

SISKIYOU COUNTY

# Mental Health Services Act

Annual Update

2025 - 2026

## CONTENTS

ACRONYMS.....	3
CERTIFICATIONS.....	4
COUNTY CERTIFICATION .....	4
FISCAL ACCOUNTABILITY CERTIFICATION .....	5
SISKIYOU COUNTY OVERVIEW .....	7
WORKFORCE ASSESSMENT.....	11
MHSA SUMMARY.....	16
MHSA GUIDING PRINCIPLES.....	16
MHSA FUNDING .....	18
COMMUNITY PROGRAM PLANNING.....	19
30 DAY PUBLIC COMMENT.....	27
SUMMARY OF PUBLIC COMMENT.....	27
COMMUNITY SERVICES AND SUPPORT .....	28
ANNUAL PLANNING AND EVALUATION .....	28
FULL SERVICE PARTNERSHIP PROGRAM (FSP).....	28
STRENGTHS BASED CASE MANAGEMENT .....	30
PEER SPECIALIST SERVICES.....	31
SIX STONES WELLNESS AND RECOVERY CENTER .....	31
FLEX FUNDING .....	33
NON-FSP PROGRAMS.....	34
EXPANSION OF ADULT AND CHILDREN’S BEHAVIORAL HEALTH SERVICES .....	34
EXPANSION OF NETWORK PROVIDERS .....	34
CRISIS INTERVENTION & RESPONSE .....	35
GENERAL SERVICE DEVELOPMENT (GSD).....	36
HOMEKEY .....	36
COMMUNITY CARE EXPANSION .....	37
OUTREACH & ENGAGEMENT .....	37
HOMELESS OUTREACH.....	37
CSS ADMINISTRATION.....	39
PREVENTION & EARLY INTERVENTION PROGRAM OVERVIEW.....	42
BUDGET AND ANNUAL EXPENDITURES .....	55
INNOVATION.....	56
SEMI-STATEWIDE ENTERPRISE HEALTH RECORD (EHR).....	56
WORKFORCE EDUCATION AND TRAINING (WET).....	61
CAPITAL FACILITIES AND TECHNOLOGY NEEDS.....	62

## ACRONYMS

TERM	ACRONYM
Ages and stages: Social Emotional Questionnaire	ASQ:SE
Ages and Stages Questionnaire	ASQ-3
California Mental Health Services Authority	CalMHSA
Community Corrections Partnership	CCP
California Code of Regulations	CCR
Child Family Team	CFT
Capital Facilities and Technology Needs	CFTN
County Continuum of Care	CoC
Community Program Planning Process	CPPP
Community Resource Center	CRC
Data Collection and Reporting System	DCR
Day Reporting Center	DRC
Electronic Health Record	EHR
Family Resource Center	FRC
Full-Service Partnership	FSP
Family Urgent Response System	FURS
Department of Health Care Access and Information	HCAI
Health and Humans Services Agency	HHS
Health Information Portability and Accountability Act	HIPAA
Intensive Care Coordination	ICC
Intensive Home-Based Services	IHBS
Multi-Disciplinary Team	MDT
Mental Health Plan	MHP
Prevention and Early Intervention	PEI
Psychiatric Emergency Team	PET
Point In Time	PIT
Rural Community Housing Developing Corporation	RCHDC
Request for Proposal	RFP
Siskiyou County Behavioral Health	SCBH
Stigma & Discrimination Reduction	SDR
Specialty Mental Health Services	SMHS
Seriously Mentally Ill	SMI
Therapeutic Behavioral Services	TBS
Wellness Recovery Action Plan	WRAP

# 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 17, 2026. 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.

---

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.  
Olson

**County Auditor-Controller:** Diane

**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.

---

Local Mental Health Director

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2024, 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, 2024, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC Section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

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

Diane Olson

---

County Auditor Controller

Signature

Date

## SISKIYOU COUNTY OVERVIEW

Siskiyou County, located in far northern California, is a rural and geographically expansive region characterized by small, close-knit communities and significant natural resources. Spanning more than 6,000 square miles, the county’s remote landscape and dispersed population create both distinct strengths and unique challenges for delivering behavioral health services.

Demographically, Siskiyou County differs notably from California as a whole. It is less racially and ethnically diverse, with a predominantly non-Hispanic white and rural population. The county also has a significantly older median age compared to statewide averages, contributing to unique behavioral health needs and service considerations across the lifespan.

Residents benefit from strong community networks and a deep sense of place, yet face barriers common to rural areas, including limited access to care, workforce shortages, transportation constraints, and socioeconomic disparities.

This Annual Update provides an overview of the behavioral health landscape in Siskiyou County, highlighting demographic trends, service needs, system strengths, and areas for continued improvement. The information presented here is intended to support planning efforts, guide resource allocation, and promote equitable and accessible behavioral health care for all county residents.

### 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:

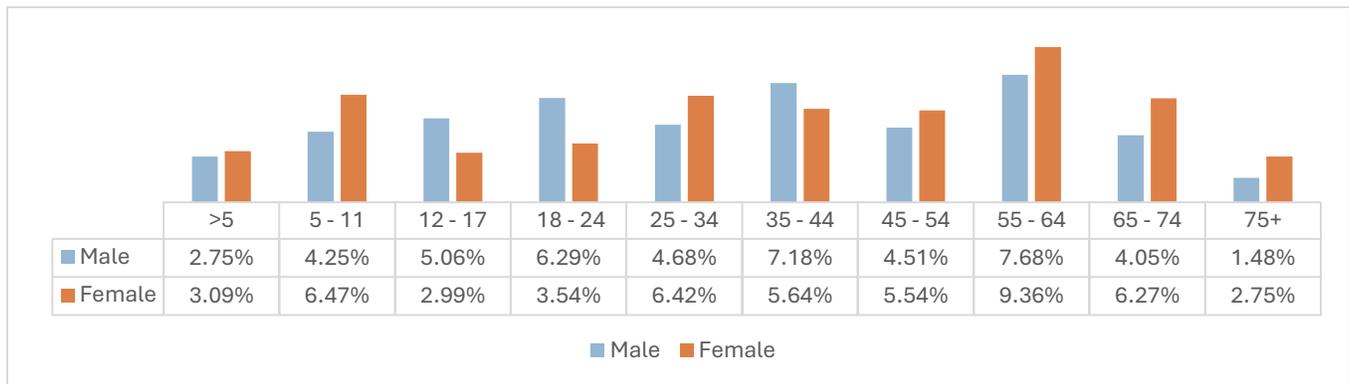
White Alone	84.9%
Black or African American	1.5%
American Indian or Alaskan Native	5.3%
Asian	1.9%
Pacific Islander	0.4 %
Two or more races	6.0 %
Hispanic or Latino	13.7 %

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

Siskiyou County faces significant economic challenges compared to statewide averages. The county’s median household income is \$55,499, well below California’s median of \$100,149. Among full-time working residents, the average hourly wage in Siskiyou County is \$24.09, requiring an 85% increase to meet the estimated living wage of \$40.77. By contrast, the statewide average wage would need only a 38% increase to reach that threshold.

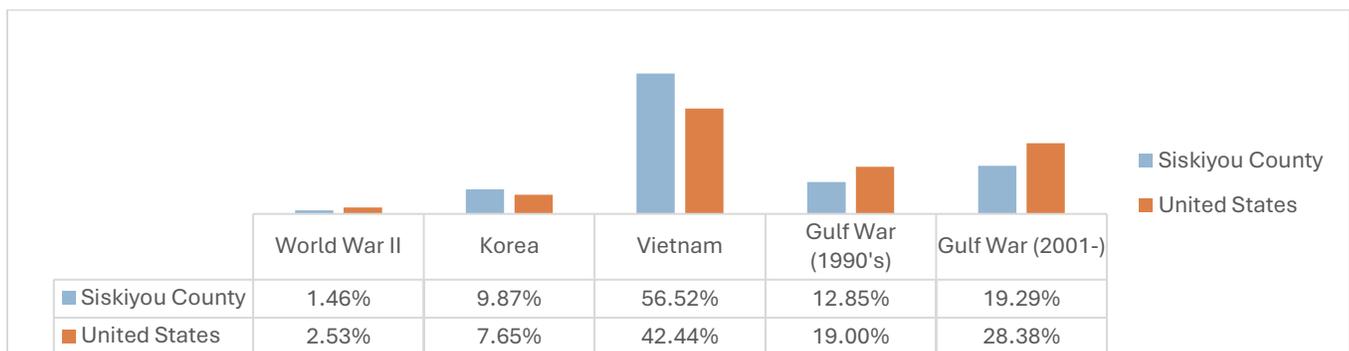
Approximately 16.6% of Siskiyou County residents live below the poverty line, a rate notably higher than the national average of 12%. The highest poverty rates are observed among females aged 55 to 64, followed by males in the same age group and males aged 35 to 44. The largest racial or ethnic group living in poverty is white, followed by Hispanic residents and individuals identifying with two or more races.

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



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

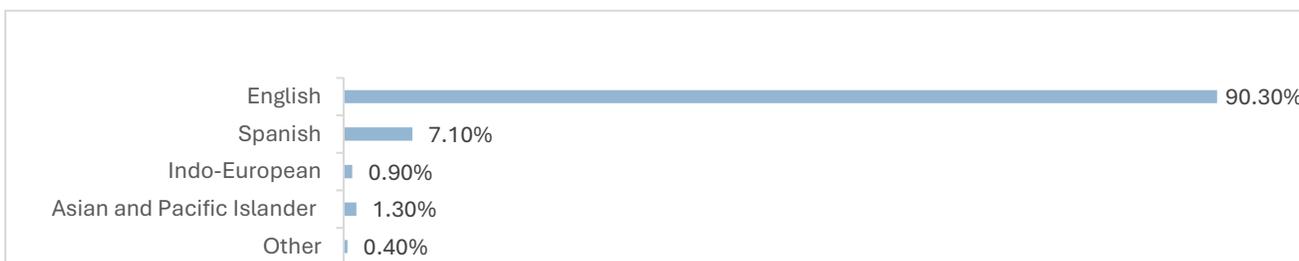
Siskiyou County takes great pride in its veteran community, which comprises 10.4% of the county’s population—more than double the statewide rate of 4.5%. The majority of local veterans served during the Vietnam era, followed by those who served in the Gulf Wars.



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

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

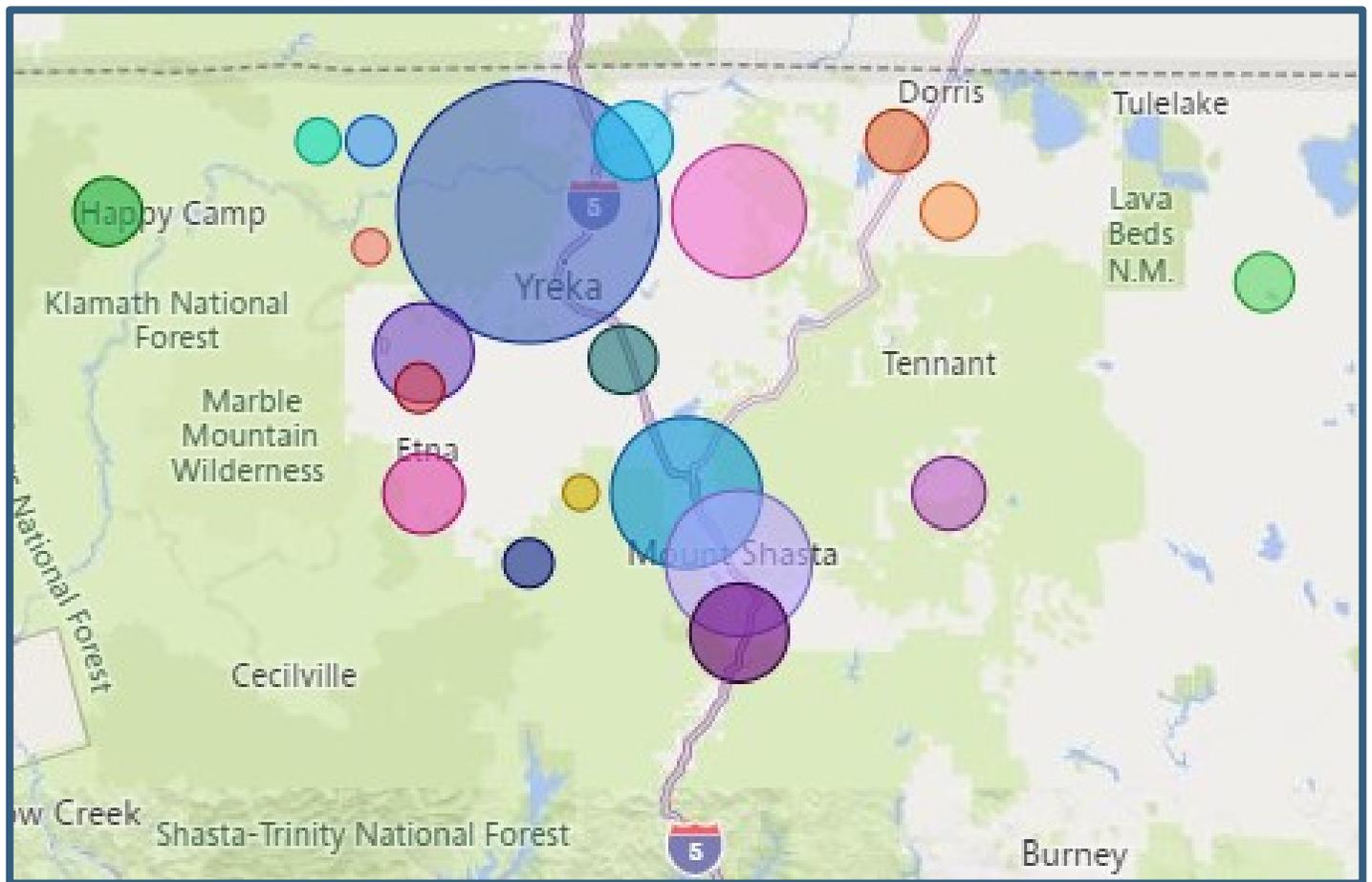
The majority of Siskiyou County residents primarily speak English, reflecting the county’s overall demographic composition and rural setting. Spanish is the second most commonly spoken language, though it is used by a comparatively small portion of the population. While the number of Spanish-speaking households has grown modestly in recent years, the county still has a lower proportion of residents with limited English proficiency than the state as a whole. This linguistic profile has important implications for behavioral health service delivery, including the need to ensure culturally and linguistically appropriate services, maintain access to qualified interpretation resources, and support outreach efforts that effectively engage both English- and Spanish-speaking communities.



Siskiyou County ranks among the least healthy counties in California, placing 57th out of 58 in overall health outcomes. This ranking persists despite the fact that 93.5% of residents have health coverage—31% through employer-sponsored plans, 27.8% through Medicaid, 18.9% through Medicare, 13% through non-group plans, and 2.7% through military or VA programs. The county’s premature death rate is nearly double the state average, with 10,600 years of potential life lost before age 75 per 100,000 residents compared to 5,700 statewide. Additionally, Siskiyou County adults report an average of 5.3 days of poor mental health in the past 30 days—32.5% higher than the California average of four days.

Access to healthcare remains a significant challenge for many residents. While the county’s public transportation system connects the more populated areas, distance and low population density—just 6.9 persons per square mile—limit availability. In some remote regions, bus service operates as infrequently as once per week. Round trips from incorporated cities to Yreka, the county seat, range from 16 to 186 miles. Siskiyou County Behavioral Health maintains a fleet of vehicles to transport clients throughout the county, while the Partnership HealthPlan of California, the county’s Managed Care Plan (MCP), also provides transportation assistance for members traveling to medical appointments. When feasible, clinical staff travel to outlying communities to improve access to behavioral health and medical services in the county’s most remote areas.

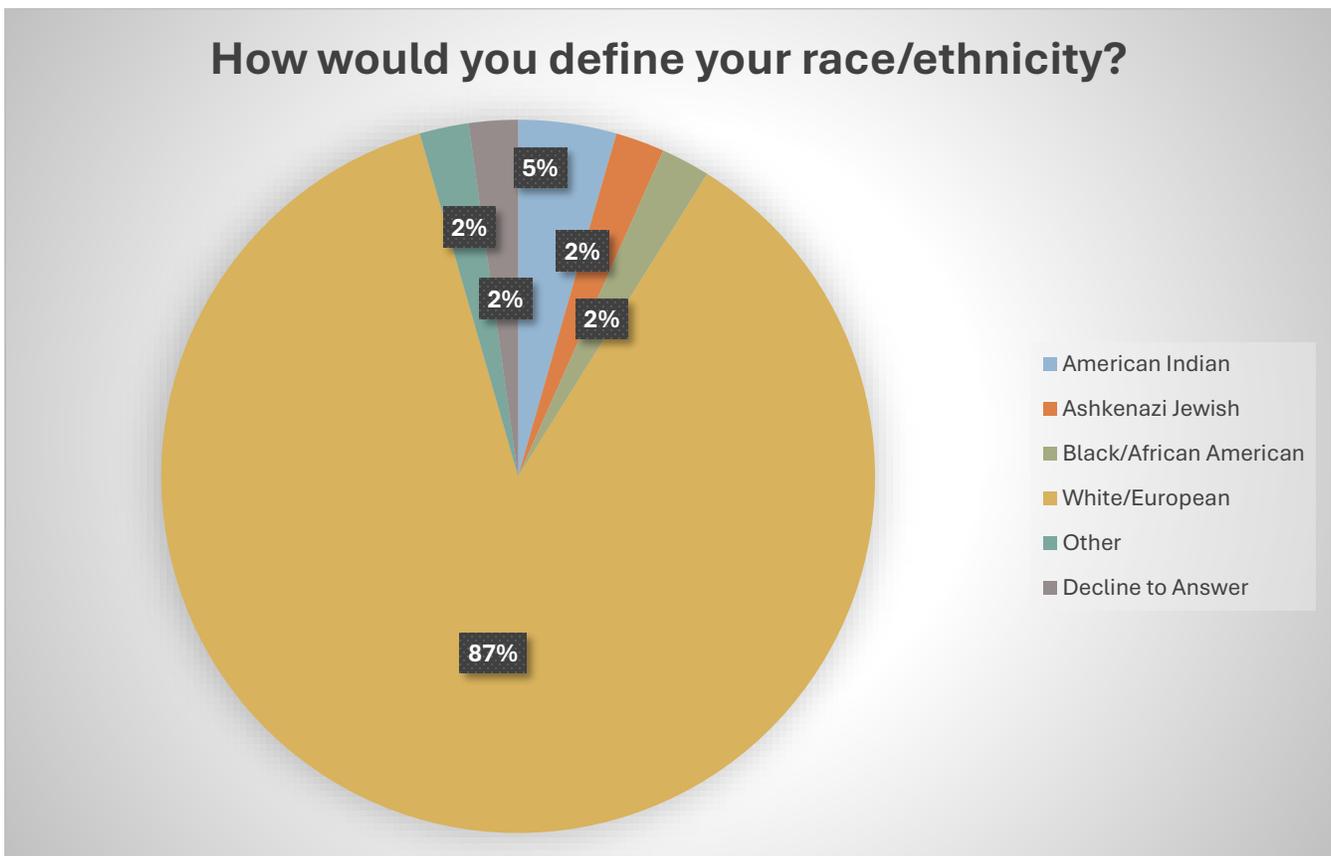
## Client Density Map



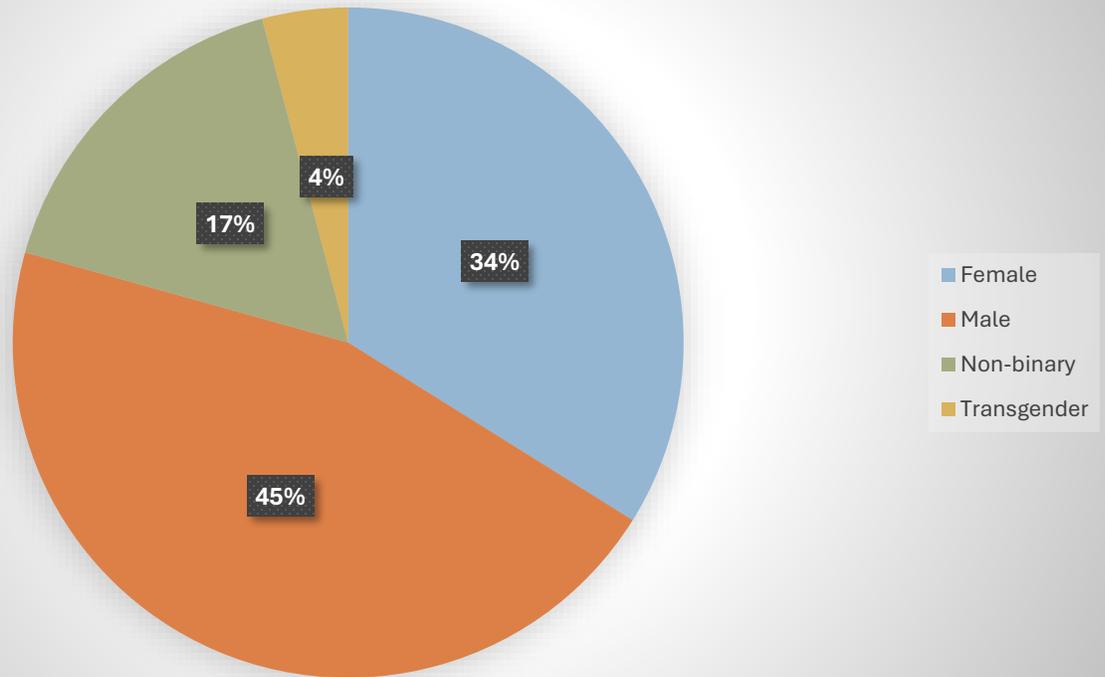
## WORKFORCE ASSESSMENT

Siskiyou County Behavioral Health (SCBH) is committed to delivering services that are culturally, ethnically, and linguistically appropriate to the diverse communities it serves. This commitment is integrated throughout the organization—from management meetings and staff training to supervision, program development, and ongoing program monitoring. SCBH provides regular training opportunities, engaging local partners whenever possible, and prioritizes content that is culturally relevant to the county’s communities, including tribal populations. When available, SCBH also leverages regional and state-level training resources to strengthen staff competencies and cultural responsiveness.

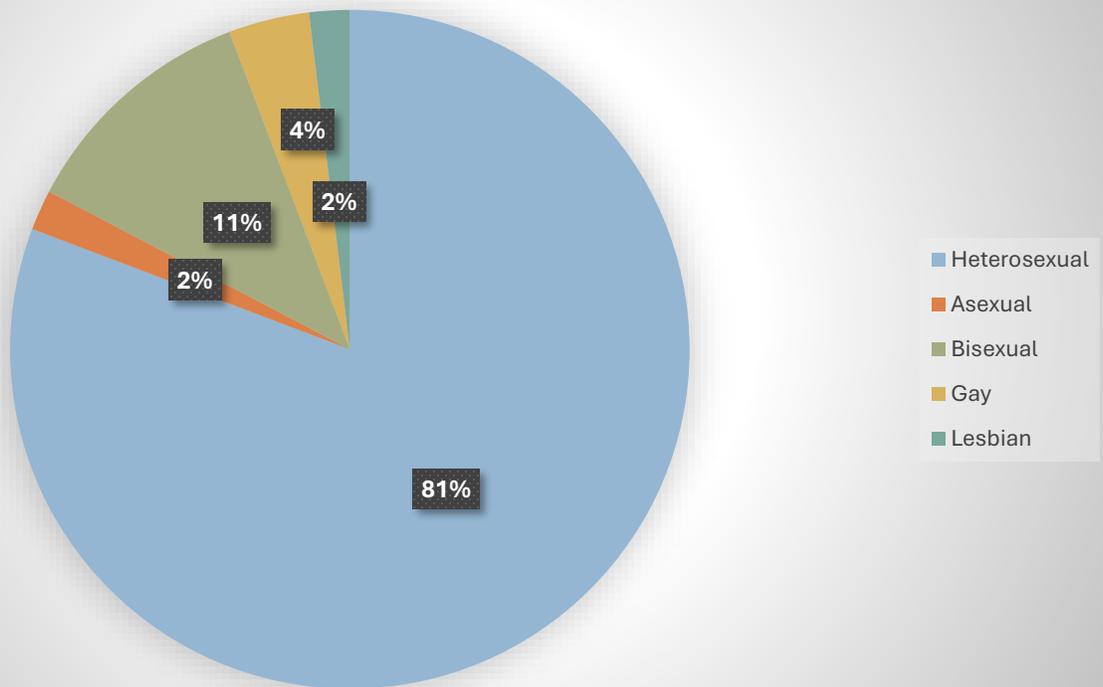
To ensure services remain sensitive to the unique needs of all residents, SCBH strives to recruit and retain a workforce that reflects the diversity of the community it serves. The following tables present the current composition of the SCBH workforce.



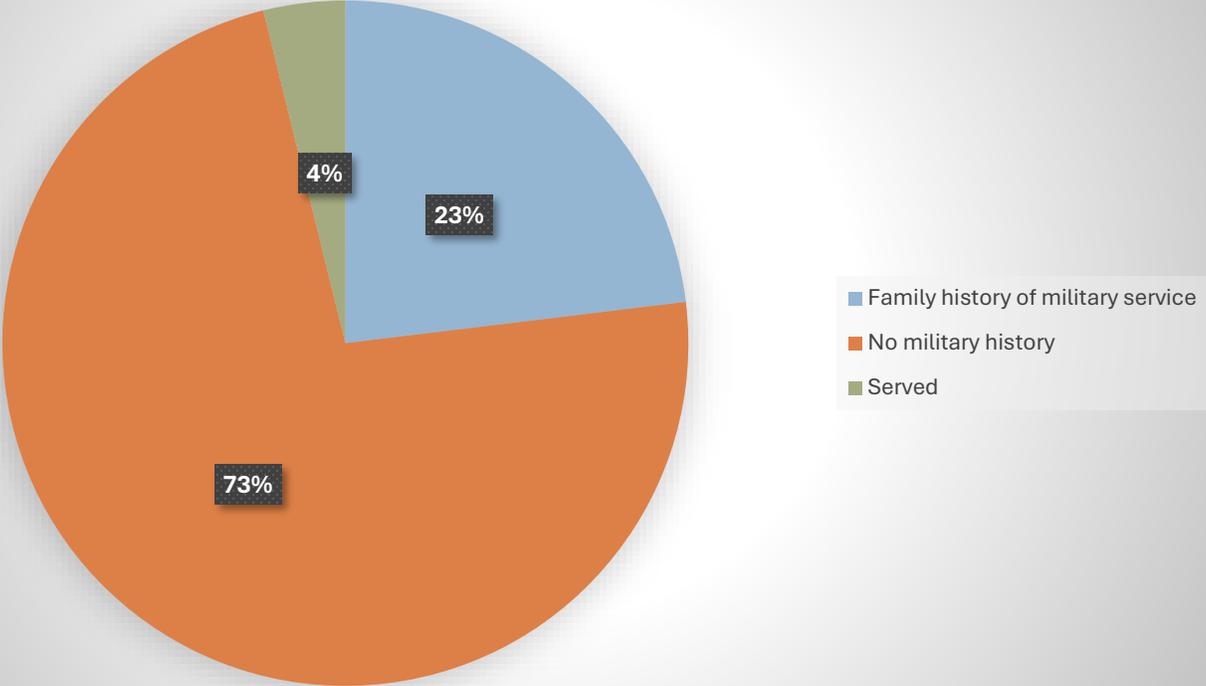
## How would you define your gender?



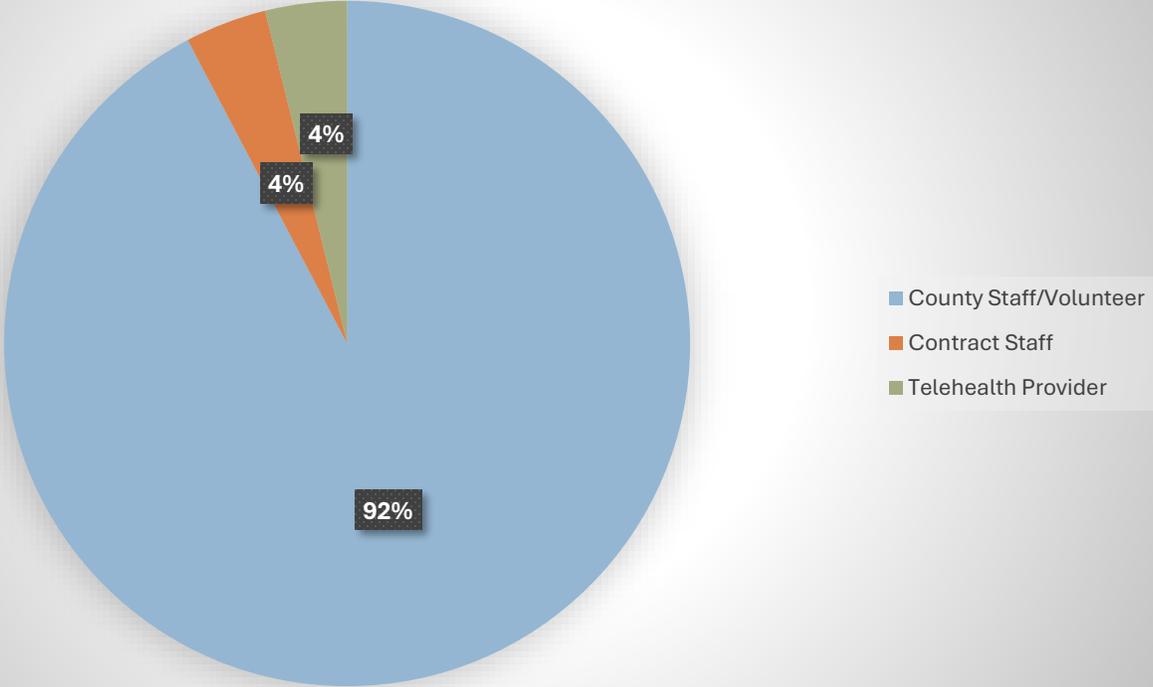
## How would you define your sexual orientation?



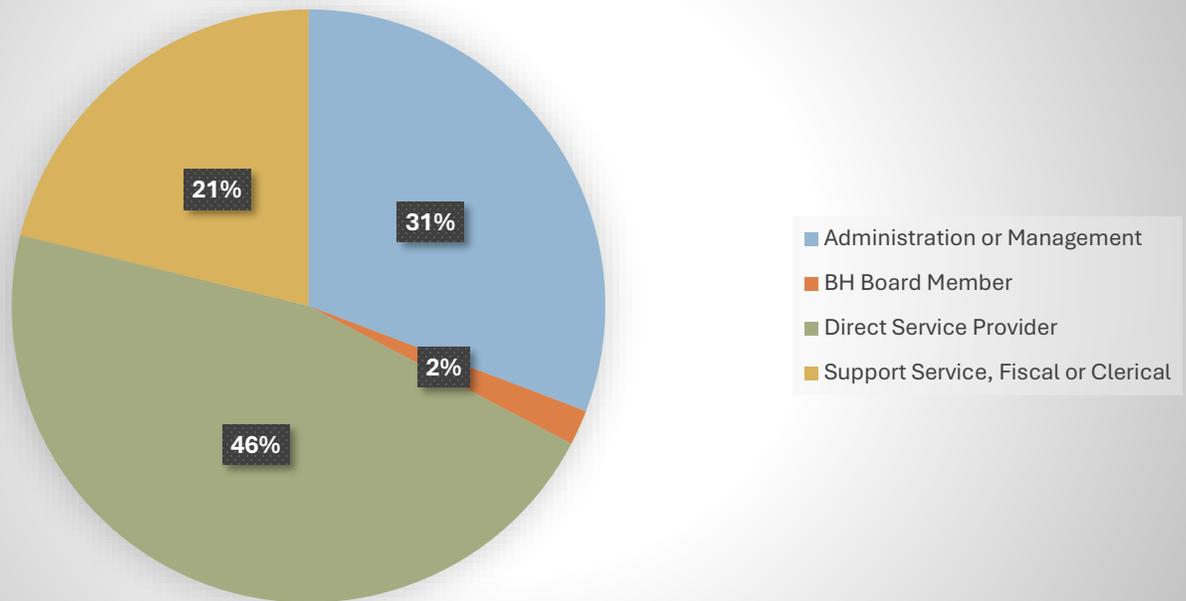
### What is your military history?



### What is your affiliation?



## What is your primary function?

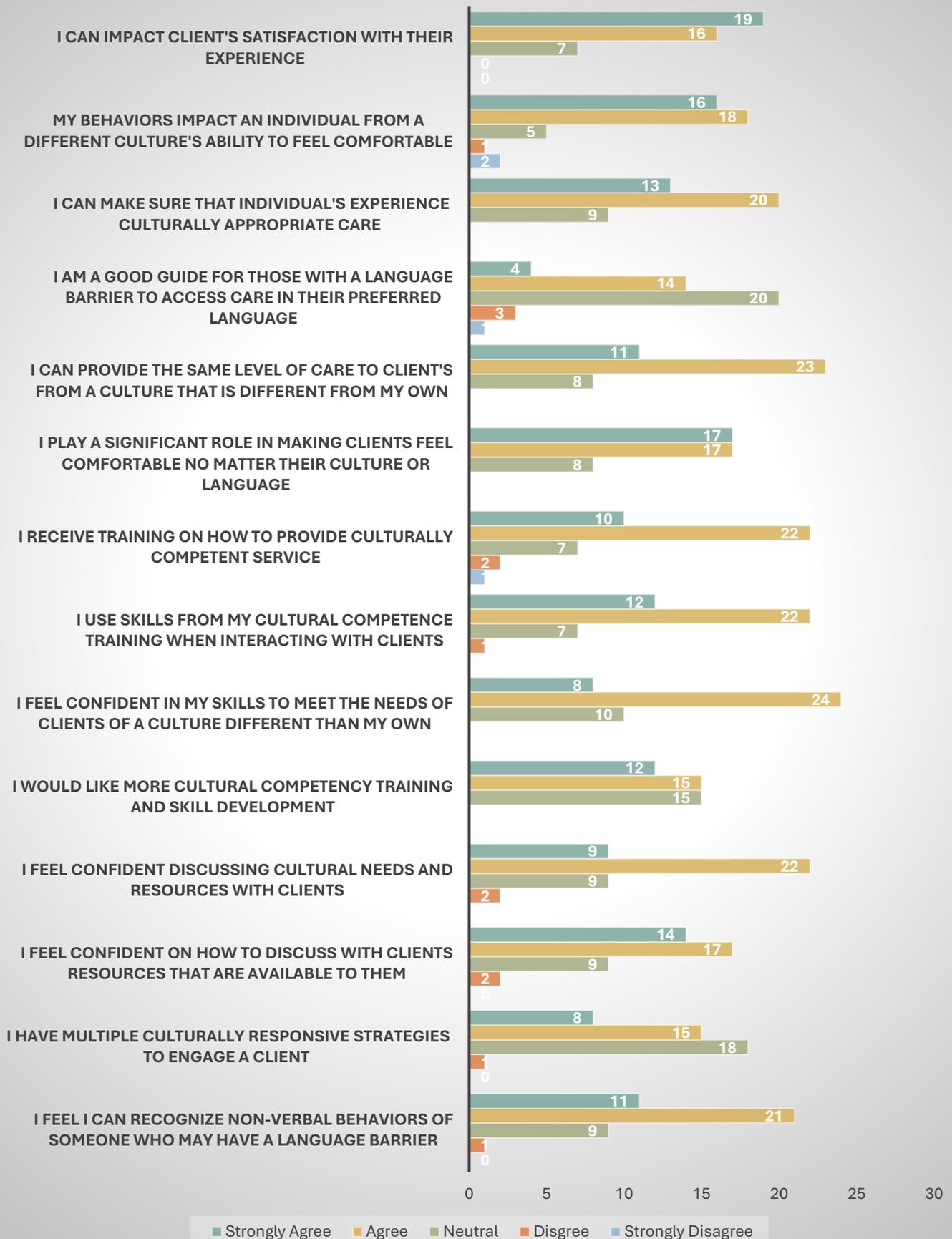


The following chart illustrates the challenges faced by Siskiyou County Behavioral Health in providing services in languages other than English. While some staff members speak additional languages, such as Spanish, many are unable to pass the certification tests required for official translation. Siskiyou County is currently exploring alternative solutions to address this gap.

Spoken Language		
English 50	Spanish 2	Other 0

Siskiyou County conducts an annual Workforce Survey to gather insight into staff experiences, training needs, and overall workforce readiness. A key component of this survey focuses on assessing how confident and prepared employees feel in providing services to our moderate-to-severe mental health clients. Understanding these self-reported levels of preparedness helps the County identify areas where additional training, support, or resources may be needed. The table below presents the responses gathered from this year’s survey and serves as a valuable tool for guiding future workforce development efforts.

# Workforce Survey Data



## MHSA SUMMARY

The Mental Health Services Act (MHSA), passed by California voters in 2004, is funded through a 1% tax on personal income exceeding \$1 million annually. The Act was established to expand and transform California's public behavioral health system to more effectively serve individuals living with, or at risk of developing, serious mental health conditions, as well as their families. MHSA supports a comprehensive continuum of care encompassing prevention, early intervention, and treatment services, along with the infrastructure, technology, and workforce development necessary to sustain and strengthen the public behavioral health system.

---

### MHSA GUIDING PRINCIPLES

The following core principles guide the planning and implementation of all Mental Health Services Act (MHSA) programs and initiatives:

- **Community Collaboration:** A process through which clients, families, community members, agencies, organizations, and businesses work together to share information and resources in pursuit of a shared vision and common goals.
- **Client-Driven:** Clients serve as the primary decision-makers in identifying their own needs, preferences, and strengths, with an emphasis on shared decision-making to determine the most effective and meaningful services and supports.
- **Cultural Competence:** Services are designed and delivered in ways that reflect the values, customs, beliefs, and languages of the populations served, reducing or eliminating disparities in access and quality of care.
- **Family-Driven:** Families of children and youth with serious emotional disturbances play a central role in decision-making regarding their child's care. Their input is valued in the identification of needs, preferences, and strengths, as well as in the planning, policy development, and delivery of services.
- **Wellness and Recovery-Oriented:** Programs emphasize personal empowerment, respect, social connection, self-responsibility, and self-determination as pathways to recovery and well-being.
- **Integrated Service Experience:** Clients, and when appropriate, their families—have access to a full continuum of services provided by multiple agencies, programs, and funding sources in a coordinated and comprehensive manner.

## THE FIVE COMPONENTS

The Mental Health Services Act (MHSA) is comprised of five components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities and Technological Needs (CFTN), and Workforce Education and Training (WET). County Behavioral Health agencies may allocate up to 20% of CSS funding to address behavioral health workforce development, technology enhancements, and infrastructure improvements. Each component is designed to support a specific area within the behavioral health continuum, collectively strengthening California’s public behavioral health system and ensuring access to comprehensive, effective, and equitable care.

### MHSA Components Overview

1

#### **Community Services and Supports (CSS)**

Provides direct services for individuals living with serious mental illness (SMI) or serious emotional disturbance (SED). Emphasizes recovery, resiliency, and community integration through treatment, case management, housing assistance, and peer support.

2

#### **Prevention and Early Intervention (PEI)**

Focuses on preventing the onset of mental health conditions and reducing the severity or duration of untreated mental illness via education, outreach, stigma reduction, and early access to care.

3

#### **Innovation (INN)**

Funds new or adapted approaches to improve access, quality, and outcomes in behavioral health care. Encourages experimentation, learning, and evaluation to inform future practices.

4

#### **Capital Facilities and Technological Needs (CFTN)**

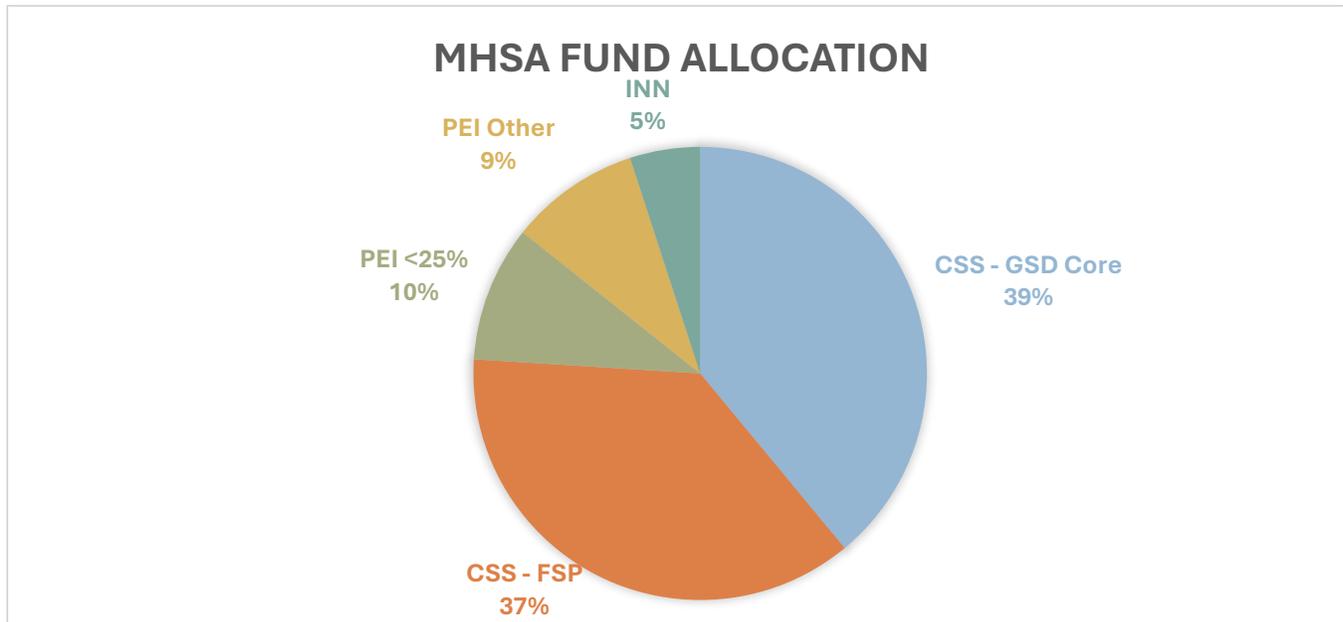
Supports facility improvements and technology infrastructure that strengthen service delivery, data systems, and organizational capacity.

5

#### **Workforce Education and Training (WET)**

Invests in recruiting, training, and retaining a qualified, diverse behavioral health workforce to meet evolving community needs.

# MHSA FUNDING



The following table reflects projected Mental Health Services Act (MHSA) revenues, planned expenditures, and anticipated fund balances for Fiscal Year 2025/26 across all program components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN), and the Local Prudent Reserve.

Projected available funding incorporates estimated unspent balances from prior fiscal years, anticipated new MHSA revenue for FY 2025/26, and authorized CSS fund transfers pursuant to W&I Code Section 5892(b). After accounting for these elements, total estimated available funding for FY 2025/26 is as follows:

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>Estimated FY 2024/25 Funding</b>						
1 Estimated Unspent Funds form Prior Fiscal Years	1,342,584	3,504	358,977	-	-	-
2 Estimated New FY 2025/26 Funding	3,257,786	733,176	192,947	-	-	-
3 Transfer in FY 2025/26*	(464,369)	-	-	-	-	-
4 Access Local Prudent Reserve in FY 2025/26	-	-	-	-	-	-
5 Estimated Available Funding for FY 2025/26	4,136,001	736,680	551,924	436,787	27,582	-
<b>Estimated FY 2025/26 MHSA Expenditures</b>	3,892,415	1,071,549	143,824	436,787	27,582	-
<b>Estimated FY 2025/26 Unspent Fund Balance</b>	243,586	(334,869)	408,100	-	-	-

Estimated Local Prudent Reserve Balance	
1 Estimated Local Prudent Reserve Balance on June 30 2025	879,081
2 Contributions to the Local Prudent Reserve in FY 2025/26	-
3 Distributions from the Local Prudent Reserve in FY 2025/26	-
4 Estimated Local Prudent Rserve Balance on June 30, 2026	879,081

---

## COMMUNITY PROGRAM PLANNING

The Community Program Planning Process (CPPP) for Siskiyou County Behavioral Health (SCBH) focused on engaging and gathering input from communities across all regions of the county. Community members, partners, providers, staff, consumers, families, and other stakeholders actively participated in local planning meetings to share feedback and identify needs.

To ensure broad participation, CPP meetings were widely promoted through the distribution of flyers, email outreach, and announcements on the county website.

Events were held at several key community locations, including:

- Siskiyou Crossroads (Permeant Supportive Housing Apartment Complex)
- Six Stones Wellness Center
- The Smart Resource Fair (Dorris)
- Mental Health Awareness Assembly (Happy Camp)

Additional outreach and engagement were conducted through existing collaborative groups, including the Cultural Competency Committee, Quality Improvement Committee, Continuum of Care Advisory Board, Community Corrections Partnership (CCP), Behavioral Health Advisory Board, and agency staff meetings.

The feedback and data gathered through the CPPP directly inform the development of the MHPA Three-Year Program and Expenditure Plan and Annual Updates. This process fosters open communication and collaboration, allowing SCBH to stay connected with consumers, families, community members, partners, and stakeholders.

To broaden participation, surveys were distributed both electronically and in paper format, available in English and Spanish. These surveys offered an opportunity for participants to share insight and feedback on:

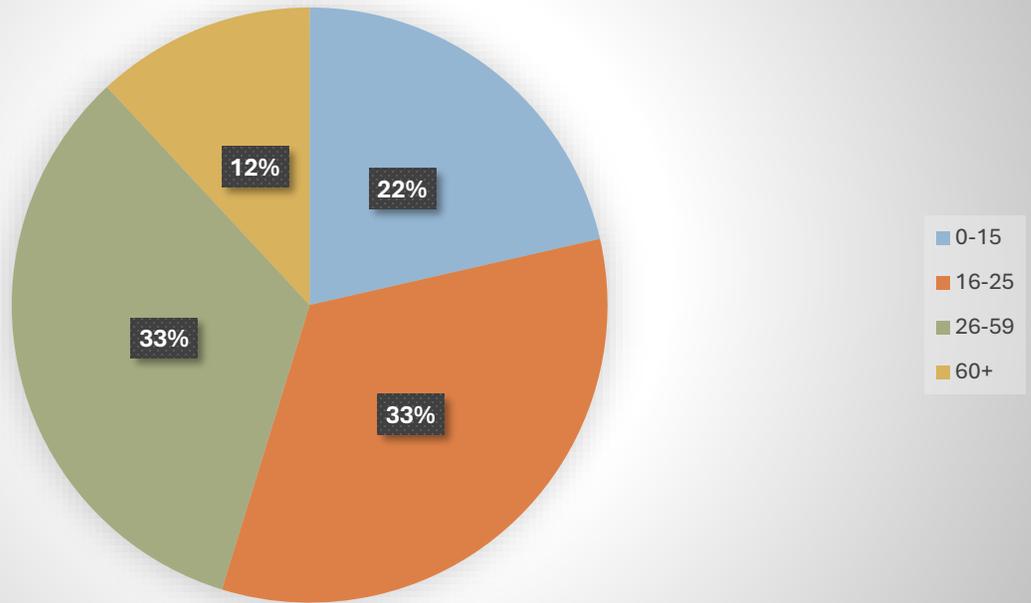
- MHPA programs and projects included in the Three-Year Plan
- Gaps in services
- Community mental health needs

Survey results are used to evaluate program effectiveness and ensure that behavioral health services continue to align with the needs and priorities of the community.

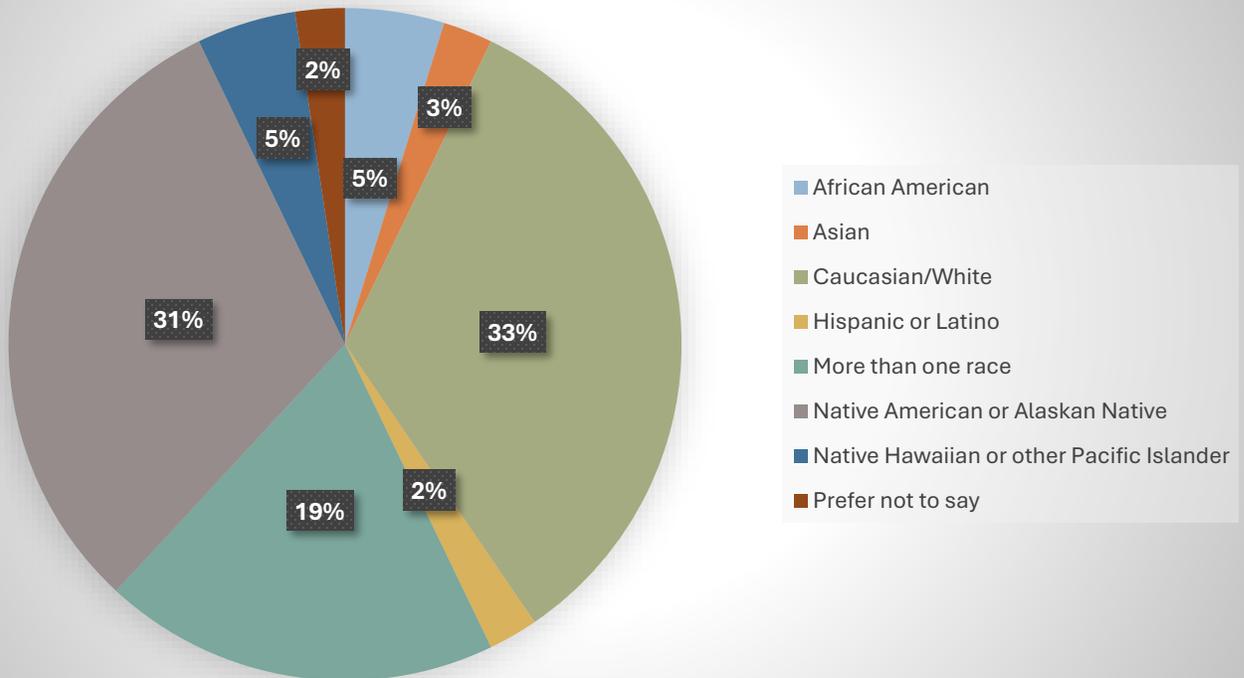
### SURVEY RESULTS

Forty-two surveys were returned during the CPP process. Below are the survey findings:

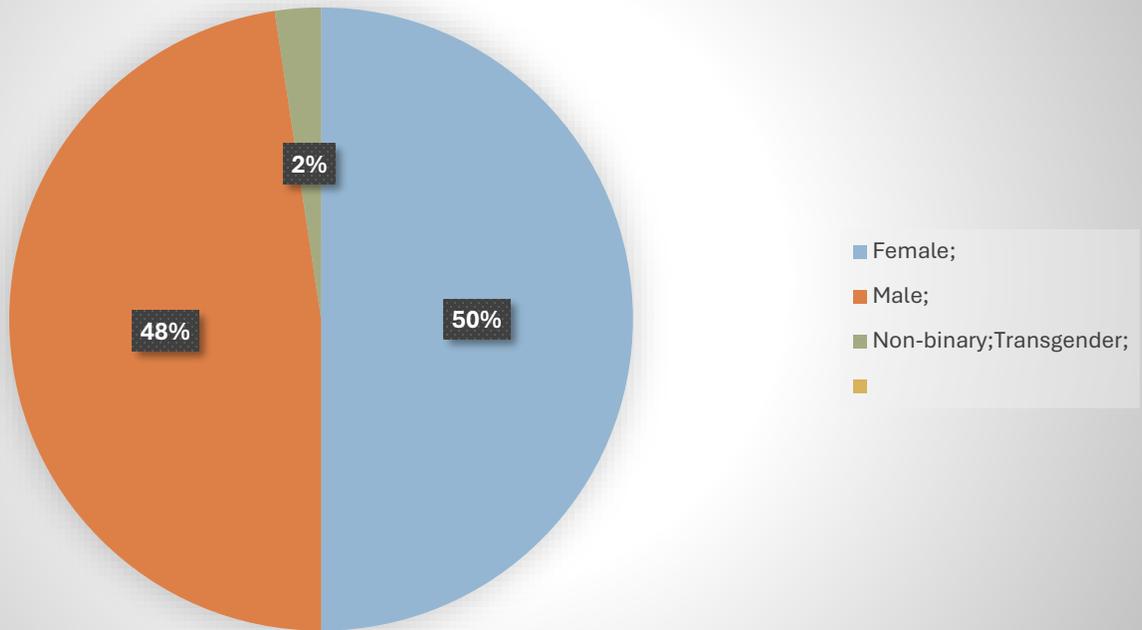
## Which age group are you in?



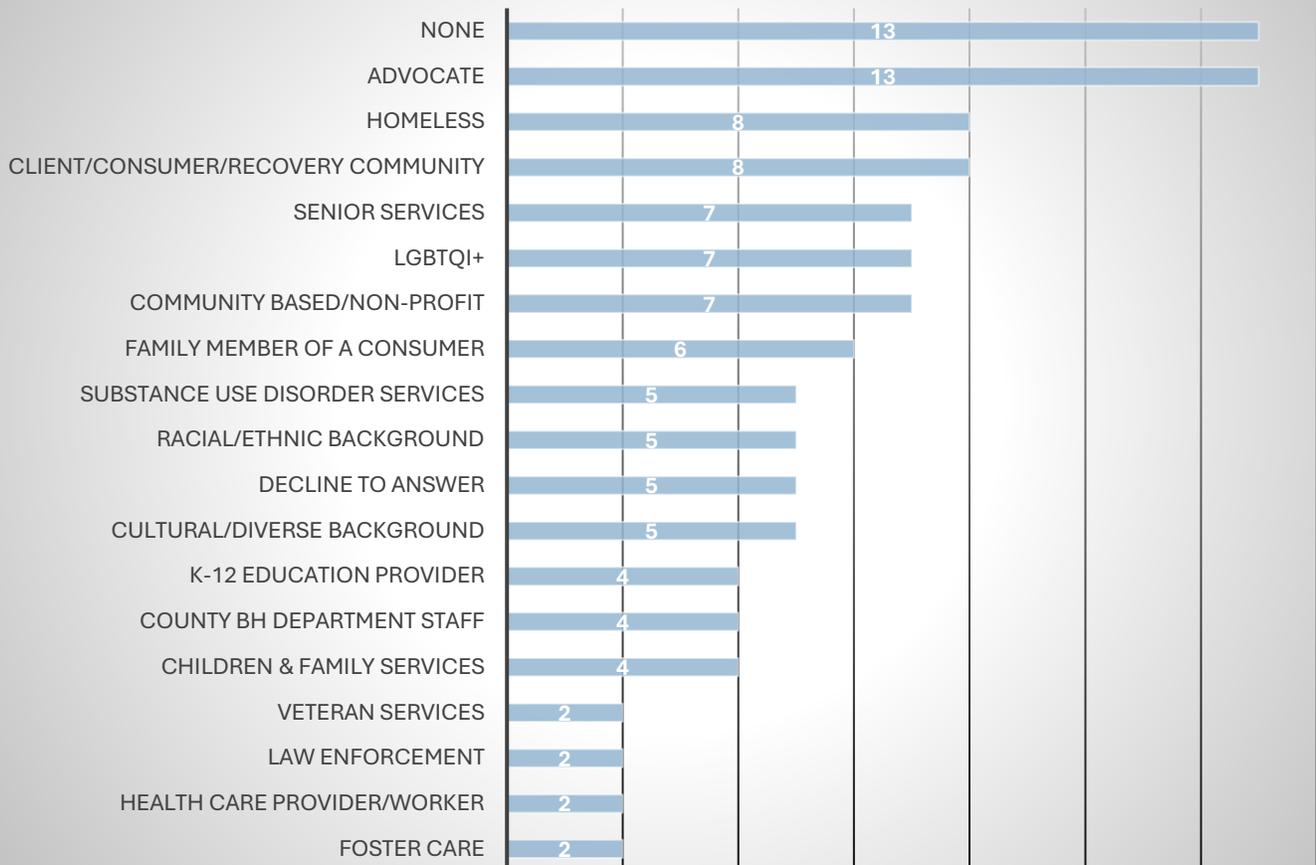
## What is your race?



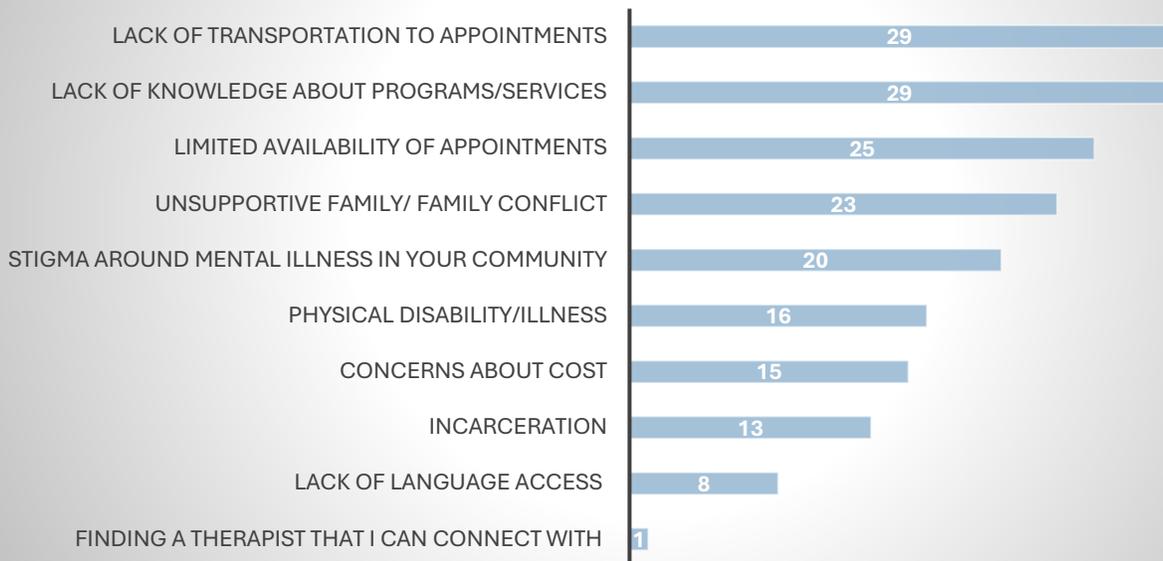
## What is your gender?



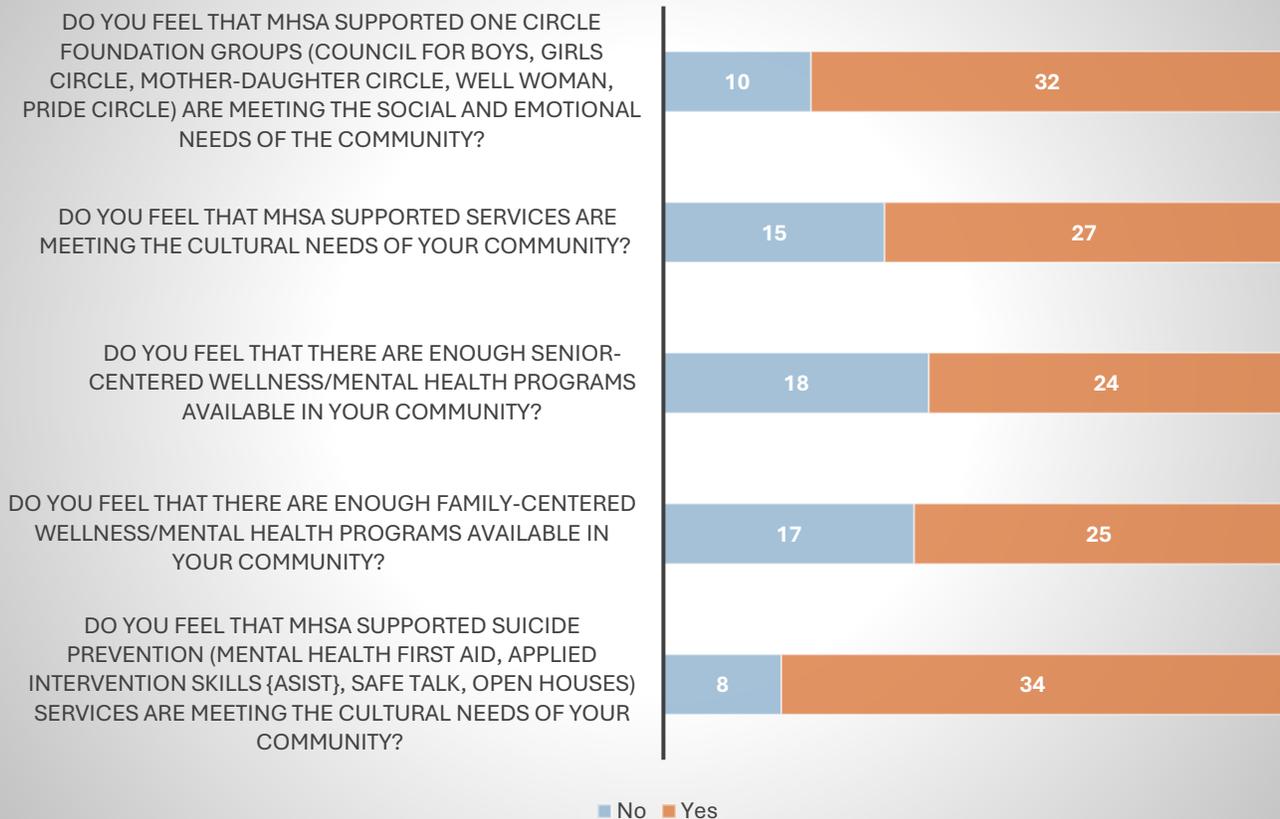
## Which affiliations do you identify with:



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



## MHSA Services



**If you could have better wellness/mental health services or programs (e.g. therapy, culture specific classes) in any area or for any particular group (e.g. Native Americans, LGBTQ, Older Adult) what would they be?**

Young Adult Therapy

Family Therapy

Native American classes

Spiritual classes

Early child education

More places for help

More advertising

Family & Senior support

Job training

Spanish speaking

Self-help classes

Drug Rehab Center

BIPOC and LGBTQIA+ Communities

Showers, club houses in South County

Groups on racial insensitivity

Add an Advocacy program for culturally competent care

## STAKEHOLDER ENGAGEMENT RESULTS

### **Siskiyou Crossroads – Yreka CA**

Siskiyou Crossroads is a 50-unit permanent supportive and affordable housing development in Yreka, California, designed to provide stable housing for homeless individuals, low-income members of the local workforce, and seniors. Developed through a partnership between Rural Communities Housing Development Corporation (RCHDC), Siskiyou County, and the City of Yreka, the project includes four two-story garden-style buildings located near the city center. The housing mix consists of 24 permanent supportive housing units for formerly homeless individuals, 25 affordable units for low-income residents, and one on-site manager’s unit. As the first project in Siskiyou County to receive funding from California’s No Place Like Home program, Siskiyou Crossroads integrates on-site wrap-around services—including case management, healthcare access, and mental health support—to help residents maintain long-term stability. Additional funding from programs such as the Permanent Local Housing Allocation (PLHA) program support the development and services provided to residents. Crossroads represents a significant public-private collaboration aimed at expanding housing options and improving outcomes for vulnerable community members.

### ***Community Feedback:***

Community input gathered during engagement at Siskiyou Crossroads emphasized a strong need for expanded Substance Use Disorder (SUD) services in the area. Several residents shared personal experiences and expressed a desire for additional support meetings and on-site recovery groups, noting that transportation barriers make it difficult to access services elsewhere.

In addition to behavioral health and recovery supports, participants identified a need for employment assistance and job search support, underscoring the importance of accessible, community-based resources that promote stability, recovery, and overall well-being.

### **Six Stones Wellness Center – Staff Meeting - Yreka CA**

Six Stones Wellness Center provides services and support for adults aged 18 and older living with serious mental illness (SMI) and their families. The center is primarily staffed by Peer Specialists, who are trained in Wellness Recovery Action Plan (WRAP) facilitation and are dedicated to promoting recovery, resilience, and empowerment through peer-led support and community connection.

## ***Staff Feedback***

During community engagement, staff identified several key areas of need and opportunity for improvement, including:

**Language Access:** A growing need exists for additional support for Spanish-speaking members, as language barriers can limit access to services and inclusion within the community.

**Cultural Outreach:** Staff expressed a desire for enhanced outreach to the Hmong community to strengthen engagement and build trust.

**Family Involvement:** Increasing family support and participation was identified as a way to build stronger connections between community members and the Wellness Center.

**Substance Use Disorder (SUD) Services:** Staff emphasized the need for more immediate access to residential treatment beds and programs. Many individuals seeking help for substance use are unable to access services due to limited availability and lengthy admission processes.

**LGBTQ+ Support:** Staff highlighted the importance of expanding inclusive and affirming programming for LGBTQ+ individuals, ensuring that services are welcoming, respectful, and responsive to diverse identities.

## ***Member Feedback:***

Members shared valuable insights regarding community needs and opportunities for improved support services:

**Veteran Support:** Members emphasized the need for greater support for Veterans, particularly with social engagement and reintegration into community life.

**Job Skills Training:** There is strong interest in vocational training programs that lead to real employment opportunities, such as training in computer skills, factory work, and automotive repair. These programs could help individuals gain independence and stability while learning valuable life skills.

**Transportation Assistance:** Reliable transportation remains a significant barrier for many members, highlighting the need for transportation support to access work, appointments, and recovery programs.

Local Rehabilitation and Sober Living Options: Members expressed the need for a Rehabilitation Center within Siskiyou County, as traveling long distances for treatment creates additional challenges. Sober living environments were also identified as a critical resource to help individuals maintain recovery after completing treatment.

Expanded SUD and Support Groups: Participants noted the importance of increasing Substance Use Disorder (SUD) support groups and ensuring there are enough staff to facilitate recovery-focused programming. Additional support groups—such as anger management and other skill-based groups—were also requested to strengthen community well-being and recovery outcomes.

### **Happy Camp High School – Mental Health Awareness Assembly**

Happy Camp is a remote, census-designated community located approximately 70 miles northeast of Yreka. Access to the area is via a winding two-lane road running between the Klamath River and surrounding forested mountains, making travel challenging, especially during inclement weather. With limited or no public transportation, the community remains relatively isolated.

Happy Camp has a population of approximately 905 residents, of which 23% are members of the Karuk Tribe.

#### ***Student Feedback:***

During the Mental Health Awareness Assembly, the MHSA Coordinator facilitated discussions with four student groups to better understand youth perspectives on mental health needs.

Students expressed that their primary concern is the absence of a school counselor, which limits their access to mental health support. They emphasized a strong desire for a trusted individual on campus who they can talk to about mental health challenges without fear of stigma or discrimination.

This feedback underscores the importance of increasing access to youth mental health services and ensuring that students in remote communities have safe, supportive environments where they can seek help when needed.

### **Smart Resource Fair – Dorris CA**

Dorris is located in the northeastern corner of Siskiyou County and is a predominantly agricultural community. The stretch of road between Yreka and Dorris is largely barren and remote, with few amenities, contributing to the area's sense of isolation.

The poverty rate in Dorris is approximately 34%, significantly higher than the countywide rate of 17%, and the median household income is \$41,378, well below the county median of \$53,898.

Dorris has a large Hispanic and migrant farmworker population, making cultural and linguistic accessibility a key focus of the County’s outreach efforts. Additionally, isolation and depression are common among older residents, particularly those lacking transportation to travel for services.

***Community Feedback:***

Community members expressed a strong need for expanded Substance Use Disorder (SUD) and recovery supports. Residents shared concerns about the limited availability of resources for individuals struggling with addiction and emphasized the importance of increasing local AA/NA meetings and peer recovery opportunities within the community.

**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 HHS 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 (SCBH) recognizes the vital role that community members play in the planning and development of Mental Health Services Act (MHSA) programs. The MHSA Community Stakeholder Process is a collaborative effort guided by California Code of Regulations, Title 9, Section 3320, which outlines requirements for the planning, implementation, and evaluation of Siskiyou County's MHSA programs.

The Community Program Planning (CPP) process is designed to ensure inclusive outreach to individuals across all ages, ethnicities, and socioeconomic backgrounds, including:

- People living with mental health and substance use challenges
- Family members and caregivers
- Service providers and community partners
- Residents from all regions of Siskiyou County

SCBH is committed to incorporating the diverse perspectives and lived experiences of community members to develop programs that are wellness-, recovery-, and resilience-focused.

Community Services and Supports (CSS) funds are used to sustain this planning and engagement process, as well as to support the administration and evaluation of MHSA programs throughout the county.

### FULL SERVICE PARTNERSHIP PROGRAM (FSP)

The Full Service Partnership (FSP) program fosters client engagement in recovery through the provision of comprehensive, client-centered mental health and supportive services that promote wellness, resilience, and recovery. Services are client- and family-driven, accessible, individualized, and delivered in a culturally competent manner, with a strong focus on wellness, measurable outcomes, and accountability.

#### **Eligibility**

Eligibility for FSP participation is defined under:

- Welfare and Institutions Code (WIC) 5600.3(a) – Children and Youth
- Welfare and Institutions Code (WIC) 5600.3(b) – Adults and Older Adults

In addition, individuals must meet MHSA-specific criteria. FSP-eligible participants may receive the full spectrum of services necessary to achieve their Strengths Model goals.

Under the FSP agreement, services and supports identified by the client—and, when appropriate, by the client’s caregiver or parent—are incorporated into the individualized treatment plan to support progress toward recovery. Participants may also receive non-mental health supportive services to help them achieve outcomes that strengthen recovery, wellness, and resiliency.

### **Co-Occurring and Substance Use Services**

Substance Use Disorders (SUD) frequently play a significant role in the lives of FSP participants. SUD services are provided according to each client’s level of readiness for change.

With the passage of Assembly Bill 2265, MHSA funds are now used to serve individuals with co-occurring mental illness and substance use disorders. Community Services and Supports (CSS) funds are allocated to help these individuals achieve recovery through integrated behavioral health services that address both conditions concurrently.

### **Children and Youth FSP Services**

The Children’s FSP program focuses on keeping families intact and preventing restrictive placements such as hospitalization, incarceration, or short-term residential therapeutic program placement.

Eligible youth include those who are:

- Involved with the juvenile justice system
- At risk of foster care placement
- Currently in foster care and at risk of placement into a higher level of care

This program does not serve youth who are incarcerated.

Priority is given to youth enrolled in the Pathway to Wellbeing program and/or the Family Urgent Response System (FURS). Referrals to the Family and Youth FSP program are made by Behavioral Health Specialists and/or Clinicians and authorized by the Children’s System of Care (CSOC) Site Supervisor. Youth reviewed by the Interagency Placement Committee receive high-priority access to the program.

### **Program Approach and Services**

The Children and Youth FSP program integrates wraparound principles that emphasize:

- Team-based decision-making
- Strength-based interventions
- Cultural sensitivity
- Individualized service planning
- Persistence and outcome-focused strategies

Services are youth- and family-driven, collaborative, and flexible. Each FSP child or youth works with a Behavioral Health Program Coordinator, who schedules and facilitates Child and Family Team (CFT) meetings and provides Intensive Care Coordination (ICC) services when appropriate.

Participants are also assigned a Behavioral Health Specialist, who delivers Intensive Home-Based Services (IHBS), case management, and linkage to supportive community resources.

**Program Participation and Cost**

The following chart displays the number of individuals by age group who participated in the FSP program and the average cost per individual during Fiscal Year 2024–2025.

Age	Number	% of Total	Est. FSP Cost/Age
<b>Children 0-15</b>	14	11%	\$128,926
<b>TAY 16-25</b>	15	12%	\$138,135
<b>Adults 26-64</b>	80	64%	\$736,720
<b>Older Adults 65+</b>	16	13%	\$147,344
<b>Total</b>	<b>125</b>	<b>100%</b>	<b>1,151,125</b>

---

**STRENGTHS BASED CASE MANAGEMENT**

In 2021, Siskiyou County Behavioral Health (SCBH) began participating in the Multi-County Full-Service Partnership (FSP) Innovation Project. Through this collaborative initiative, SCBH evaluated and enhanced its case management practices to improve client outcomes and service delivery.

As a result of this effort, SCBH revitalized its case management services and formally integrated the Strengths Model Case Management approach into the FSP program.

All FSP clients served by SCBH now receive Strengths Model Case Management, a goal-centered, client-driven framework that emphasizes collaborative goal setting between the client and their care team. This approach empowers clients to identify personal strengths, build on existing capabilities, and make progress toward individualized recovery goals.

The Strengths Model supports clients in:

- Advancing through treatment toward a lower level of care, and/or

- Transitioning successfully out of the mental health system by engaging with natural community supports

This model promotes empowerment, resilience, and long-term recovery, aligning with MHSA’s core values of client choice, community integration, and wellness-focused care.

### **Achievements in FY 2024–2025**

All Behavioral Health Specialists (case managers) completed training in Strengths-Based Case Management. All FSP clients received services grounded in the Strengths Model framework.

### **Goals for FY 2025–2026**

Continue providing Strengths-Based Case Management to all clients participating in the FSP program.

---

## **PEER SPECIALIST SERVICES**

Peer Specialists play a vital role in Siskiyou County Behavioral Health’s (SCBH) continuum of care, particularly in supporting clients participating in Full Service Partnership (FSP) programs. They provide outreach, engagement, and ongoing support services for individuals across all age groups — including children, transitional-aged youth (TAY), adults, and older adults.

SCBH partners with the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority (JPA), to ensure Peer Specialists receive comprehensive training and state certification. Through this partnership, Peer Specialists are equipped with the skills and credentials necessary to deliver high-quality, recovery-oriented peer support services that foster connection, empowerment, and hope for those they serve.

### **Achievements in FY 2024–2025**

Several county staff members successfully completed Peer Specialist training and obtained state certification through CalMHSA.

### **Goals for FY 2025–2026**

Peer Specialists providing services within SCBH programs will continue to participate in training and certification opportunities, ensuring consistent delivery of peer-led, recovery-focused support across all programs.

Wellness Centers across California play a vital role in promoting self-healing, resilience, and recovery for individuals living with serious mental illness. In a welcoming and non-stigmatizing environment, participants engage in services that build independence, strengthen social connection, and support long-term wellness. Programming at Wellness Centers commonly includes life skills development, peer-led support groups, and opportunities for social interaction.

Grounded in the principles of recovery and resiliency, Six Stones Wellness Center offers a variety of services, which may include:

- Communication skills
- Physical health and wellness activities
- Social skills development
- Self-advocacy training
- Recreational and hobby-based activities
- Healthy living and lifestyle support

Six Stones Wellness Center serves adults age 18 and older living with serious mental illness, as well as their families. Center staff are Peer Specialists trained in Wellness Recovery Action Plan (WRAP) facilitation, ensuring that all programming is peer-driven, strengths-based, and recovery-focused.

Participant satisfaction surveys indicate that engagement in Six Stones activities increases members' understanding of mental health and enhances their ability to advocate for themselves and their loved ones.

Program expenditures are supported through both Community Services and Supports (CSS) Full Service Partnership (FSP) and CSS General System Development funds.

### **Achievements in FY 2024–2025**

Six Stones provided an average of 95 services per month—spanning individual contacts and group activities—and served approximately 300 individuals over the year. The Wellness Center relocated to a more central location in Yreka's city center, where it now shares space with Base Camp, Siskiyou County's first low-barrier shelter. Operated by Northern Valley Catholic Social Service (NVCSS), Base Camp offers 32 beds and provides a safe, year-round place for individuals experiencing homelessness, including accommodations for pets. In addition to shelter, Six Stones delivers comprehensive support services such as case management, and assistance with housing and employment, creating an integrated setting that strengthens access to care and stability for vulnerable residents.

The total cost of the program was \$372,082, or \$80.06 per person served.

### **Goals for FY 2025–2026**

Six Stones Wellness Center will expand services currently offered in Yreka and will also be expanded in Mount Shasta, increasing access to peer-led wellness and recovery supports in the southern region of the county.

---

### **FLEX FUNDING**

MHSA funding provides essential resources to help Full Service Partnership (FSP) clients achieve their individualized recovery goals. To address urgent needs and reduce barriers to stability, a revolving Flex Fund account is maintained to purchase goods and services that promote wellness, independence, and recovery. These flexible resources allow staff to respond quickly to client-identified needs that cannot be met through traditional funding sources.

#### **Flex Fund Supports/Ancillary Services**

Flex Funds/Ancillary Services may be provided to meet critical needs that help FSP clients maintain stability and progress in their recovery. These supports may include:

- Dual diagnosis treatment services
- Educational expenses
- Food and clothing assistance
- Housing supports such as rent subsidies, vouchers, temporary or transitional housing, or house payments
- Household items and basic furnishings
- Uncovered or emergency medical expenses
- Residential substance use treatment
- Other essential needs that promote stabilization for the individual or family

#### **Intended Outcomes**

The use of Flex Funds and ancillary supports is designed to:

- Reduce psychiatric hospitalizations
- Decrease reliance on emergency department services
- Lower incarceration rates
- Support clients in maintaining community engagement
- Strengthen natural support networks and long-term recovery

This flexible, client-centered approach aligns with MHPA values by ensuring individuals receive the right level of support at the right time to promote stability, resilience, and wellness.

## NON-FSP PROGRAMS

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

Siskiyou County Behavioral Health (SCBH) is expanding access to behavioral health services for adults and children by increasing the availability of individual and group therapy, psychiatric services, case management, Therapeutic Behavioral Services (TBS), and Intensive Home-Based Services (IHBS). This expansion is supported through both County-employed staff and contracted network providers, ensuring services are available in person and via telehealth to meet diverse community needs.

#### **Goal**

To maintain sufficient provider capacity to ensure timely access to care for all eligible community members while promoting quality, accessibility, and continuity of services.

#### **Achieved in FY 2024–2025**

Due to its rural location, Siskiyou County faces ongoing challenges in attracting and retaining qualified personnel, particularly for clinical positions. In response to these shortages, Siskiyou County Behavioral Health (SCBH) has expanded its pool of telehealth clinicians to increase service capacity and improve access to care. The department has also strengthened its workforce by creating Peer Specialist positions and supporting staff in obtaining certification within this job classification. In addition, SCBH has added three Clinical Trainees who are working toward licensure, further bolstering the county's clinical staffing pipeline.

#### **Looking to Next Year**

With the addition of clinician trainees and expanded peer services, SCBH anticipates continued compliance with network adequacy standards for all required provider types.

---

### EXPANSION OF NETWORK PROVIDERS

SCBH recognizes the increasing need for timely and effective behavioral health services for children and youth. To address this need, the County is implementing strategies to

expand its provider network and strengthen clinical capacity so young clients receive the right level of care at the right time.

### **Expansion Strategies Include:**

- Recruiting and contracting with additional licensed clinicians, including therapists, psychologists, and psychiatrists specializing in child and adolescent development.
- Strengthening partnerships with schools, healthcare providers, and community organizations to improve referrals and service coordination.
- Increasing access to specialized services such as TBS, IHBS, and family-focused interventions.
- Expanding telehealth capacity to reach children and youth in remote or underserved regions.
- Providing workforce training to ensure clinicians are equipped with evidence-based, trauma-informed, and culturally responsive practices.

### **Goal**

To ensure adequate provider network capacity for children and youth, improving timely access, continuity of care, and treatment outcomes for young clients and families.

### **Achieved in FY 2024–2025**

SCBH’s long-standing network provider has periodically experienced significant challenges with hiring and retaining qualified staff, resulting in inconsistent availability. Staff recruitment and retention has also been a challenge for the SCBH. In FY 24/25, SCBH brought on two additional children’s services providers and continued to work with the network provider to improve stability through consistent referrals.

### **Looking to Next Year**

SCBH will continue monitoring its provider network to ensure adequate children’s behavioral health services remain available for county residents.

---

## **CRISIS INTERVENTION & RESPONSE**

SCBH provides comprehensive crisis intervention and stabilization services 24 hours a day, seven days a week, through phone response, walk-in support, and mobile crisis services.

The Psychiatric Emergency Team (PET) responds to crisis calls from across the county, including requests from local hospitals and the county jail. This model ensures individuals experiencing psychiatric distress receive timely, compassionate, and appropriate care.

Individuals presenting in crisis are eligible for immediate emergency support—including temporary housing, food, and clothing—to help them remain in the least restrictive environment possible while stabilizing in their community.

Because of the rural population size, a dedicated crisis stabilization unit is not feasible. Instead, SCBH relies on a mobile crisis model with strong partnerships among hospitals, law enforcement, and community agencies. This approach helps reduce homelessness, unnecessary hospitalizations, and incarceration while improving safety and continuity of care.

Implementation of the PET has also reduced staff burnout, increased retention, and contributed to a more sustainable crisis response system.

In alignment with Senate Bill 389, incarcerated individuals experiencing a mental health crisis are also eligible to receive crisis intervention services.

## **Goal**

To provide 24/7 crisis intervention and mobile crisis services that effectively assess, stabilize, and connect individuals to appropriate levels of care, reducing risk and improving outcomes.

## **Achieved in FY 2024–2025**

SCBH conducted 1003 crisis evaluations at a cost of \$1,751,686 averaging \$1,746.44 per contact.

## **Looking to Next Year**

SCBH is working toward full integration of the PET and Mobile Crisis teams.

---

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

General System Development expenditures are based on prior-year costs, anticipated revenues, and the number of individuals served in previous MHSA Plans and Annual Updates.

---

## **HOMEKEY**

SCBH planned to contribute **\$1 million** in CSS GSD funding toward the construction of a Homekey project in partnership with Danco Communities and the City of Yreka. The project did not proceed due to challenges in securing an appropriate site. Housing and homelessness remain critical issues in Siskiyou County, and these funds will remain

available to support future construction or operation of housing projects, with priority given to permanent supportive housing.

---

## COMMUNITY CARE EXPANSION

Siskiyou County Behavioral Health (SCBH) continues to prioritize the expansion and sustainability of residential care options that support older adults and individuals with behavioral health needs. As part of this effort, SCBH is in the process of establishing a contract with Yreka Guest Home, a licensed residential elderly care facility, to implement Community Care Expansion (CCE) Prevention Operating Subsidy payments. These subsidies are designed to strengthen the long-term viability of licensed care settings, reduce the risk of facility closure, and ensure ongoing access to stable housing and supportive services for vulnerable community members.

SCBH anticipates that the contract with Yreka Guest Home will be fully executed by late December or early January 2026, allowing the facility to begin utilizing CCE resources to offset operational costs and maintain capacity. In parallel with this contractual work, SCBH intends to invest Capital Project funds to support significant physical rehabilitation and improvement activities at the facility. These upgrades will address critical infrastructure needs, enhance safety and accessibility, and improve the overall quality of the residential environment.

To complete these renovations, SCBH will engage multiple construction vendors with experience in facility rehabilitation and compliance with state licensing requirements. The coordinated use of CCE Prevention Operating Subsidy funding and Capital Project investments will help ensure that Yreka Guest Home remains a stable, high-quality residential option capable of serving the county’s aging and behavioral health populations for years to come.

## OUTREACH & ENGAGEMENT

### HOMELESS OUTREACH

The Siskiyou County Advisory Board on Homelessness and Housing serves as a central forum for community discussion and coordination around housing stability and homelessness in Siskiyou County. The Advisory Board includes representatives from Health and Human Services, the County Office of Education, youth homelessness service providers, law enforcement, representatives from the local homeless population and city governments from across the county.

Through this collaborative structure, the Advisory Board identifies community priorities, analyzes local gaps in housing and services, and works to pursue state, federal, and local funding opportunities to address those needs.

Community feedback gathered through the Advisory Board has highlighted several key concerns:

- The need for permanent supportive housing to promote long-term stability.
- Limited crisis intervention and outreach services for the unhoused population.
- A lack of emergency shelter options and transportation for individuals in crisis.
- Ongoing challenges transitioning households from shelter programs into permanent housing due to the countywide shortage of affordable housing.

Siskiyou County is currently in the seventh year of its 10-Year Plan to End Homelessness, which emphasizes community-driven priorities, strong partnerships, and targeted outreach to chronically homeless individuals.

In response to feedback from the Advisory Board and priorities established in the 10-Year Plan, SCBH established a homeless outreach worker position to assist with connecting unhoused residents to available services the supports.

As part of this effort, SCBH also facilitates Coordinated Entry meetings to review the by-name list of individuals and families seeking housing, ensuring a consistent and equitable process for prioritization and placement.

SCBH continues to leverage state, federal, and local funding—in conjunction with MHSA Outreach and Engagement resources—to expand homeless street outreach. These initiatives focus on connecting individuals experiencing homelessness with behavioral health services, housing supports, and community-based resources, promoting stability and recovery for the county’s most vulnerable residents.

## **Achievements in FY 2024–2025**

**XX**

### **Looking Ahead**

SCBH has strengthened its capacity to engage individuals experiencing homelessness by expanding its Homeless Outreach program. SCBH’s dedicated Homeless Outreach Worker provides direct, field-based engagement and collaborates closely with the Yreka Police Department (YPD) Homeless Outreach Liaison, Public Health, and other community partners. This multidisciplinary approach allows for more coordinated outreach, improved information-sharing, and enhanced support for individuals with complex behavioral health needs.

The primary goal of these expanded outreach efforts is to increase the number of unhoused individuals—particularly those with serious mental illness and substance use challenges—who are successfully connected to services and supported in transitioning toward stable housing. By meeting individuals in the community, building trust, and providing warm

handoffs to mental health, substance use, and housing resources, SCBH aims to reduce barriers to care and improve long-term outcomes.

The current funding that supports the YPD Homeless Outreach Liaison is anticipated to end in Fiscal Year 2026–2027. In preparation, SCBH and its partners are actively exploring alternative funding options to sustain this essential role. Maintaining a collaborative outreach model remains a priority, as it has proven effective in increasing service engagement, improving community safety, and strengthening support for the county’s unhoused population.

## **Goal**

To provide outreach and engagement opportunities for homeless individuals with mental illness, improving access to behavioral health treatment and supporting transitions into stable housing.

## **Objectives:**

1. Increase the number of unhoused individuals with mental illness who transition into housing.
2. Increase outreach, engagement, and linkage to services for unhoused individuals with mental illness.

---

## **CSS ADMINISTRATION**

MHSA Community Services & Supports (CSS) Administration funds provide the essential infrastructure needed to plan, implement, monitor, and evaluate CSS programs and activities. These funds sustain the ongoing community planning process and ensure that programs remain compliant, data-driven, and responsive to local needs.

Administrative expenditures are recurring and include funding for key personnel such as the MHSA Coordinator, as well as staff who provide operational and programmatic support to CSS components. These positions include the HHSA/Behavioral Health Director, Deputy Directors, Adult and Children’s Services System Administrators, the Drug and Alcohol Administrator, Fiscal Technicians, Project Coordinator, and Staff Services Analysts. Collectively, these staff oversee program coordination and planning, provide fiscal oversight, contract monitoring, and performance evaluation for all CSS services.

Operating expenditures are reviewed annually and adjusted based on actual costs from the prior fiscal year. Increases typically reflect changes in staffing levels, salaries, contractual obligations, and overall program activity.

Allowable administrative and operating expenses include, but are not limited to:

- Administration and management of provider contracts
- Office operations and supplies, including furnishings and capital purchases
- Training, education, and professional development
- Program materials, food, and participant incentives
- Information systems and data management tools used to collect, analyze, and report CSS outcomes

County Allocated Administration is also an allowable MHSA cost and has increased in proportion to the number of staff supporting MHSA programs. Countywide Administration (A-87) costs are calculated annually by the County Auditor based on prior-year activity, in accordance with federal and state guidelines.

SCBH continues to ensure that all eligible services are billed to Medi-Cal on a fee-for-service basis whenever possible. The revenue generated through this billing process is reinvested to offset administrative costs and support the long-term sustainability of the MHSA CSS program.

<b>Community Services and Support (CSS) Funding</b>		A	B	C	D	E	F
		<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>							
1	Adult/Older Adult Full-Service Partnerships	855,500	759,625	95,875			
2	Children/TAY Full-Service Partnerships	594,500	527,875	66,625			
3	Flex Funds	559,546	559,546				
4	Six Stones Wellness and Recovery Center	332,038	332,038				
5	Peer Support	41,016	41,106				
<b>Non-FSP Programs</b>							
1	General System Development	618,256	618,256				
2	Telehealth Expansion	219,670	219,670				
3	Transportation	20,000	20,000				
4	Crisis Intervention and Response	160,000	160,000				
5	Wellness and Recovery Center	320,712	320,712				
	Homeless Outreach	0	0				
<b>CSS Administration</b>							
	CSS Administration	114,193	114,193				
	CSS Annual Planning	19,899	19,899				
	CSS Evaluation Cost	0					
	CSS MHPA Housing Program Assigned Funds	0	0				
	<b>Total CSS Program Estimated Expenditures</b>	<b>3,484,759</b>	<b>2,966,339</b>	<b>518,420</b>			
	<b>FSP Programs as Percent of Total</b>	<b>53.50%</b>	<b>45.40%</b>				

# PREVENTION & EARLY INTERVENTION PROGRAM OVERVIEW

Prevention and Early Intervention (PEI) programs are designed to increase community awareness of mental health, reduce stigma, and promote early access to services and supports. These programs use public education, outreach, and community partnerships to encourage individuals and families to seek help early—when symptoms first appear—to prevent more serious challenges later in life.

In 2019, Senate Bill (SB) 1004 established statewide priorities to guide the use of PEI funds and ensure that counties focus on prevention, early identification, and timely intervention across all age groups.

## **SB 1004 Priority Areas**

PEI programs must align with one or more of the following statewide priorities:

- Childhood trauma prevention and early intervention, addressing the earliest origins of mental health needs.
- Early psychosis and mood disorder detection and intervention, including suicide prevention across the lifespan.
- Youth outreach and engagement focused on secondary school students and transition-age youth, including partnerships with college mental health programs.
- Culturally competent and linguistically appropriate services that reflect the diversity of local communities.
- Strategies supporting the mental health needs of older adults, promoting wellness and resiliency later in life.

SCBH aligns all PEI programming with these priorities to ensure prevention, outreach, and early access efforts effectively serve children, youth, adults, and older adults throughout the county.

---

## **State-Defined PEI Priority Categories**

PEI programs must address at least one of the following six categories. Each category promotes mental wellness, early identification, and timely access to care.

### **1. Prevention**

A coordinated set of activities designed to reduce risk factors for developing a serious mental illness and strengthen protective factors that support overall mental health and well-being. Prevention programs build resilience, improve coping skills, and reduce the likelihood of negative outcomes.

## **2. Early Intervention**

Treatment and supportive services—including relapse prevention—provided early in the onset of mental health conditions. Early Intervention programs aim to promote recovery, improve functioning, and minimize long-term impacts.

## **3. Outreach**

Proactive engagement, education, and training of community members, families, service providers, and potential responders to help them recognize and respond effectively to early signs of serious mental illness.

## **4. Stigma and Discrimination Reduction**

Activities that reduce negative attitudes, stereotypes, and discrimination associated with mental illness or seeking help. These programs promote acceptance, dignity, inclusion, and equity for individuals and families.

## **5. Access and Linkage to Treatment**

Programs that connect individuals experiencing or at risk of serious mental illness to appropriate mental health services as early as possible. Emphasis is placed on timely access, warm handoffs, and follow-up support.

## **6. Suicide Prevention**

Organized efforts aimed at reducing suicide risk through information campaigns, prevention networks, culturally responsive approaches, survivor-informed models, screening initiatives, and crisis resources such as hotlines and online supports.

See Appendix A for the Three-Year PEI Evaluation Report.

**Program Name:** Etna PAL

**Program Type:** Prevention

**Fiscal Year 2024-2025 Expenditures:** \$0.00



**Who This Program Serves:**

Youth ages 9–18 who reside in Scott Valley and are at risk of:

Academic failure or school dropout

Juvenile justice involvement

Mental illness

**What This Program Does:** The Etna PAL Program provides prevention and early intervention services for youth with multiple risk factors and limited adult support.

Activities include:

- Keepin’ it REAL – Evidence-based curriculum building decision-making, communication, and resistance skills to prevent substance use.
- Harmony with Horses – Community-defined practice promoting confidence, leadership, self-awareness, and healthy boundaries through experiential work with horses.

All participants complete the Pediatric ACEs and Related Life Events Screener (PEARLS) screening. Youth needing additional support receive a warm handoff to SCBH or a Partnership HealthPlan provider.

**Three-Year Goal:** Increase the percentage of youth demonstrating improved positive development and reduced risk behaviors, targeting 75% at post-assessment.

**Looking to Next Year:** Unfortunately PAL was unable to use the funds in FY 24/25 but expect to continue providing accessible, high-quality Prevention services to youth in Scott Valley in FY 25/26.

**Estimated 2025-2026 Expenditures:** \$30,215

**Estimated 2025-2026 People Served:** 35

**Program Name:** First 5 Siskiyou

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

**Fiscal Year 2024-25 Expenditures:** \$0.00



**Who This Program Serves:** Siskiyou County children under 5 years of age.

**What This Program Does:** First 5 Siskiyou provides Ready4K, an accessible, evidence-based, trauma-informed family engagement program that delivers personalized learning messages to support families and young children. The program includes three tiers of support:

- Universal messages for all families
- Specialized support for families experiencing trauma
- Targeted messages for children with potential developmental delays

First 5 collaborates with pediatricians, Family and Community Resource Centers (FRC/CRCs), schools, Child Welfare Services (CWS), WIC, and other partners to administer ASQ/ASQ-SE developmental screenings and engage families in Ready4K. Based on results, families are connected to appropriate services—including SCBH when mental health needs are identified.

Ready4K is offered in multiple languages to ensure countywide accessibility.

**Looking to Next Year:** Unfortunately, First 5 was unable to utilize the allocated funds during FY 2024–2025. However, the organization has confirmed its intention to fully implement the planned activities and expend the funds in FY 2025–2026.

**Estimated 2024-2025 Expenditures:** \$105,000

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

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

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

**Fiscal Year 2024-25 Expenditures: \$112,997**

**Who This Program Serves:** Residents of the Happy Camp community.

**What this program does:** Community Resource Centers (CRCs) across Siskiyou County provide prevention groups, support groups, classes, and playgroups that reduce isolation, strengthen parenting and life skills, build confidence, and promote peer support. Programming is community-driven and tailored to local needs, with a focus on strengthening protective factors and family well-being. All services are free and include childcare and meals to reduce barriers for families.

**Three-Year Goals:** Increase participation in adult groups, parent education and youth groups by 75%

**Looking to Next Year:** Continue providing Prevention, Stigma and Discrimination Reduction, and Outreach services in the Happy Camp community.

**Estimated 2025-2026 Expenditures: \$115,000.00**

**Estimated 2025-2026 People Served: 275**



**Happy Camp  
Community Action**

**Name:** Hellikon

**Program Type:** Stigma & Discrimination Reduction

**Fiscal Year 2023-24 Expenditures:** \$10,000.00

**Who This Program Serves:** Middle and high school students throughout Siskiyou County.



**What This Program Does:** The Rural Youth Media Program engages students in hands-on, creative projects that explore mental health, wellness, and substance use through video production. Youth write, direct, and produce original short films submitted each year to the statewide Directing Change mental health and suicide prevention initiative.

Through filmmaking, students build awareness, empathy, and peer-support skills while helping reduce stigma around mental illness and substance use. The storytelling format encourages open conversations about challenging topics and empowers youth to share their perspectives with their schools and communities.

Program videos are available on the Siskiyou County Behavioral Health website:  
[www.co.siskiyou.ca.us/behavioralhealth/page/directing-change](http://www.co.siskiyou.ca.us/behavioralhealth/page/directing-change)

**Three-Year Goal:** Increase youth knowledge and awareness of mental health and substance use issues, as measured by pre- and post-surveys, with a target of 75% of participants reporting increased awareness and reduced stigma at post-assessment.

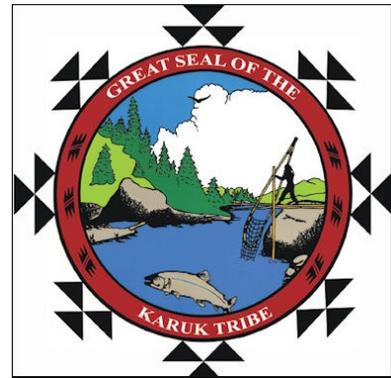
**Looking to Next Year:** Hellikon will not be using FY 25/26 funding.

**Program Name: Karuk Tribe**

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

**Fiscal Year 2024-25 Expenditures:** \$18,500.00

**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 delivers culturally grounded Prevention services to Tribal youth through Healing of the Canoe, an evidence-based and culturally adapted curriculum that builds life skills, resilience, and substance use prevention while strengthening cultural and community connection.

Originally created by Pacific Northwest tribes, the model uses the Tribal Canoe Journey as a metaphor for navigating life’s challenges. The 14-chapter curriculum is adapted by each tribe to reflect its own traditions, practices, values, and stories. Sessions incorporate traditional storytelling, cultural activities, and community speakers, fostering identity, belonging, and wellness among youth.

**Three-Year Goal:** Increase youth connection to cultural identity and community, and reduce risk factors linked to substance use and behavioral health challenges.

Target: 75% of participants report improved cultural connectedness and life skills 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 2025-2026 Expenditures:** \$33,240.00

**Estimated 2025-2026 People Served:** 30

**Program Name: Lotus Educational Services**

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

**Fiscal Year 2024-25 Expenditures:** \$20,718.00



**Who This Program Serves:** Community members across Siskiyou County, including youth, adults, educators, healthcare providers, first responders, and Family and Community Resource Center staff.

**What This Program Does:** The HHS A Suicide Prevention Project, led by the Suicide Project Coordinator, works to build a suicide-safe community through prevention, education, and cross-sector collaboration. Key initiatives include:

- Implementing a unified, multi-sector messaging campaign to increase awareness of the 988 Suicide & Crisis Lifeline and promote early risk identification.
- Partnering with schools, law enforcement, and community organizations to expand access to safe storage for medications and firearms.
- Launching a bathroom stall and locker campaign in high school restrooms to provide crisis resources and normalize mental health conversations among youth.
- Offering community-wide trainings—SafeTALK, Know the Signs, and ASIST—to strengthen early identification, intervention, and referral pathways.

Additionally, Mental Health First Aid (MHFA) trainings equip community members to recognize signs of mental illness and substance use, provide initial support, and connect individuals to care.

**Three-Year Goals:** Increase the number of community members trained to identify and respond to suicide risk and mental health crises.

Target: 75% demonstrate increased skills and knowledge at post-assessment.

By June 30, 2024, design and implement a unified 988 and risk-identification messaging campaign, including monthly content for partner organizations.

**Looking to Next Year:** Lotus Educational Services will continue providing suicide prevention education and training to Siskiyou County residents.

**Estimated 2025-2026 Expenditures:** \$20,718.00

**Estimated 2025-2026 People Served:** 50

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

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

*Quartz Valley Indian Reservation*



**Fiscal Year 2024-25 Expenditures:** \$50,000.00

**Number of People Served:** 100

**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:** GONA is a culture-based planning process where community members gather to address priority issues. It uses interactive methods that empower and support tribes and reflect American Indian values, traditions, and spiritual practices.

The Healing of the Canoe curriculum is a culturally grounded life-skills and substance-use-prevention program for tribal youth. Tribes adapt it using their own traditions, practices, values, and stories to help youth build the skills needed to navigate life and strengthen their sense of belonging. QVIR will also host Monthly Culture Nights to further reinforce protective factors.

**Three-Year Goals:** Build authentic relationships to support effective work. Develop, implement, and sustain culturally grounded prevention and intervention strategies.

Increase the percentage of youth reporting positive development skills and reduced risk behaviors (Target: 75% at Post-Assessment).

**Looking Ahead:** QVIR plans to provide the GONA program and Healing of the Canoe next year as well as culture nights.

**Estimated 2025-2026 Expenditures:** \$50,000.00

**Estimated 2025-2026 People Served:** 150

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

The Siskiyou Community Resource Collaborative (SCRC) is a network of seven Community Resource Centers located in Dunsmuir, McCloud, Mount Shasta, Weed, Yreka, Fort Jones, and Montague. Siskiyou County Behavioral Health contracts with SCRC to provide Access & Linkage services, Outreach to Increase Recognition of Early Signs of Mental Illness, and a range of Prevention activities.



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

**Fiscal Year 2024-25 Expenditures:** \$125,232

**Number of People Served:** 1,700

**Who This Program Serves:** Residents of Siskiyou County

**What This Program Does:** SCRC provides psychoeducation activities that strengthen understanding of mental wellness and help prevent mental health issues from becoming severe. Outreach efforts focus on reducing disparities in early intervention by addressing stigma, increasing awareness of available services, and improving cultural responsiveness. SCRC also supports community members in accessing mild-to-moderate and specialty mental health services, housing resources, and benefits.

**Three-year Goal:** Increase the percentage of workshop participants reporting greater knowledge and satisfaction with the topic. (Target: 80% at post-assessment.)

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

**Estimated 2024-2025 Expenditures:** \$173,672

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

**Program Name: Yreka High School**

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



**Fiscal Year 2024-25 Expenditures:** \$150,000.00

**Number of People Served:** 376

**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 at-risk students with on-site individual and group counseling, as well as walk-in support for youth at risk of developing mental health or substance use challenges. Services are free and easily accessible.

**Three-Year Goal:** Increase the percentage of youth reporting stronger development skills, competencies, and reduced risk behaviors. (Target: 50% at post-assessment.)

**Looking to Next Year:** Yreka High School plans to expand staffing and continue offering counseling and prevention services.

**Estimated 2025-2026 Expenditures:** \$150,000.00

**Estimated 2025-2026 People Served:** 375

**Name: Siskiyou Union High School District**

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



**Fiscal Year 2024-25 Expenditures:** \$150,000.00

**Number of People Served:** 376

**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 Two:** 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 in FY 2024/25.

**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

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

**Program Type:** Access & Linkage

**Fiscal Year 2024-25: Expenditures:** \$50,631

**Number of People Served:** 950



**Who This Program Serves:** Un- and underserved communities in Siskiyou County, with a focus on the unhoused.

**What This Program Does:** In partnership with the Public Health Division of Siskiyou County HHSA, MHSA supports staff who conduct outreach, screenings, and linkages to behavioral health and substance use treatment for underserved and remote communities. Public Health staff complete screenings and connect individuals to existing providers, including mild-to-moderate behavioral health providers, SCBH, Social Services, and other supportive resources. Bilingual staff focus on outreach to underserved Latino residents, unhoused individuals, and the broader community.

**Three-Year Goal:** Support mobile outreach, screenings, and linkage to behavioral health and substance use disorder services across remote areas of Siskiyou County.

**Looking to Next Year:** The Healthy Siskiyou Mobile Unit will continue providing screenings, outreach, and mental health education to residents across the county.

**Estimated 2025-2026 Expenditures:** \$107,986

**Estimated 2025-2026 People Served:** 950

## BUDGET AND ANNUAL EXPENDITURES

<b>Prevention and Early Intervention (PEI) Funding</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Total MHSA Funds (Including Interest)</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>Estimated FY 2024/25 Funding</b>						
<b>Early Intervention</b>						
1 Yreka High School Counseling Program (YHS)	150,000	150,000				
2 Youth Empowerment Siskiyou	60,000	60,000				
<b>Prevention</b>						
1 Etna PAL	30,215	30,215				
2 Karuk Tribal Housing Authority (GONA & Groups)	25,000	25,000				
3 Mindful Little Campers (Happy Campers)	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 (First5)	102,000	102,000				
2 Healthy Siskiyou Mobile Unit (Public Health)	93,258	93,258				
<b>Stigma and Discrimination Reduction</b>						
1 Rural Youthe Media Outreach Program	10,000	10,000				
2 Siskyou 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)	-	-				
<b>Community Family Resource Network</b>						
1 Happy Camp Community Action	95,000	95,000				
2 Siskyou Community Resource Collaborative	155,000	155,000				
3 TEACH Inc	40,000	40,000				
<b>PEI Annual Planning Costs</b>	500	500				
<b>PEI Evaluation Costs</b>	59,858	59,858				
<b>PEI Administration</b>	10,000	10,000				
<b>Office &amp; Supplies</b>	-					
<b>Total PEI Program Estimated Expenditures</b>	<b>1,071,549</b>	<b>1,071,549</b>				

## SEMI-STATEWIDE ENTERPRISE HEALTH RECORD (EHR)

The multi-county, scalable INN project builds on CalMHSA's larger Semi-Statewide Enterprise Health Record (EHR) initiative. CalMHSA partnered with 23 counties—serving roughly 27% of California's Medi-Cal beneficiaries—to collaboratively design a modern, streamlined EHR that meets current and future county behavioral health needs.

### **Key principles of the EHR project include:**

- **Enterprise Solution:** Implement a single EHR capable of supporting the full range of county behavioral health plan operations, while enabling cross-county data sharing as clients move between counties.
- **Collective Learning & Scalable Solutions:** Shift from isolated county systems to a semi-statewide cohort that aligns workflows, pools expertise, and adopts scalable solutions, reducing waste, risk, and variability.
- **Leveraging CalAIM:** Redesign core EHR components (e.g., documentation, claiming) in alignment with CalAIM requirements that emphasize interoperability, care coordination, and improved outcomes.
- **Lean, Human-Centered Design:** Reimagine clinical workflows to reduce documentation burden, improve safety, and collect outcomes data natively.
- **Interoperability:** Align documentation with statewide data exchange standards to support participation in health information exchanges and future interoperability initiatives.

The INN project advances these principles by transforming how counties document care within an EHR, improving usability for staff and enhancing service delivery for clients.

### **Local Planning Process and Stakeholder Engagement**

Siskiyou County Behavioral Health held multiple stakeholder sessions to present the INN project and gather feedback. From August 29–31, 2022, Six Stones Wellness Center distributed surveys to consumers and family members. Additional surveys were provided at All-Staff meetings and during a Supervisors' Zoom meeting on September 1, 2022.

In total, Siskiyou County hosted four community stakeholder events to ensure meaningful involvement in the MHSA planning process. Participation and demographic data were collected through Microsoft Forms.

## PROGRESS UPDATE AND IDENTIFIED CHANGES

Siskiyou County launched the new EHR, SmartCare, on July 1, 2023. The system has improved efficiency, workflow, and overall user satisfaction. Staff report several benefits, including the ability to open clients to multiple programs, saving time and streamlining data entry. SmartCare also offers adjustable screen magnification, improving readability compared to the previous system's small fonts and cramped window views. Users can now toggle between client records without repeatedly navigating through individual files, significantly improving operational flow.

SmartCare's home screen includes an AI Help module, task-management widgets, and list pages that track deadlines, flag important notices, and provide quick access to client information. Staff also report improved functionality when searching document types, reviewing caseloads, retrieving clinical records, and viewing client histories and medication lists.

System administrators note major improvements in local processes. Previously, basic tasks—such as user setup, password resets, and routine maintenance—required assistance from the former EHR vendor, often resulting in long delays. For example, password resets could take hours or a full day, disrupting staff workflow and increasing stress. SmartCare has eliminated these bottlenecks.

### **Reporting Functionality**

SmartCare's reporting system is still developing. Preset-filter reports run well, but reports outside those filters are not yet fully functional. CalMHSA is working with SmartCare on system modifications to address this, advocating for counties to ensure State reporting requirements are met. Focus groups have been established to troubleshoot issues and tailor reporting to county needs.

Ad hoc reporting is available but requires more technical expertise than the current training has provided. CalMHSA is helping counties generate reports, but high request volume has slowed turnaround times.

Because SmartCare is still in early implementation, some errors are expected. Additional support is needed to ensure manual data entry processes are set up correctly to avoid inaccuracies. Neither CalMHSA nor counties anticipated that the vendor would launch without all required State reporting functions in place, raising concerns about data reliability and the potential impact on funding tied to accurate reporting. New State reporting requirements released during the launch added further strain, creating risks of data loss or formatting issues. Once fully implemented, reporting functions are expected to operate as intended.

## **Substance Use Disorder Module**

The SUD module was awaiting several required documents, including the Health Questionnaire, Medical Necessity form, and State-required TB report. Many of these reports have been added to the SmartCare system and all others are being completed manually.

Despite early system errors—including issues with service notes and document entries—SUD counselors report that SmartCare is more efficient and easier to use than the previous EHR. With continued use, ticketing, and ongoing corrections, the module has become more accurate and effective.

### **EVALUATION DATA/LEARNING GOALS/PROJECT AIMS**

CalMHSA contracted with the RAND Corporation to conduct a comprehensive evaluation of the EHR migration. RAND used two complementary methods: (1) a pre–post user survey and (2) pre–post task-based usability testing, both grounded in established, evidence-based metrics.

The pre–post user survey measures user experience and satisfaction with both the legacy EHRs and the new system. The pre-implementation survey was administered to all EHR users in participating counties before the new system went live. Measures included the Post-Study System Usability Questionnaire (PSSUQ), satisfaction with EHR attributes and task performance, and likelihood of recommending the system. The PSSUQ—a validated 16-item tool originating from IBM’s System Usability Metrics project—allows RAND to calculate a single comparable usability score. Survey items reflected common tasks across key roles such as prescribers, medical staff, clinicians, non-licensed providers, and administrators.

The pre–post task-based usability testing provides objective measures of EHR burden by assessing how long it takes users to complete standard tasks before and after migration. The pre-phase, conducted from May 30 to June 30, 2023, included 30 prescribers and licensed clinicians who completed three simulated tasks: creating an assessment and progress note for a new client, reviewing a chart for an existing client, and documenting a return visit. Metrics included task completion rate, time on task, errors, and post-task satisfaction. These usability tests complement the survey by capturing real-time task performance in a controlled environment.

Learning Goals/Project Aims
<p>Quality</p> <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>
<p>Safety/Privacy</p> <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>
<p>Satisfaction</p> <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>
<p>Outcomes</p> <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>

## PROGRAM INFORMATION FOR INDIVIDUALS SERVED

This project is designed to transform the EHR systems and processes counties use to provide behavioral health services. Because it does not involve direct service delivery, an annual estimate of individuals served is not applicable.

As noted earlier, the counties participating in the Semi-Statewide Enterprise Health Record project collectively serve Medi-Cal beneficiaries who require specialty mental health and substance use disorder treatment—representing roughly 27% of California’s Medi-Cal population, or about 4 million people.

While the project affects how services are documented, coordinated, and managed, it does not test a new clinical intervention or provide services directly. Instead, it focuses on improving the infrastructure that supports high-quality behavioral health care statewide.

<b>Innovations (INN) Funding</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>Estimated FY 2024/25 Funding</b>						
1 Multi County FSP Project	-	-				
2 EHR Multi-County Innovation Project	141,824	141,824				
<b>INN Annual Planning Costs</b>	-	-				
<b>INN Adminstrtion</b>	2,000	2,000				
<b>Total INN Program Estimated Expenditures</b>	143,824	143,824				

## WORKFORCE EDUCATION AND TRAINING (WET)

The Workforce Education and Training (WET) component strengthens a diverse behavioral health workforce by elevating the perspectives of clients and families and ensuring services are culturally and linguistically responsive.

### Training and Technical Assistance

- Community & Workforce Training and TA Program: Provides education and training for prospective and current public mental health employees, contractors, volunteers, clients, and family members to build and maintain a culturally and linguistically competent workforce (W&I Code 5822 f–j).
- Behavioral Health Workforce Training and TA Program: Delivers evidence-based practice training to agency staff and community providers to improve service quality across the public mental health system (W&I Code 5822 f).
- Remote Supervision Program: Expands the workforce by offering remote clinical supervision for pre-licensed staff (W&I Code f).
- Peer Specialist Scholarships: Supports individuals pursuing Medi-Cal Peer Specialist certification, recognizing the essential role of peers in the system (W&I Code f–i).
- Clinician Training Program: Offers tuition repayment for SCBH staff pursuing master’s degrees to increase the number of licensed clinicians (W&I Code a, b, f).

FY 2024–2025: Palo Alto University discontinued its support for the program, and as a result, the program will not continue.

### Regional WET Collaboration

Siskiyou County contributes to the MHSA Superior Region WET Program, which funds pipeline development, scholarships, stipends, and loan repayment in partnership with the Department of Health Care Access and Information (HCAI). The region includes 15 counties and operates from July 2021 through June 2025.

<b>Workforce, Education and Training (WET) Funding</b>	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>Estimated FY 2024/25 Funding</b>						
1 Continued Education Assistance Program	-	-				
2 Provider/Partner Training	-	-				
3 Training & Workshops for Evidence Based Training	436,787	436,787				
<b>WET Administration</b>	-					
<b>Total WET Program Estimated Expenditures</b>	436,787	436,787				

## CAPITAL FACILITIES AND TECHNOLOGY NEEDS

The Capital Facilities and Technology Needs (CFTN) component supports the development of facilities and technology used for administrative functions and the delivery of mental health services. Funds may be used for peer-run and consumer-run spaces, community-based service settings, and modern technology systems.

CFTN investments strengthen the infrastructure needed to implement MHSA by improving or replacing technology systems and developing facilities that meet the growing needs of the local mental health system.

This component is designed to create long-term, lasting improvements that advance wellness, recovery, resiliency, cultural competence, and access to community-based services, while reducing disparities for underserved groups.

<b>Capital Facilities/ Technological Needs (CFTN) Funding</b>	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>Estimated FY 2024/25 Funding - Capital Facilities Projects</b>						
1 New Phone System/Internet Connection	-	-				
<b>Estimated FY 2024/25 Funding</b>						
1 Copier Project	17,582	17,582				
2 Cont Electronic Health Record Maintenance	-	-				
3 Software/Hardware Upgrades	10,000	10,000				
<b>CFT Administration</b>	-					
<b>Total CFT Program Estimated Expenditures</b>	<b>27,582</b>	<b>27,582</b>				