

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
July 1, 2015

Members: Sam Major, Dana Brooks, Stevan Keyser, Marcia Ramstrom, Ron Henninger, Marvin Peterson, Charlie Menoher, Leon Polk, Steve Smith, Dave Kent, Kari Hess, Michele Wright, and Janet Rudd

Absent Members: Sonny Stupek and David Kehoe

Shasta County Staff: Donnell Ewert, Dean True, Maxine Wayda, Jamie Hannigan, Lisa Sol, Cara Schuler, Marc Dadigan, Dianna Wagner, Ronna Crofoot, and Allison Scroggins

Guests: Susan Wilson, Shannon Hunt, Steve Lucarelli, Sara Fielding, Marjeanne Stone, Nancy Greer, Melinda Hadlock, Susan Power, Robert K. Salazar, Pamm Salazar, Robert Salazar, and Kara Rogge

Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	<ul style="list-style-type: none"> ➤ Chair extended a warm welcome to all attendees. ➤ Board members and HHS staff introduced themselves. 		<ul style="list-style-type: none"> ➤ Sam Major, MHADAB Chair
II. Public Comment Period	<ul style="list-style-type: none"> ➤ Member Polk expressed his frustration with the Mission and lack of communication. 		<ul style="list-style-type: none"> ➤ Leon Polk, MHADAB Member
III. Provider Reports	<ul style="list-style-type: none"> ➤ None. 		
IV. Approval of Minutes	<ul style="list-style-type: none"> ➤ Minutes from the May 6, 2015 meeting were presented in written form. 	<ul style="list-style-type: none"> ➤ Approve the May 6, 2015 minutes as submitted. 	<ul style="list-style-type: none"> ➤ Leon Polk (Motion) ➤ Marvin Peterson (Second)
V. Announcements and Review of Correspondence	<ul style="list-style-type: none"> A. MHADAB Chair welcomed new member Michele Wright to Board. B. 2015 DATA NOTEBOOK– Member Ramstrom went over what the Data Notebook covers for 2015. A meeting is scheduled for completing the Data Notebook with the assistance of HHS staff. If you are interested in attending, please contact Cara. 		<ul style="list-style-type: none"> ➤ Sam Major, MHADAB Chair ➤ Marcia Ramstrom, MHADAB Member
VI. MHSA Update	<ul style="list-style-type: none"> ➤ INNOVATIONS UPDATE MHSA Coordinator has had several conversations with the Innovation consultant for the Mental Health Services Oversight and Accountability Commission (MHSOAC). She is happy with the proposed project at this point. MHSA Coordinator will begin to write the document. The document will need to go out for 30-day public comment, public hearing, recommendation for Board of Supervisors approval by MHADAB, Board of Supervisors approval, and then to the MHSOAC for final approval. 		<ul style="list-style-type: none"> ➤ Jamie Hannigan, Program Manager and MHSA Coordinator

	<p>➤ <u>COMMUNITY SERVICES AND SUPPORTS (CSS) – PERMANENT SUPPORTIVE HOUSING PROJECT:</u> <u>The Woodlands Project</u> – The tax credits were approved. The summer will be spent doing preliminary work, meetings, and securing subcontractors. December 7, 2015 is the deadline to close all loans and secure the building permit. December 2015 – February 2017 will be the construction. If all goes as planned, occupancy will take place around March 2017. The contract between County and PALM/NVCSS for the supportive services and management is currently in draft form and will continue to be worked on.</p> <p>➤ <u>MENTAL HEALTH LOAN ASSUMPTION PROGRAM:</u> The Mental Health Loan Assumption Program (MHLAP) was created by the Mental Health Services Act in order to provide funding for a loan forgiveness program. The goal of the program is to assist with retaining qualified professionals who are currently working or volunteering in the public mental health field. Since 2009, 23 HHSA staff members and provider staff have been awarded a total of \$208,943. An award recipient may receive up to \$10,000 a round and may apply and receive this award multiple times.</p>		
VII. Action Item	<p>A. Open Public Hearing to receive comments on the MHSA Fiscal Year 15/16 Annual Update; close Public Comment Period; and close Public Hearing (as required by California Code of Regulations, Title 9, section 3315A).</p> <ul style="list-style-type: none"> • MHSA Coordinator went over comments received during public comment period. • Member Henninger commented on his concerns regarding outcomes measuring the goals in the projects and making sure we are doing what we say we do. With regard to the STAR Program, Full Services Program (FSP), he has concerns about the percentage of mentally ill people in the county we are actually seeing. He would like the program opened up to more people. • Member Henninger also commented on Triple P. He would like to know how many are falling out of the program before they finish. • Member Henninger also commented on Suicide Prevention. He feels that the suicide rate in Shasta County is staying very high. He is not sure why the 	<p>A. Public Hearing opened to receive comments on the MHSA Fiscal Year 15/16 Annual Update. Public comment period closed and public hearing closed.</p>	

	<p>number is so high, but will try and speak with HHS Director Ewert. He is concerned that a lot of money is being spent on suicide prevention and feels we need to have a better idea of what programs are working and how well they are working - are we spending this money wisely and are we helping as many as we can.</p> <p>B. Review and consider recommending approval of the MHSA Fiscal Year 15/16 Annual Update to the Shasta County Board of Supervisors.</p>	<p>B. Recommend the Board of Supervisors <i>adopt</i> the MHSA Fiscal Year 15/16 Annual Update. <i>(motion wording changed from approved to adopt.)</i></p>	<p>➤ Stevan Keyser (Motion) Charlie Menoher (Second) Ron Henninger (Opposed)</p>
VIII. Directors' Report	<p>➤ The Directors' Report [see Attachment A] was sent out prior to the meeting for the Board and guests to review. Director Ewert provided further information on Intergovernmental Transfer (IGT)</p>		
IX. Presentation	<p>➤ <u>TEEN MENTAL HEALTH AWARENESS:</u> A PowerPoint presentation regarding Teen Mental Health Awareness was provided by students from New Tech High School – Jessica Mann, Antonia Romero, and Graham Carter. [See Attachment B]</p> <p>➤ <u>BEHAVIORAL HEALTH COURT:</u> A PowerPoint presentation regarding Behavioral Health Court was provided by Ronna Crofoot and Meghan Hart. Graduate Robert Salazar spoke about his experience going through the program. [See Attachment C]</p> <p>➤ <u>HOUSING PROGRAMS IN SHASTA COUNTY FOR INDIVIDUALS WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS:</u> A PowerPoint presentation regarding Housing Programs in Shasta County was provided by Donnell Ewert, HHS Director. [See Attachment D]</p>		<p>➤ Jessica Mann, Antonia Romero, and Graham Carter</p> <p>➤ Ronna Crofoot, MH Social Worker and Meghan Hart Deputy Probation Officer</p> <p>➤ Donnell Ewert, HHS Director</p>
X. MHADAB Standing Committee Report	<p>➤ <u>MHADAB EXECUTIVE COMMITTEE</u> MHADAB Chair reminded Board members to please read meeting minutes if they want to know what is going on at Executive Committee meetings and are unable to attend them, as some decisions are made at those meetings. The next Executive Committee meeting will be August 17, 2015 at 11:00 am.</p>		<p>➤ Sam Major, MHADAB Chair</p>
XI. Other Reports	<p>➤ <u>COMMUNITY EDUCATION COMMITTEE (CEC)</u> Marc Dadigan advised that two Brace Faces stories were released this last month. There were approximately 20 performers at Hope is Alive Open Mic Night and record breaking attendance of 500 at the Minds Matter Mental</p>		<p>➤ Marc Dadigan, Community Education Specialist</p>

	<p>Health Fair. There will be Coming Out Proud Training (trainings for individuals with mental health challenges on how to disclose to others.) Trainings will be July 18-19, 2015 at the Boggs Building, August 3-4, 2015 at Olberg Wellness Center, and August 18-19, 2015 at Circle of Friends.</p> <ul style="list-style-type: none"> ➤ <u>MENTAL HEALTH SERVICES ACT ADVISORY COMMITTEE (MHSAAC)</u> Nothing to report. ➤ <u>SUICIDE PREVENTION WORKGROUP:</u> Member Ramstrom advised that the workgroup is working on the Out of Darkness Community Walk. The walk is scheduled for September 12, 2015 and will be held by the Aquatic Center. They are in need of volunteers those interested may contact Marcia Ramstrom. There is also a challenge between Redding and Chico this year to see who can raise the most money. ➤ <u>CALIFORNIA ASSOCIATION OF LOCAL BEHAVIORAL HEALTH BOARDS/COMMISSIONS (CALBHB/C):</u> Member Ramstrom advised that as of June 1, 2015, she has resigned as the Superior Region representative. If any of the Board members are interested in being on the CALBHB/C please contact her. Member Polk expressed some interest. They are currently working on a train the trainer session for Mental Health Boards 101. ➤ <u>ADP PROVIDER MEETING:</u> See Directors' Report. 		<ul style="list-style-type: none"> ➤ Ron Henninger ➤ Marcia Ramstrom ➤ Marcia Ramstrom
XII. Reminders	➤ See Agenda.		
XIII. Adjournment		➤ Adjournment (7:15 p.m.)	➤ Marvin Peterson (motion) Leon Polk (second)

Sam Major, Chair

Cara Schuler, Secretary



Health and Human Services Agency

Donnell Ewert, MPH, Director

Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator
Maxine Wayda, LCSW, Children's Services Branch Director

Directors' Report – July 1, 2015 Mental Health, Alcohol and Drug Advisory Board

SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY:

Intergovernmental Transfer (IGT): Now that Shasta County is covered by Medi-Cal managed care through Partnership HealthPlan of California (PHC), the county and Mayers Memorial Hospital are eligible to receive reimbursement for uncompensated Medi-Cal services rendered to Medi-Cal beneficiaries through a funding mechanism called intergovernmental transfer (IGT). The first year for which we can claim IGT is FY 2013-14, and we are in the process of working on the documents and the transactions required for that fiscal year at this time. We are allowed to spend the reimbursed money on health care services to Medi-Cal beneficiaries within any of four categories: care coordination, access to specialty services, behavioral health, and oral health. Our spending plan is focused primarily on care coordination and behavioral health, with a goal of investing money on supportive services so we can save suffering and money by reducing severe mental illness episodes and expensive placements in locked acute and long term facilities.

Adult Services Branch Update:

Private Facilities:

- The Ridgeview project in Shasta Lake City is nearing completion, and it is anticipated that the facility will be open sometime in the latter half of July. County staff had the opportunity to tour the facility and see improvements already completed. There have been many major improvements made to the building and property, and once completed, the services available will offer excellent opportunity for not only local Board & Care living, but also independent living for up to 16 people within its efficiency apartments.
- The Woodlands project received final confirmation that it had won the essential tax credits needed for the project to move forward. It is hoped that construction/ground breaking will occur in December, with completion and move-in to take place sometime in early 2017.

Alcohol and Drug Updates:

- An Alcohol Drug Program (ADP) Provider Meeting was held 5/22/15. We had several new attendees – Sean Lemon from RRTHC (Redding Rancheria) and Candy Stockton, MD, from the Shingletown Medical Center. The big topic for discussion was a new Suboxone protocol to be distributed to local Suboxone prescribers and drug treatment programs (copy attached.) This protocol is expected to be ready for distribution shortly.
- There have been a number of discussions recently about Suboxone among medical providers (PHC meeting on addressing pain safely, Opiate Task Force.) ADP is involved in those discussions and helping bridge the gap between drug treatment providers and prescribers.
- Detox for High Utilizers – In response to request by a MHADAB member, the County developed a procedure to pay for three days of detox at Empire for high utilizers who have previously been unsuccessful in outpatient treatment. The plan, though supported by treatment providers, has not resulted in more referrals to detox even though the County is paying the cost for detox. The County continues to work with drug treatment providers to identify barriers to participation.

- DHCS 1115 Waiver for a Drug Medi-Cal Organized Delivery System
 - Still not officially approved by CMS
 - Shasta County is in conversation with Partnership about a possible “regional” model
 - Phase I counties are moving full steam ahead and sharing lessons learned, challenges, etc.
- In order to meet DHCS contract requirements, the county will be offering Title 22/CalOMS training in July for all drug treatment providers.
- Next Addicted Offender Program (AOP) graduation is Friday, July 17th.
- Next ADP Provider meeting is August 19, 2015, 10:00 AM in the Boggs Building.

Board of Supervisor Staff Reports (May - June 2015):

- First Amendment to the Agreement with the State of California Department of Health Care Services for Substance Use Disorder Services (Agreement Number 14-90103)
- Appointment to the Shasta County Mental Health, Alcohol and Drug Advisory Board
- Agreement with VOTC, Inc. dba Visions of the Cross for Perinatal Treatment Services
- Agreement with Sutter Health Sacramento Sierra Region dba Sutter Center for Psychiatry
- Mental Health, Alcohol and Drug Advisory Board Annual Report
- Agreement with Northern Valley Catholic Social Service, Inc.
- Agreement with VOTC, Inc. dba Visions of the Cross for Sober Living and Other Services
- Agreement with the City of Redding Police Department for Investigation of Crimes Against Elder/Dependent Adults
- Child Welfare System Improvement Plan Submission
- Agreement with National Council on Crime and Delinquency
- Child Welfare System Improvement Plan Submission

Shasta County Health & Human Services Agency Recommended Protocol

Buprenorphine (Suboxone and Subutex) Prescriptions as Part of a

Comprehensive Treatment Program

Shasta County Health & Human Services Agency supports the recovery of individuals who seek treatment from a drug and/or alcohol addiction and acknowledges that this includes Medication Assisted Treatment when medically necessary. It is the recommendation of the agency that prescribing physicians and treatment providers adhere to the following protocol when treating clients who are prescribed Buprenorphine (in the form of Suboxone and Subutex) as part of a comprehensive treatment program for substance use disorder.

- 1) Determine the name of the prescribing physician/drug treatment program and obtain a release of information so that the treatment program and prescriber can coordinate care.
- 2) Drug treatment programs will communicate with prescribing physicians about treatment progress in the following manner -
 - a. Send monthly status updates regarding attendance, participation, and motivation in treatment.
 - b. Provide a single point of contact with whom the prescribing physician may make contact for coordinating care.
- 3) Prescribing physicians will communicate with drug treatment programs in the following manner -
 - a. Inform drug treatment program that a patient has been referred to their program.
 - b. Provide information on current dosage and any changes in dosage as tapering occurs so that the treatment program may adjust treatment sessions as needed.

Prescribing physicians are encouraged to prescribe Suboxone sublingual film rather than Suboxone sublingual tablet where medically indicated to reduce the abuse of Suboxone in Shasta County.

Teen Mental Health Awareness



The Problem



21% of California teens are at risk for a depressive disorder, and suicide is often a consequence of untreated mental conditions. Although the high suicide statistics and causes are out there, 80% of teens with depression don't receive the help they need.



Background

Approximately 11% of adolescents in California have a depressive disorder by age 18.

Unrecognized or untreated mental and emotional health disorders increase:

- Young people's risk of school failure and dropout
- Alcohol and drug use
- Suicide

In recent studies, Shasta County alone faces an average of 38 suicides per year (not-limited to teens), revealing that the local suicide rate has doubled that of California's.

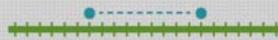
Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.¹

50%



Approximately 50% of students age 14 and older with a mental illness drop out of high school.²

70%



70% of youth in state and local juvenile justice systems have a mental illness.²

Alternative policies

Student Mental Health Initiative

Policy Overview

- Funded by HECSA
- Centers in Community
- Campus-based mental health programs
- Further develops collaboration between educational settings and county services

Desired Aspects

- Evidence-based research
- Business-oriented programs
- Peer-to-peer support activities
- Suicide prevention programs
- Referral

Mental Health Awareness Act

Policy Overview

- Advances Federal efforts to assist states and local communities in addressing the mental health needs of their citizens
- Reauthorizes various educational and health programs related to mental health

Desired Overview

- Federally establishing education and health programs that push for additional assessments and early identification of mental health conditions
- Developing positive behavioral interventions and supports
- Spending for such prevention, help children recovering from traumatic events, and mental health assessments for teachers

SC Student Mental Health and Wellness Plan

Policy Overview

- 2008-2010
- DHS, SDCS, DHS, PHS, SHHS
- EARLY intervention for the mental health of children from birth to high school completion
- Teacher and student intervention and teacher's continued understanding of mental health signs/prevention

Desired Aspects

- Teacher recommendation/mental health assessment
- Policy based on the needs of students/parents

Student Mental Health Initiative

Policy Overview:

- Funded by MHSAs
- Grades K-University
- Campus-based mental health programs
- Further develops collaboration between educational settings and county services.

Desired Aspects:

- Evidence-based research
- Assesses current programs
- Peer-to-peer support activities
- Suicide prevention programs
- Referral



Mental Health Awareness Act

Policy Overview:

- Advances Federal efforts to assist states and local communities in addressing the mental health needs of their citizens
- Reauthorizes various educational and health programs related to mental health.

Desired Overview:

- Federally establishing education and health programs that push for awareness, prevention and early identification of mental health conditions.
- Develops positive behavioral interventions and supports.
- Spending for suicide prevention, help children recovering from traumatic events, and mental health awareness for teachers.



SC Student Mental Health and Wellness Plan

Policy Overview:

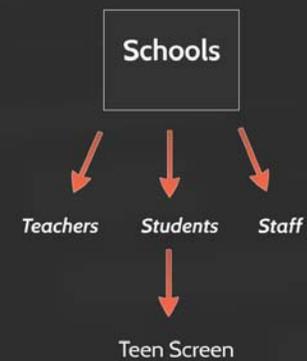
- 2009, 2010
- DBHS, SCOE, Deb Marios, PEI, SMHI
- EARLY Intervention for the mental health of children from birth to high school completion
- Teacher and student interaction and teacher's complete understanding of mental health signs/prevention

Desired Aspects:

- Teacher recommendation/mental health coursework
- Policy based on the needs of students/parents

Proposal

remains specific to depression



Purpose of Proposal

Purpose:

- Bring depression recognition and training to teachers and school staff
- Implement mental health curriculum in schools
- Establish early depression prevention and intervention programs.

Proposal Cost

Estimated cost for Shasta County:

- Implementation: \$58,289
- Yearly expected cost: \$113,000+
- Cost scaled from Alternative policies and cost of curriculum

Funding

Funding:

- 42% State funding held for educational use
- Schools Budget in Local Control and Accountability Plan (LCAP)

Expected Effects

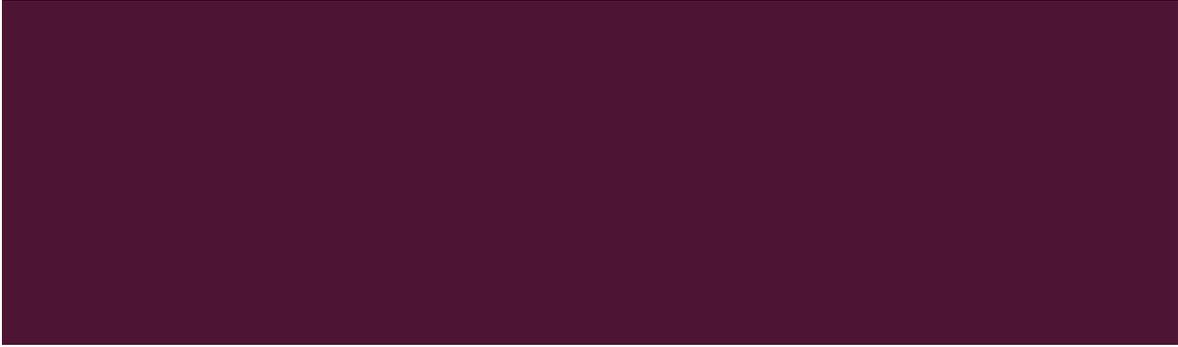
- Teachers will be able to recognize mental illnesses
- Mental Health classes will be added to school curriculum
- Early Prevention and intervention programs will be created

Thank You



BEHAVIORAL HEALTH COURT

SHASTA COUNTY'S MENTAL HEALTH COURT PROGRAM



BEHAVIORAL HEALTH COURT

- Collaborative Court consisting of Shasta County Superior Court Judge, District Attorney, Public Defender, Public Defender Social Worker, Probation Department, and Shasta County Mental Health.
- Intensive judicial supervision with therapeutic interventions to monitor, evaluate, and provide participants with comprehensive services.
- “The goals are to improve outcomes for the individual and the community, including increased public safety, a reduction in recidivism, a reduction in the abuse of alcohol and illegal drugs, and a reduction in the burden on law enforcement and other county resources.”

PARTICIPANT ELIGIBILITY

- PARTICIPATION IS VOLUNTARY AND MUST BE AMENABLE TO SERVICES
 - DEMONSTRATE THAT MENTAL HEALTH ILLNESS IS A SIGNIFICANT CONTRIBUTING FACTOR TO THEIR INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM
 - MEET MEDICAL NECESSITY CRITERIA TO RECEIVE SERVICES
 - ARE DIAGNOSED WITH A SEVERE MENTAL HEALTH ILLNESS
 - ARE ELIGIBLE FOR PROBATION SUPERVISION
 - ARE ABLE TO APPRECIATE THE CONSEQUENCES OF THE LEGAL PROCEEDING
 - DO NOT DISPLAY ANTISOCIAL PERSONALITY AND BORDERLINE PERSONALITY
- 

REFERRAL PROCESS

- Post pleas/violation referral from Defense Attorney, Probation, District Attorney, or Court
- Public Defenders Social Worker conducts a prescreen interview
- BHC Interview Team: Joint interview of applicant by Probation Department and SCMH
- If applicant is eligible then they are referred for a comprehensive assessment conducted by BHC Clinician
- BHC court team reviews and considers acceptance
- Applicant is then accepted
- Terms and conditions are provided, development of recovery plan and treatment plan goals, meets with Psychiatrist

PHASES

Phase I: 3 months

- Keep all scheduled appointments
- Medication compliance
- No new arrests
- Demonstrate willingness to remain in the program
- Maintain stable housing
- Meet recommendations regarding reduction in drug/alcohol use
- Begin demonstrating improvement in functionality

Phase II: 6 months

- Continue phase I recommendations
- Demonstrate use of coping, social life skills addressed in treatment

Phase III: 3 months

- Continual adherence to program
- Integration into the community setting
- Participants are actively involved in educational pursuits, volunteer work, or employment

HEART OF BHC

- PARTICIPANTS ATTEND COURT WEEKLY, BI-WEEKLY, OR MONTHLY DEPENDING ON PHASE
- ATTEND GROUP REHABILITATIVE SERVICE TWICE WEEKLY AT SCMHS
- WEEKLY MEETINGS WITH PROBATION OFFICER AND UA TESTING
- FOLLOW PRESCRIBED MEDICATION BY PSYCHIATRIST AND PRIMARY CARE PROVIDER
- ACTIVELY PARTICIPATE IN TREATMENT ACTIVITIES
- ABSTAIN FROM ALCOHOL OR ILLEGAL SUBSTANCES
- DEVELOP TREATMENT PLAN GOALS, PERSONAL STRENGTH BASED RECOVERY PLAN GOALS
- DEVELOP STEPS TO ACCOMPLISHING THEIR GOALS.
- MEET WEEKLY WITH CASE MANAGER/CLINICIAN OUTSIDE OF GROUP

BHC GROUPS

- Develop and practice coping, social, and life skills
- Wellness, Recovery, Action, Plan; Seeking Safety; Courage to Change curriculum
- Focus is on support, trust, and positive change
- Peer to peer support and accountability
- Engage in community activities to increase connection:
 - Salmon Fish Run
 - Nash Farms (2nd place pumpkin decorations at SCMH)
 - Organized a clean up activity on earth day
 - Visit local art and cultural events: Charter House Art Gallery, McConnell Arboretum and Botanical Gardens, Sundial Bridge, Behrens-Easton House Museum
 - Whiskeytown outings

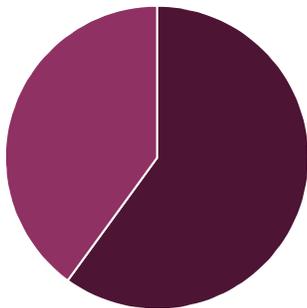
INCENTIVES FOR SUCCESSFUL PROGRAM

- REDUCTION IN CHARGES
- POSSIBLE DISMISSAL OF CHARGES
- FINES AND FEES STAYED, REDUCED, OR CLEARED
- GRADUATION CERTIFICATE
- VOUCHERS, PASSES, AND GIFT CERTIFICATES
- ASSISTANCE WITH HOUSING, JOB TRAINING, EMPLOYMENT, AND TRANSPORTATION

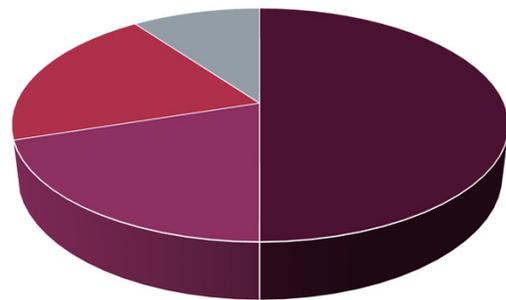
SANCTIONS

- Reprimands from the Judge
- Increase court appearances
- Community service (Work Days)
- GPS monitoring
- Writing an essay
- Flash incarceration
- Incarceration
- Termination of program
- Violation of probation

CURRENT DEMOGRAPHICS



■ Male ■ Female



■ Schizophrenia ■ Schizoaffective ■ Bi-Polar ■ Mood Disorder

MORE FUN FACTS

- First person accepted was in March 2014
- 15 max caseload
- There is an alternative track
- 72 screened participants since March 2014
- Of the 72 screened 23 were female
- 9 did not wish to participate
- 9 participants have been terminated from BHC (3 in the last month)
- 3 went to prison
- In total we have served 34 people

ARE WE MEETING OUR GOALS?

- First Graduation: June 29, 2015
- Increased integration in the community
- Increased prosocial supportive relationships
- Participants have a desire to live a clean and sober life
- Behavior modifications
- Increase employment, housing, educational pursuits
- Decrease in hospitalizations
- **NO NEW RECIDIVISM**
- **NO NEW LAWVIOLATIONS**

Housing Programs in Shasta County

Donnell Ewert
HHSA Director
MHADAB - July 1, 2015

CalWORKs - Family Stabilization (FaSt)

- ▶ Serves low income families with children
- ▶ Can provide:
 - ▶ Rental assistance for up to 6 months
 - ▶ Provide assistance with security deposits
 - ▶ On a case by case basis, provide assistance with utility debt
 - ▶ Temporary motel expenses
 - ▶ Credit check & application fees



CalWORKs Building

1400 California Street, Redding CA

Section 8 Housing Vouchers offered by Housing Authorities (County and City)

- ▶ Housing Choice Voucher Program
 - ▶ Both County and City Housing are not currently taking Section 8 applications. Neither are sure when their application process will be open again.
 - ▶ City does take referrals from One Safe Place (OSP) - that referral places them at top of list - and has a Foster Youth Program and takes referrals from Youth and Family.
- ▶ County's wait time if you are currently on the list is two years.
- ▶ City does not have a wait time for those on the waiting list; they are waiting for funding to be available that will allow them to contact people.

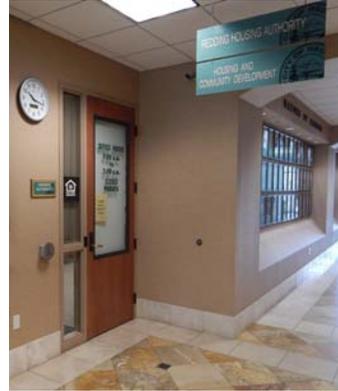
Tenant Based Rental Assistance offered by Housing Authorities (County and City)

- ▶ Tenant Based Rental Assistance Programs (TBRA) - One-year grant based program
 - ▶ VASH (Veterans Affairs Supportive Housing)
 - ▶ FaSt - referral for CalWORKs clients
 - ▶ PATH - AB 109 clients
- ▶ County accepting VASH voucher applications through referrals from VA or VRC
- ▶ City does not issue their own VASH Voucher, but anyone with a VASH Voucher can transfer to the Redding Housing Authority at any time and use their Voucher in City's jurisdiction.



County Housing

1450 Court Street, Suite 108, Redding CA



City of Redding Housing

777 West Cypress Avenue, Redding CA

Veterans

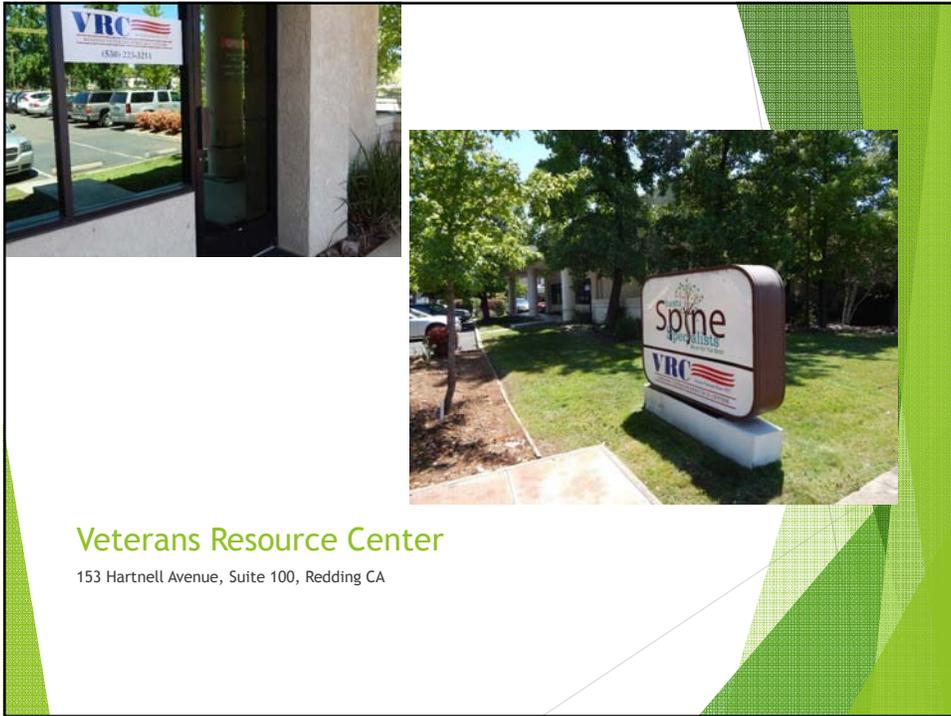
- ▶ Veterans Resource Center - offers supportive services for veterans and their families
- ▶ Rapid Re-Housing Assistance
 - ▶ Temporary Financial Assistance - helps veterans move into housing with security deposit, utility deposit, and one to four months rental assistance
 - ▶ SSVF (Support Services for Veteran Families) Funding - Veterans with limited financial means - HUD VASH Voucher
 - ▶ Can be expedited 24-48 hours, but getting into housing typically takes 6-8 weeks. Assistance with everything but 30% of veteran's income.
 - ▶ Utility assistance available
 - ▶ This assistance is available as long as veteran lives in Shasta County
 - ▶ Can also be used to help stabilize a situation so veteran can remain in their housing

Veterans

- ▶ Rapid Re-housing Assistance (continued)
 - ▶ Tenant Based Rental Assistance (TBRA) - same as VASH Voucher but have a time limit
 - ▶ Rental assistance available for 12-18 months
 - ▶ Some utility assistance
 - ▶ Veteran covers cost = 30% of income
 - ▶ Within 45 to 60 days VRC will open a 12-bed transitional housing on Park Marina Drive for veterans with PTSD, TBI (Traumatic Brain Injury) and Alcohol/Substance Abuse
 - ▶ Self pay - 30% of client's income
 - ▶ Have to be stabilized
 - ▶ Drug testing
 - ▶ Staff Supervision
- ▶ Proposed 32-unit housing complex in City of Shasta Lake

Veterans

- ▶ If there is a veteran that has drug or alcohol or other Behavioral Health (BHT) issues or co-occurring disorders through VA, they can be referred to VRC for their BHT problems.
 - ▶ Contact VRC for information regarding fee
 - ▶ Free or 30% of income
 - ▶ Treatment facilities in Redding, Eureka, Santa Rosa, and Sacramento.
 - ▶ Veterans receiving treatment outside the area will be able to return to their home after treatment



Veterans Resource Center

153 Hartnell Avenue, Suite 100, Redding CA

Mental Health Financed Housing

- ▶ Institutes for Mental Disease (IMD) (locked)
- ▶ Board and Care - Willow Glen, Le Brun, Sail House, Mid-Valley, Psynergy, Ridgeview (soon)
- ▶ Crisis Residential and Recovery Center (CRRC) - 30 day transitional housing
- ▶ The Woodlands - permanent supportive housing
- ▶ Eastern Shasta County Project (planned) - permanent supportive housing



Crestwood Wellness & Recovery Center

An example of an IMD in Shasta County

3602 Churn Creek Road, Redding CA



Willow Glen Care Center

1547 Plumas Court, Yuba City CA



Crisis Residential & Recovery Center

30 day transitional housing unit sponsored by Shasta County Health and Human Services Agency - Adult Services Branch - Mental Health/Alcohol & Drug Services

2640 Breslauer Way, Redding CA



Ridgeview Residential Center

2096 Cascade Boulevard, Shasta Lake City CA



Le Brun

1066 Le Brun Lane, Redding CA



The Woodlands

Outreach and Housing Case Management

- ▶ Project for Assistance in Transitions from Homelessness (PATH)
- ▶ Housing Case Manager - Regional Services



Downtown Redding Center

1220 Sacramento Street, Redding CA

Location of the Housing Case Manager

Northern Valley Catholic Social Service (NVCSS)

- ▶ St. Clare Court
- ▶ Della Williams
- ▶ Whispering Oaks
- ▶ Rental assistance
- ▶ Security deposit loan program



St. Clare Court

2475 Beverly Drive, Redding CA



Della Williams' Gardens

3221 Bechelli Lane, Redding CA



Whispering Oaks

900 Canby Road, Redding CA

SUD - Residential Treatment and Sober Living

- ▶ Residential treatment currently only available for perinatal and AB 109 clients - possible expansion under Drug Medi-Cal 1115 waiver
 - ▶ Empire Recovery
 - ▶ Visions of the Cross
- ▶ Sober living agreement with VOTC - pays for room and board along with ancillary services (e.g. Parenting University)
- ▶ There are other sober living houses in Redding operated by private parties



Empire Recovery Center

1237 California Street, Redding CA



Visions of the Cross

3648 El Portal Drive, Redding CA

Other Non-Profit Shelters and Transitional Housing

- ▶ Good News Rescue Mission
- ▶ One Safe Place
- ▶ Shasta Humanity Project (planned tiny houses)
- ▶ Faith Works - Francis Court

Good News Rescue Mission
3100 South Market Street, Redding CA

One Safe Place - Sierra Center
OSP Sierra Center - new client services and shelter - construction underway and opening in Fall, 2015. Benton Drive, Redding CA
Client Services are currently located in the south end of the Downtown Promenade.



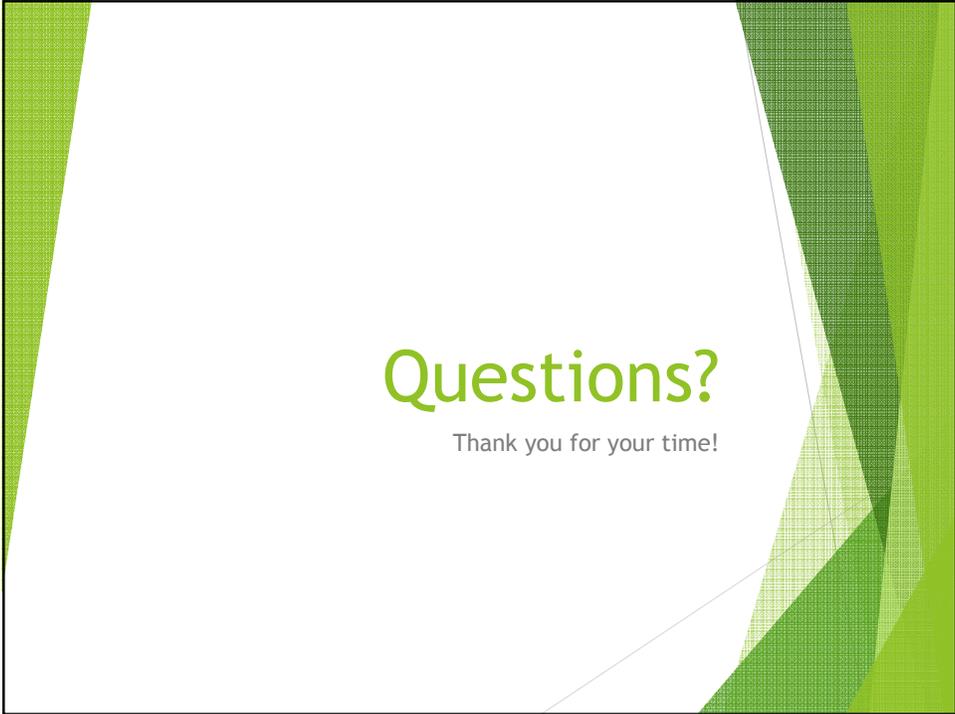
Shasta Humanity Project

Proposed village of transitional housing for the homeless - proposed number of homes would be 30. This is a rendition of a 207-square-foot house built on a trailer that would have a bed to fit two people, a toilet, a shower, and a kitchenette, along with water and electricity.



Francis Court

2825 West Street, Redding CA



Questions?

Thank you for your time!