native American youth between the ages of 12 and 18 who have been identified as at-risk.

**What this program does:** A GONA is a culture-based planning process where community members gather to address community-identified issues. It uses 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. 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. QVIR will endeavor to host Monthly Culture Night to increase protective factors.

**Three-year goal:**

Build authentic relationships for effective work.

Develop, implement, and sustain strategic prevention and interventions that prevent mental health and substance use disorders, and promote mental wellness.  
Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 75% at Post Assessment)

**Achieved in year one:** New Contract with Quartz Valley Indian Reservation for Siskiyou County MHSA 3-Year Program and Expenditure Plan to begin in FY 23-24. New staff and scheduling conflicts greatly impacted QVIR's ability to provide the services. Scheduling conflicts with the larger GONA organization didn't allow them enough time to provide their event during the year. Culture classes were offered regularly but their other groups were not able to begin.

**Looking to next year:** Quartz Valley Indian Reservation will provide the GONA program. After learning from the scheduling conflicts, QVIR will schedule their GONA events and their Healing of the Canoe programs early to successfully provide their services to the community. Culture nights will continue as well.

**Estimated 2024-2025 Expenditures:** \$50,000.00

**Estimated 2024-2025 People Served:** 70

**Program Name: Siskiyou County Resource Collaborative (SCRC)**

Siskiyou Community Resource Collaborative (SCRC) is a collective of seven Community Resource Centers, most of which are located along the I-5 corridor in Dunsmuir, McCloud, Mount Shasta, Weed, Yreka, Fort Jones, and Montague. Siskiyou County Behavioral Health has contracted with Siskiyou Community Resource Collaborative to provide Access & Linkage, Outreach for Increasing Recognition of Early Signs of Mental Illness, and Prevention groups/activities. Siskiyou Community Resource Collaborative supports community members with gaining access to mild/moderate and specialty mental health service, housing resources, and benefit services.



**Program Type:** Prevention, Outreach for increasing early recognition of early signs of mental illness, Stigma & Discrimination Reduction, Access & Linkage

**Fiscal Year 2022-23 Expenditures:** \$286,974.94

**Number of people served:** 1,785

**Estimated Cost Per Person Served:** \$160.77

**Who this program serves:** Residents of Siskiyou County

**What this program does:** SCRC provides psychoeducation activities that increase understanding of mental wellness and prevent the likelihood of mental health issues becoming severe and disabling. SCRC also conducts 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. SCRC also assists community members to access mild to moderate and specialty mental health services, housing resources, and benefit services.

**Three-year goal:** Increase percentage of workshop participants who report increased knowledge and satisfaction related to topic (Target: 80% at Post Assessment)

**Achieved in year one:** New Contract with Siskiyou County Resource Collaborative for Siskiyou County MHSA 3-Year Program and Expenditure Plan to begin in FY 23-24. The SCRC covers the greater communities of Siskiyou County along the I-5 Corridor and into Scott Valley from Hwy 3. Many One Circle Foundation groups and curriculum are provided at the different sites. Outreach groups such as Living Long & Well support older adults in the community and parenting classes are offered throughout the Siskiyou County Resource Center sites.

**Looking to next year:** Siskiyou County Resource Collaborative will continue to provide services to Siskiyou County.

**Estimated 2024-2025 Expenditures:** \$155,000.00

**Estimated 2024-2025 People Served:** 1,800

**Program Name:** Yreka High School

**Program Type:** Prevention, Early Intervention, Stigma & Discrimination Reduction



**Fiscal Year 2022-23: Expenditures:** \$176,700.00

**Number of people served:** 302

**Estimated Cost Per Person Served:** \$585

**Who this program serves:** Students at Yreka and Discovery Community Day School who are identified as at risk of developing mental illness.

**What this program does:** The School Counseling Program provides students, who have been identified as at-risk access, to on-site individual and group counseling services. 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 available.

**Three-year goal:** Increase percentage of youth who report positive youth development skills and competencies and reduced risk behavior (Target: 50% at Post Assessment)

**Achieved in year one:** New Contract with Yreka High School for Siskiyou County MHSA 3-Year Program and Expenditure Plan to begin in FY 23-24. New staff were hired at Yreka High School to provide more support for the students at both Yreka High School and Discovery. The school successfully completed Challenge Day for their students with great reaction. Counseling services were greatly utilized for those needing more support individually while prevention groups, focusing on school-based mental health and wellness programs, have been providing support for students in order to prevent the development of potentially serious mental health issues.

**Looking to next year:** Yreka High School will add more staffing to support the students and will continue to provide counseling and prevention services. The program could see an increase in its budget for the following year.

**Estimated 2024-2025 Expenditures:** \$150,000.00

**Estimated 2024-2025 People Served:** 200

**Program Name:** Healthy Siskiyou Mobile Unit – Public Health

**Program Type:** Access & Linkage

**Fiscal Year 2022-23: Expenditures:** \$33,057.86

**Number of people served:** 950

**Estimated Cost Per Person Served:** \$34.80

**Who this program serves:** Un- and underserved communities in Siskiyou County, with a focus on the unhoused.



**What this program does:** 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.

**Three-year 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.

**Achieved in year one:** New MOU with Healthy Siskiyou Mobile Unit – Public Health for Siskiyou County MHSA 3-Year Program and Expenditure Plan to begin in FY 23-24. Healthy Siskiyou Mobile Unit has made many contacts with community residents over the past year. Outreach efforts have created many contacts with individuals who struggle with homelessness, addiction issues, and poverty. Promotion of services offered throughout Siskiyou County occur and education for mental health needs and safety. The team travels to different locations in Siskiyou County reaching out to un- and underserved populations.

**Looking to next year:** Healthy Siskiyou Mobile Unit will continue to reach residents of Siskiyou County with screenings and education on safety and mental health matters.



**Estimated 2024-2025 Expenditures:** \$42,000.00

**Estimated 2024-2025 People Served:** 950

**Name:** Siskiyou Union High School District



**Contract Amount:** \$150,000.00

**Program Type:** Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness.

**Who this program serves:** Students of Siskiyou Union High School District who are identified as at risk of developing mental illness.

**What this program does:** The School Counseling Program provides students who have been identified as at-risk access to on-site individual and group counseling services as well as 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 available.

**Achieved in year one:** In year one, SUHSD provided students in south Siskiyou County with services and support for their mental health needs. Counseling services were offered in a variety of schools within the Siskiyou Union High School District, including Mount Shasta, Weed, and McCloud. Due to staffing challenges, prevention services were not provided.

**Looking to next year:** Establishing early intervention services was vital to supporting students throughout the year, and SUHSD is striving to also implement prevention services in the coming year.

**Estimated 2024-2025 Expenditures:** \$150,000

**Estimated 2024-2025 People Served:** 150



## BUDGET AND ANNUAL EXPENDITURES

		Prevention and Early Intervention (PEI)					
		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Estimated PEI Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Early Intervention</b>							
1.	Yreka High School Counseling Program (YHS)	150,000	150,000				
2.	Youth Empowerment Siskiyou (YES)	60,000	60,000				
<b>PEI Programs - Prevention</b>							
1.	Etna PAL	30,215	30,215				
2.	Karuk Tribal Housing Authority (GONA, Family & Youth Groups)	25,000	25,000				
3.	Mindful Little Campers (Happy Camp)	20,000	20,000				
4.	Quartz Valley Indian Reservation (QVIR)	50,000	50,000				
<b>Suicide Prevention</b>							
1.	Suicide Prevention (Lotus Educational)	20,718	20,718				
<b>Access and Linkage to Treatment</b>							
1.	Early Screenings (First 5)	32,000	32,000				
2.	Healthy Siskiyou Mobile Unit (Public Health)	42,000	42,000				
<b>Stigma and Discrimination Reduction</b>							
1.	Rural Youth Media Outreach Program (Hellikon)	10,000	10,000				
2.	Siskiyou Union High School (Mt Shasta)	150,000	150,000				
<b>Outreach for Increasing Recognition of Early Signs of Mental Illness</b>							
1.	Mental Health First Aid (Lotus)	0	0				
<b>Community Family Resource Network Programs</b>							
1.	Happy Camp Community Action	95,000	95,000				
2.	Siskiyou Community Resource Collaborative	155,000	155,000				
3.	TEACH Inc.	110,000	110,000				
<b>PEI Annual Planning Costs</b>							
PEI Annual Planning Costs		4,000	4,000				
PEI Evaluation Costs		57,598	57,598				
PEI Administration		1,443	1,443				
Office & Supplies		0	0				
<b>Total PEI Program Estimated Expenditures</b>		<b>1,012,974</b>	<b>1,012,974</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## INNOVATION

### MULTI-COUNTY FULL-SERVICE PARTNERSHIP (FSP PROJECT)

MHSA Innovation projects explore and develop new mental health models that improve the quality of services, promote collaboration, and increase access to services. In FY 19/20, Siskiyou County partnered with six other counties to work together on advancing the structure of FSP programs.

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#### PROJECT PURPOSE

In FY 2019-2020, Siskiyou County, in partnership with the counties of Fresno, Ventura, Sacramento, San Bernardino and San Mateo embarked upon a multi-county FSP Innovation project to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection and evaluation.

Third Sector, a San Francisco-based nonprofit, led the project with support from the Mental Health Services Oversight and Accountability Commission. Third Sector supports mental and behavioral health programs throughout the nation by helping government agencies with an improved focus on the process of implementing and sustaining outcomes-oriented, data-driven services focused on improved meaningful outcomes.

Siskiyou County participated in the multi-county Innovation Project to implement better data-informed strategies for clients, review program details to improve efficiency, and pursue ongoing advancement for the FSP program. County staff developed strategies to improve individual wellness and recovery, and utilized data to better design programs and evaluation of the outcomes.

### SEMI-STATEWIDE ENTERPRISE HEALTH RECORD (EHR)

The multi-county, scalable INN project stems from a larger Semi-Statewide Enterprise Health Record (EHR) project CalMHSA is concurrently leading (the EHR Project). CalMHSA is partnering with 23 California counties – collectively responsible for 27% of the state’s Medicaid beneficiaries – on the Semi-Statewide Enterprise Health Record project. This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve both now and in the future.

The key principles of the EHR project include:

**Enterprise Solution:** Acquisition of an EHR that supports the entirety of the complex business needs (the entire “enterprise”) of county behavioral health plans. This approach also facilitates data sharing between counties for patient treatment and payment purposes as patients move from one county to another.

**Collective Learning and Scalable Solutions:** Moving from solutions developed within individual counties to a semi-statewide cohort allows counties to achieve alignment, pool resources and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk and improving quality.

**Leveraging CalAIM:** CalAIM implementation represents a transformative moment when primary components within the EHR are being re-designed (e.g., clinical documentation and Medi-Cal claiming), while data exchange and interoperability with physical health care — toward improving care coordination and client outcomes — are being both required and supported by the State.

**Lean and Human-Centered:** Engaging with experts in human-centered design to reimagine the clinical workflow in a way that reduces “clicks” (the documentation burden), increases client safety and natively collects outcomes.

**Interoperable:** Typically, county behavioral health has, in response to state regulations, developed documentation that is out of alignment with data exchange standards. We are reimagining the clinical workflow so critical information about the people we serve is formatted in a way that will be interoperable (standardized and ready to participate in key initiatives like health information exchanges).

This project will meet the general requirements by making a change to an existing practice in the field of mental health, specifically, the practice of documentation of care provision in an EHR that meets the needs of the county’s workforce and the clients they serve.

Local stakeholders’ meetings occurred to present the INN Project and receive feedback. From August 29<sup>th</sup> through August 31<sup>st</sup>, 2022, Six Stones Wellness Center hosted a meeting in which Consumer/Family Member Stakeholders were given surveys on the previous Electronic Health Records. Siskiyou County Behavioral Health provided Consumers with surveys from August 29<sup>th</sup> through August 31<sup>st</sup>, 2022. Surveys were also given at the All-Staff meetings during this time as well as during a Supervisor’s Meeting conducted on Zoom on September 1<sup>st</sup>, 2022, at 8:15 am.

Siskiyou County Behavioral Health understands the meaningful relationship and involvement in the MHSA Local Community Planning Process. A key component being the partnership with constituents and stakeholders. Siskiyou County Behavioral Health hosted four community stakeholder activities to present the INN Project and receive feedback. Stakeholder participation and demographic information were collected through Microsoft Forms.

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## PROGRESS UPDATE AND IDENTIFIED CHANGES

Siskiyou County launched the new EHR, SmartCare, on July 1, 2023. SmartCare has improved efficiency, workflow, and end user satisfaction. Staff have identified several features of the new system that have positively impacted their experience. These include the ability to open clients to multiple programs. This desired functionality saves time and creates a more efficient workflow and greater ease when entering client data. In addition, the previous system's fonts and windows were small, causing a strain in viewability. SmartCare's screen magnification function allows the user to adjust the size of the information to make it easier for staff to view. When working in SmartCare, the interface allows the user the ability to toggle between client records without the burdensome process of accessing individual client documents thus creating a more efficient operation.

SmartCare's home screen includes an A.I. Help module, Task Management 'Widgets' and list pages which manage tasks and deadlines, flag files with important notices and provide staff an overview of client records. SmartCare has enhanced functionality for staff for searching document types, reviewing caseloads, retrieving clinical records, and viewing client histories and medication lists.

System administrators report great improvement in local processes and workflow. Previously, County staff were unable to complete simple tasks such as user setup, password resetting and system maintenance. One example of the inefficiency of the previous EHR was regarding password resets, which required County IT to contact the administrators of the previous electronic health record which often took several hours to a full day to complete, wasting staff time, increasing stress and the potential for burn out when staff were finally able to get back in the system to complete their documentation.

The reporting function in SmartCare has its strengths and weaknesses. For example, running reports with current preset filters is working well. Unfortunately, reports that run outside of the preset filters are not fully functioning. CalMHSA is working with SmartCare to get these reports up and running. They are currently working on a system modification enhancement request. CalMHSA has been advocating on behalf of the counties with SmartCare and the need to have California State reporting requirements in place.

CalMHSA has established focus groups and is reaching out to all counties to troubleshoot issues to tailor State reporting to the needs of each county. Ad hoc reporting is available and can be used to build individualized reports, but this requires more expertise than has been provided in the current training curriculum. The CalMHSA team is assisting with generating reports for each county but with the current request volume, this has proven to be a slow process.

The use of SmartCare is in its infancy and will require time to be effective in all intended aspects. Errors in the system are occurring, which can be expected during this phase of execution, and assistance is needed to set up the manual inputting of data to avoid errors.

Neither CalMHSA nor the counties anticipated that Streamline would not have completed the necessary reporting functions required by the State, which has caused concerns about retrieving correct data. Without the ability to generate accurate reports, counties are unable to meet reporting requirements which could potentially impact funding that is tied to completion of services. Another issue is that new reporting requirements rolled out during the launch of the new EHR system. Updated formatting for reports is expected by the State with little lead time given to the counties. There is a concern that data will be lost in SmartCare when the reporting functions are created while State reporting is expected to be submitted in a timely and accurate manner. We do anticipate that the reporting function within SmartCare will work as expected once it is fully operational.

The Substance Use Disorder module is currently pending required documents including the Health Questionnaire, Medical Necessity form and the State required TB report. Currently, these documents are being tracked and completed by hand.

SUD Counselors report SmartCare is efficient and easier to use than the previous EHR. Initially, there were multiple system and user errors regarding service notes and other documents, but with continual use of the system, navigating the ticket system and monitoring pending tickets, the module has become more accurate and effective.

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## EVALUATION DATA/LEARNING GOALS/PROJECT AIMS

CalMHSA contracted with the RAND Corporation during this project period to conduct a comprehensive evaluation of the project. To ensure a systematic evaluation of the migration to the new EHR platform, RAND is employing two measurement approaches: 1) a pre-post user survey, 2) pre-post task-based usability testing. RAND selected evidence based EHR metrics grounded in measurement science that are precise, reliable, and valid.

The goal of the pre-post user survey is to measure user experience and satisfaction of existing EHRs and the new EHR across all participating counties. This pre-phase of the survey was administered during this project period and prior to the “go-live” implementation of the new EHR system. It was sent to all EHR users in participating counties. The survey included outcome measures such as the Post-Study System Usability Questionnaire (PSSUQ), satisfaction with EHR attributes, satisfaction with specific tasks in the EHR, and likelihood of recommending the EHR. The PSSUQ is a 16-item standardized questionnaire that originated from the IBM project called System Usability Metrics in 1988. This standardized tool allows for a single metric to be calculated as an average of the 16 items, which provides a reliable measure that can be compared to other studies that have used the tool. The tasks included in

the survey were also based on the most common use cases across different role types (e.g., prescribers, medical staff, licensed clinicians, non-licensed providers and administrators).

The goal of the pre-post task-based usability testing is to obtain objective measures of EHR usage and burden (as measured by the length of time required to complete specific, common tasks in the EHR) before and after the migration to the new EHR. The pre-phase of this usability testing was conducted from May 30, 2023, to June 30, 2023, and included 30 prescribers and licensed clinicians in the select counties who opted to participate. The usability tests asked each participant to complete three tasks in a simulated EHR environment with simulated client scenarios. Tasks included creating an assessment/evaluation and progress note for a new client visit, reviewing a chart for an existing client and creating a progress note for a return client visit. The outcome metrics included task completion rate, time on task, errors and post-task satisfaction. These usability tests complement the user survey to provide objective measures of the EHRs in a controlled environment.

Learning Goals/Project Aims
<b>Quality</b> <ul style="list-style-type: none"> <li>❖ Comprehensiveness of client care</li> <li>❖ Efficiency of clinical practice</li> <li>❖ Interactions within the health care team</li> <li>❖ Clinical access to up-to-date knowledge</li> </ul>
<b>Safety/Privacy</b> <ul style="list-style-type: none"> <li>❖ Avoiding errors (i.e., drug interaction)</li> <li>❖ Ability to use clinical data for safety</li> <li>❖ Personal and professional privacy</li> </ul>
<b>Satisfaction</b> <ul style="list-style-type: none"> <li>❖ Ease of use</li> <li>❖ Clinician's stress level</li> <li>❖ Rapport between clinicians and clients</li> <li>❖ Client's satisfaction with the quality of care they receive</li> <li>❖ Interface quality</li> </ul>
<b>Outcomes</b> <ul style="list-style-type: none"> <li>❖ Communication between clinicians and staff</li> <li>❖ Analyzing outcomes of care</li> <li>❖ System usefulness</li> <li>❖ Information quality</li> </ul>

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## PROGRAM INFORMATION FOR INDIVIDUALS SERVED

This project focuses on transforming current EHR systems and processes counties use for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible for serving the population of Medi-Cal beneficiaries who need specialty mental health and/or substance use disorder treatment services among approximately 27% California's Medi-Cal beneficiaries, or among approximately 4,000,000 people.

Regarding specific project information on individuals to served, this project focuses on transforming the current EHR system and the processes California counties use for the provision of behavioral health services rather than directly testing an innovative approach to service delivery.

	Innovations (INN) Funding					
	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
<b>INN Programs</b>						
1. Multi-County FSP Project	0	0				
2. EHR Multi-County Innovation Project	109,184	109,184				
<b>Inn Annual Planning Costs</b>	0	0				
<b>INN Administration</b>	2,000	2,000				
<b>Total INN Program Estimated Expenditures</b>	<b>111,184</b>	<b>111,184</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## WORKFORCE EDUCATION AND TRAINING (WET)

The Workforce Education and Training component supports the building of a diverse mental healthcare workforce to include the viewpoints and expertise of clients and their families/caregivers and provide services that are linguistically and culturally competent.

### 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)

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

Scholarships for 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 outlined 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 Siskiyou County Behavioral Health staff members to attend master's level programs (W&I Code a, b, f).

***Achieved in year one:*** No SCBH staff members chose to pursue a master's in FY 2023-2024.

***Looking to next year:*** Palo Alto University, the educational institution providing this educational opportunity, is no longer supporting this program, and it will not continue into FY 2024-2025.

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.

		Workforce, Education and Training (WET)					
		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
<b>WET Programs</b>							
1.	Continued Ed. Assistance Program	0	0				
2.	Provider/Partner Training	0	0				
3.	Training & Workshops for Evidence Based Practices	397,471	397,471				
<b>WET Administration</b>		0					
<b>Total WET Program Estimated Expenditures</b>		397,471	397,471	0	0	0	0

## CAPITAL FACILITIES AND TECHNOLOGY NEEDS

The Capital Facilities and Technology Needs component supports the development of facilities and technologies used for administrative services or delivery of mental health services. Funds can be used to help peer-support and consumer-run facilities, develop community-based settings, and build technological systems to deliver services.

Capital Facilities and Technological Needs provides funding to enhance the infrastructure needed to support implementation of MHSA, which includes improving or replacing technology systems and/or developing capital facilities to meet increased need of the local mental health system.

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.

		Capital Facilities/Technological Needs (CFTN)					
		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
<b>CFTN Programs - Capital Facilities Projects</b>							
1.	New Phone System / Internet Connection	10,000	10,000				
<b>CFTN Programs - Technological Needs Projects</b>							
1.	Copier Project	18,588	18,588				
2.	Cont Elec Health Record Maint	0	0				
3.	Software/Hardware Upgrades	1,540	1,540				
<b>CFTN Administration</b>		0	0				
<b>Total CFTN Program Estimated Expenditures</b>		30,128	30,128	0	0	0	0



# ANNUAL REPORT

## 2022-23

**Presentation to  
Siskiyou County Behavioral Health  
Mental Health Services Act Commission**



Lisa Colvig-Niclai, MA  
Maria Usacheva, PhD

February 1, 2024



# Our Agenda Today

- Overview of Siskiyou MHSA
- Progress per Program
- Questions



# **Overview of Siskiyou MHSA 2022-23**



# Tiered Approach to Prevention

## Universal Prevention

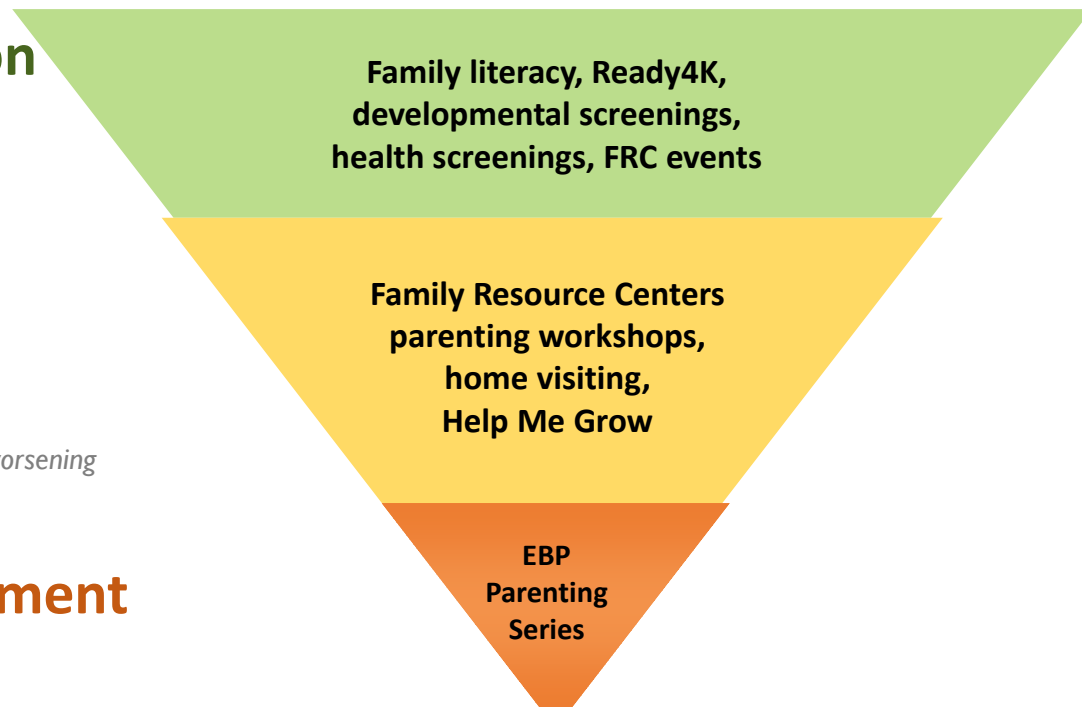
*“Light touch”  
universal primary prevention  
services to the entire population.*

## Early Intervention

*Services to prevent emerging needs from worsening*

## Intervention/ Treatment

*Services to address identified needs*



# Siskiyou MHSA: Strategic Framework

## FUNDED STRATEGY / GRANTEE

## MHSA PEI GOALS

## LONG TERM DESIRED IMPACT

*The overarching goal of PEI funding in Siskiyou County is to reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability of traditional mainstream services.*

### Outreach

Outreach Groups  
Outreach Parent Education Workshops  
Outreach Activities  
Mental Health First Aid

### SDR Education

SDR Parent Education Workshops  
SDR Events  
SDR Youth Groups

### SDR Education

Suicide Prevention Education Workshops

### Prevention Activities

Support Groups  
Adult Groups  
Youth Groups  
Prevention Events  
Prevention Workshops  
EBP Parent Education Series

### Early Intervention Activities

At-Risk Counseling  
Referrals

### Access to Services

Adult Screening (ACEs, EPDS, etc.)  
Youth Screening (PEARLS, ASQ-3, ASQ-SE)  
Referral to Special Needs Services  
Referrals to County Behavioral Health

## MH Education & Stigma Reduction

Increase understanding of mental wellness and mental health risks.  
Reduce mental health stigma, isolation, and the risk of suicide.

## Prevention and Early Intervention

Psychoeducation to increase mental wellness and reduce likelihood of serious mental health issues.  
Address mild to moderate mental health issues.

## Access and Linkage to Treatment

Provide needed social-emotional support to target population through screening and linkages to behavioral and mental health services.

Improve the mental wellness of Siskiyou County residents



# Shared Investment for Collective Impact

- Siskiyou MHSA carries out this work with many other funding partners who have similar visions
- Accountability is key in order to continue supporting community partners and the children and families they serve
- Goal is to streamline and synchronize data reporting so that both F5 and MHSA can each report shared data to their respective funders



Yreka High School





# Evaluation Goals



Track progress



Celebrate accomplishments

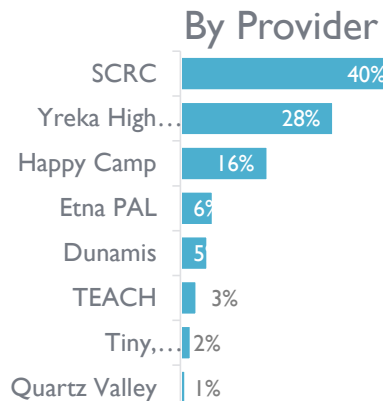


Strengthen services

# Clients reached in 2022-23

Total MHSA Siskiyou:  
1,111

- 1,111 total participants (920 enrolled this FY)
- Majority were Multirace (33%), Hispanic (31%), and White (18%).



## Workshops, by Type:

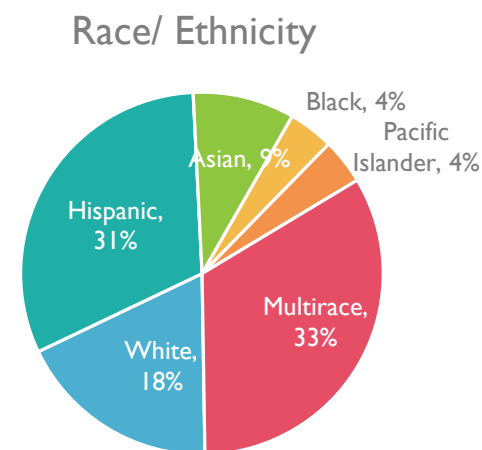
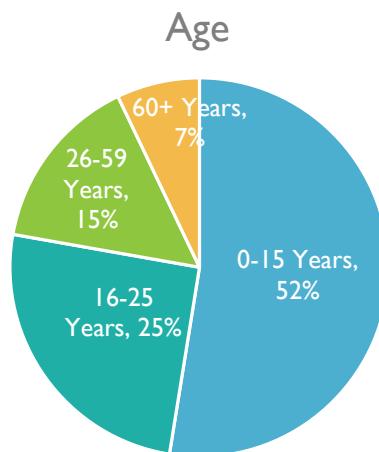
Fathering Workshop (N=12)  
Family HUI (N=9)  
Living Long and Well (N=21)  
Girls Circle (N=96)  
Nurturing Parenting (N=19)  
Boys Council (N=33)  
Women's Circle (N=11)  
Strengthening Families for Dads (N=11)  
Strengthening Families (N=10)  
Raising your Spirited Child (N=32)  
Raising Emotionally Healthy Children (N=6)  
Darkness 2 Light (N=33)  
MPAP (N=7)  
PC (N=6)  
BF (N=30)  
Other (N=86)

Site / Program Title	Total Participants	Enrolled in 2022-23
<b>Dunsmuir / McCloud (Unique = 47)</b>	<b>52</b>	<b>47</b>
Life Skills & Mentoring Groups - Dunsmuir	36	27
Life Skills & Mentoring Groups - McCloud	16	20
<b>SCRC (Unique = 366)</b>	<b>234</b>	<b>369</b>
Dunsmuir Resource Center	30	30
Mt Shasta/ McCloud Resource Center	70	80
Montague HUB	29	68
Scott Valley	14	49
Yreka	31	81
Weed	60	61
<b>T.E.A.C.H. (Unique = 28)</b>	<b>31</b>	<b>28</b>
Adult Groups	11	11
Elder Groups	5	4
Youth Groups	10	8
Promotoras	5	5
<b>Etna PAL (Unique = 54)</b>	<b>52</b>	<b>70</b>
School Mentoring	--	30
After-School Mentoring	--	40
<b>Yreka High School (Unique = 258)</b>	<b>264</b>	<b>309</b>
Challenge Day	1	1
Youth Groups (Boys Council=34, Girls Circle=29)	89	63
Counseling (groups = 67, individual = 170)	172	239
Groups Therapeutic Services	2	6
<b>Quartz Valley (Unique = 5)</b>	<b>246</b>	<b>5</b>
Youth Groups (Girls Circle, Healing of the Canoe, GONA)	26	4
Elder Groups	62	1
Family Groups / Culture Nights	158	
<b>Tiny, Mighty, and Strong (Unique = 18)</b>	<b>79</b>	<b>18</b>
Restorative Justice Circles - Tulelake	79	18
<b>Happy Camp (Unique = 144)</b>	<b>153</b>	<b>148</b>
Survivor Support	27	20
Mindful Little Campers	66	68
Parenting Groups	10	10
Youth Groups (Why Try)	33	29
Workshops	17	21
<b>Total (Unduplicated)</b>	<b>1,111</b>	<b>920</b>

# Clients reached in 2022-23

Total MHSA Siskiyou:  
1,111

- Majority were Multirace (33%), Hispanic (31%), and White (18%).
- 94% spoke English, 5% Spanish, and 1% Other languages



43% Male; 57% Female

Language



Gender Identity

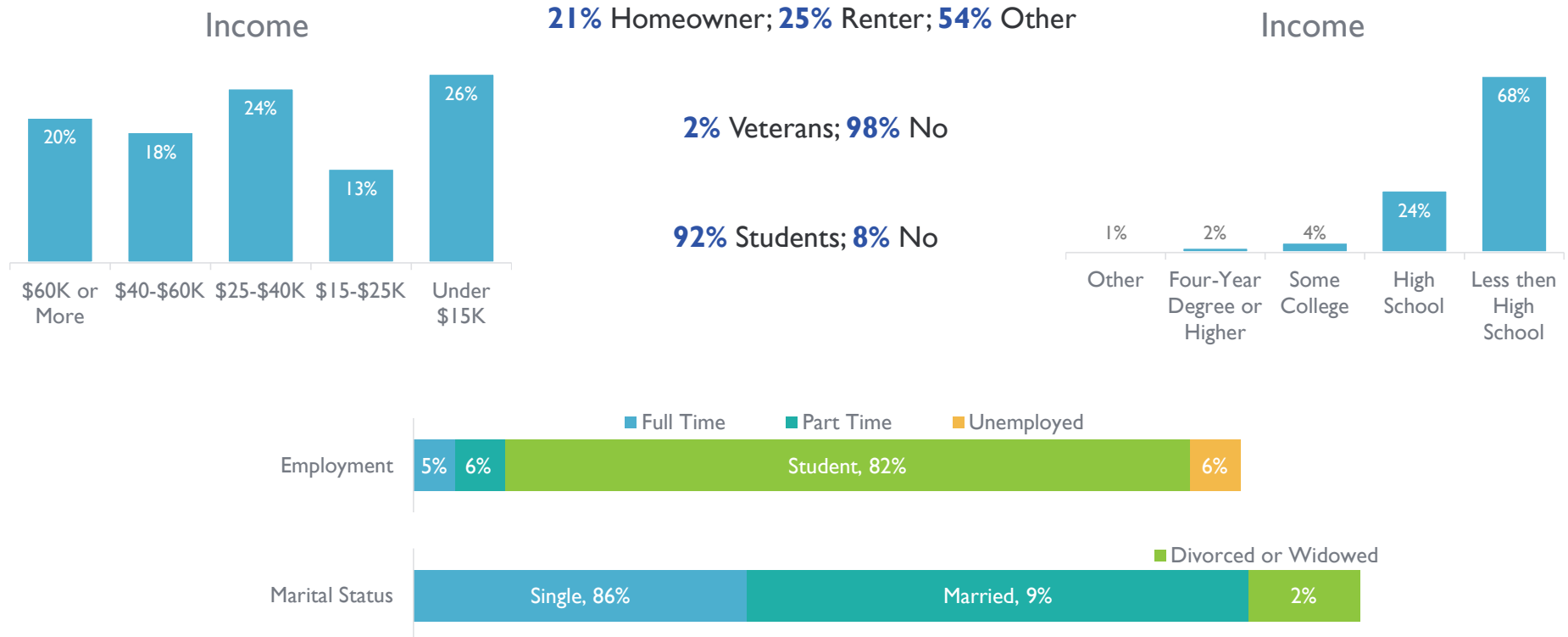


Sexual Orientation



# Clients reached in 2022-23

Total MHSA Siskiyou:  
1,111

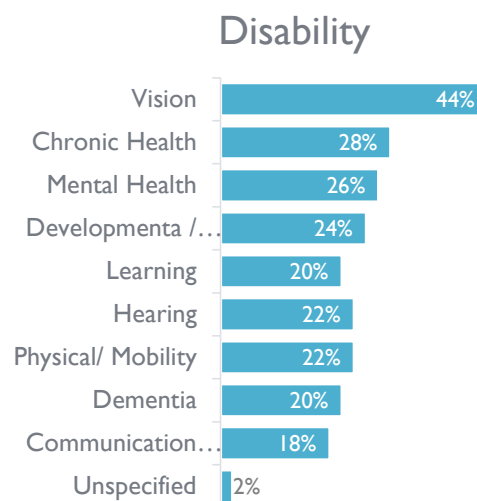


# Clients reached in 2022-23

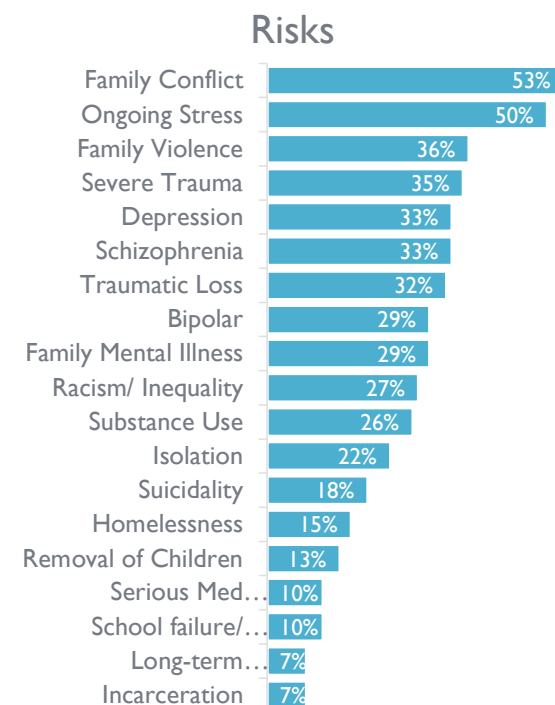
Total MHSA Siskiyou:  
1,111

- **27%** participants had a disability (47% - vision, 28% - mental health, 27% physical health)
- 57% had some risk factors (53% - family conflict, 50% - ongoing stress, 36% - family violence).

**71%** No Disability; **29%** Disability



**43%** No Risks; **57%** One or More Risks



# Class Profile and Class Attendance

Class Profile: 473 participants; 15 activities; 344 sessions; 5,766.5 hrs of instruction.

Total records: 3,956, of which 82% (3,643) attended, 7% (283) had an excused absence and 1% (30) had an unexcused absence.

Of the 32 Attendance records:

Program	Present	Absent	C
Etna PAL	4	0	
Yreka High School Groups	15	5	

Of the 32 Class Profile records, unique IDs:

	Class Type	#	M Att	TL	YR	MS	DM	MH	EP	SV	WD	HC	Total
<b>Outreach Activities</b>	<b>Outreach Workshops</b>												
	Workshops (ACEs)	7	12 (up to 29)			4		47		14		11	76
	Being a Well Woman	12	5 (up to 7)	7	1								8
<b>Stigma &amp; Discrimination Reduction</b>	<b>SDR Workshops</b>												
	Workshops (D2L)	7	12 (up to 29)			4		47		14		11	76
	Safe Space (FW)	7	5 (up to 8)			12							12
<b>Prevention Activities</b>	<b>Adult Groups</b>												
	Women's Circle	39	7 (up to 15)	7		6		8			5		26
	Relationships	1	1	1									1
	Pride Circle	22	7			14							14
	<b>Parent Education</b>												
	Wise and Well (BF, Family HUI, LLW, MPAP, NPP, REHC, SD, SFD)	132	8 (up to 28)		21	24	8	2		34	23		112
	Empowerment & Identity on Social Media (NPP)	1	1			1							1
	<b>Youth Groups</b>												
	Girl Scouts	72	15		22	25	21	15			10	2	114

Class Attendance:

Total participants: N=8 (4

Total Records: N=32 (4=E

Class Profile: 473 participa

# Class

	Class Type	#	M Att	TL	YR	MS	DM	MH	EP	SV	WD	HC	Total
Outreach Activities	<b>Outreach Workshops</b>	<b>23</b>		<b>8</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>26</b>	<b>0</b>	<b>15</b>	<b>11</b>	<b>12</b>	<b>74</b>
	Workshops (ACEs)	5	10 (up to 14)					26		14		12	43
	Being a Well Woman	12	5 (up to 7)	8	1								9
	Living Long and Well	6	9			10					11		21
	Healing Through Recovery*	1								1			1
	Youth Coalition*	2	5-6							11			11
Stigma & Discrimination Reduction	<b>SDR Workshops</b>	<b>11</b>		<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45</b>
	Workshops (D2L)	2	17 (up to 29)			4		29					33
	Safe Space (FW)	1	1			1							1
	Fathering Workshops	8	5			11							11
Prevention Activities	<b>Adult Groups</b>	<b>62</b>		<b>8</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>41</b>
	Women's Circle	39	7 (up to 12)	7		6		8			5		26
	Relationships	1	1	1									1
	Pride Circle	22	7			14							14
	Elder Luncheon*	1	9										9
	Survivor Support (Trauma) Group*	2	3-4									6	6
	<b>Parent Education</b>	<b>154</b>		<b>0</b>	<b>28</b>	<b>6</b>	<b>16</b>	<b>9</b>	<b>0</b>	<b>34</b>	<b>14</b>	<b>0</b>	<b>100</b>
	Wise and Well	7	1-2			2	8						3
	MPAP	13	8		7			1					8
	REHC	17	5			4					6		10
	SF	24	7		10								10
	NPP (Empowerment & Identity on Soc. Media)	62	6-7					7		5	7		19
	Family HUI	12	9				8				1		9
	SFD (Why Try/ Wise and Well)	16	8		11								11
	BF	3	15					1		29			30
	<b>Youth Groups</b>	<b>295</b>		<b>0</b>	<b>61</b>	<b>25</b>	<b>21</b>	<b>15</b>	<b>73</b>	<b>0</b>	<b>36</b>	<b>35</b>	<b>258</b>
	Girls' Circle	72	15 (up to 31)		32	25	21	15			19	2	114
	Boys' Council	27	15 (up to 29)		29						17		46

# Outreach and SDR Workshops and Events

*Definitions...*



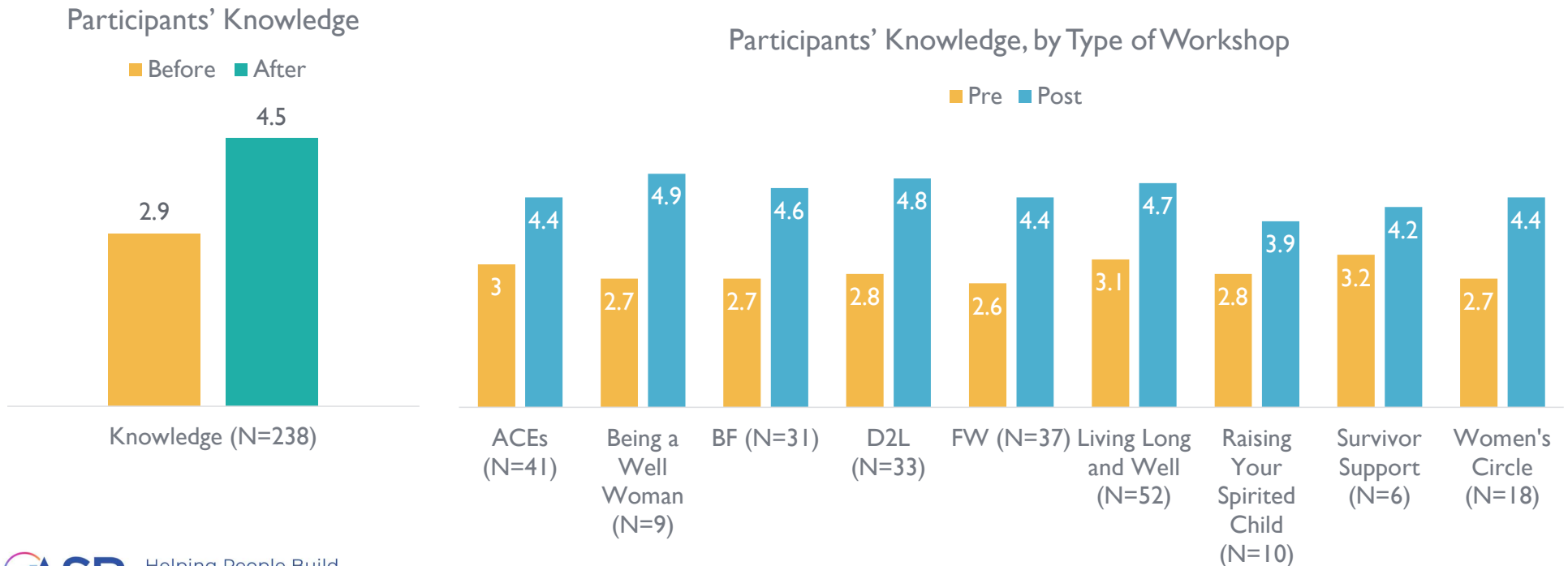
# Post Workshop Survey

- **235** participants
- **340** Surveys
- **16** Events/  
Workshops/ **39**  
Sessions:
  - 5 Outreach Workshops – 15 sessions
  - 3 SDR Workshops – 9 sessions
  - 4 SDR Events – 5 sessions
  - 4 Prevention Groups – 10 sessions
- **10-11** attendees per session.
- Average “satisfaction” = **4.72** out of **5** (best).

Program	# Sessions	Avrg Attd	SV	MH/ GN	TL	MS	QV	WD	YR	HC	Total
<b>Outreach Workshops</b>	<b>15</b>	<b>7</b>	<b>21</b>	<b>27</b>	<b>9</b>	<b>26</b>	<b>5</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>114</b>
ACEs Workshop	4	10 (up to 14)	14	27							41
Living Long and Well	6	9 (up to 10)				26		26			52
Being a Well Woman	2	8			9						9
Healing Through Recovery	1	1	1								1
Youth Coalition	2	5-6	6				5				11
<b>SDR Workshops</b>	<b>9</b>	<b>11</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>80</b>
Darkness to Light	2	17 (up to 29)		29		4					33
Fathering Workshop	6	6 (up to 8)				37					37
Raising Your Spirited Child	1	10								10	10
<b>SDR Events</b>	<b>5</b>	<b>16</b>	<b>41</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>82</b>
Holiday Party	1	37	35				2				37
March Culture Nights	1	7	4				2		1		7
Movie Night	2	18-19	2				35				37
Winter Celebration	1	1			1						1
<b>Prevention Groups</b>	<b>10</b>	<b>8</b>	<b>31</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>9</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>65</b>
BF	2	16 (up to 18)	31								31
Elder Luncheon	1	9					9				9
Survivor Support Group	2	3-4								6	6
Women's Circle	5	4 (up to 6)		6	1	6		5			19
<b>Totals:</b>	<b>39</b>	<b>10-11</b>	<b>93</b>	<b>62</b>	<b>11</b>	<b>73</b>	<b>53</b>	<b>31</b>	<b>1</b>	<b>16</b>	<b>340</b>

# Post Workshop Survey: Knowledge Gains

- Participants' knowledge on the topics of workshops improved
- Knowledge gain was least for FW and RYSC, more for D2L, and the greatest for LLW.



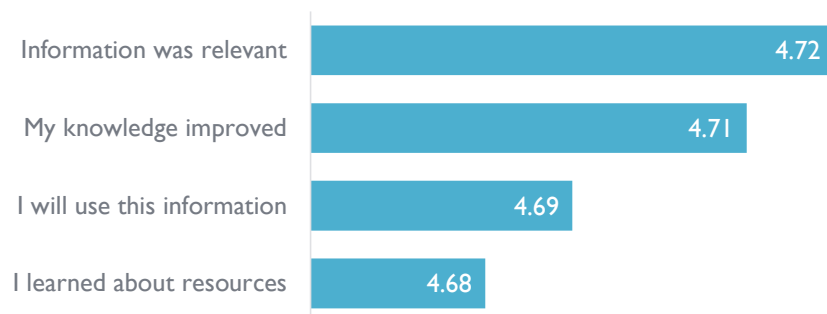
# Post Workshop Survey: Satisfaction

- Average “satisfaction” = 4.72 out of 5 (Highest).
- 80% of participants wished to attend another training.
  - 30% - any training or event
  - 60% - topics of communication skills, family / bingo games, self-help, gardening, mental health and wellness.

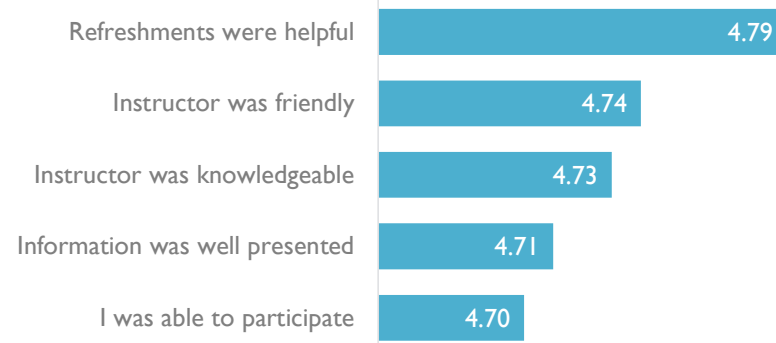
## Overall Satisfaction with Workshops (4.73)



## Satisfaction with Knowledge/ Content (4.70)



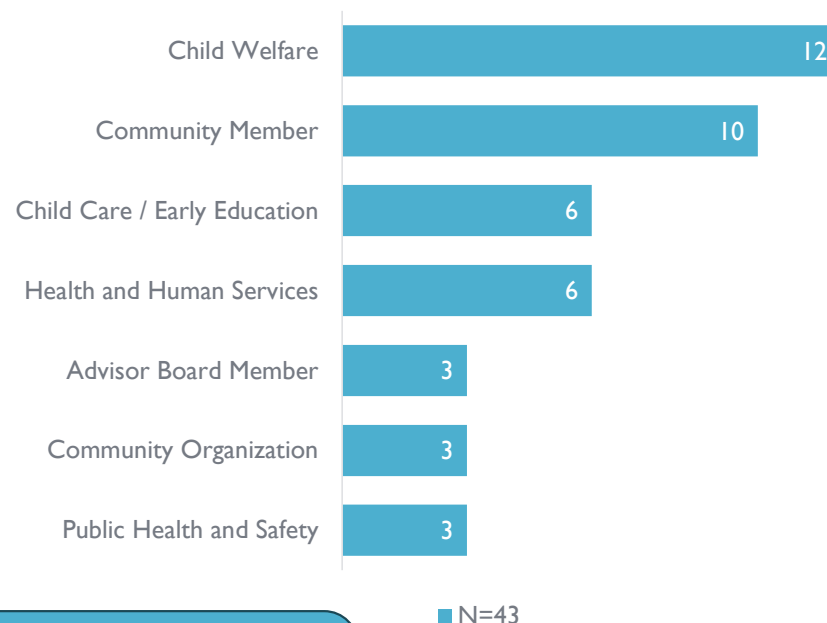
## Satisfaction with Learning Format/ Setting (4.73)



# Post Workshop Survey

- 70% (out of 65 responses) felt like there was nothing to improve; event was already great and fun; or more of similar events, sessions, activities, booths, etc.
- Other suggestions included:
  - 15% - more snacks, drinks, food;
  - 15% - warmer place; louder movie; more resources, in-depth explanation on how to gather materials used and to invite elders from the past.
- 77 participants said they enjoyed all aspects of the events:
  - The games, the movie, the photobooth, and the food;
  - Interactions with family, children, and friends
  - Learning new information and skills.

Type of Participants



I would not change anything! Really good information and I loved sharing about the past.

Everything was great and fun!

# NEBP Workshops (co-funded with F5 Siskiyou)

Parenting Education Type	Classes or Sessions Offered	Attendance (Parents)	Attendance (Children)
NEBP Workshops (e.g., Parents in Recovery)	68	765	159
NEBP Parent Support Groups (e.g., Family HUI)	15	17	17
Totals:	298	1,102	362

# Parenting Workshops (OSU Post Workshop Survey)

- **Outcomes of Parenting Workshops:** most caregivers were **underprivileged**:
  - One-in-five families receiving nutrition assistance via food stamps and 16% enrolled in WIC.
  - A quarter of families had school-age children who qualified for free or reduced lunch.
  - Over one-third (37%) used FRC services.
  - Nearly 4% were involved with Child Welfare Services and 14% were resource parents.
- Of the **266** responders, **98%** found information and resources to be “somewhat” or “very” helpful.
- Nearly all (**99%**) would use this knowledge “somewhat” or “a lot” (74%).

*“My parenting has improved. I am better able to deal with meltdowns. I learned skills to help my kids better themselves.”*

*“Before, I was short-tempered and would get upset with my five year old. Now I have more patience and am more present when I spend time with my daughters.”*

# Prevention Groups: Adults & Youth

*Definitions...*

# Prevention Activities, By Type

- 17 Prevention activities, 403 sessions, 574 attendees.

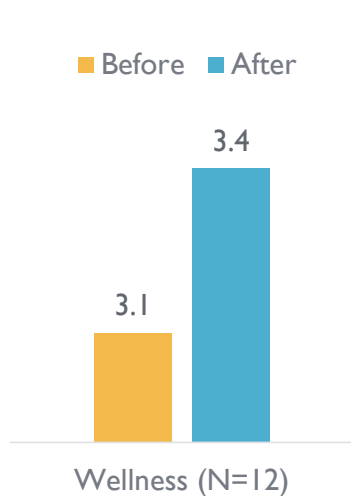
Type of Activity	Program	# Sessions	Avrg Attd	EP	HC	QV	SCRC	TEACH	TMS	YR	Total
<b>Prevention</b>	Parent Ed. Series (REHC, NPP, PN, Family HUI)	133			10		NPP=19; HUI=9; SF=10; SFD=11; REHC=6; MPAP=7				62
Adult Groups	Women's Circle	40					11				11
	Wise and Well							11			11
	Trauma Support	2			20			8			28
	Elder Groups	1				9		4			13
	Pride Circle?	22					7				7
Youth Groups	Mindful Little Campers	13			68						68
	Boys' Council	27					33			34	67
	Girls' Circle	82				4	96			29	129
	Why Try / HCES (BF, SFD)	32			29						29
	Harmony with Horses/ Mentoring Groups (N=54)	35		ASM=30; SM=40							54
	RJIC	SRHS/SVJH=7							18		18
	BF?						30				30
Prevention Workshops/ Events	Life Skills (Botvin), Conflict Resolution, GONA	9					DM=27; MC=20				47
<b>Totals (Undup.)</b>	17	403		54	127	13	276	23	18	63	574



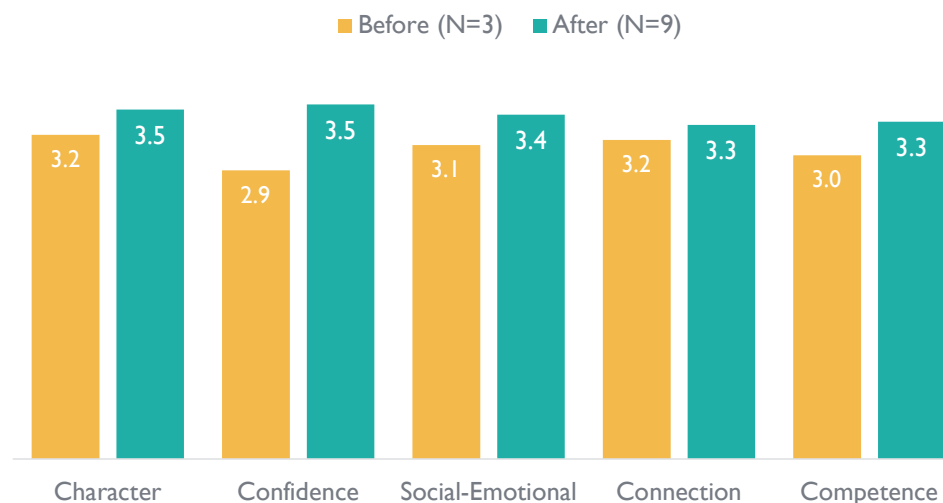
# Adult Groups: One Circle

- 8 adults and 4 teens completed the survey.
- Participants somewhat **improved in wellness**, from 3.1 to 3.4 out 4 (highest).

Change in Overall Wellbeing



Change in Wellbeing, by Type



Site	Program	N
TEACH	Adult Groups	7
TEACH	Youth Groups	4
TEACH	Promotoras	1

## Character:

- I can share my thoughts.
- I take time to do things I like.

## Confidence:

- I can deal with unexpected.
- I'm comfortable with my identity.

## Social-Emotional:

- I feel good about emotional wellness.
- I can communicate my feelings
- I can deal with stress.

## Connection:

- I positively interact with others.
- I have a support system.

## Competence:

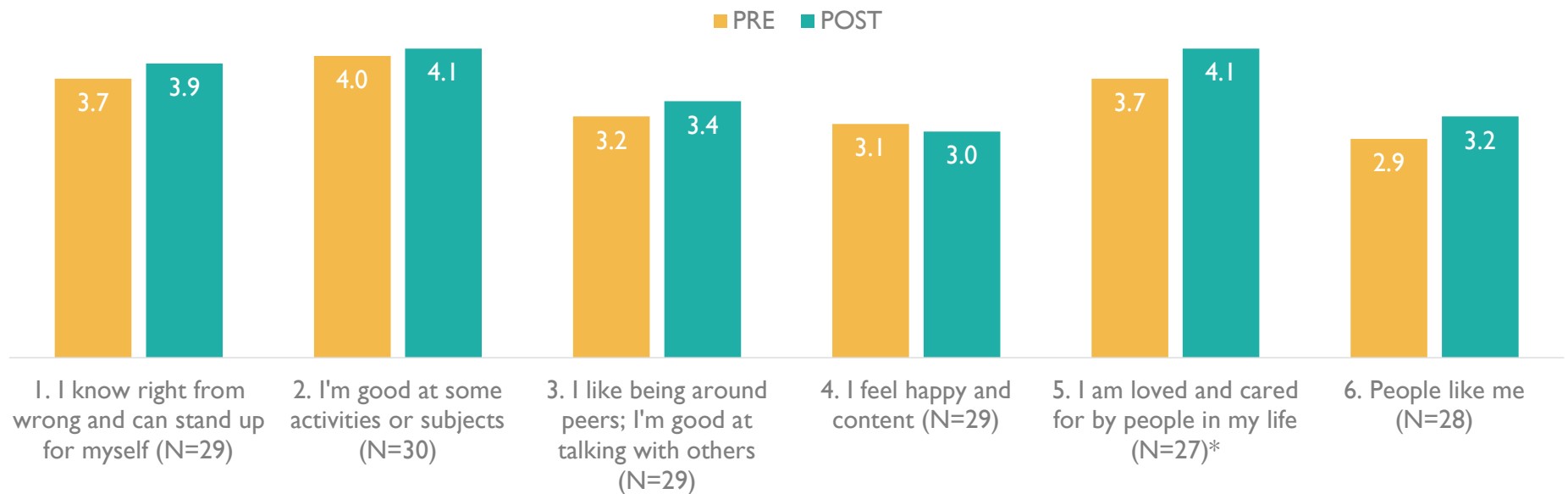
- I can cope with stress and seek support.
- I can set and accomplish goals.
- I can manage life situations.

# Adult Groups: Wellness Checklist

Site	Program	N ppl	N forms
Dunsmuir	Life Skills Group Mentoring Group	25 9	36 9
McCloud	Life Skills Group	16	27
Mt Shasta	Mentoring Group	1	1

- 40 adults completed 73 weekly checklists; 30 completed checklists for at least two weeks.
- Wellbeing improved from 3.5 to 3.7 out of 5 (highest), esp. for feeling loved and cared for.

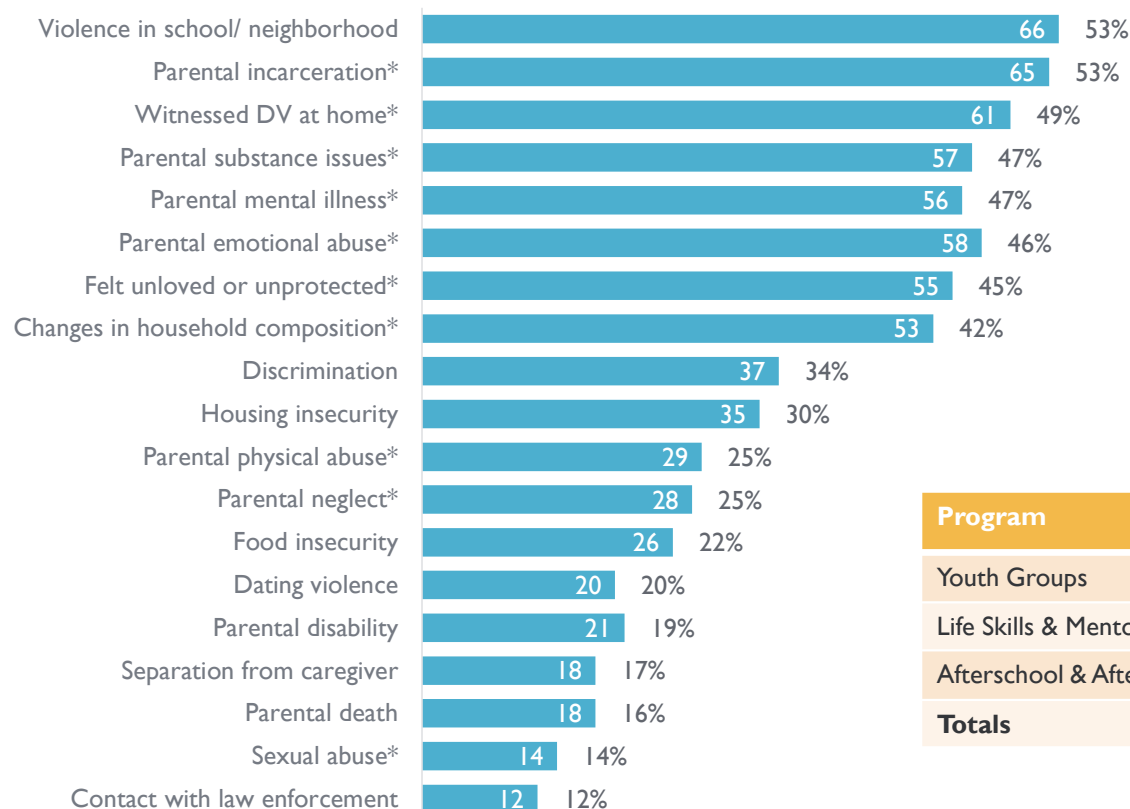
Change in Wellness, by Type



# Youth Groups: ACEs

140 teens  
60% - scored 4+

## Percent “Yes” by Type of ACEs



## ACEs Screening Results

ACEs Results	19 items	
	N	%
Minimal Risk (Score=0)	17	12%
Intermediate Risk (Score=1-3)	40	28%
High Risk (Score=4+)	86	60%

## ACEs Screening, by Program and Site

Program	QV	YR	TH	SCRC	EP	Total
Youth Groups	6	2	3	42		53
Life Skills & Mentoring Groups				37		37
Afterschool & After-School Mentoring					50	50
<b>Totals</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>79</b>	<b>50</b>	<b>140</b>

# Youth Groups: Youth Survey

- 257 teens completed the survey across 8+ activities and 72 sessions.

Youth Survey, By Program and Site

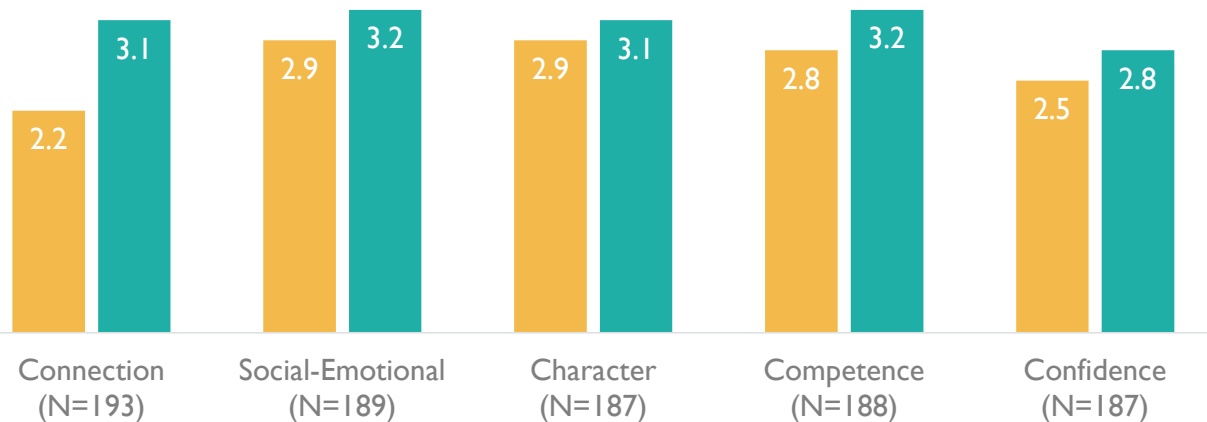
Program	# Sessions	Avrg Attd	EP	DM	MH	MS	TL	WD	YR	HC	Total
<b>Afterschool Mentoring</b> (Harmony with Horses and Mentoring Groups)	9	2 (up to 4)	10								10
<b>School Mentoring</b>	14	2 (up to 6)	21								21
<b>School and Afterschool Mentoring</b>	12	2 (up to 5)	17								17
<b>Youth Groups / Girls' Circle</b>	10	2-6 (up to 9)					4		8	30	42
<b>SCRC Youth Groups / Why Try</b>	27	9-14 (up to 25)		21	15	39		31	59		165
<b>Totals</b>	<b>72</b>	<b>2-14</b>	<b>48</b>	<b>21</b>	<b>15</b>	<b>39</b>	<b>4</b>	<b>31</b>	<b>67</b>	<b>30</b>	<b>255</b>

# Youth Groups: Youth Survey

- Youth's **positive development improved** from 2.7 to 3.1 out of 4 (the highest).
- Youth's **mental health issues decreased**: from 2.2 to 1.9 (lowest being 0).
- Youth's **risky behavior decreased** as well: from 1.3 to 1.2 (lowest being 0).

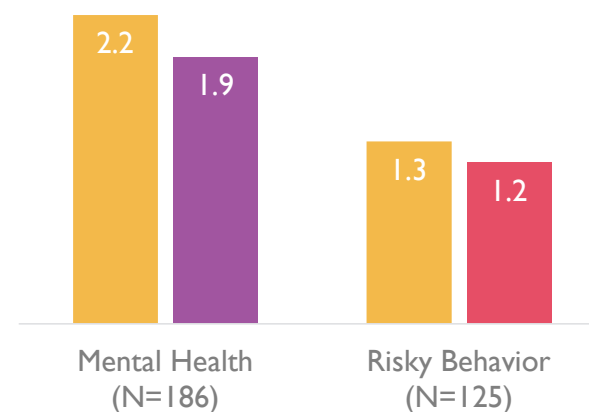
Changes in Positive Youth Development

■ PRE ■ POST



Changes in Mental Issues and Risky Behavior

■ PRE ■ POST

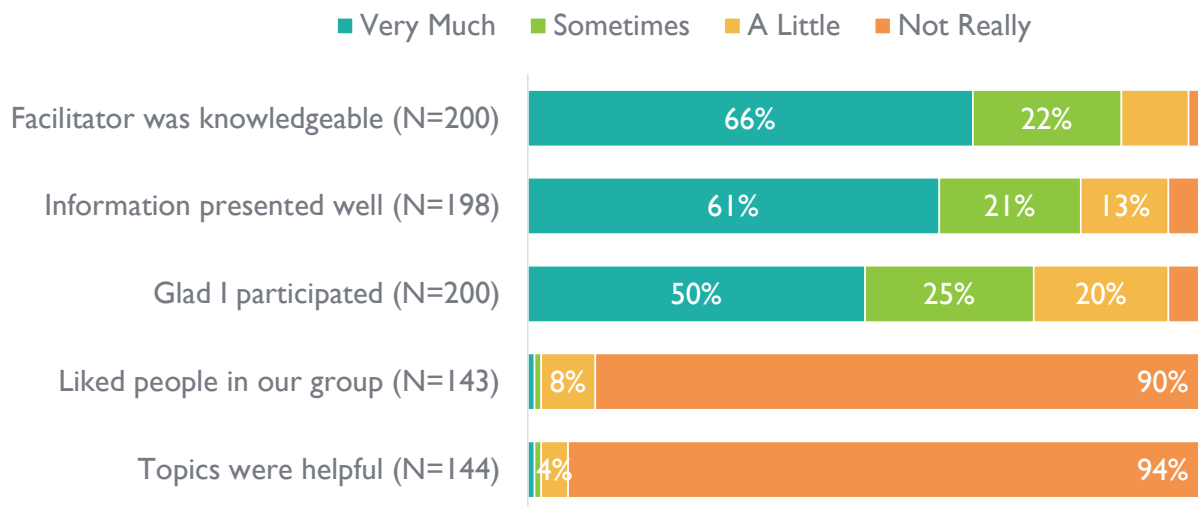


# Youth Groups: Youth Survey

- Average satisfaction was 2.2 out of 4 (the highest).
  - Youths were **most** satisfied with **facilitator** and **presentation**,
  - Youths were **least** satisfied with **others** in the group and the selection of **topics**.

**75% were glad they participated**  
(Somewhat or Very Much)

## Satisfaction with Youth Groups

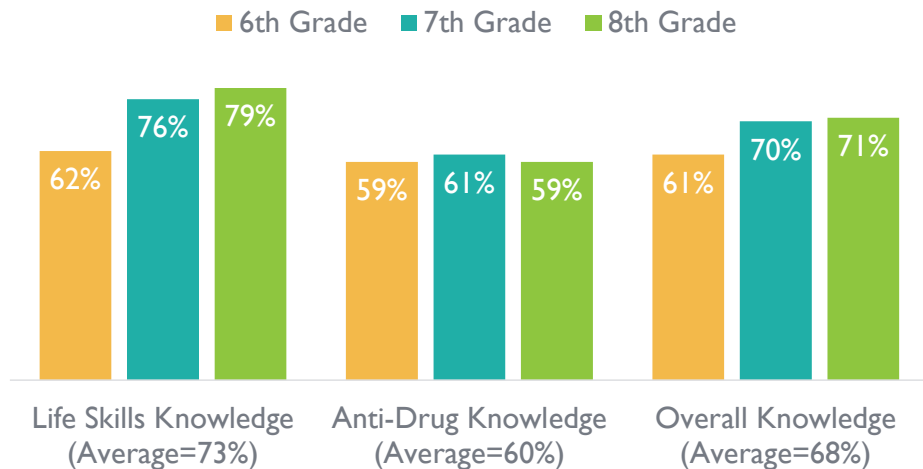


# Youth Groups: Botvin Survey

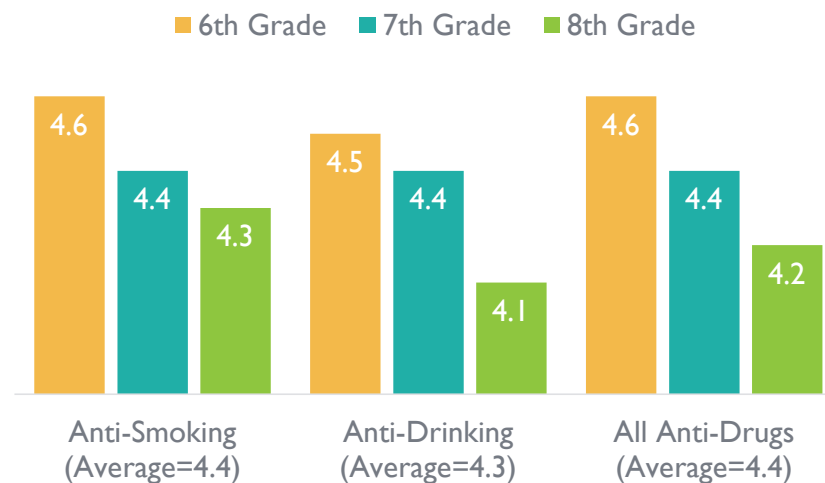
Site	Program	N
Dunsmuir	Life Skills Group Mentoring Group	17 9
McCloud	Life Skills Group Mentoring Group	1 14

- After the group, **40** participants showed high levels of:
  - Life skills (e.g., understanding of advertising on attitudes towards substance use and knowledge of how to counter it).
  - Anti-drug knowledge, and positive anti-drug attitudes.
- Older** children (7<sup>th</sup>-8<sup>th</sup> grade) showed **higher anti-drug knowledge** but **lower anti-drug attitudes** than younger peers (6<sup>th</sup> grade)
- Therefore, ***these groups may be most beneficial if started earlier*** (5<sup>th</sup>-6<sup>th</sup> grade).

## Section B: Knowledge



## Section C: Attitudes

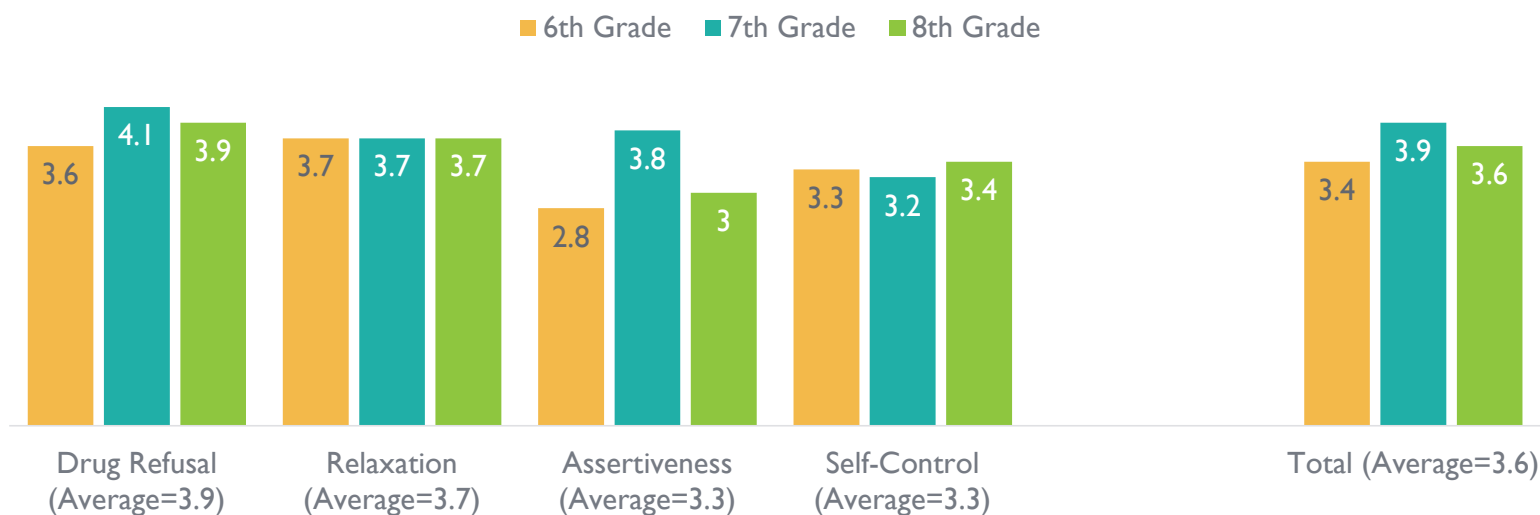


# Youth Groups: Botvin Survey

Site	Program	N
Dunsmuir	Life Skills Group Mentoring Group	17
McCloud	Life Skills Group Mentoring Group	14

- 40 participants showed high levels of life skills, e.g., drug refusal, relaxation, assertiveness, and self-control.
- 7<sup>th</sup> graders had somewhat higher scores than did 6<sup>th</sup>s and 8<sup>th</sup> graders (although this may be due to sample size differences).

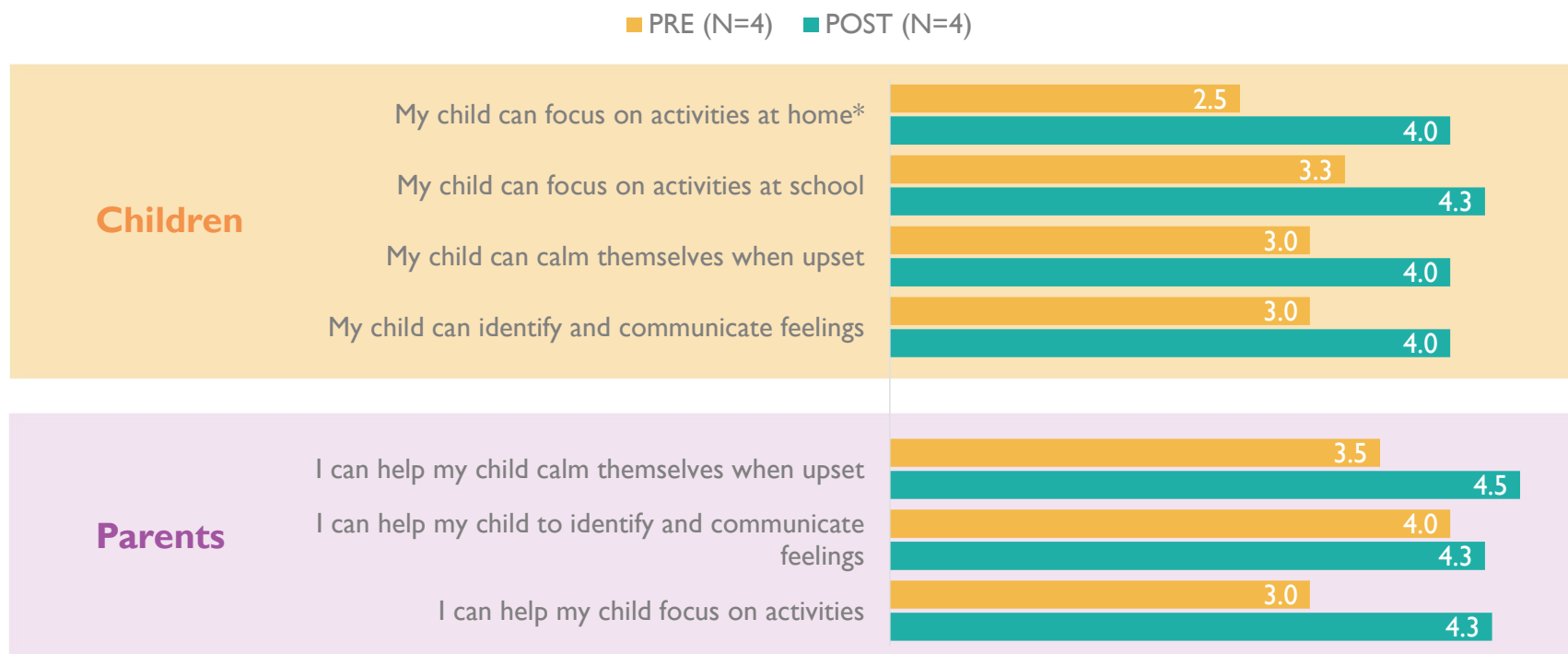
## Section D: Life Skills





# Youth Groups: Mindful Little Campers Parent Survey (Happy Camp)

- Children improved **in focus** (esp. at home) and coping skills, from 2.9 to 4.3 out of 5 (the highest)
- Parental ability to support their children** also increased, from 3.4 to 4.3 out of 5 (the highest)



# Prevention: Parent Education

*Definitions...*

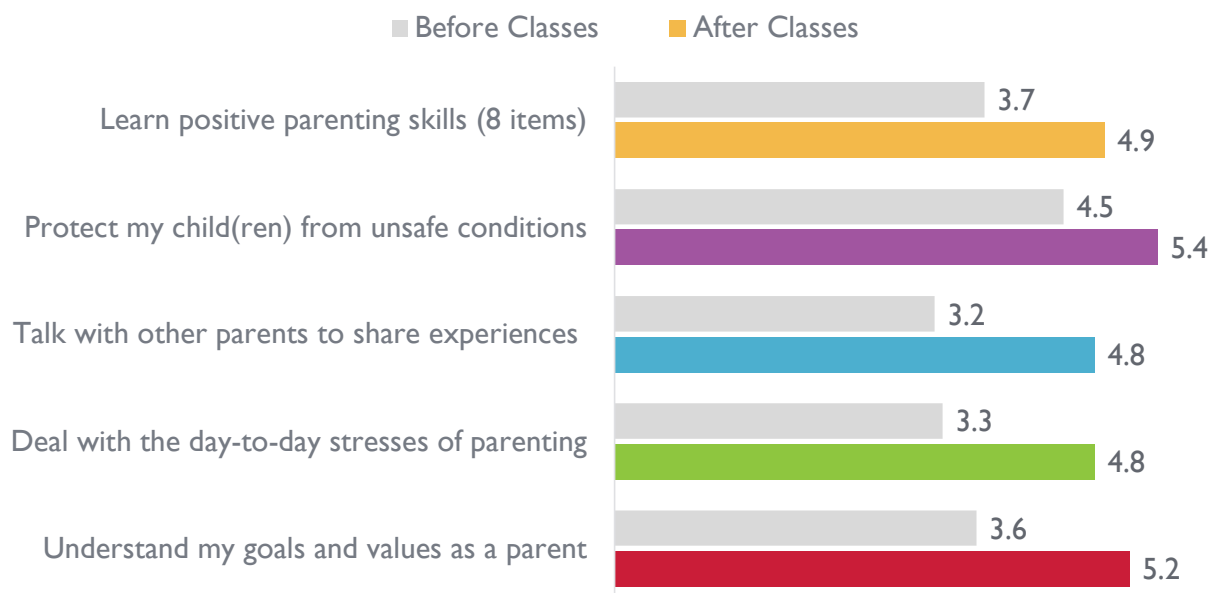
## EBP Parenting Series (co-funded with F5 Siskiyou)

Parenting Education Type	Classes or Sessions Offered	Attendance (Parents)	Attendance (Children)
EBP Parenting Series (e.g., Nurturing Parenting)	19 series 215 classes	320	186
<b>Totals:</b>	298	1,102	362

# EBP Series: Improvement in Parenting Skills

- 215 parent education classes (19 series) and 83 workshops helped 1,102 parents with 362 children 0-5 become their children's first teacher.

Change in Parenting Skills (Parenting Ladder Survey)



"I used to yell at my kids all day, but now I use a calm voice."

# EBP Series: Improvement in Child Behavior

- At the end of parenting series, **97%** said that they found the information and resources “somewhat” or “very” helpful
- 100%** said they would recommend this class to other parents.
- When asked what they liked best about the trainings, parents offered many positive comments.

*“I felt like I wasn’t being judged and that it’s okay to make mistakes.”*

**Change in Child Behavior (Parenting Ladder Survey)**

*“I think there was a lot of useful and practical information about children’s behavior and understanding how to be a supportive parent at all stages of development.”*



# **Intervention: At-Risk Counseling & Linkage to Services**

*Definitions...*



# Early Intervention Activities, by Provider

- **255** students participated in group and individual counseling (239 – in individual counseling only).
- **3** adults and **13** children under 18 years received **18** referrals to the Department of Behavioral Health.

Early Intervention Activities, by Type and Provider

Type of Activity	Program	# Sessions	Avrg Attd	EP	TEACH	YR	Total (Undup.)
<b>Early Intervention</b>	At-Risk Counseling - Individual	831				239	<b>239</b>
	Group Counseling – Youth Groups	332				63	<b>63</b>
	Group Therapeutic Services	105				6	<b>6</b>
<b>Linkage to Services</b>	Referrals to Beh Health	18		15	1		<b>16</b>
<b>Totals (Undup.)</b>				<b>15</b>	<b>1</b>	<b>255</b>	<b>271</b>

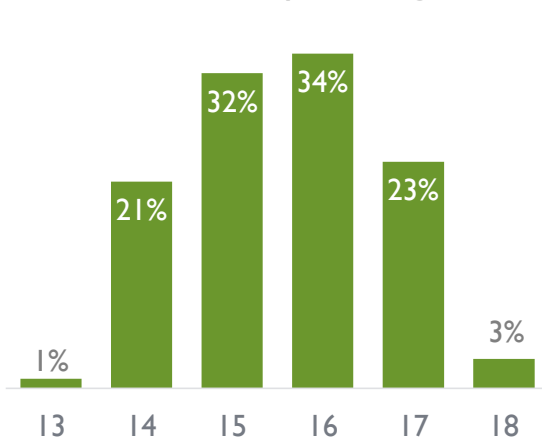
# At-Risk Counseling: Yreka High School

- 255 students received **1,163** at-risk counseling sessions.
  - 63 (25%) students attended 332 (29%) group sessions.
  - 239 (93%) students attended 831 (71%) individual sessions.
- 44 students (**17%**) attended both types of counseling.
  - 19 (7%) were in groups only.
  - 194 (76%) were in individual only.

At-Risk Counseling, by Type

Program	Counseling Type	N Teens (N (%))	N Sessions N (%)	Avrg #Sessions per Teen
Boys' Council	Total	34 (13%)	224 (13%)	7
	Group	33	126	4
	Individual	25	98	4
Girls' Circle	Total	29 (11%)	332 (19%)	11
	Group	24	144	6
	Individual	21	188	9
Counseling	Total	186 (92%)	502 (62%)	2-3
	Individual	186	502	2-3
Group Therapeutic Services	Group			
	Total	6 (2%)	105 (6%)	17-18
	Group	6	62	10
	Individual	6	43	7

Participants' Age





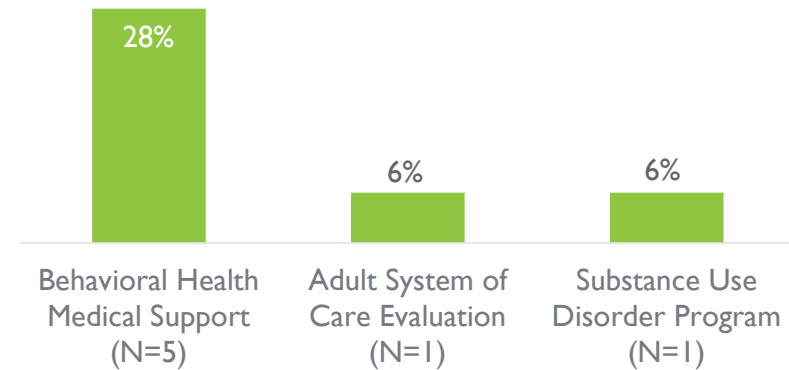
# Referrals

- **18** referrals were made for **16** participants (2 received 2 referrals).
  - 18% were completed and accepted into services (N=3), the rest – pending.
- Most (**81%**) were children under 18 years:
  - 31% elementary school aged (8-12); 50% = 13-17; 19% = 18+ years (two were 18 and one was 52 years).
- **19%** were on Medical; **31%** - received additional services elsewhere.

Referrals to Behavioral Health, by Provider

Site	Program	N Ref	N Ppl
TEACH	Adult Groups	1	1
Etna PAL	After-School Mentoring	5	5
Etna PAL	School Mentoring	10	9
Etna PAL	Both	1	1

Reasons for Referrals





Contact us for support at:  
[maria@appliedsurveyresearch.org](mailto:maria@appliedsurveyresearch.org)

**Thank you!**

