

# Siskiyou County Behavioral Health 2026-2029 Integrated Plan Community Planning Process Summary Report

## EXECUTIVE SUMMARY

Siskiyou County’s Community Planning Process (CPP) took place between July 2025 and January 2026 and engaged approximately 300 residents, stakeholders, and partners across sectors to inform the County’s Behavioral Health Integrated Plan (IP). A requirement of the Behavioral Health Services Act (BHSA), the IP is a three-year plan that outlines how counties will use all available behavioral health funding to meet statewide goals and address unmet needs; the plan must be informed by a CPP and include a summary of its findings. Siskiyou County’s community planning effort was guided by the County’s Behavioral Health Transition Task Force (BHTT) and incorporated interviews, small group discussions, community events, and a community survey.

Siskiyou County is an interconnected community with deep local assets. Nonetheless, the County faces persistent structural barriers, including workforce shortages, geographic isolation, and limited service capacity, that constrain access to timely, coordinated behavioral health care. The CPP findings demonstrate both the resilience of the county’s service ecosystem and the urgent need for strategic investment, cross-sector alignment, and innovative service delivery models. This executive summary provides a high-level overview of cross-cutting strengths and challenges and introduces the community-driven recommendations, which are further explored in the full report. Recommendations identified as “quick wins” are color-coded in green, while “long-term investments” are identified in blue.

## Cross-Cutting Strengths

- **Strong community relationships and trust in local anchors of support.** Tight-knit communities, trusted nonprofits, Tribal programs, schools, and Community Resource Centers form the backbone of behavioral health support. These relationships enable warm handoffs, early identification of needs, and culturally responsive engagement.
- **Effective cross-system collaboration.** The Health and Human Services (HHS) “super-agency” structure, along with partnerships across schools, hospitals, public safety, and community organizations, supports coordinated referrals and shared problem-solving.
- **Growing crisis response and intervention capacity.** Mobile crisis response, school-based mental health supports, telehealth expansion, and wraparound services for young people were consistently cited as powerful behavioral health investments.
- **Recent progress in housing and homelessness response.** Multiple new housing projects in Yreka demonstrate the County’s ability to mobilize resources and partnerships to address homelessness.

## Cross-Cutting Challenges

- **Severe workforce shortages across all sectors.** Behavioral health, education, emergency medical services (EMS), health care, and social services all face chronic vacancies, high turnover, and burnout.
- **Geographic isolation and transportation barriers.** With services concentrated in Yreka and Mount Shasta, residents in outlying communities face long travel distances to access care.
- **Limited service availability, especially for higher-acuity needs.** The absence of local inpatient psychiatric care, long wait times for assessments, and gaps in specialty services are persistent access challenges.
- **Fragmented communication and data sharing.** Across systems, stakeholders reported inconsistent communication, unclear roles, and a lack of shared data.
- **Housing scarcity and economic pressures.** High housing costs, wildfire-related losses, and limited housing availability contribute to residential and workforce instability.

## Community-Identified Recommendations

Quick Wins	Long-Term Investments
<ul style="list-style-type: none"> <li>● <a href="#"><u>Enhance transportation awareness and coordination.</u></a></li> <li>● <a href="#"><u>Improve 5150 process coordination.</u></a></li> <li>● <a href="#"><u>Explore data sharing with EMS to improve crisis response.</u></a></li> <li>● <a href="#"><u>Offer flexible options for suicide awareness training.</u></a></li> <li>● <a href="#"><u>Work through the messengers and platforms that community members already trust.</u></a></li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#"><u>Expand mobile, satellite, and community-based service models.</u></a></li> <li>● <a href="#"><u>Develop housing projects outside of Yreka.</u></a></li> <li>● <a href="#"><u>Expand services for young people who are justice-involved.</u></a></li> <li>● <a href="#"><u>Expand early intervention support for children, young people, and families.</u></a></li> <li>● <a href="#"><u>Build communication and clarify roles between school districts, Behavioral Health, and Child Welfare.</u></a></li> <li>● <a href="#"><u>Foster cross-agency collaboration to improve care coordination.</u></a></li> <li>● <a href="#"><u>Invest in locally rooted pathways, flexible incentives, and place-based recruitment messaging to attract and retain qualified staff.</u></a></li> </ul>

The CPP findings reflect a community that is resourceful and committed to improving behavioral health outcomes despite structural challenges. The insights gathered provide a clear roadmap for Siskiyou County Behavioral Health to leverage existing assets and partnerships to improve behavioral health outcomes for all residents.

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## INTRODUCTION

Under the Behavioral Health Services Act (BHSA), all California counties must conduct a Community Planning Process (CPP) designed to bring together a broad range of voices to shape behavioral health services, policies, program planning, implementation, and budget allocation for their Behavioral Health Integrated Plan (IP). To meet these requirements, Siskiyou County Behavioral Health engaged Third Sector to lead the CPP on behalf of the County and to support the development of the IP.

The IP is a state-required, three-year prospective global spending plan that outlines how counties will use all available behavioral health funding to meet statewide goals, provide services, and address unmet needs. As part of these requirements, counties must engage specific stakeholder groups through the CPP to ensure that the planning reflects diverse perspectives and lived experiences. These groups include consumers, families, community-based organizations, education partners, health care providers, and Tribal representatives. A complete list of CPP required stakeholders can be found in the Department of Health Care Services (DHCS) [BHSA County Policy Manual](#).

To meet these requirements, ensure that community members and stakeholders are aware of BHSA changes, and that community perspective and lived experience meaningfully shape the IP, Third Sector and Siskiyou County Behavioral Health co-designed the CPP with dual aims:

1. **Communicate with stakeholders and community members** about the changes to the behavioral health system under BHSA, and
2. **Gather input on key components of the IP** where community expertise can most directly inform County decision-making. These components include the proposed approach to the statewide behavioral health goals, workforce development strategies, outreach and engagement methods, and opportunities for collaboration with the Managed Care Plan (Partnership HealthPlan) on Community Reinvestment priorities. We additionally gathered input on general community assets, needs, and priorities, as well as the service delivery landscape.

This report summarizes the CPP. In the following sections, we outline the methods used to conduct outreach and gather community input, and then share the findings that can inform Siskiyou County Behavioral Health's IP.

## COMMUNITY PLANNING PROCESS METHODS

### Data Collection

To ensure broad representation across Siskiyou County and elevate the voices of residents with lived experience in the CPP, we used multiple community and stakeholder engagement strategies to both share information about the BHSA and gather input on Siskiyou County's IP. Between October and December 2025, Third Sector, in partnership with Siskiyou County Behavioral Health, conducted targeted outreach to DHCS-required stakeholders via phone and email. We also partnered with trusted community organizations to reach consumers, families, and individuals with lived experience through community events and a countywide survey. These community-driven methods supported access and inclusion across geographic and demographic groups.

The CPP approach was informed by ongoing, bi-weekly discussions from July 2025 to January 2026 with the Behavioral Health Transition Taskforce (BH TT). These discussions informed the development of outreach materials, data collection tools, and stakeholder engagement activities, in addition to providing local context. We describe specific engagement strategies below:

- **Conducted 31 key informant interviews and small group discussions** with DHCS-required stakeholders across behavioral health, education, health care, Tribal programs, social services, public safety, youth-serving organizations, community-based partners, and other sectors. During these conversations, we shared information about the BHSA, IP requirements, and behavioral health goals. We gathered stakeholder input on assets and barriers that may influence achievement of the behavioral health goals, as well as strategies to achieve IP objectives.
- **Co-hosted four community conversations with Community Resource Centers**, drawing an estimated 200+ participants, including adults, young people, and families with lived experience. The Community Resource Centers in Yreka, Dunsmuir, Weed, and McCloud hosted the events.
- **Distributed a community survey** through trusted organizations, including First 5 Siskiyou, the Community Resource Centers, Siskiyou OUTreach, and the NorCal Continuum of Care. The survey gathered additional perspectives from consumers and community members. The survey was hosted in Qualtrics, and we received 35 responses.
- **Solicited feedback at a NorCal Continuum of Care (CoC)** meeting to ensure alignment with local homelessness and housing partners.

In sum, we engaged an estimated 300 individuals across the County and its regional partners in the CPP, providing meaningful opportunities for community voice to shape Siskiyou County Behavioral Health's IP.

## Analysis

To analyze and synthesize data from interviews, small-group discussions, and surveys, we used a structured, iterative approach to ensure rigor, consistency, and fidelity to community voice. Findings from these sources are presented together, integrating both qualitative and quantitative insights.

To analyze interview and small group discussion data, we employed the Framework method of qualitative analysis.<sup>1</sup> Interview data were organized in a structured matrix, allowing us to compare themes across participants. Using the matrix, one team member reviewed and coded notes from each interview using a deductive approach to identify and refine themes. A secondary coder then reviewed each interview to ensure consistency, accuracy, and alignment with the coding framework. Input gathered from community meetings was additionally analyzed using this approach and synthesized with interview findings.

We then analyzed the survey responses to complement stakeholder interview findings and input gathered during community meetings. Survey results are presented alongside the relevant interview and small group findings.

## CPP Characteristics and Demographics

**Stakeholder Interviews and Community Events.** To ensure geographic representation across Siskiyou County, we sought stakeholder and community perspectives from Yreka, South County (Dunsmuir, McCloud, Mount Shasta, and Weed), Scott Valley, and Butte Valley. We also engaged representatives from both federally recognized tribes with reservations in Siskiyou County, the Karuk tribe and the Quartz Valley Indian Community. Additional regional partners from Redding were included where applicable (e.g., the Regional Center).

A complete list of stakeholder groups engaged is below:

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<sup>1</sup>Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC medical research methodology*, 13(1), 117.

- Butte Valley School District
- Child Abuse Prevention Council of Siskiyou County/First 5 Siskiyou
- College of the Siskiyous
- Disability Action Center
- Dunsmuir Family Resource Center
- Fairchild Medical Center
- Far Northern Regional Center
- Juvenile Justice Coordinating Council
- Karuk Tribe of California
- McCloud Community Resource Center
- Mercy Mount Shasta Medical Center
- Mount Shasta Ambulance Service
- NorCal CoC - Siskiyou Advisory Board
- Organized Employees of Siskiyou County
- Partnership HealthPlan
- Planning and Service Area 2 Area Agency on Aging
- Quartz Valley Tribe
- Remi Vista
- Scott Valley School District
- Shasta-Cascade Health Centers
- Six Stones Wellness Center
- Siskiyou County Behavioral Health
- Siskiyou County Child Welfare
- Siskiyou County Office of Education
- Siskiyou County Public Health
- Siskiyou County Social Services
- Siskiyou County Veteran's Services
- Siskiyou Domestic Violence and Crisis Center
- Siskiyou OUTreach
- Siskiyou Sheriff Department
- Siskiyou Union High School District
- Tiny Mighty Strong
- Weed Community Resource Center
- Yreka Community Resource Center
- Yreka Union High School District

To respect participants' privacy and promote self-determination, we did not collect demographic data for key informant interviews or community events. However, participants could opt in to provide information about their backgrounds if they determined it was relevant to the discussion. Through this approach, we were able to gather perspectives from individuals and family members with lived experience of mental health, substance use disorders (SUD), and homelessness, veterans, residents who identified as LGBTQIA+, and individuals with disabilities.

**Community Survey.** In the community survey, we collected data on residence location, age, gender, and race and ethnicity. Sample sizes for some questions are smaller due to non-responsiveness. Given the small number of respondents, demographics were grouped or suppressed when the sample size was fewer than five to maintain anonymity.

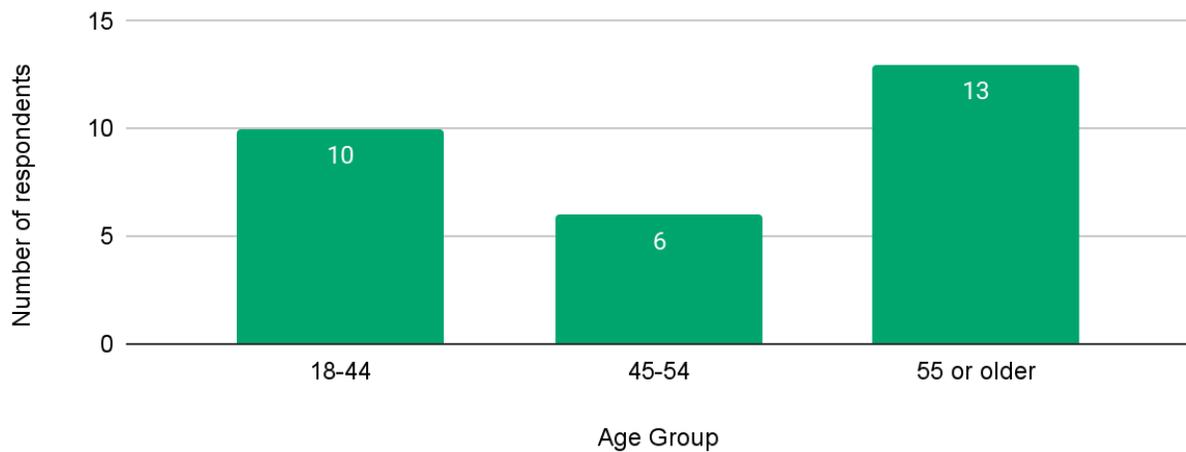
### Survey Respondents by Location of Residence (n=35)



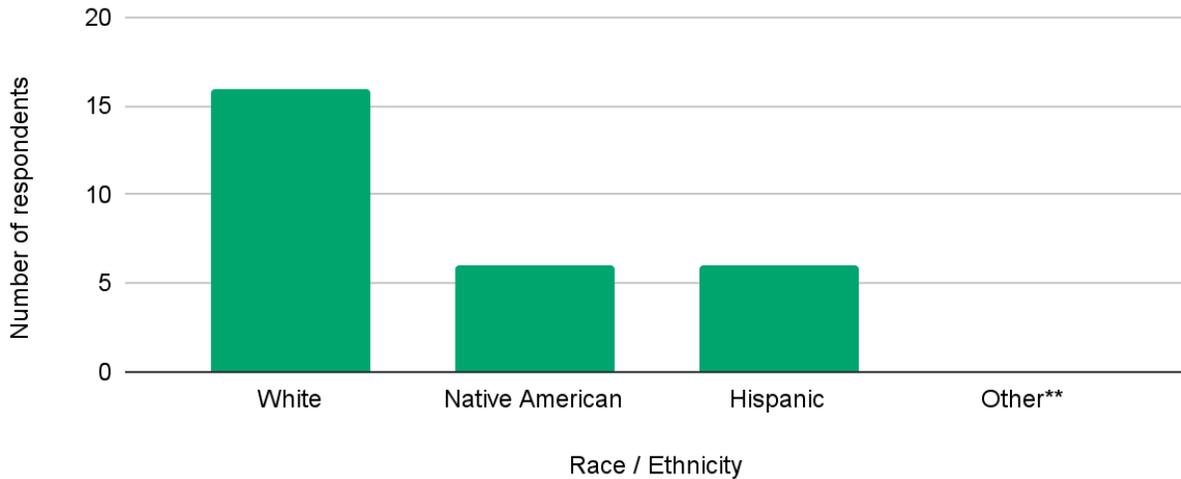
\*" South County" includes responses indicating Dunsmuir, McCloud, Mount Shasta, and Weed.

\*\*" Other" includes responses indicating Fort Jones, Happy Camp, Montague, and other areas served by Siskiyou County Behavioral Health.

### Survey Respondents by Age Group (n=29)



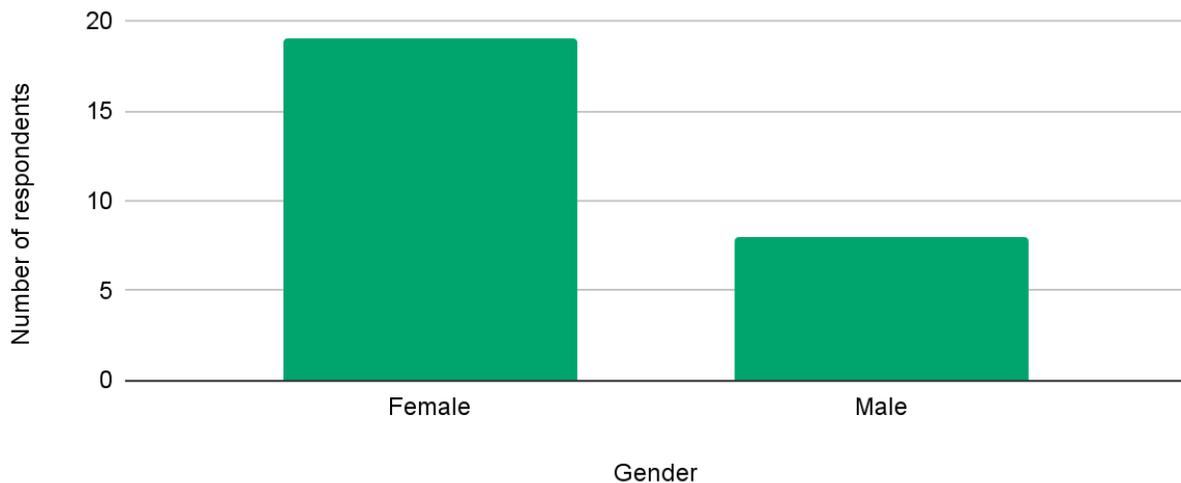
### Race and Ethnicity of Survey Respondents (n=26)\*



\*Responses were collected through a free-response question and later categorized; participants could indicate multiple race or ethnicity descriptors, so totals exceed the number of respondents.

\*\*"Other" includes Native Hawaiian and free-response answers that could not be clearly categorized. Fewer than five participants selected these options, so they are not shown.

### Survey Respondents by Gender (n=27)



## FINDINGS

The CPP findings reflect the perspectives and priorities of stakeholders and community members across Siskiyou County. Together, they offer a clear picture of the county's behavioral health strengths, challenges, and opportunities, and help guide the development of the IP. The sections below summarize these insights, beginning with overarching themes on community assets, needs, and priorities and the service delivery landscape, and then detailing results for each component of the IP.

### Community Assets, Needs, and Priorities

Siskiyou County's **rural, frontier context** shapes daily life and the delivery of behavioral health services. Through key informant interviews, small-group discussions, and survey responses, stakeholders and community members described a community with meaningful assets, including **tight-knit relationships**, a **strong local identity**, and **trusted, interconnected service networks** that support behavioral health and overall well-being.

At the same time, community members and stakeholders highlighted significant challenges and opportunities for improvement, many of which are rooted in the county's vast geography and limited resources. These include **workforce shortages** across various services, **geographic isolation, inadequate housing, financial constraints**, and **uneven access to care**.

These dual realities form the foundation for the strengths, opportunities, and priorities that stakeholders and community members identified when asked about what supports – or hinders – behavioral health and well-being in Siskiyou County. The following section synthesizes overarching themes, outlining community strengths, existing gaps, and the areas where community members believe additional investment and coordination are most needed.

#### Strengths

**A strong social fabric and interpersonal relationships are the bedrock of health and well-being.**

In Siskiyou County, relationships are personal, trust is built over time, and people look out for their neighbors and friends. Across sectors, stakeholders and community members shared that the county's tight-knit communities serve as an informal safety net, ensuring residents are connected to the services they need. As one education sector stakeholder shared, *"Every teacher knows every single kid... It's very hard for kids here to slip through the cracks."*

Similarly, a stakeholder from a domestic violence service organization shared that this community familiarity can support referrals and warm hand-offs, stating, *"You can ask for people by name... clients are a lot more comfortable with that."*

**Cross-system collaboration and integration foster connection to resources.** Despite resource constraints, many public agencies and non-profit organizations have built strong partnerships that

expand their reach and improve service coordination. For example, the "super-agency" structure of the Siskiyou County Health and Human Services Agency (HHS), which brings together Public Health, Behavioral Health, and Social Services, was repeatedly cited by internal and external stakeholders as facilitating coordinated service delivery.

**Faith groups, tribal agencies, schools, non-profit organizations, and community resource centers are trusted local anchors.** Across stakeholder groups, the services provided by these organizations were described as essential for community support and well-being, particularly for residents who may be distrustful of government services. A tribal member shared that culturally responsive and tailored approaches are particularly critical, emphasizing, *"Having folks who people identify as safe has been great for connecting people to services."*

CPP survey respondents echoed these themes, identifying schools, Community Resource Centers, and social media as key resources that help residents stay connected and well. Community classes, parenting programs, and events hosted by First 5 Siskiyou and the Community Resource Centers were frequently cited as vital contributors to community well-being and ongoing engagement.

**Connection to nature and a sense of place contribute to community resilience.** A few stakeholders and community members also shared that Siskiyou County's natural beauty is a protective factor for community members. One health care provider shared that the region is an *"outdoor paradise that fosters wellness."*

### Opportunities

**A severe workforce shortage across agencies was frequently cited as a cross-sector challenge.** When asked about barriers to community mental health and well-being, workforce scarcity across sectors was the most frequent response from community stakeholders. These challenges are persistent across sectors, including behavioral health, education, emergency medical services (EMS), health care, and social services, including child welfare. Stakeholders shared that county salaries are not competitive with those in urban areas and that recruiting from outside Siskiyou County is also challenging due to the rural setting and limited housing availability. As one health care provider shared, *"It can take us years to fill a position."*

Community partners reported that staffing turnover and shortages affect collaboration and partnerships. One school stakeholder explained, *"Each staffing change requires reestablishing communication, shared practices, and trust between systems,"* highlighting the ripple effect of workforce challenges across multiple agencies.

These shortages also impact response times for referrals and emergency services; one EMS leader noted that declining volunteerism and staffing gaps have led to longer response times.

**Geographic isolation and limited transportation options are among the county's most significant structural barriers.** Siskiyou County spans 6,347 square miles, yet almost all services are concentrated in Yreka and, to a lesser extent, Mount Shasta. Stakeholders across the county,

particularly in outlying communities, described this as a substantial access and affordability challenge. Winter weather, mountainous geography, and minimal public transit exacerbate these challenges. One non-profit leader described the burden on families: *"They can't afford to go to Yreka... you have to wait for the money, ask for the time off, do it in the right season."*

Although Siskiyou County Behavioral Health, Partnership HealthPlan, and other agencies offer transportation, many stakeholders and community members were unaware that these services existed. Those who were aware noted that limited schedules and the need to schedule with the transportation service multiple days in advance reduce the usefulness for community members.

### *Long-Term Investment*

#### **Community Recommendation: Mobile and Satellite Services**

**Consider expanding mobile, satellite, and community-based service models.** *Given the county's expansive geography, stakeholders repeatedly emphasized the need for services that travel to people, not the other way around. Stakeholders recommended strategies such as:*

- *Expanding mobile behavioral health and wellness services through partnerships with Siskiyou County Public Health's mobile van.*
- *Partnering with non-profits to establish a satellite presence in communities like Dorris or Scott Valley.*

#### **Housing shortages—exacerbated by wildfires—affect both residents and the workforce.**

Providers noted that both the cost and supply of housing are destabilizing for families struggling to make ends meet. Moreover, the lack of housing is a challenge for agencies trying to recruit staff from out of the county.

**In small communities, stigma and fear of being seen accessing services can deter people from seeking help.** A HHS employee shared that *"many residents avoid the Behavioral Health building due to stigma and the institutional feel."* Moreover, tribal community members, rural residents, and veterans expressed distrust of government systems, with one veteran services representative sharing that many fear "being on the grid" or engaging with government systems.

### **Service Delivery Landscape: Cross-Sector Alignment & Coordination**

Stakeholders described Siskiyou County's behavioral health system as an interconnected network of providers, public agencies, and community organizations working together to meet shared client needs. The small community facilitates relationship-building, and where strong connections exist, communication and coordination are effective, allowing partners to respond collaboratively. Stakeholders also identified challenges affecting system-wide coordination and service delivery,

including staffing shortages and turnover, siloed service delivery, financial constraints, and geographic concentration of services. These factors highlight both the strengths of existing collaboration and opportunities to strengthen coordination, communication, and alignment across behavioral health partners. These strengths and opportunities for improvement in cross-sector alignment and coordination are described below.

### Strengths

**Cross-sector collaboration supports behavioral health service delivery.** Stakeholders described bidirectional referrals for clients served by both Siskiyou County Behavioral Health and partner organizations, highlighting the ways different sectors, including clinics, hospitals, county agencies, and community organizations, work together to meet shared needs. Cross-sector initiatives, including the Mental Health Student Services Act (MHSSA) grant for schools, were noted by stakeholders as successful partnerships that improve access to and engagement with behavioral health services. Stakeholders shared that Siskiyou County Behavioral Health showed openness to collaboration, demonstrating a willingness to work with cross-sector partners to meet the behavioral health needs of Siskiyou County residents.

**Community interconnectedness strengthens partnerships.** Various stakeholders shared that the county's small population and close community are strengths, explaining that knowing one another personally across agencies and organizations makes collaboration faster and more effective. CPP participants also noted that interconnectedness within the community supports relationship-building and lays the foundation for behavioral health service coordination. One stakeholder from public safety shared that they *"work great with Behavioral Health, most people we know on a first-name basis,"* highlighting the personal relationships that support coordination across sectors.

### Opportunities

**Workforce capacity is essential for reliable behavioral health service delivery.** Stakeholders shared that staffing shortages and turnover within Siskiyou County Behavioral Health have created challenges with the continuity and coordination of behavioral health services. Staff shortages have led to burnout and increased caseloads, which in turn contribute to high staff turnover and exacerbate staffing gaps. This challenge also came up in survey responses, with one survey respondent writing, *"Overloading the few amazing case managers and other divisions like the diversion program will lead to burnout and departure, which would be devastating to our community."* Stakeholders also noted that provider shortages and turnover impact client care, contributing to longer wait times and impacting trust.

Community stakeholders shared numerous concrete examples of how these shortages affect service delivery. Siskiyou County Behavioral Health has only one licensed clinician to complete required assessments, and schools have struggled to hire staff to support social and emotional needs, including wellness coaches. Overall, stakeholders framed these staffing challenges as

opportunities to strengthen system capacity, maintain partnerships, and ensure consistent, responsive services for clients.

**There is concern about sustaining services amid financial constraints and uncertainty.**

Stakeholders shared concerns about the impact of the reallocation of prevention funding as the Mental Health Services Act (MHSA) shifted to BHSA. Multiple partners expressed concerns about sustaining local programs and services previously funded by Prevention and Early Intervention (PEI) dollars.

School stakeholders additionally expressed concerns about the funding cliff for MHSSA-supported school mental health programs and the critical need to sustain services for students. Moreover, community partners shared that broader economic changes have affected funding for community programs and services. Despite these uncertainties, stakeholders shared the importance of collaboration and relationship-building to ensure that behavioral health services remain accessible and responsive to community needs.

**There are opportunities to improve communication and remove siloes.** Stakeholders shared that Siskiyou County Behavioral Health was building on existing coordination with other HHS agencies to support more seamless service delivery across the system. Stakeholders also shared that communication between Siskiyou County Behavioral Health and non-county providers delivering behavioral health services could be enhanced through more frequent information sharing and regular touchpoints to mitigate duplication and support coordinated care.

**Stakeholders shared that the concentration of Siskiyou County Behavioral Health services in Yreka can make it challenging for residents in other, more remote parts of the county to access them.** Expanding services and providing additional access points for non-crisis behavioral health services outside of Yreka was seen as an opportunity to improve access and ensure behavioral health supports are available to all residents, regardless of location. Stakeholders emphasized that finding ways to bring services closer to communities can strengthen engagement in services and improve overall accessibility to care.

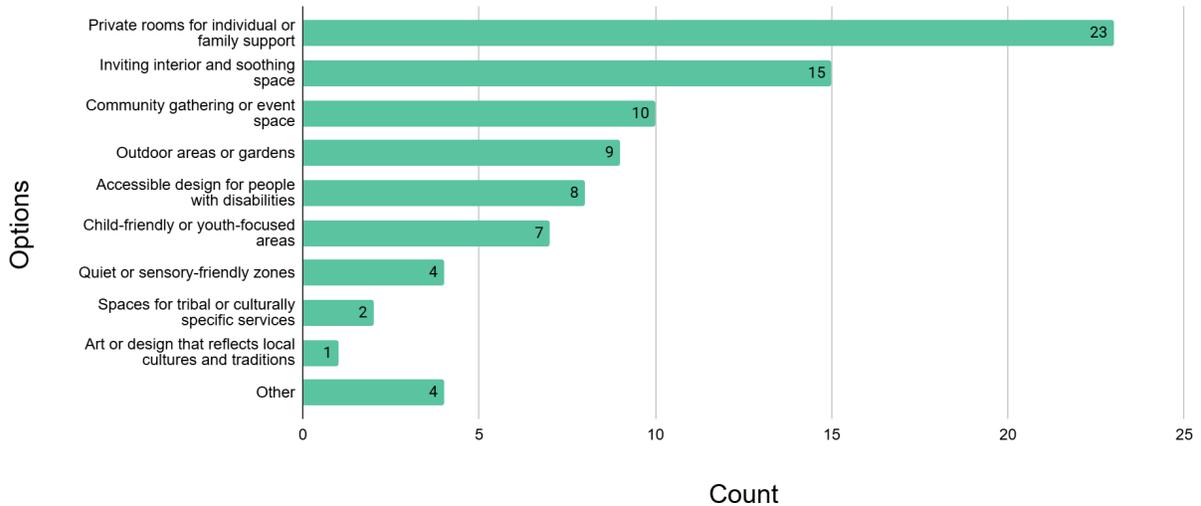
## **Behavioral Health Continuum Infrastructure Program**

Siskiyou County Behavioral Health applied for a BHCIP (Behavioral Health Continuum Infrastructure Program) grant for a new behavioral health facility. As part of the CPP, we gathered input through interviews and the survey to understand what the new building should include to support healing, connection, and trust for all Siskiyou County residents.

Survey respondents ranked potential features, indicating which they thought were most important for the new space to feel safe, inclusive, and inviting. The highest ranked options were (1) private rooms for individual or family support, (2) inviting interior and soothing space, and (3) community gathering or event space.

## What features would make this new space feel safe, inclusive, and inviting? (n=28)

Survey respondents ranked all options; the bar chart shows their top three selections.



Stakeholder input from interviews and community events is shared below, highlighting both recommendations to inform the potential building's design and considerations to ensure the space meets the needs of all county residents.

### Recommendations

**Stakeholders described the need for a supportive and welcoming environment.** Many emphasized the importance of warm, inviting design, including natural light, calming colors, and comfortable furniture, to make the space feel less clinical and sterile. Stakeholders also noted the value of incorporating design elements such as artwork, a children's play area, and signage in Spanish and Hmong to ensure the space feels welcoming.

**The space should accommodate community needs, such as privacy, safety, and accessibility.** Flexible and private spaces, especially for intake, such as providing QR codes for privacy when filling out forms and separate waiting rooms for adults and children, were highlighted as ways to support confidentiality and promote emotional safety. A few stakeholders suggested incorporating multi-purpose areas that can function as warming and cooling spaces during extreme weather. Accessibility was consistently noted, including automatic doors, ramps, accessible bathrooms, and accessible furniture, including low tables and supportive chairs.

**Some stakeholder input extended beyond physical design to broader operational considerations that could influence how welcoming and accessible the space feels.** For example, stakeholders recommended non-overlapping scheduling to protect privacy, providing child care, and offering extended hours. Stakeholders shared that these features would be important for improving engagement and ensuring services are accessible to all residents.

### Additional Community Insights

Stakeholders also shared considerations that, while not directly addressable through the building design, provide valuable insight to guide planning and support the potential new facility's goal in serving the community. Transportation access for residents in remote areas was highlighted as a possible barrier, and several stakeholders emphasized the need for satellite offices. Some stakeholders also raised safety concerns due to previous encampments near the site. Additionally, several stakeholders shared concerns about the facility being outpatient-only and emphasized the ongoing need for inpatient care. Including these insights provides essential context for understanding the broader environment in which the new facility may operate, even if they cannot be fully addressed in the building's planning and design.

### Behavioral Health Goals

As part of BHSA, California established six statewide priority behavioral health goals to improve health outcomes across all counties. The goals include:

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice Involvement
5. Removal of Children from the Home
6. Untreated Behavioral Health Conditions

Every county's IP must address these statewide improvement goals, including how they plan to drive improvement on the primary measures associated with each goal. In addition to the six required goals, counties must select at least one additional "optional" goal for which local performance on relevant measures is below the state average. Considering county eligibility, existing agency priorities, and areas within its sphere of influence, Siskiyou County Behavioral Health has identified reduction in suicide as its optional goal. In this section, we will explore CPP findings that can inform approaches to address each behavioral health goal.

### Required Goal: Access to Care

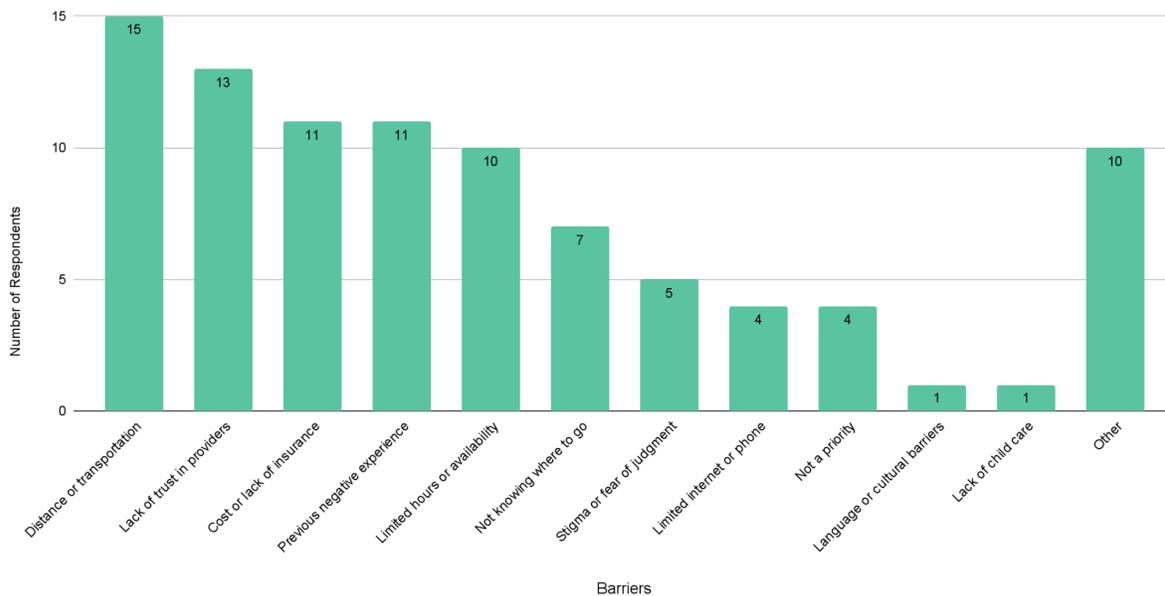
Access to care is defined as the timely and appropriate use of health services, and the primary measures for the IP include adult and youth penetration rates for specialty mental health services, non-specialty mental health services, and SUD treatment under the Drug Medi-Cal Organized Delivery System.

Across the stakeholder interviews and community survey responses, CPP participants describe a behavioral health system that is deeply committed to improving access to care yet resource-constrained. Stakeholders pointed to several positive shifts, including the expansion of telehealth, growth of school-based behavioral health supports, and improvements in crisis

response, that have improved access for many. Nonetheless, participants identified persistent barriers that limit access, including long travel distances and wait times, and the unavailability of certain services, such as inpatient psychiatric treatment, methadone treatment, and culturally responsive care.

Survey respondents could identify up to three primary barriers to accessing behavioral health support. The most frequently selected barriers were (1) distance or transportation, (2) lack of trust in providers, and tied for (3) cost or lack of insurance, and previous negative experience. The full results for this question are shown below.

**What are the Biggest Barriers to Accessing Behavioral Health Support in Your Community? (n=32)**  
*Survey respondents could select up to three options.*



In this section, we synthesize insights from interviews and community-reported experiences from the survey to highlight the assets that currently support access to specialty and non-specialty mental health services, as well as to SUD treatment; we also report areas where stakeholders identified substantial barriers and opportunities for improvement.

### Strengths

**Schools are a critical care access point for young people.** Stakeholders and community members shared that schools are effective and trusted access points for behavioral health services, particularly through the existing MHSSA partnership between Siskiyou County Behavioral Health and the Siskiyou County Office of Education. Stakeholders emphasized that bringing services to school campuses dramatically improves engagement and reduces no-shows. As one education stakeholder shared, *“Providing care at the school site has been really helpful... attendance drops off*

*substantially if students have to leave campus.” School districts further described student service specialists, wellness coaches, and Pupil Personnel Services (PPS)-credentialed staff as essential supports that help identify needs early and connect students to care.*

**Cross-agency collaboration supports earlier identification of needs and the exchange of referrals between partners.** Working relationships among Siskiyou County Behavioral Health, Siskiyou County Social Services, hospitals, and schools promote earlier identification and smoother referrals, supporting timely connection to care.

**Telehealth is crucial for access to services in remote locations.** Telehealth has been essential for ensuring that county residents can receive needed care; providers noted that telehealth has expanded coverage, and a representative from Partnership HealthPlan shared that the adoption of Telehealth has also expanded coverage for non-specialty mental health services.

**Mobile crisis response has been instrumental for access to care.** Stakeholders described the mobile crisis unit as a meaningful improvement in access to timely crisis support. Mobile crisis was credited with expanding access to additional services and also creating new partnerships between Siskiyou County Behavioral Health and other agencies.

**Access to Medication-Assisted Treatment (MAT) and other SUD services was noted as a key strength.** Stakeholders emphasized the value of having local MAT options, and a law enforcement partner noted that SUD treatment provided in the jail can help stabilize individuals during incarceration. Nonetheless, some stakeholders expressed a desire for more expansive options, including access to Methadone locally.

### Opportunities

**Geographic distance and uneven distribution of services are major barriers.** Almost all stakeholders mentioned distance as a significant barrier to accessing care, and “distance or transportation” was the most common barrier identified by survey respondents. Mental health and substance use services are concentrated in Yreka and Mount Shasta, leaving communities like Tulelake, Dorris, and Happy Camp with limited access to in-person treatment. As one stakeholder in Butte Valley shared, *“It’s not feasible for folks to take a whole day off work for these things.”*

**Transportation is both a barrier and a point of confusion.** While Siskiyou County Behavioral Health and Partnership Health Plan offer transportation, many stakeholders were unaware of these services, and the few who were aware described them as difficult to use, requiring multiple days’ notice. A member of the area council on aging shared, *“Partnership [HealthPlan] offers transportation, but it can be hit or miss. There needs to be more awareness of the transportation that Behavioral Health provides.”*

## Quick Win

### Community Recommendation: Transportation Awareness

**Enhance transportation awareness and coordination.** Stakeholders emphasized that clearer information and more user-friendly systems would significantly improve access to care. They suggested:

- *Sharing clear, consistent information about available transportation through trusted sources.*
- *Simplifying scheduling processes so residents can arrange rides more easily and with less advance notice.*

**Long wait times are a challenge.** Multiple stakeholders across sectors described long waits for assessments and treatment, sometimes stretching to months. Several survey respondents also noted delays in accessing services, with some sharing a need for faster access to first appointments and one expressing that *“the mental health system is built to cater to provider availability and not client needs.”* These experiences are likely driven by shortages in the behavioral health workforce.

**Participants frequently noted the lack of a crisis stabilization unit or inpatient psychiatric options.** Many stakeholders shared that the lack of options for high-acuity needs is a significant barrier, with individuals frequently being sent out of county or even out of state to access inpatient care. These gaps strain hospitals, EMS, and law enforcement. As one provider lamented, *“We don’t have anywhere to send people... placements go as far as Reno or Southern California.”*

**Specialized or culturally responsive services are limited.** Several stakeholders highlighted major gaps in specialty care, including youth therapy and medication management, methadone treatment, and culturally responsive and LGBTQ+-affirming services.

**Community members are unaware of available services, which constrains access.** Providers and survey respondents reported difficulty finding accurate, up-to-date information about available behavioral health services. Additionally, the fact that many survey respondents cited “cost or lack of insurance” as a barrier indicates that many may not be aware that services are available through Medi-Cal and Behavioral Health Plan benefits. One survey respondent requested that Siskiyou County Behavioral Health *“Make sure staff connect people to care rather than [sic] giving them a list of half-expired phone numbers to therapists.”*

**Stakeholders expressed concern about the shift away from funding prevention programs.** Multiple stakeholders noted that the lack of county prevention funding under BHSa will exacerbate

access-to-care challenges, as prevention is essential to reducing future needs. One education stakeholder said, *“Shifting funding away from prevention will be a disaster.”*

### Required Goal: Homelessness

Homelessness refers to not having a fixed, regular, or adequate place to live, including living unsheltered, in temporary shelters, or exiting institutions with no place to live. The primary measure for this goal is the Point-in-Time (PIT) count of people experiencing homelessness. Stakeholders highlighted the county's significant recent progress in addressing homelessness, particularly through the development of major new housing programs and strong partnerships across HHS and community organizations. Stakeholders also shared ongoing challenges, including limited affordable housing availability, the impact of wildfires on local housing supply, the need for additional services to prevent homelessness, and the opportunity to strengthen the integration of mental health and housing services.

The sections that follow describe in greater detail the strengths and opportunities shared by stakeholders and community members to prevent and reduce homelessness in Siskiyou County.

#### Strengths

**The opening of new county housing projects is a central strength in advancing efforts to address homelessness.** Stakeholders repeatedly emphasized that the launch of three county housing projects in the past 18 months represented a turning point and significant progress in housing. Stakeholders described these developments as having immediate, tangible, and visible impacts for individuals experiencing homelessness and on the broader continuum of care.

The new emergency shelter (Base Camp) provides safe, accessible shelter during urgent needs. At the same time, stakeholders highlighted the pallet shelter as a flexible, low-barrier housing option that meets people where they are. Additionally, the recent establishment of a permanent supportive housing unit offers long-term stability. Collectively, stakeholders emphasized that these housing projects have significantly strengthened Siskiyou County's housing continuum and created new pathways out of homelessness.

#### **Robust partnerships and collaboration play a key role in achieving housing outcomes.**

Stakeholders described a deeply committed and coordinated network of agencies, including Siskiyou County Behavioral Health and community partners, working together to address homelessness through shared planning and implementation. Some examples of collaboration and coordination shared included a strong local Continuum of Care (CoC), the PIT Count, which engages numerous community partners, and coordinated and responsive housing services for young people provided by Youth Empowerment Siskiyou and Northern Catholic Valley Social Services. Stakeholders described these partnerships as key to the successful implementation of new housing initiatives and to creating a more cohesive, responsive housing system.

### Opportunities

**There is potential to expand housing projects to other regions in the county, building on the success of recent housing developments.** While stakeholders consistently highlighted the success of the county's recent housing projects, they also noted that all recent initiatives are located in Yreka and that future projects are needed in other regions of the county. Recent investments in housing projects in Yreka have shown what is possible when partnerships, planning, and resources are aligned, and expanding these efforts to other regions could extend the reach of these proven models to more residents.

### *Long-Term Investment*

#### **Community Recommendation: Housing Projects**

**Develop housing projects outside of Yreka.** Stakeholders emphasized the shortage of housing resources in other areas of the county. Future housing projects should prioritize locations outside of Yreka to increase access to housing resources across the county. Future opportunities include:

- Partnering with community organizations, leveraging existing spaces, staff, and networks to develop a low-barrier shelter without requiring large new investments.

**High housing costs are a significant structural barrier to housing.** Stakeholders and community members shared that the overall cost of housing continues to place pressure on individuals and families, while wildfire-related losses have reduced available housing stock. These combined factors were described as contributing to increased housing instability and heightened risk of homelessness.

**Services must address a broad spectrum of homelessness experiences.** Engagement revealed a nuanced understanding among stakeholders – across sectors including education, health care, and community organizations – that homelessness is not always visible or easily defined. The county's residents experiencing homelessness reflect a broad range of circumstances, including transient individuals influenced by tourism, families who are doubled, tripled, or quadrupled up in housing, and people who may be couch-surfing.

Stakeholders also described that some individuals experiencing homelessness have intensive behavioral health needs requiring higher levels of care. In contrast, others may not need or want shelter but benefit from short-term resources, transportation, or support to reconnect with family or existing supports. Stakeholders shared that recognizing and responding to this full range of experience is essential to ensuring that housing services are responsive to community needs.

**Strengthen integration between mental health services and housing supports.** Stakeholders noted that the county's lack of inpatient facilities leaves limited options for individuals discharged

from emergency or crisis services, which can lead to repeated crises, especially when compounded by housing instability. In response to this challenge, some stakeholders felt that Siskiyou County Behavioral Health's position under the HHS "super-agency" presents an opportunity to dedicate existing county housing project units or to develop specialized housing for individuals with behavioral health needs. Such housing could support transitions out of crisis care, provide stability for people with complex mental health needs, and connect them to long-term services. One stakeholder suggested learning from similar models in other counties.

### Required Goal: Institutionalization

Institutionalization refers to the amount of time people spend in inpatient or residential treatment settings. The primary measure for this goal is inpatient administrative days for which the Behavioral Health Plan authorized payment. There is no data for this measure in Siskiyou County, as there are no inpatient settings in the county. Nonetheless, we gathered input from community stakeholders on what is working well to prevent institutionalization, as well as details on crisis response, conservatorships, and involuntary holds, which are supplementary measures for this behavioral health goal.

CPP stakeholders shared that individuals experiencing behavioral health crises have limited long-term options; with no local inpatient psychiatric facility and extremely limited placement options in Northern California, residents are routinely transported long distances for care. This places real strain on those in crisis and their families, and creates challenges for providers. Stakeholders also described delays in crisis response and challenges with authorizing temporary holds as additional barriers to timely care for those with urgent needs. At the same time, partners highlighted the value of early intervention, wraparound supports, and crisis response teams in preventing institutionalization and helping individuals remain safely in their communities.

This section further explores the strengths and opportunities to reduce the need for institutionalization.

#### Strengths

**Mobile crisis response is an essential early intervention resource.** Several partners emphasized that the mobile crisis team's efforts help prevent situations from escalating to the point of institutionalization. Stakeholders shared that they were particularly helpful in supporting individuals to avoid hospitalization, especially when deployed early.

**Wraparound services keep young people out of institutional settings.** Youth-serving providers highlighted the effectiveness of wraparound programs in reducing crises and preventing higher-level placements.

**Community Health Workers (CHWs) can reduce boarding.** A representative from Partnership HealthPlan shared that placing CHWs in emergency departments has been a promising strategy to reduce boarding and connect individuals to services more quickly.

### Opportunities

**Almost all stakeholders shared challenges stemming from the lack of an inpatient psychiatric facility within Siskiyou County.** Providers shared that it is challenging to find placements for individuals who need inpatient treatment, as there are no local options and a shortage of beds across the state. Staff from the Regional Center and Siskiyou County Behavioral Health further emphasized that placement options are minimal for individuals with complex needs.

Individuals are frequently transported to Reno, Southern California, or Woodland, creating hardship for families and high costs for providers. As one provider shared, “A lot of families don’t understand that when we have to send a family member to Reno, that is the closest option.” Even when a placement is secured, it is difficult or impossible for EMS or hospitals to coordinate transportation to distant locations, leaving families to organize transportation on their own.

**Stakeholders described significant strain in the involuntary hold (5150) process.** Law enforcement is often the only entity able to write or release a hold, but stakeholders shared that staffing shortages limit their willingness to do so. A participant from EMS shared that when law enforcement declines to place holds, paramedics are left to manage unsafe situations. Hospital stakeholders additionally noted that their physicians cannot currently initiate 5150s, which creates additional bottlenecks.

## Quick Win

### Community Recommendation: 5150 Process

**Improve 5150 process coordination.** Stakeholders emphasized that challenges in initiating and managing involuntary holds lead to delays, safety concerns, and inconsistent responses across the county. Strengthening coordination, clarity, and shared responsibility would support more timely and appropriate crisis interventions. Opportunities include:

- Conducting joint training across EMS, law enforcement, hospitals, and Siskiyou County Behavioral Health to build shared understanding of criteria, roles, and best practices.
- Developing clear protocols to guide decision-making, communication, and handoffs during crises.
- Authorizing additional staff (e.g., physicians) to initiate holds to reduce delays and ensure timely action when individuals meet criteria for a 5150.

**Conservatorship is understood to be a complex and inaccessible option.** Providers described the process for getting an individual conserved as nearly impossible and extremely slow. One provider said, *“If a person can clearly state their name and wishes, they are generally deemed to have capacity, which limits the county’s ability to intervene.”* They further noted that the consequences of this limitation can be dire, sharing that *“severe weather poses life-threatening risks for unhoused residents, and some die outdoors during extreme conditions.”*

**The county jail has become a de facto stabilization setting.** A public safety stakeholder shared their perspective that, in the absence of other options, the jail has become the only place in the county where individuals receive consistent medication and stabilization.

### Required Goal: Justice Involvement

Justice involvement means any interaction with the criminal-legal system. The primary measures for this goal are the arrest rate for adults and young people. Stakeholders shared insights on the supports and gaps for justice-involved individuals. They described existing programs that help justice-involved adults access diversion, re-entry planning, and mental health or other supportive services, thereby contributing to stability and reducing the likelihood of repeat justice involvement. However, stakeholders also noted that young people have fewer diversion and re-entry options and that challenges such as truancy can increase the risk of involvement in the justice system.

The sections below summarize key strengths and opportunities identified by stakeholders in services, supports, and programs for justice-involved adults and young people.

#### Strengths

**Adult diversion programs provide an alternative to deeper involvement in the justice system.**

Stakeholders highlighted that the county court system has a well-established diversion program, including options for specialized populations, such as veterans. They shared courts actively refer individuals to diversion programs when appropriate, helping them connect to supportive services and resources, supporting stability, and reducing the risk of future justice involvement.

**Adult re-entry services support transitions back into the community.** Stakeholders shared that recently released adults can access a variety of resources and supports from multiple sources in the county. These resources include workforce programs, education support services, housing services, and help in reinstating veterans’ benefits.

**Connection to services while in custody supports continuity of care.** Stakeholders shared that adults often have access to supportive services while in custody, including programs that prepare them for re-entry and link them to mental health and/or SUD resources.

#### Opportunities

**Limited resources and support for justice-involved young people.** Stakeholders noted that discontinuing county juvenile services, including the Court School and juvenile detention, created a

significant gap in local services for justice-involved young people. Young people who are detained now must be transported out of the county, making it harder for them to stay connected to family, school, and community supports. There are few programs to help young people reintegrate after being out of the county, and staffing shortages in probation limit the ability to provide consistent guidance and support.

As one school stakeholder explained, “After COVID, many school-based programs for justice-involved youth were discontinued, leaving significant gaps in prevention and support. Staffing shortages, especially among probation officers, mean youth issues often go unaddressed, and services are unavailable within the county—forcing youth to seek help elsewhere and face reintegration challenges upon return.”

**Early intervention and diversion opportunities for young people are lacking.** Stakeholders noted that youth diversion programs are lacking in the county, leaving few options to divert young people from the justice system. Many young people lack access to wraparound supports, safe spaces, and consistent services that could help them build skills, address underlying needs, and stay engaged in school. The absence of these supports can make it harder for young people to access positive pathways and increase the likelihood of continued involvement in the justice system.

**High truancy rates and the need for school-based support.** Stakeholders repeatedly expressed concerns about high truancy in the county, noting that schools and probation staff lack sufficient resources to provide consistent support for young people who are missing school or disengaging from learning. Stakeholders described the need to increase school-based support to help young people stay connected to education and prevent the likelihood of justice involvement.

### *Long-Term Investment*

#### **Community Recommendation: Services for Justice-Involved Young People**

**Expand services for young people who are justice-involved.** Stakeholders described a lack of programs and services to divert young people from justice involvement, as well as a need for greater access to early intervention programs. Suggestions included:

- *Building on lessons from adult diversion programs, establish a structured diversion pathway for young people that emphasizes connection to support services.*
- *Partnering with schools and probation to provide integration support for young people returning to the county from detention.*

## Required Goal: Removal of Children from the Home

Removal of children from the home refers to situations when a child is removed from their home due to abuse or neglect. The primary measure for the IP is the children-in-foster-care PIT count. In CPP discussions, stakeholders and community members emphasized a shared commitment to ensuring the safety of children in Siskiyou County and to equipping families with the support they need to care for their children safely. They additionally noted that the situations leading to removals are driven by poverty, substance use, and housing instability, and that these root causes must be addressed to make progress on this goal. Nonetheless, participants identified persistent systemic gaps that exacerbate challenges, including delayed crisis responses and a lack of placement options for children involved with child protective services.

The section below summarizes current strategies stakeholders view as effective for preventing or reducing removals, and outlines opportunities for improvement identified through the CPP for this behavioral health goal.

### Strengths

**Stakeholders repeatedly championed First 5 and Head Start as high-impact prevention and early intervention supports for families.** In interviews, several people noted that First 5 parenting classes have shifted from being mandated for most participants to a primarily voluntary activity, indicating that families see this as a high-quality, valued resource. As a representative from First 5 shared, “Most parents come because they want to be there.” Stakeholders also shared that early childhood programs build skills, reduce social isolation, and prevent situations from escalating to removal. Survey respondents also cited these programs as essential supports for community well-being.

### *Long-Term Investment*

#### **Community Recommendation: Early Intervention Support**

**Expand early intervention support for children, young people, and families.** Stakeholders emphasized that strengthening the earliest layers of support is one of the most effective ways to reduce child welfare involvement and keep families safely together. Investments in this area align directly with BHSA early intervention requirements, including the mandate that 51% of early intervention funds benefit young people. Stakeholders recommended:

- Strengthening parenting supports by expanding access to evidence-based classes, peer support, and family-centered coaching that help caregivers build skills, reduce stress, and stay engaged in services.

- *Expanding early childhood services and community-based programs such as playgroups, developmental supports, and family resource navigation to reach children ages 0–5 before challenges escalate.*

**Co-location of behavioral health and child welfare services fosters collaboration and a more seamless experience.** Multiple stakeholders shared that the co-location and daily interaction across bi-department teams are key strengths that help align services and reduce barriers for families. Child and Family Team (CFT) meetings were also described as critical for inter-agency coordination.

**Community-based organizations and schools are vital connectors.** Multiple CPP participants shared that Community Resource Centers, school-based staff, and Tribal programs play essential roles in connecting families to services and providing instrumental support.

### Opportunities

**School stakeholders described experiences that have eroded their trust in Child Welfare.** Many school stakeholders reported delays or no response to calls to Child Welfare, noting they had to call multiple times to get a response, even in urgent situations. As one school leader shared, “[we] have had students in dire situations and calling child welfare, no one shows up... not having a foster family available isn’t an excuse for CPS not responding to calls for children being in unsafe situations.” One school stakeholder reported being asked to investigate concerns themselves, which breaks trust with students and is outside their role.

## Long-Term Investment

### Community Recommendation: Cross-Agency Communication

**Build communication and clarify roles between school districts, Siskiyou County Behavioral Health, and Child Welfare.** *Inconsistent communication and unclear roles can be confusing, erode trust, and delay support for children. More explicit guidance and more consistent coordination would help schools respond appropriately and ensure concerns are addressed promptly. Potential actions include:*

- *Developing and communicating clearly defined protocols that outline when and how schools should report concerns, what information they can expect in return, and how follow-up will occur.*
- *Clarifying roles and responsibilities across schools, Child Welfare, and Siskiyou County Behavioral Health so each partner understands their scope, limitations, and decision-making authority.*

- *Holding consistent cross-agency meetings to build rapport and support regular communication.*

**A severe shortage of foster placements was consistently cited as a barrier to ensuring child safety.** A frequently mentioned challenge across interviews was the severe shortage of foster placements, particularly for young people in grades 7–12. Providers described children being placed in homes that are not appropriate or safe due to a lack of alternatives. One stakeholder also noted that due to the shortage of placements, some families are reunified too quickly, leading to cycles of instability and repeated system involvement, stating: *"[Child Welfare] tends to place children back too quickly because of a lack of placements, then it becomes a cycle and there is not a lot of change... they are placed in homes that they shouldn't be and [they] are uncomfortable with placement."*

**Staffing and turnover in Child Welfare are substantial challenges.** Leaders in HHS shared that they don't have the staffing to implement mandated prevention plans, so they have focused on children with the most intensive needs. Furthermore, they noted that staffing changes can delay care and create concerns about continuity of support for children and families.

**Many parents need instrumental support and consistent behavioral health care.** Stakeholders emphasized that many parents need behavioral health treatment, substance use support, and practical assistance (housing, food, utilities) to care for their children safely. Tribal partners emphasized the need to jointly address structural barriers, such as poverty and basic needs, before families reach crisis.

Providers noted that parents often face long waits for services or avoid county behavioral health services due to stigma. As one provider stated, *"There is a window of opportunity when parents are more willing to accept help; if services are delayed, motivation drops, and follow-through becomes much harder."*

**Co-location of services may be a challenge for some individuals.** While most participants viewed co-location as a strength, one stakeholder noted that it can be challenging for young people with prior child welfare involvement, as seeking behavioral health services in the same space may lead to re-traumatization.

## Required Goal: Untreated Behavioral Health Conditions

Untreated behavioral health conditions refer to situations in which individuals' mental health or substance use needs are not identified or managed adequately through timely, sustained care. The primary measures for this goal include 30-day follow-up for emergency department (ED) visits for SUD and for mental illness. Stakeholders highlighted the value of CHWs in coordinating follow-up

care, but noted gaps in communication, care coordination, and data sharing that hinder progress on these goals.

This section summarizes the strengths and opportunities identified to reduce the incidence of untreated behavioral health conditions.

### Strengths

**CHWs support follow-up and continuity of care.** Hospital stakeholders highlighted the role of CHWs in improving follow-up after ED visits and connecting individuals to ongoing care, including facilitating transitions to lower levels of care, addressing social needs, and assisting high-utilizers of emergency services.

### Opportunities

**Communication between partners during and after ED visits is inconsistent.** Stakeholders from EMS, health care providers, Tribal partners, and the Regional Center described significant gaps in cross-partner communication both during ED visits and afterward to coordinate follow-up care. A stakeholder from the Regional Center shared that they often only learn about a client's ED visit after the person returns home, missing opportunities to provide critical information about baseline functioning or psychiatric history while they are in the ED.

**Similarly, gaps in care coordination lead to repeated ED visits.** Stakeholders across sectors described a system where individuals in crisis are "dropped off" at the hospital and then released without adequate support, leading to repeated crises. A Tribal representative pointed out gaps in discharge planning, stating that individuals are often sent home without adequate assessments or follow-up. A representative from public safety characterized the system as "*broken for years.*"

Some stakeholders also shared their concern that individuals are released while still in crisis, leaving them without coordinated support and vulnerable to repeated ED visits. One tribal representative expressed concern that "*Families [and individuals] go in [to the ED] and they are suicidal, and then they send them on their way... instead of actually taking these individuals seriously.*"

## Long-Term Investment

### Community Recommendation: Care Coordination

**Foster cross-agency collaboration to improve care coordination.** Hospitals and clinical providers emphasized that fragmented communication creates gaps in care and makes it challenging to support shared clients effectively. Providers expressed a strong desire for more structured, consistent collaboration to improve coordination and problem-solving. Recommended strategies include:

- Establishing regular cross-agency working meetings to align on priorities, share updates, and coordinate initiatives.
- Implementing cross-sector case conferencing for shared clients to ensure timely communication, reduce duplication, and support more seamless care.
- Creating clear communication pathways and points of contact across systems to strengthen relationships and improve responsiveness.

**There is no shared data system to track joint outcomes.** HHS employees noted that the county lacks a data-sharing system, making it difficult to track who was seen in the ED, whether follow-up occurred, or what services were accessed. While there is an expectation to follow up with everyone who visits the ED, operationalizing this is challenging.

### Optional Goal: Suicide

Deaths by suicide are deaths that are officially determined to have resulted from intentional self-harm. The primary measure for this goal is the number of deaths by suicide. Stakeholders described a range of supports and response efforts across the county for individuals who are at risk for suicide. These include the creation of a mobile crisis unit, hospital-based crisis care, and suicide prevention training and mental health screening efforts, particularly for young people. While these resources provide essential support during periods of acute need and for early intervention, stakeholders shared that gaps in access to services, community awareness, and crisis coordination can limit opportunities for earlier connection to care.

#### Strengths

**Mobile crisis teams and hospitals provide essential support during urgent situations.**

Stakeholders highlighted existing crisis services as a key strength for the county, providing immediate help to individuals experiencing a crisis. The recently established mobile crisis response team was described as a major asset, offering in-person support and helping people connect to crisis services. Several school stakeholders shared that the mobile crisis response team has been especially helpful in supporting young people in schools. Stakeholders also noted

that hospital-based crisis services provide reliable, timely care for people in urgent need, helping stabilize individuals and connect them to care.

**Mental health screenings for young people help identify needs early and connect them to support.** Stakeholders noted that screening tools are used in both schools and community health settings. These tools allow teachers, counselors, and mental health providers to recognize when children may be struggling and connect them to counseling or other supports before concerns escalate. By providing multiple points of early identification, screening increases the chances that young people receive timely help.

**Mental health training builds knowledge and confidence to identify and respond to urgent needs.** Stakeholders highlighted that suicide trainings offered by Siskiyou County Behavioral Health and Public Health, such as Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST), are highly valuable. These programs help teachers, community providers, and other adults recognize signs of distress, have supportive conversations, and guide people to resources. By increasing awareness and response skills across the community, these trainings strengthen early intervention and ensure more people can provide help when someone is struggling.

### Opportunities

**There is a need to expand access to behavioral health services to support early intervention.**

Stakeholders shared that mild-to-moderate intensity mental health services are not always easy to access. In schools, counseling staff are often limited, making it harder for students to access the early intervention they need. Stakeholders noted that community-based SUD supports, such as Alcoholics Anonymous or Narcotics Anonymous, are not consistently available across the county, and that therapy services are especially limited in more remote areas. Despite challenges, stakeholders emphasized that committed community partners work to connect people to support whenever possible, highlighting opportunities for Siskiyou County Behavioral Health to leverage community partners to strengthen early intervention services.

**Broader societal and environmental factors affect mental health.** Stakeholders shared that the distance between people and a lack of community support can intensify emotional distress and make it harder for individuals to access help. CPP participants also shared that social and economic factors such as stigma, family or work pressures, and financial challenges are major upstream factors that affect overall well-being.

**Coordination of Crisis Services could be improved.** Stakeholders shared that limited staffing across EMS, public safety, and the mobile crisis team, combined with the county's larger geographic area, affects crisis response times and coverage. EMS also shared that they experience clear surges in behavioral health-related calls but do not currently track these trends. Key stakeholders in crisis response shared that these agencies, along with hospitals, are already working together to support individuals in crisis, providing a strong foundation for crisis coordination. To improve communication and strengthen crisis coordination, stakeholders shared

that clearer information sharing about each agency or organization's roles and responsibilities would help.

### Quick Win

#### Community Recommendation: Data Sharing with EMS

**Explore data sharing with EMS to improve crisis response.** Establishing a shared approach to data collection would help both EMS and Siskiyou County Behavioral Health better understand patterns in crisis demand and plan accordingly. Recommended strategies include:

- Collaborating with EMS to add a behavioral health call category to their existing tracking system, similar to how they monitor cardiac or medical events.
- Developing a data-sharing agreement that allows Siskiyou County Behavioral Health to review call trends, hotspots, and repeat encounters.
- Using this information to inform staffing, deployment, and crisis response planning, ensuring resources are aligned with actual community needs.

**Older adults may experience isolation, loss of loved ones, and difficulties accessing services, which can limit early connection to support and increase vulnerability for suicide.** Stakeholders shared that stigma around mental health for older adults, especially among older men, can make it harder to talk about emotional distress and seek help. In a large, rural county, these challenges can be further compounded by distance and limited local resources. These factors underscore the need for targeted age-appropriate outreach and support to help older adults connect to care and support earlier and reduce suicide risk.

**Community suicide awareness and education could be expanded.** Stakeholders shared that expanding suicide awareness efforts in schools and the broader community could help people to better recognize signs of distress and feel more comfortable talking about mental health.

### Quick Win

#### Community Recommendation: Flexible Suicide Awareness Trainings

**Offer flexible options for suicide awareness training.** Stakeholders highlighted the importance and value of suicide prevention and awareness trainings, but also noted the lack of availability and flexible training options. Offering accessible and flexible options for suicide training and education improves awareness and response skills among the community. Opportunities include:

- *Developing online or modular training programs for teachers that can be completed on their own schedule, helping staff gain knowledge without disrupting the classroom.*
- *Developing train-the-trainer programs for community organizations, allowing them to equip staff to provide suicide awareness and early intervention training to the broader community.*

## Workforce Strategy

DHCS requires that Siskiyou County Behavioral Health provide an assessment of existing workforce gaps as well as strategies to address workforce challenges through both Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiatives and county-specific strategies. To inform the County's strategy for workforce initiatives, we sought stakeholder input to understand current workforce challenges and opportunities to promote workforce stability.

Siskiyou County Behavioral Health and its partners characterized their workforce as deeply committed and bolstered by "homegrown" talent. Nonetheless, they face challenges with recruitment and retention due to high-stress roles, scarcity of available housing, low compensation, and other barriers. This section further explores these assets and opportunities to strengthen the workforce.

### Strengths

**Many of Siskiyou County Behavioral Health's most tenured staff grew up in the county or the surrounding region.** Stakeholders across sectors emphasized that it is often easier to recruit staff with local ties, who are more likely to stay and remain committed to serving their community. Education leaders and youth-serving organizations emphasized the importance of investing in local talent early through exposure to careers in the behavioral health field.

**Finding staff who are the right "fit" for Siskiyou County is essential.** Across sectors, multiple CPP participants shared that finding candidates who are motivated to live in the community is vital. This can look like emphasizing the benefits of living in an area with ample outdoor recreation opportunities, and ensuring that they have an interest in living and serving in a rural community.

### *Long-Term Investment*

#### **Community Recommendation: Workforce Recruitment and Retention**

***Invest in locally rooted pathways, flexible incentives, and place-based recruitment messaging to attract and retain qualified staff.*** Persistent vacancies and high turnover strain the behavioral

health system, underscoring the need for a more intentional, long-term workforce strategy.

Stakeholder-identified strategies include:

- *Developing a workforce pathway with College of the Siskiyous, creating on-ramps for local students to enter behavioral health careers and remain in the county.*
- *Offering non-traditional incentives, such as housing supports, flexible or remote work options, and retention bonuses.*
- *Prioritizing homegrown recruitment, recognizing that individuals with deep community ties are more likely to stay long-term and contribute to a stable workforce.*
- *Highlighting Siskiyou County's outdoor recreation and quality of life in recruitment materials to attract candidates who are a good community fit.*

**Existing incentives support staff retention.** HHS employees shared that available incentives help attract and retain staff, including loan repayment through Workforce Education and Training (WET) funds and coverage of clinical supervision costs. Providers noted that strategies such as increasing pay and offering sign-on and retention bonuses have helped attract and retain staff.

**Local institutions are exploring opportunities for new career pathways.** College of the Siskiyous is in the early stages of exploring a partnership with the University of California, Davis to offer social work opportunities. Community partners also expressed interest in building out opportunities for positions that do not require licensure to both expand job opportunities for residents and bolster the workforce.

**Staff are mission-driven and value serving the community.** Several CPP participants shared that, despite challenges, this intrinsic motivation provides a powerful foundation for long-term workforce development. One hospital provider shared, "*more than half of [our] outpatient behavioral health workforce had no prior connection to the area, but they stay because they believe in the vision, mission, and purpose of the work.*"

### Opportunities

**A lack of local training programs is a challenge for the recruitment pipeline.** Numerous stakeholders noted that the lack of local educational opportunities for individuals interested in health care careers is a barrier to recruitment. Efforts to restart the nursing program at College of the Siskiyous are an essential step, and stakeholders also recommended exploring opportunities to incentivize local students to stay in the area.

**Housing scarcity, uncompetitive compensation, and the challenge of recruiting providers to move to rural areas make it harder to fill open roles.** For example, providers and HHS representatives shared that the rural setting and limited housing options have led qualified

candidates to turn down offers. For county government jobs, stakeholders noted that compensation is below that offered by other counties and hospital systems, making it difficult to compete for candidates. Long hiring timelines pose another challenge, as applicants may find other roles while waiting to hear from these positions.

**Burnout and a challenging work environment may drive turnover at Siskiyou County Behavioral Health and in County government positions more broadly.** A few stakeholders noted that unclear expectations and poor communication among county agencies can leave employees feeling unsupported and stressed. One CPP participant emphasized, *"A fail-forward culture needs to be cultivated. Mistakes are okay and a way to learn."* Others shared that investments in training, mentorship, and leadership development could improve job satisfaction and build internal capacity.

## Outreach and Engagement

Counties can use a portion of BHSA funds for outreach and engagement activities to identify and engage individuals, families, and communities in the behavioral health system, and to address gaps across populations. These activities can include partnerships with agencies such as schools, providers, tribes, and community-based organizations, as well as tailored efforts to meet the outreach and engagement needs of specific communities.

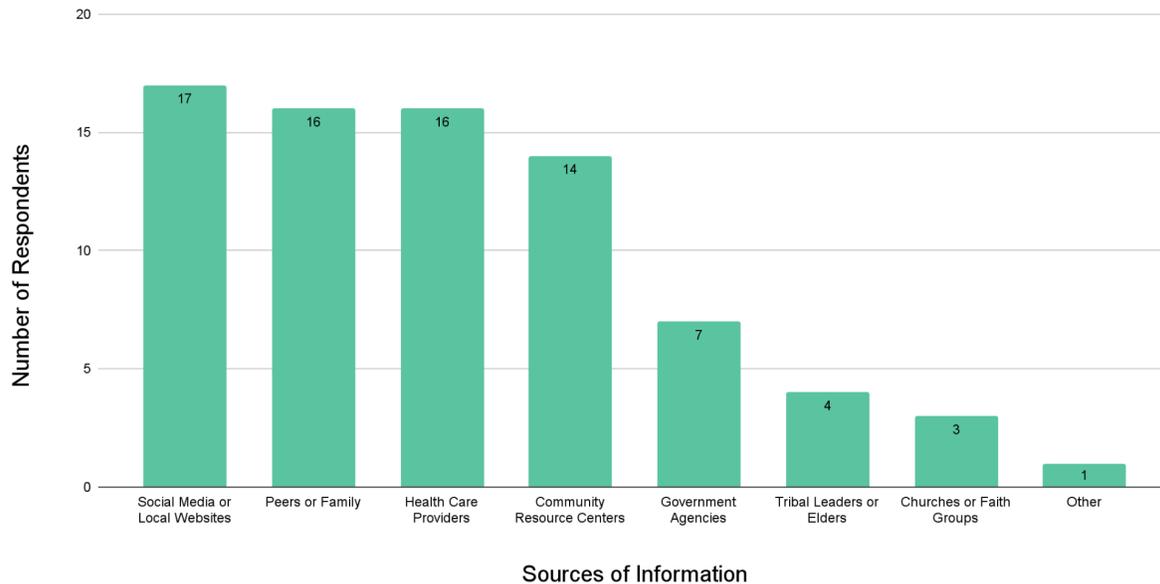
In this section, we report on findings from the survey, community outreach, and stakeholder engagement to identify trusted sources of information that could support outreach and engagement in Siskiyou County, including community organizations, schools, and online sources. We additionally describe some stakeholder-identified barriers to effective outreach and engagement.

### Trusted Sources of Information

Survey respondents could identify up to three primary sources of trusted information about services in the community. The most frequently selected sources were (1) social media or local websites, and tied for (2), peers or family, and health care providers. The full results for this question are shown below.

### Where do you go for Trusted Information about Services in Your Community? (n=32)

Survey respondents could select up to three options.



These findings were similar to what we heard from community stakeholders and from community events.

**Community Resource Centers and other community-based organizations are an effective conduit for reaching county residents and engaging them in services.** Stakeholders consistently described Community Resource Centers as deeply embedded in their communities, offering a welcoming space where residents can access information, services, and referrals. Community members appreciate that resource centers have locations across the county, reducing the need to travel long distances, and that staff often have personal relationships with residents. Faith-based groups, Tribal health programs, domestic violence agencies, and youth-serving non-profit organizations were also repeatedly identified as trusted messengers.

### Quick Win

#### Community Recommendation: Leverage Trusted Information Sources

**Work through the messengers and platforms that community members already trust.**

Stakeholders emphasized that many residents are unaware of the full range of available behavioral health services, and often rely on trusted community organizations rather than government sources for information. Recommended strategies include:

- *Continuing partnerships with trusted conduits such as Community Resource Centers, schools, Tribal health programs, clinics, youth organizations, and faith-based groups to share information consistently.*
- *Providing partners with plain-language outreach materials and regular updates on services, eligibility, and how to access support.*
- *Leveraging widely used digital platforms, including Facebook and the “Siskiyou Grapevine,” to reach residents across the county, especially those who may not engage directly with county agencies.*

**Schools are central hubs for students and families.** Schools were identified as a central and reliable source of information, especially for families and young people. Teachers, principals, and school secretaries hold high levels of trust and can facilitate warm handoffs. Schools also regularly distribute flyers, host programs, and serve as a first point of contact for behavioral health concerns.

**Health care settings are widely trusted, particularly in outlying communities.** CHWs play a critical role in sharing resources, supporting follow-up, and connecting individuals to care. Clinics are often seen as safe, familiar spaces, and some have expanded their role beyond medical care to serve as broader community resources. As a representative from one youth-serving organization shared, *“The clinic here has really stepped up their game in terms of being a resource, not just a clinic.”*

**Social media and word of mouth are potent tools for information sharing.** Given the county’s geography and limited traditional media options, social media, especially Facebook (specifically The “Siskiyou Grapevine” Facebook group), TikTok, and Instagram, is a primary way residents learn about services. CPP participants also shared that word of mouth, personal outreach, and direct conversations remain essential, particularly in smaller communities.

### **Barriers to Engagement**

**Many community members are unfamiliar with the services Siskiyou County Behavioral Health offers.** Many stakeholders shared that the role of Siskiyou County Behavioral Health is not well understood, and that the agency has a limited presence in schools, community events, and public spaces. One public safety partner recommended town-hall-style events to build trust and demystify services. Tribal partners additionally emphasized the importance of face-to-face engagement and co-hosting community events.

**Distrust of government is common in Siskiyou County.** Several stakeholders mentioned that some residents are more comfortable engaging with schools, Tribal programs, clinics, and nonprofits than with government agencies.

**County information online is outdated and hard to find.** Stakeholders across sectors noted that government websites are outdated or incomplete, limiting their usefulness.

### **Managed Care: Community Reinvestment**

As part of BHSA Integrated Planning, counties are required to coordinate with Managed Care Plans on Community Reinvestment Planning to ensure that county priorities inform Community Reinvestment Efforts and that priorities identified during the BHSA CPP are taken into account.

In the CPP discussion with the representative from Partnership HealthPlan, they described community reinvestment as a significant opportunity to strengthen the behavioral health system, and shared that the emerging reinvestment strategy focuses on broad, system-level interventions, including improving access, supporting homelessness and justice-involved initiatives, and expanding transitional rent; these priorities are broadly aligned with community-identified strategies detailed in this CPP report.

To further refine these priorities and ensure that Siskiyou County Behavioral Health's priorities are reflected in Community Reinvestment planning, Partnership HealthPlan is developing a survey for county behavioral health directors to understand which of 20 potential initiatives resonate most with counties ahead of the planning deadline in 2026. We will also share the CPP report with representatives from Partnership HealthPlan.

## CONCLUSION & NEXT STEPS

The insights gathered through the CPP reflect a deep commitment across Siskiyou County to strengthen the behavioral health system and ensure that services meet local needs. Across sectors, stakeholders shared candid perspectives and practical solutions that can inform Siskiyou County Behavioral Health's IP and early implementation planning efforts, grounding investments in the community's expertise and priorities. As the County finalizes the IP and moves toward implementation of coordinated strategies, these findings can drive collective action toward a well-resourced, resilient, and client-centered behavioral health system.

## APPENDIX A. SISKIYOU CPP KEY INFORMANT INTERVIEW GUIDE

### I. Introduction (5 minutes)

- Thank you for joining us today. This conversation is part of Siskiyou County’s Community Planning Process (CPP) for the Behavioral Health Services Act (BHSA) Integrated Plan. My organization, Third Sector, a national technical assistance nonprofit, is partnering with the county to ensure that the plan reflects the needs, strengths, and lived experiences of community members—especially those most impacted by behavioral health challenges. Your insights will help shape how services are delivered over the next three years.
- We’re especially interested in hearing about behavioral health needs, service gaps, and opportunities for collaboration across systems like housing, aging, health care, and education. We’ll also explore ideas for workforce development and housing support.
- This conversation will be used to inform Siskiyou County’s Integrated Plan, which will be a public-facing document and will be shared with the Siskiyou Board of Supervisors, the Department of Health Care Services, and other public agencies. While we will not attribute anything shared during this conversation directly to you, we may make generalities about who we spoke with. For example, “the leader of a local school district or a representative from a local hospital shared that...”
- **Consent to record:** With your permission, we'd like to record this conversation to ensure we accurately capture your input. The recording will be used solely for notetaking purposes and will not be shared outside the Third Sector team. Once we have completed the analysis, we will delete the recording. You’re welcome to skip any questions or stop the conversation at any time.

### II. Warm-up (5 minutes)

- Can you share a little bit about your role?
- Can you share with us what you know about the Behavioral Health Services Act?
  - PROBE: What questions do you have about the BHSA?

*If needed: The Behavioral Health Services Act (BHSA), passed by California voters in 2024, replaces the Mental Health Services Act and brings important changes to how counties plan and deliver behavioral health services. In Siskiyou County, we’re transitioning from separate funding plans to one Integrated Plan that aligns services and reduces duplication. BHSA also prioritizes housing interventions, dedicating more funding to support stable housing for individuals with behavioral health needs. The new guidelines focus on those with the most significant mental health and substance use conditions, while reducing funding for prevention-focused programs. In accordance with BHSA, counties must produce and then implement an integrated plan that describes their approach to delivering behavioral health services over the next three years.*

- Can you briefly describe the population(s) you serve or work with and the primary services you provide?

### III. Questions (45 minutes)

All interviewees will be asked the core questions; other topics will be explored based on alignment with the topic list in the [CPP stakeholder list](#).

Topic	Question(s)
<b>Overall Siskiyou County Landscape</b>	
Community Assets, Needs and Priorities (CORE)	<p>From your perspective, what strengths or assets most support behavioral health and well-being in Siskiyou County? What makes you say that?</p> <p>From your perspective, what are the top behavioral health needs in <a href="#">[your community/Siskiyou County]</a>? What makes you say that?</p> <ul style="list-style-type: none"> <li>● PROBE: In your experience, what populations face the largest barriers to care and why?</li> </ul> <p>–</p> <p>In your experience or within your community, what currently available services or supports work well for people?</p> <p>What services do you think are currently missing, inadequate, or hard to access?</p>
Service Delivery Landscape (CORE)	<p>How has <a href="#">[your organization]</a> interacted with Siskiyou Behavioral Health?</p> <ul style="list-style-type: none"> <li>● PROBE: What are some of the successes or current strengths of your work with Siskiyou Behavioral Health?</li> <li>● PROBE: What are some of the challenges?</li> <li>● PROBE: <i>(depending on the stakeholder, ask about collaboration on the CHA, public safety realignment, etc.)</i></li> </ul>
BCHIP Grant (CORE)	<p>Siskiyou County Behavioral Health is currently applying for a grant for a new building. The goal is to create a space that feels welcoming, safe, and culturally inviting for everyone.</p> <ul style="list-style-type: none"> <li>● What features should it include—inside or outside—to support healing, connection, and trust?</li> </ul>
<p><b>Behavioral Health Goals</b></p> <p>The state has established six statewide priority behavioral health goals aimed at improving outcomes across all counties; every county’s BHSI Integrated Plan must address these statewide improvement</p>	

<p>goals. Counties must also select at least one additional goal where local performance is below the state average. In the next section, we will discuss strategies for the statewide goals.</p>	
<p>Behavioral Health Goals: Access to Care</p>	<p>What factors influence access to mental health care in Siskiyou County (e.g., geographic, cultural, financial, etc.)? What makes you say that?</p> <p>Which existing programs, services, or partnerships could be leveraged to expand access to mental health care in Siskiyou?</p> <ul style="list-style-type: none"> <li>● PROBE: Are there programs, services, or partnerships that are missing that could improve access to care?</li> </ul> <p>Are there specific populations or communities that should be prioritized in county plans to improve access to care? What makes you say that?</p>
<p>Behavioral Health Goals: Homelessness</p>	<p>What local housing resources, community relationships, or provider practices have successfully helped people avoid or exit homelessness?</p> <ul style="list-style-type: none"> <li>● PROBE: Are there programs, services, or partnerships that are missing that could reduce homelessness and prevent people from becoming homeless? <ul style="list-style-type: none"> <li>○ PROBE: What would those programs, services, or partnerships look like?</li> </ul> </li> </ul>
<p>Behavioral Health Goals: Institutionalization</p>	<p>What programs, services, or partnerships currently exist that prevent institutionalization or long-term institutional stays?</p> <ul style="list-style-type: none"> <li>● PROBE: Are there programs, services, or partnerships that are missing or should be created that could prevent institutionalization or shorten institutional stays?</li> <li>● PROBE: Are there local programs or informal care networks that could be strengthened to provide alternatives to institutionalization?</li> </ul> <p>Which factors most contribute to unnecessary psychiatric hospitalization or long-term institutional care locally? What makes you say that?</p>
<p>Behavioral Health Goals: Justice-Involvement</p>	<p>What programs, services, or partnerships prevent or reduce justice-system involvement, particularly for people with serious mental illness and substance use disorders?</p> <ul style="list-style-type: none"> <li>● PROGRAM: Are there programs, services, or partnerships that are missing or should be created to reduce justice</li> </ul>

	system involvement?
Behavioral Health Goals: Removal of Children from Home	<p>What programs, services, or partnerships help keep children safely at home and or support reunification?</p> <ul style="list-style-type: none"> <li>● PROBE: Are there programs, services, or partnerships that are missing or should be created?</li> <li>● PROBE: Where are gaps in services for parents with SMI/SUD that affect child welfare outcomes?</li> </ul> <p>How could schools, child welfare, behavioral health, and other stakeholders better coordinate to support children who are involved in the child welfare system?</p>
Behavioral Health Goals: Untreated Behavioral Health Conditions	<p>What programs, services, or partnerships support treatment for individuals who have visited the emergency department for a serious mental illness or substance use disorder?</p> <ul style="list-style-type: none"> <li>● PROBE: Are there programs, services, or partnerships that are missing?</li> <li>● PROBE: What community settings (e.g., school, faith-based organizations) have been effective points of contact, and how can their role be strengthened?</li> </ul>
Behavioral Health Goals: Optional Goals ( <i>CORE</i> )	<p>As part of BHSA, Siskiyou County Behavioral Health must select at least one optional goal where local performance falls below the statewide average. Considering county eligibility, existing agency priorities, and areas within our sphere of influence, Behavioral Health has identified reduction in suicide as its priority goal.</p> <p>What programs, services, or partnerships support early intervention for individuals who are at risk for suicide?</p> <ul style="list-style-type: none"> <li>● PROBE: Are there programs, services, or partnerships that are missing?</li> <li>● PROBE: What community settings (e.g., school, faith-based organizations) have been effective points of contact, and how can their role be strengthened?</li> </ul>
<b>Miscellaneous Selected Topics</b>	
Managed Care Plan: Community Reinvestment	<p><b>For the Managed Care Plan:</b> What is the status of your community reinvestment planning? What activities are you planning to include?</p> <ul style="list-style-type: none"> <li>● Where do you see alignment with Siskiyou County’s plans for BHSA, specifically the behavioral health goals?</li> </ul>

<p>County Monitoring and Oversight</p>	<p><b>For behavioral health providers:</b> Does your organization bill Medi-Cal or commercial insurance plans?</p> <ul style="list-style-type: none"> <li>• [If yes]: Can you share your experience? What challenges or benefits have you experienced?</li> <li>• [if no]: What are the reasons your organization does not bill, and how does that impact sustainability?</li> <li>• What reporting burdens are reasonable for small rural providers, and what supports would help meet them?</li> </ul>
<p>Housing Interventions</p>	<p>What local strengths or existing programs most effectively help people who are at risk of or are currently experiencing homelessness secure and keep housing?</p> <p>Which partnerships, community leaders, or informal networks should the county build on to speed placements and improve retention in housing?</p> <p>What one practical change or support (policy, funding, staffing, data sharing) would make the biggest immediate difference in moving people to stable housing?</p> <p><b>Questions for the CoC or CoC providers:</b>          What barriers within the CoC system (referral timing, documentation requirements, prioritization criteria, data lags) most commonly slow placements for high-need behavioral health clients, and what concrete changes would reduce those delays?</p> <p>What specific workflow changes between housing providers and County Behavioral Health would you recommend to streamline referrals, warm handoffs, and outcome tracking?</p>
<p>Workforce Strategy</p>	<p>What existing local workforce strengths, training programs, or employer partnerships sustain behavioral health services in Siskiyou County?</p> <p><b>For providers:</b> Which workforce recruitment or retention practices used by your organization have been most effective and could be shared across partners?</p> <ul style="list-style-type: none"> <li>• PROBE: Which positions or service areas are hardest to staff? What local strategies or incentives would be feasible and high-impact to reduce vacancy rates (e.g., targeted loan repayment, local residency/externship pipelines, tele-supervision partnerships)?</li> <li>• PROBE: What administrative or payment barriers most impact your ability to hire and sustain qualified staff?</li> </ul>

	<p>How do you monitor network adequacy and access to care? Do you disaggregate this data by demographic?</p> <p><b>For education or workforce organizations:</b> What existing educational pathways, apprenticeships, or continuing education programs in the region could be adapted to prepare behavioral health staff (including peers and CHWs), and what partnerships are needed to expand those pathways?</p>
<p>Outreach &amp; Engagement (<i>CORE</i>)</p>	<p>What are the most trusted places, people, or organizations in your community where outreach and engagement for behavioral health services should happen?</p> <ul style="list-style-type: none"> <li>● PROBE: How should outreach be adapted for specific populations in Siskiyou to reflect cultural preferences, language needs, and local leadership?</li> </ul> <p>When offering services or referrals, what practical supports (e.g., transportation, same-day appointments) most improve engagement?</p>

#### VI. Closing (3–5 minutes)

- If you are comfortable sharing, are there any aspects of your identity that you would like to disclose to us (for example, if you are a veteran or someone with lived experience with a behavioral health condition)? Anything you share will be aggregated across all our interviews and will not be tied to you or your specific title.
- Is there anything we didn't ask that you think is critical for us to know or incorporate in the integrated plan?
- Would you like to receive a summary of the findings or participate in the public comment process?

Thank you for your participation today. We greatly appreciate your time and energy, and we understand that these topics can be challenging to discuss. Resources are available through Siskiyou County Behavioral Health and their contracted providers if you need any support following our conversation today. We will also be sending you a survey to get a sense of your experience with today's conversation.

## APPENDIX B. SISKIYOU COUNTY BEHAVIORAL HEALTH SURVEY

Thank you for participating in this brief survey. Your input will help shape Siskiyou County's Behavioral Health Services Act (BHSA) Integrated Plan, guiding services like mental health care, housing, and substance use support over the next three years. Your responses are confidential and will be shared only in aggregate.

### Section 1: About You

- What town or community do you live in?
  - Dorris
  - Dunsmuir
  - Etna
  - Fort Jones
  - Happy Camp
  - McCloud
  - Montague
  - Mount Shasta
  - Tulelake
  - Weed
  - Yreka
  - Other (Text Entry)

### Section 2: Community Strengths & Needs

- What helps people in your community stay connected and well? (*Open Text*)
  
- What are the biggest barriers to accessing behavioral health support in your community? *Please rank your top 3 barriers in order of significance, with 1 = most significant, followed by 2, then 3. Behavioral Health includes mental health, substance use disorder services, and housing programs.*
  - Distance or transportation
  - Cost or lack of insurance
  - Stigma or fear of judgment
  - Language or cultural barriers
  - Lack of child care
  - Limited internet or phone access
  - Not knowing where to go
  - Lack of trust in providers
  - Previous negative experience

- Not a priority
- Limited hours or availability
- Other: (Text entry)

### Section 3: Outreach & Engagement

#### ***Outreach & Engagement***

- Where do you go for trusted information about services in your community? *(Please rank your top 3 with 1 = most trusted, followed by 2, then 3.)*
  - Peers or family
  - Tribal leaders or elders
  - Churches or faith groups
  - Schools or teachers
  - Social media or local websites
  - Health care providers
  - Government agencies
  - Community Resource Centers
  - Other: (Text entry)

#### ***BHCIP Grant***

- Siskiyou County is applying for state funding to construct a new behavioral health facility. We want this space to feel culturally welcoming and supportive for all community members. What features would make this new space feel safe, inclusive, and inviting? (Rank in order of importance to you, with 1 = being the most important consideration and 10 = being the least important consideration)
  - Private rooms for individual or family support
  - Community gathering or event space
  - Outdoor areas or gardens
  - Art or design that reflects local cultures and traditions
  - Spaces for tribal or culturally specific services
  - Child-friendly or youth-focused areas
  - Quiet or sensory-friendly zones
  - Accessible design for people with disabilities
  - Inviting interior and soothing space, such as warm lighting, comfortable seating, etc.
  - Other: (Text entry)

#### ***Final Reflections***

- What is one action the county should take to improve behavioral health supports? *(Open text)*
- Is there anything else you want us to know? *(Open text)*

### Section 5: Demographics

- How old are you?
  - Under 18
  - 18–24
  - 25–34
  - 35-44
  - 45-54
  - 55-64
  - 65 or older
- What is your race or ethnicity? *(Text Entry)*
- What is your gender? *(Text Entry)*
- If you're comfortable, please share any other aspects of your identity that may help us understand your perspective. *(Text Entry)*