Shasta County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Dual Diagnosis

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☒	County-Run ☒ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The primary purpose of the program is to reduce the number of individuals in Shasta County who have a serious mental illness, co-occurring substance use disorder (SUD), complex medical needs who are involved in the criminal justice system and have difficulty accessing treatment. Specific populations are targeted including those on probation, or just released from jail or prison. Staff funded through the Mental Health Services Block Grant (MHBG) will work collaboratively with other agencies involved in the care and support of these individuals. These other agencies include the Health & Human Services Agency Housing Assistance Unit ("HHSA"), HHSA Public Health Syringe Services Program, County Sheriff, Shasta County Probation, Good News Rescue Mission (homeless shelter), Shasta Community Clinic's HOPE Van (Homeless Mobile Healthcare Outreach Program), Shasta Regional Medical Center, and Mercy Medical Center, among others. These collaborations occur through leadership meetings among the various agencies, through co-location of services, through multi-disciplinary team meetings, all the way down to one-on-one interactions between staff at the various agencies. This program will focus on the complex needs of those involved in the criminal justice system as we prepare for the upcoming CalAIM initiatives and other possible projects that address the intersection of complex care and criminal justice.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

100% of Dual Diagnosis Set-Aside and a portion of Base Allocation will be used to fund this project. This project will place a Mental Health Clinician, and an Alcohol and Drug Counselor at Probation to better address disparities in Mental Health and SUD treatment services. They will work in partnership with other agencies in the community serving these people involved in the criminal justice system and their complex, co-occurring needs. The aim is to ensure people receive early and adequate mental health/alcohol and drug screening, assessment, and connection to services. Further, will work to ensure those individuals are linked with services that address their goals to improve overall health in a person-centered manner; and to help reduce recidivism to jail or prison.

At probation, Adult Services staff will perform screenings, assessments, and provide treatment or connection to treatment for serious mental illness or substance use disorders. Staff will facilitate transitions to care with mental health services and/or drug and alcohol treatment at the County or in the community. Staff will work collaboratively with law enforcement, jail medical staff, Probation, and the Public Defender to identify and support those with co-occurring disorders and assist them in appropriately engaging in medical, mental health, and substance use disorder treatment.

Project staff will assist linking individuals to community, County, State, and Federal programs that address their mental health, substance use disorder, and homelessness. Intensive short-term case management will be provided, dual recovery groups made available, and coordination provided between mental health and primary health care. By partnering with these agencies, individuals with severe mental illness and/or SUD will have better access to treatment. Staff will provide education on the various behavioral, physical and social services systems of care in Shasta County and provide assistance in navigating systems and services.

Staff will be adept at engaging, screening, assessing and connecting people to resources, services and supports. They will be able to meet people exactly where they are, help people learn about options for treatment, recovery, housing and other critical services for health and wellbeing. Staff will be able to help people get connected to the right levels of care or to the services determined to be the most critical.

Furthermore, this grant cycle and the 2023-24 cycle will be used to assess needs and opportunities as we plan for CalAIM and other criminal justice complex care initiatives. The information about need and opportunity will be used to ready systems for future initiatives, plan for collaborative care and strategically create community partnerships.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

N/A, program is looking how to expand and implement over the next funding period.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. The team will work to serve 75 adults between the ages of 18 and 60 and 25 adults over the age of 60 in this grant cycle.
2. Decrease in recidivism
3. Decrease in justice involved population
4.
5.

Progress Statement:

Fully implemented.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

Shasta County HHSA mandates annual cultural competency training for all staff. In addition, each branch has implemented specific approaches to enhance service delivery. Some of these approaches include trainings such as Bridges Out of Poverty, Cultural Awareness and Education, utilization of identified cultural advocates or peers and training to use the language line. Shasta County HHSA utilizes visual language selection posters, a phone interpreter service, and in-house interpreters to ensure language is not a barrier to services. Furthermore, Health Equity is a prominent focus within our Agency as is identifying the root causes of poverty, injustice, illness, individual or community preferences and many adverse individual and community outcomes.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☐ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

The target population will be clients leaving the jail and or probation systems in the county, who meet criteria for both mental health and substance use disorder treatment. . These clients could be identified through Access screening, or cordinated efforts through our correctional facilities and would be provided assessment and treatment options.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Mental Health Clinician II	Outreach, Referrals, Ongoing Services: Case Management, MH assessment, therapy	.54	1
Alcohol and Drug Counselor II	Outreach, Referals, Ongoing Services: Case Management, MH assessment, therapy	.51	1

Please provide any additional information regarding county staffing below:

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Quarterly progress monitoring

Frequency of data collection and analysis:

Monthly internal data tracking

Type of data collection and analysis:

Number of invidividuals connected to services at Shasta County HHSA, upon release. Number of referrrals made to SUD treatment, number of individuals assisted through outreach, number of referrals linking inidividuals to other services. Analysis would be performed on recidivisim rates, engagement with other services, number of clients served as well as number of clients who refused services.

Identification of problems or barriers encountered for ongoing programs:

N/A

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Once a problem or barrier is identified, a Corrective Action Plan is created to address areas needing correction. The corrective action plan includes a timeline to address the problem, how, who and when correction will occur, and target dates to check progress.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Corrective Action Plans must be addressed within 30 days of problem identification.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

The agency works with Shasta County Housing Authority, the Good News Rescue Mission, local board and care and room and board facilities to find and negotiate housing of our clients. Recently completed permanent housing facility called the Woodlands has apartments specifically designated for people with serious mental illness. For those who are engaged in SUD treatment, we have access to Recovery Residences for clients to support sober living.

Home and community-based services and peer support services:

The agency also works with two consumer-led wellness centers in the community, both of which are multi-service mental health programs that provide ethnically and culturally diverse opportunities in a healthy inclusive manner. In addition, the HHSA contracts with a Federally Qualified Health Center for a mental health resource center for people at risk for experiencing a mental health crisis during hours when HHSA is not open.

Employment services:

The agency works with the State Department of Rehabilitation to assist clients to engage with the Department of Rehabilitation and find employment.

Transition from hospitals to community settings:

Shasta County HHSA Adult Services assists persons with serious mental illness to integrate into the community and to receive services at an appropriate level of care. This is achieved through a variety of means including the use of a short-term crisis residential and mental health social rehabilitation program from which individuals can reintegrate into the community after institutionalization or hospitalization.

Shasta County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Underserved Child and Adolescent

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☒ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

The utilization of the Mental Health Block Grant (MHBG) money is to increase services to underserved Shasta County children, adolescents and transition age youth ages 2-21. Underserved children or adolescents who have serious mental illness (SMI), early serious mental illness (ESMI), serious emotional disturbance (SED) and comorbid/or substance use disorders, may escalate to the point of ending up in emergency rooms, psychiatric hospitals, juvenile detention centers, or short-term residential placements. In addition, underserved SMI, ESMI or SED children or adolescents may be kicked out of schools or pre-schools. Occasionally youth and their families, have no funding for mental health services, therefore, leaving them without options for the treatment they need. Staff and services funded through the Mental Health Block Grant (MHBG) will work collaboratively with juvenile justice staff, child welfare staff, special education staff and other medical or mental health staff to ensure youth suffering from SMI, ESMI, SED or substance use disorders, receive timely and necessary mental health and substance use treatment in the least restrictive option possible.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

The Underserved Child and Adolescent Project: A percentage of Base Allocation will be used to fund this project. This project is designed to facilitate screening, assessment, and intervention with children, adolescents and their families who present with SMI, ESMI or SED and substance use disorders. MHBG funds will be used to cover staff cost and service delivery associated with providing mental health linkage and brokerage, treatment, substance abuse linkage and treatment and/or dual diagnosis treatment services. Services may be provided to youth in the county mental health clinic, youth under the supervision of juvenile probation, community schools, homes or non-traditional sites throughout the community. The following services may be provided to underserved youth and are in line with the goals Shasta County has identified for MHBG funds.

Screening and Assessment:

1. Youth who end up in the juvenile justice system can be identified as needing further evaluation with a mental health professional through a screening/evaluation process. Screening and evaluation can also identify youth suffering from SMI, ESMI, SED, substance related disorders, and assist in linking them to mental health services. Information is gathered through an interview with the child as well as collateral information from family and probation staff. On rare occasions, psychological testing may be necessary to address any clinical needs of the youth. The final evaluation is provided to the Probation Officer and the Juvenile Court with risks and treatment

options with youth frequently referred to intensive collaborative mental health programs to adequately meet their needs.

2. Youth (children, adolescent or TAY) who return from psychiatric hospitalization, or have had crisis contacts, are frequently underserved and in need of a comprehensive assessment to determine the level of treatment needed. If they have no other provision for services, they are provided an assessment with recommendations for treatment.

3. Children aged 0-5 may be referred for services based on being “kicked out” of preschool or kindergarten programs because the child and parent need services but lack adequate resources for assessment and treatment. These children are provided assessments and are frequently referred on for more intensive family models of treatment.

Mental Health and Substance Use Treatment:

1. Youth who have SMI, ESMI, SED and/or substance use disorders who are active participants in the County Mental Health, Alcohol and Drug outpatient treatment programs will be provided discharge planning from Shasta County Juvenile Rehabilitation Facility by a mental health clinician, social worker or Substance Use Counselor. These services will ensure treatment is provided for youth who are high-risk for relapse and recidivism.

2. Family engagement activities that are designed to enhance the ability of family members to support the youth’s recovery from mental health and substance use disorders could be provided by a mental health clinician, mental health social worker or a community health advocate. Activities may include multi-family groups, collateral therapies and support services as well as linkage to necessary treatment resources.

3. Medication management services may be provided to stabilize youth who are in crisis, or recently discharged from psychiatric hospitalization, who would otherwise not have access to this service.

4. The Mental Health Clinician, Mental Health Social Worker, Community Health Advocate and Drug and Alcohol Counselor will receive supervision from a Mental Health Clinical Program Coordinator and/or Clinical Division Chief.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

Motivational Interviewing (MI)
Neurosequential Model Therapy (NMT)
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. Program will service 100 or more clients over the next year.
2. Decrease the number of psychiatric hospitalizations of youths by 50%
3. Increase the linkages for Substance Use screening and treatment by 50%
4. Increase collaboration with community base providers around 0-5 mental health treatment.
5. Increase trainings to staffs providing services to the underserved population, thereby increase efficacy in service delieveries.

Progress Statement:

This program is fully implemented.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

All HHSA Children's staff participate in annual Cultural Competency training aimed at different cultural communities within the county. In addition to training staff to be more culturally aware and responsive, we continue to make efforts to hire staff who represent different cultural backgrounds and traditions to provide services to clients in a more familiar and comfortable manner if requested.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an

SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☐ Adults and Older Adults With SMI	☒ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

The target population for MHBG funds are youth ages 2-21 suffering from serious mental illness (SMI) or early serious mental illness (ESMI), serious emotional disturbances (SED) and/or substance use disorders. These youth are frequently underserved and have complex life circumstances that if left unmet, often lead to poor community, school and home functioning, incarceration, and psychiatric hospitalization. Special emphasis will be placed on youth who engage with crisis services and who are without other forms of insurance; those involved in the juvenile justice system; and those receiving intensive services in programs designed to decrease psychiatric hospitalization or residential placements.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example:	Example: 0.75	Example: 5

	Outreach, Service Coordination, Peer Support, etc.		
Clinical Division Chief	Provides oversight to this program	.005	1
Clinicial Program Coordinator	Provides oversight to this program	.005	1
AD Counselor II	Provides substance abuse assessment, treatment planning, treatment interventions and relapse preventions	.50	1
Mental Health Clinicial II	Provide individual, collateral, group therapy to increase coping skills and communication, reduce trauma reactions, and improve social interactions for youth 2-21. Provided in juvenile justice collaborative court programs, outpatient clinic, home, school and out in the community.	.15	1
Mental Health Clinician I	Provide individual, collateral, group therapy to increase coping skills and communication, reduce trauma reactions, and improve social interactions for youth 2-21. Provided in juvenile justice collaborative court programs, outpatient clinic, home, school and out in the community.	.15	1
Med Staff (CLPSY/MHC /ST NRS)	Provides evaluations, medication monitoring and consultations on youth 2-21 to stabilize and move the youth to higher levels of functioning.	.010	1
Community Health Advocate	Provides supportive linkage, skill building and other supportive services for youth and their families that will lead to greater stability and improved functioning.	.50	1
Social Worker	See Community Health Advocate description above.	.10	1
Assistant SW	See Community Health Advocate description above	.10	1
1			

Please provide any additional information regarding county staffing below:

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Program is fully implemented.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Reviews are ongoing and will occur at least monthly through analysis of client and billing/claiming data in the electronic health record (Netsmart).

Frequency of data collection and analysis:

Data is pulled on a monthly basis from Netsmart and compiled and analyzed by our data analyst team. This information is also presented at various meetings with program staff.

Type of data collection and analysis:

SAMHSA data, and client data for youth who are identified as part of this program will be analyzed for types of services provided, assessments, discharge and JRF services will be analyzed to determine program success..

Identification of problems or barriers encountered for ongoing programs:

None currently.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Once a problem or barrier is identified, a Corrective Action Plan is created to address areas needing correction. The corrective action plan includes a timeline to address the problem, how, who and when correction will occur, and target dates to check progress.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Corrective Action Plans must be addressed within 30 days of problem identification.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

Currently all clients served with MHBG funds are served in the mental health outpatient clinic while living in supportive or family homes. Services are provided in the clinic, community or individual and family homes. Some clients also present as homeless and are served in a setting most comfortable to their stated needs while options and preferences for housing are explored

Home and community-based services and peer support services:

Clients are provided and explained crisis services and provided hotline and crisis numbers. Safety plans and coping strategies are addressed during regular "business hours" to limit the need and use of crisis services, but for those who need to use these, education is provided on how to access those services.

Employment services:

The agency works with the State Department of Rehabilitation to assist clients to engage with the Department of Rehabilitation and find employment.

Transition from hospitals to community settings:

Shasta County HHSA Adult Services assists persons with serious mental illness to integrate into the community and to receive services at an appropriate level of care. This is achieved through a variety of means including the use of a short-term crisis residential and mental health social rehabilitation program from which individuals can reintegrate into the community after institutionalization or hospitalization.

Shasta County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

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Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

Training and Staff Development

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☒	County-Run ☐ Subcontracted ☐ Both ☒
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

Comprehensive training in mental health practices, as a way of educating county professionals to create positive and lasting impacts on the the community and clients they directly serve. Shasta County will enable clinicians, peer support specialists, drug and alochol counselors and others identified in program to attend trainings throughout the year that provide baseline understanding to all staff in the Shasta County Mental Health system of care that enable consistent support, knowledge and messaging to clients and the communty.

Multidisciplinary focus oppurtunity to develop language across multiple disciplines

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. In addition, itemize and explain the budget line items within the program's Detailed Budget.

Shasta County Behavioral Health and Social Services will utilize trainers with expertise in substance use disorders, adolescent and young adult populations of care, disparities in health, new initiatives such as Justice Involved, ACT/FACT, Care Court, along with others and emergent needs of aging populations.

Training courses will be provided on a quarterly cycle to provide several oppurtunities to staff to participate and work training into busy schedules. The branch will also elicit staff feedback via email and/or survey to get consensus on integrating new training courses, success of current training courses and process improvement of the training program.

Community education will also be provided by staff who have completed trainings informed by needs of community and share information back to communties.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

Emerging best practices in MDT teams/updated and communication guidance.

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. Higher numbers of staff who are participating in trainings, that will meet or exceed required CEUs

2. Staff turnover rate will decrease
3. More community outreach and education provided
4. Enhanced standard of care as prescriped by evidence based practices
5.

Progress Statement:

N/A

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

All HHSA staff funding in part or all by this grant are required to participate in annual Cultural Competency training aimed at different cultural communities within the county. In addition to training staff to be more culturally aware and responsive, we continue to make efforts to hire staff who represent different cultural backgrounds and traditions to provide services to clients in a more familiar and comfortable manner if requested.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis (DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☒ Adults and Older Adults With SMI	☒ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

Shasta County's population is primarily White (non-Hispanic), although the county has diversified during the past five years. American Indian/Alaskan Native persons compose 2.6 percent of the population, higher than the state's percentage of 0.39 percent.

The population in Shasta County is nearly evenly distributed by age for those from 0-69 years. The largest age group is those 50-59 years of age and the county has a larger percentage of its population over the age of 60 compared to the state.

According to census.gov, in 2022 Shasta County had a median household income of $68,276 compared to California's overall median household income of $91,551. Shasta County's poverty level is slightly higher than California's at 13.7 percent compared to 12.2 percent.

The primary service areas for which the MHBG funds provide support are in the Greater Redding Area, including Shasta Lake City and the City of Anderson. This is due to the concentration of available services in this area. We do have a branch office located in Burney, and with the development of workforce development and training staff will have an ability to reach clients in outlying areas and expand services. .

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions
Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Program Manager	Training Liason	.10	1
Clinician III	Clinical Supervision Oversight	.70	1

Please provide any additional information regarding county staffing below:

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Over the next year, Shasta County Behavioral Health and Social Services Branch will establish a baseline for staff turnover in the clinical areas of focus targeted by the MHBG. Shasta County will utilize new contracted providers who are established, highly rated and may provide evidence-based training programs. The county will create a model for standardized onboarding of clinical licensed staff, professional staff, and other disciplines within the Behavioral Health umbrella of services, including training, coaching and development of specific expectation rubrics for staff.

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Quarterly metrics of staff turn-over will be reviewed and analyzed for patterns, and length of stay data.

Frequency of data collection and analysis:

Quarterly training registrations, survey feedback forms and staffing levels will be reviewed.

Type of data collection and analysis:

Aggregate data, monthly and quarterly to review trends over time.

Identification of problems or barriers encountered for ongoing programs:

N/A

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

An official memo detailing findings is drafted and shared with staff which inlcudes specific timelines to resolve errors/issues.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Typically within 30 days of receipt.

Does the corrective action plan timeline meet timely access standards?

Yes.

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

The agency works with Shasta County Housing Authority, the Good News Rescue Mission, local board and care and room and board facilities to find and negotiate housing of our clients. Recently completed permanent housing facility called the Woodlands has apartments specifically designated for people with serious mental illness. For those who are engaged in SUD treatment, we have access to Recovery Residences for clients to support sober living.

Home and community-based services and peer support services:

The agency also works with two consumer-led wellness centers in the community, both of which are multi-service mental health programs that provide ethnically and culturally diverse opportunities in a healthy inclusive manner. In addition, the HHSA contracts with a Federally Qualified Health Center for a mental health resource center for people at risk for experiencing a mental health crisis during hours when HHSA is not open.

Employment services:

The agency works with the State Department of Rehabilitation to assist clients to engage with the Department of Rehabilitation and find employment

Transition from hospitals to community settings:

Shasta County HHSA Behavioral Health and Social Services assists persons with serious mental illness to integrate into the community and to receive services at an appropriate level of care. This is achieved through a variety of means including the use of a short-term crisis residential and mental health social rehabilitation program from which individuals can reintegrate into the community after institutionalization or hospitalization.

Shasta County

Community Mental Health Services Block Grant (MHBG)

State Fiscal Year (SFY) 2024-26 Program Narrative

Instructions: Complete one Program Narrative for each proposed program. The Program Narrative should span the entire application period from July 1, 2024, to June 30, 2026. Each Program Narrative must have a corresponding Detailed Budget. Each Program Narrative must be completed on this template and the template may not be altered. The Program Narrative should be comprehensive and detail the activities for both SFYs. Each SFY should **not** have its own Program Narrative. Please enter responses to each question within the provided gray comment box – the boxes have a 6000-character limit.

Program Name: Insert the Program Name below in the gray box below and ensure it matches the Program Name on the Detailed Budget.

First Episode Psychosis

Set-Aside(s) Utilized for Program	Check Appropriate Box(es)	Is this Program County-Run or Subcontracted?
Base Allocation	☐	County-Run ☐ Subcontracted ☐ Both ☐
Dual-Diagnosis	☐	County-Run ☐ Subcontracted ☐ Both ☐
First Episode Psychosis	☒	County-Run ☒ Subcontracted ☐ Both ☐
Children's System of Care	☐	County-Run ☐ Subcontracted ☐ Both ☐
Integrated Services Agency	☐	County-Run ☐ Subcontracted ☐ Both ☐

A. **Statement of Purpose:** Please describe how the program will provide comprehensive, community-based mental health services to adults with serious mental illnesses and/or to children with serious emotional disturbances and to monitor progress in implementing

a comprehensive, community-based mental health system. Specify how the program works/will work with other departments and agencies that serve the same population(s).

Shasta County HHSA recognizes the importance of addressing/treating any form of mental illness at the earliest possible indication in order to improve the possibility for wellness and recovery. We will use FEP set aside funds as well as existing provisions for screening, assessing and treating clients with early signs of psychosis. We will enhance services to those clients identified as having a first episode of psychosis with the additional MHBG FEP funding. Although, there may be other organizations or providers working with clients who are experiencing psychosis, there remains no other programs in Shasta County specifically designed for outreaching to those experiencing first episodes of psychosis with a structured program strategy to address these client specific needs.

B. **Program Description:** Specify the activities/services that will be paid with MHBG funds. The description must include activities/services offered, types of settings, and/or planned community outreach, as applicable. <u>In addition, itemize and explain the budget line items within the program's Detailed Budget.</u>

Shasta County HHSA Children's Services has a clinician who provides outreach, assessment and treatment to young people experiencing first episode psychosis, so there are processes in place for teachers and family members to call into the agency and talk to a clinician directly. HHSA also has processes for front door "Access", and emergency room contact to route clients meeting the description for early onset, or first episode psychosis to the clinician for assessment. Clients and families can receive individual, group, and family treatment as well as case management and rehab services.

Shasta County HHSA hired a Peer Support Specialist, and will evaluate utilizing other health advocates and social worker staff to work directly with the FEP youth, and in coordination with the clinician, to assist the client in skill building and goal setting to move them toward wellness and recovery. Several of our staff members attend the annual UC Davis training on Early Onset Psychosis as well as the FEP symposiums that are offered annually to stay up-to-date in the areas of services to those first experiencing psychosis. As we attend and stay up-to-date, we can provide this information to other service providers engaged with these clients.

C. **Evidence-Based Practices:** List the Evidence-Based Practices (i.e., Coordinated Specialty Care [CSC], NAVIGATE, Early Diagnosis and Preventative Treatment [EDAPT], etc.) that will be used in this program. Provide a description of how each one is used in the program.

Cognitive Behavioral Therapy-psychosis (CBT-p)
Prodromal Questionaire-Brief
Motivational Interviewing (MI)

Dilectical Behavioral Therapy (DBT)
Columbia Suicide Serverity Rating Scale)C-SSR)
Global Functioning Scale/Global Functioning Reliability (GFS/GFR)
Structure Clinical Interview for DSM Diagnosis (SCID)

D. **Measurable Outcome Objectives:** Identify a **minimum of three (3)** measurable outcome objectives that demonstrate progress toward stated purposes and/or goals of the program. Please also provide a statement reflecting the progress made toward achieving the county's objectives from the previous SFY 2022-24 application cycle.

1. Increase outreach oppurtunites to the community regarding education on First Episode of Psychosis by 50%.
2. Reduction in utilization of crisis service by 30%.
3. Increase the number of services provided to participants 50%.
4. Increase specialized trainings to staffs
5.

Progress Statement:

Due to staffing shortages, there was one Clinician providing services to clients who met Early Onset criteria. As of June 2024, the Early Onset team is engaging in EPI-CAL efforts to increase collaboration, trainings and fidelity.

E. **Cultural Competency:** Describe how the program provides culturally appropriate and responsive services in the county. Identify advances made to promote and sustain a culturally competent system.

All Shasta County HHSA Children's staff participate in annual Cultural Competency training aimed at different cultural communities within the county. In addition to training staff to be more culturally aware and responsive, we continue to make efforts to hire staff who represent different cultural backgrounds and traditions to provide services to clients in a more familiar and comfortable manner.

F. **Target Population / Service Areas:** Specify the target population(s), any sub-population, and/or service areas the county's MHBG-funded program serves. Federal statutes require that the target population include adults and older adults with a Serious Mental Illness (SMI) and/or children with a Serious Emotional Disturbance (SED).

The Center for Mental Health Services Definitions of adults with a SMI and children with a SED (Enclosure 2), as published in the Federal Register in 1992, is enclosed. In addition, there may be discrete programs serving specific sub-populations such as dually diagnosed, those that have experienced first episode psychosis (FEP), homeless, forensic, minorities, consumer operated, and transitional age youth. The Dual Diagnosis

(DDX) set-aside must continue to be used for individuals with a dual diagnosis and must be addressed in the description. The FEP set-aside must be used for individuals who have early serious mental illness (ESMI), including a FEP, regardless of the individual's age at onset, and must also be addressed in the description. Counties cannot use MHBG funds for prodromal symptoms (specific group of symptoms that may precede the onset and diagnosis of a mental illness) and/or those who are not diagnosed with an SMI. Screening and assessment of SMI/SED/FEP is allowable, but a prodromal diagnosis does not constitute ESMI or FEP, and MHBG funds cannot support prevention, early intervention, or treatment of prodromal clients.)

☐ Adults and Older Adults With SMI	☒ Children With SED
☐ Other Description:	

Describe how this program is targeting individuals in marginalized communities.

The target population will be young people in the county, ages 15-25, who have exhibited a first episode of psychosis. These clients could be identified through Access screening, or MHSA Outreach efforts, and would be provided assessment, treatment options.

G. **Staffing:** Detailed information regarding *subcontractor staffing* is not required. However, detailed information regarding *county program staff* funded by MHGB is required.

Is this program fully subcontracted with no support from county-funded positions?

☐ Yes ☒ No – if this box is checked, fill out the table below.

County program staff positions funded by MHBG must be listed in the table below. First, identify the county staff position title. Second, list the grant-specific duties this position will perform. Third, identify the percentage of Full-Time Employment (FTE) which will be funded by MHBG funds (in decimals, and no greater than 1.0). Finally, list the number of positions associated with this position title, grant-specific duty summary, and FTE. This information must match the Detailed Budget document, including FTE.

Restrictions on salaries are as follows: The county agrees that no part of any federal funds provided under this Contract shall be used by the county or its subcontractors to pay the salary and wages of an individual at a rate in excess of Level II of the Executive Schedule, as found online at: https://grants.nih.gov/grants/policy/salcap_summary.htm

Position Title	Grant-Specific Duties Summary	FTE (No greater than 1.0)	Number of Positions

Example: Nurse Practitioner	Example: Outreach, Service Coordination, Peer Support, etc.	Example: 0.75	Example: 5
Clinical Program Coordinator	Oversight of program	.025	1
Peer Support	Peer Support for first episode psychosis	.75	1
Community Health Advocate	Case Management, Outreach	.80	1
Assistant Social Worker	Service coordination, outreach, rehab/skill building, case management	.50	1

Please provide any additional information regarding county staffing below:

Clinical Division Chief
Clinician
Rehabilitation Specialists
Parent Partner
CFT Facilitator
Prescriber

H. **Implementation Plan:** Specify the approximate implementation dates for each phase of the program or state that the "program is fully implemented."

Fully implemented

I. **Program Evaluation Plan:** Describe how the county monitors progress toward meeting the program's objectives.

Frequency and type of internal review:

Reviews are ongoing and will occur at least monthly through analysis of client and billing/claiming data in the electronic health record (Netsmart).

Frequency of data collection and analysis:

Data is pulled on a monthly basis from Netsmart and compiled and analyzed by our data analyst team. This information is also presented at various meetings with program staff.

Type of data collection and analysis:

CANS data, and client data for youth who are identified as FEP will be analyzed for types of services provided, recidivisism, hospitilzations, and others as identified by program staff.

Identification of problems or barriers encountered for ongoing programs:

Barrier issues presented was staffing.

Identify the county's corrective action process (i.e., how the county corrects and resolves identified problems):

Once a problem or barrier is identified, a Corrective Action Plan is created to address areas needing correction. The corrective action plan includes a timeline to address the problem, how, who and when correction will occur, and target dates to check progress.

Identify the county's corrective action process timeline (i.e., what is the county's established length of time for the correction and resolution of identified problems).

Corrective Action Plans must be addressed within 30 days of problem identification.

Does the corrective action plan timeline meet timely access standards?

Yes

J. Olmstead Mandate and the MHBG:

In 1999 The Supreme Court issued its decision in Olmstead vs L.C. promulgating the enforcement of states to provide services in the most integrated setting appropriate to individuals and prohibit needless institutionalization and segregation in work, living and other settings. Describe the county's efforts on how the MHBG addresses the Americans with Disabilities Act (ADA) community integration mandate required by the Olmstead decision of 1999 in the following areas:

Housing services:

The agency works with Shasta County Housing Authority, the Good News Rescue Mission, local board and care and room and board facilities to find and negotiate

housing of our clients. Recently completed permanent housing facility called the Woodlands has apartments specifically designated for people with serious mental illness. For those who are engaged in SUD treatment, we have access to Recovery Residences for clients to support sober living.

Home and community-based services and peer support services:

Currently all clients served with MHBG funds are served in the mental health outpatient clinic while living in supportive or family homes. Services are provided in the clinic, community or individual and family homes. Some clients also present as homeless and are served in a setting most comfortable to their stated needs while options and preferences for housing are explored.

Clients are provided and explained crisis services and provided hotline and crisis numbers. Safety plans and coping strategies are addressed during regular “business hours” to limit the need and use of crisis services, but for those who need to use these, education is provided on how to access.

Since implemantation, we have been through several different peer support staff, and have gone through a re-org and restructering of our peer support program. We are working to fill a position specifically trained around the concept of First Episode Psychosis (FEP), as well as the current Program Description for MHSA PEI Early Onset.

Employment services:

When employment services is an identified need for the Transitional Age Youth, the youth will work with their treatment team, such as Rehabilitation Specialist, on meeting employment goals.

Transition from hospitals to community settings:

Treatment team will facilitate a CFT upon hospital discharge.