



Shasta County  
**Health & Human  
Services Agency**

## **NOTICE OF PUBLIC COMMENT PERIOD**

### **Shasta County Health and Human Services Agency Mental Health Services Act Request for One-Year Extension for MHSA Innovation CARE Center Project**

Shasta County Health and Human Services Agency is making available for public comment its Request for One-Year Extension for Mental Health Services Act Innovation CARE Center Project. The public has an opportunity to provide input regarding this document through a 30-day public comment period. An electronic copy of this document can be found at [www.shastamhsa.com](http://www.shastamhsa.com). A hard copy can be viewed at 2615 Breslauer Way, Redding. A copy is available upon request by contacting Kerri Schuette, MHSA Coordinator, at (530) 245-6951 or [kschuette@co.shasta.ca.us](mailto:kschuette@co.shasta.ca.us).

**Public comments are to be received no later than 5 p.m. on March 4, 2019.** Comments should be sent to the attention of Kerri Schuette, MHSA Coordinator, to 2615 Breslauer Way, Redding; or e-mailed to [kschuette@co.shasta.ca.us](mailto:kschuette@co.shasta.ca.us).

“Engaging individuals, families and communities to protect and improve health and wellbeing.”

*Donnell Ewert, MPH, Director*  
[www.shastahhsa.net](http://www.shastahhsa.net)



Shasta County  
**Health & Human  
Services Agency**

# Request for One-Year Extension for MHSA Innovation CARE Center Project

Donnell Ewert, MPH, Director

January 2019

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## Need for a One-Year Extension

Shasta County's current Innovations project, the Counseling and Recovery Engagement (CARE) Center, is an after-hours mental health resource center which offers crisis mental health services on site and provides warm hand-offs to those needing referrals to other services. It offers a holistic approach to meeting clients' needs. The center offers peer support for people navigating services, education groups, pre-crisis and emergent crisis access to clinicians, case management and referrals to other community-based organizations that focus on wellness, resiliency and recovery. A primary objective is to have highly qualified mental health personnel handle situations that in the past have been handled by law enforcement officers or busy emergency room personnel, which was expected to have a profound impact on the client experience.

The primary reason for requesting a one-year extension of the CARE Center is to help us gather more conclusive evidence about how well we are meeting our original objectives, which were:

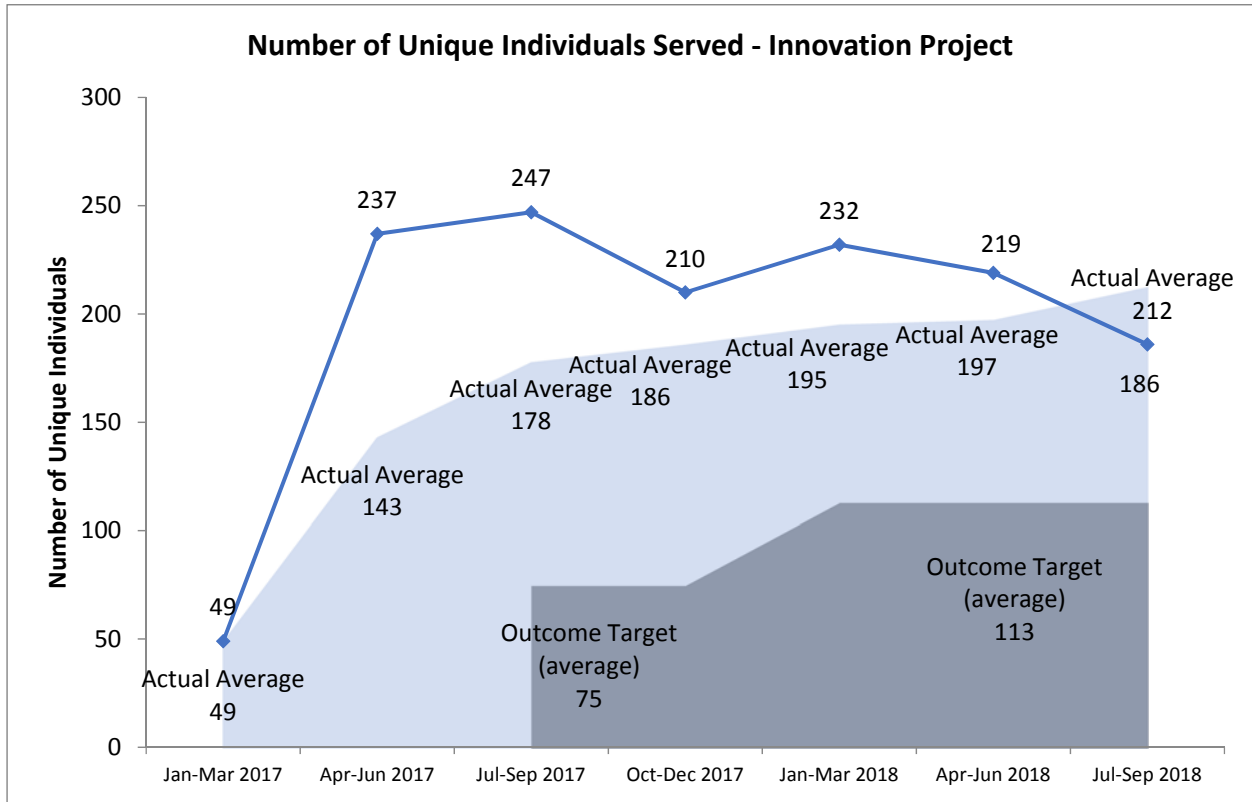
- The extent to which the after-hours Project improves access to services, particularly for individuals currently un-served or under-served by the existing mental health system.
- Whether the project reduces mental health crises, including trips to the emergency room, in both human and economic benefits.
- The extent to which an after-hours "one-stop" resource center can help bridge service gaps, facilitate access to community-based resources, and better meet individual and family needs.
- The impact of the project on families, by partnering with other agencies and community-based organizations such as NAMI, including family-focused services as a priority, and increasing access to mental health services and supports for family members with competing daytime responsibilities.
- The elements of the project that are most associated with successful outcomes, with a particular focus on effective collaborative approaches.

This additional year would fund the CARE Center through 2020, and add approximately \$740,000 to the project cost, which would draw down Shasta County's Innovation funds from 2016-17 and 2017-18. The original, approved Innovation plan stated that the Shasta County Health and Human Services Agency and Hill Country Community Clinic would look at alternative funding sources to sustain the program after the pilot period if it was determined that it was worthwhile to continue operating the CARE Center, and that plan will not change with the requested extension; it will, however, give these entities additional time to solidify plans for funding it beyond the pilot phase. No other changes to the project are being requested, and this request does not exceed the five-year limitation imposed upon Innovation projects.

## Background

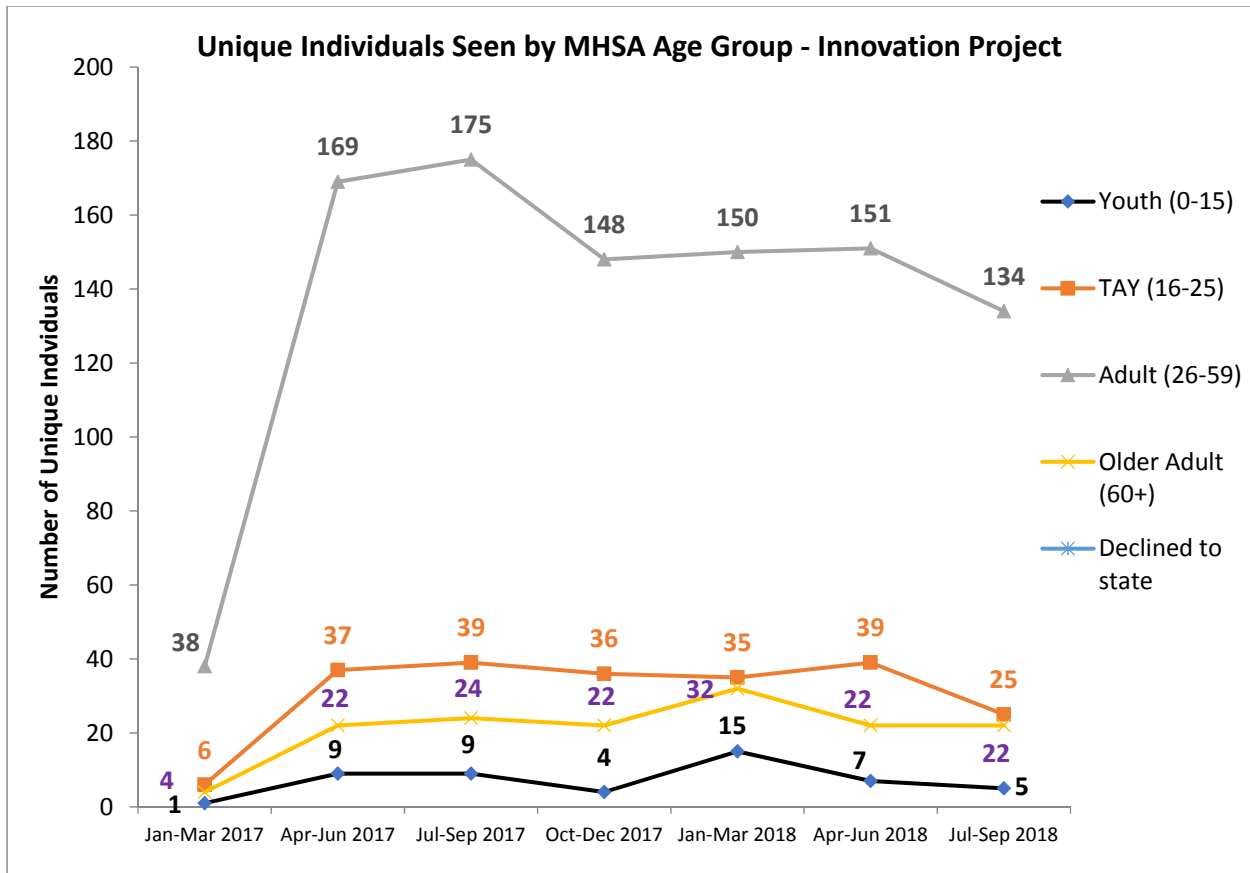
On Dec. 17, 2015, the Mental Health Services Oversight and Accountability Commission (MHSOAC) voted to approve \$2,969,053 to fund the CARE Center for four years. This included a six-month start up period, three years of operation, and a six-month wind down period. Shasta County contracted with Hill Country Health and Wellness Center to provide this service, and the project met all of the required elements of an Innovative proposal as stated in the Innovation Regulations. The CARE Center opened to the public on March 12, 2017. The outcome target numbers were for the Center to

serve 75 unique individuals per quarter by the end of Year 1 (12/31/17), 113 by the end of Year 2 (12/31/18) and 128 by the middle of Year 3 (6/30/19). Use of the CARE Center has outpaced the target numbers from the beginning.

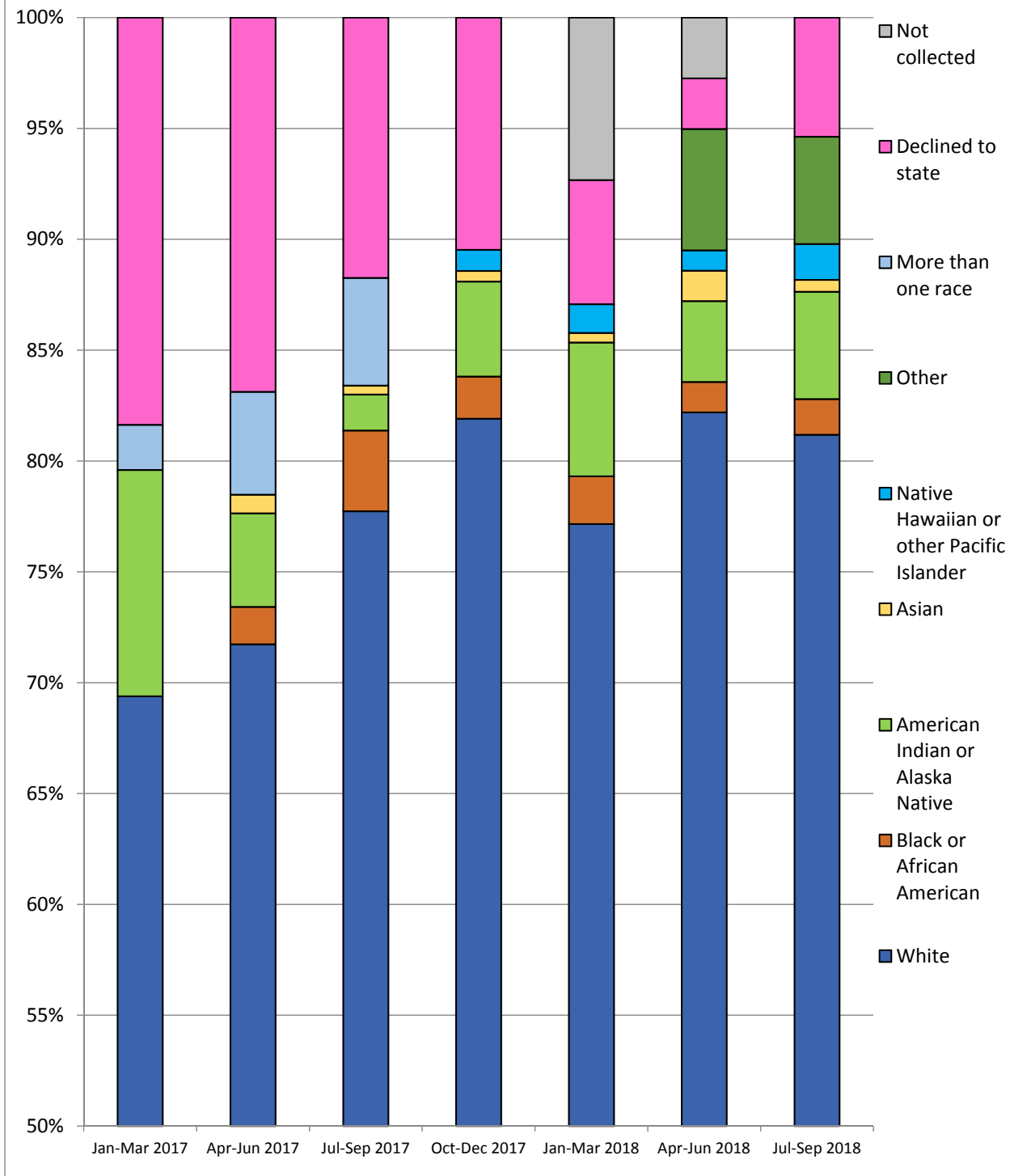


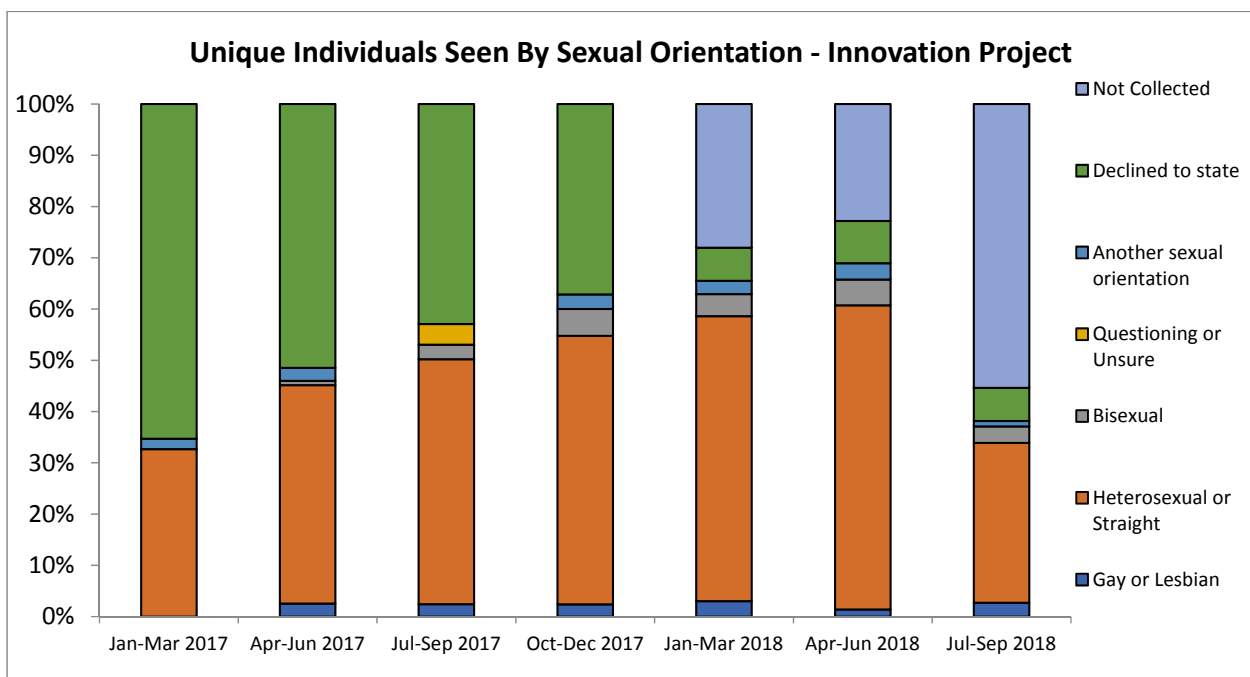
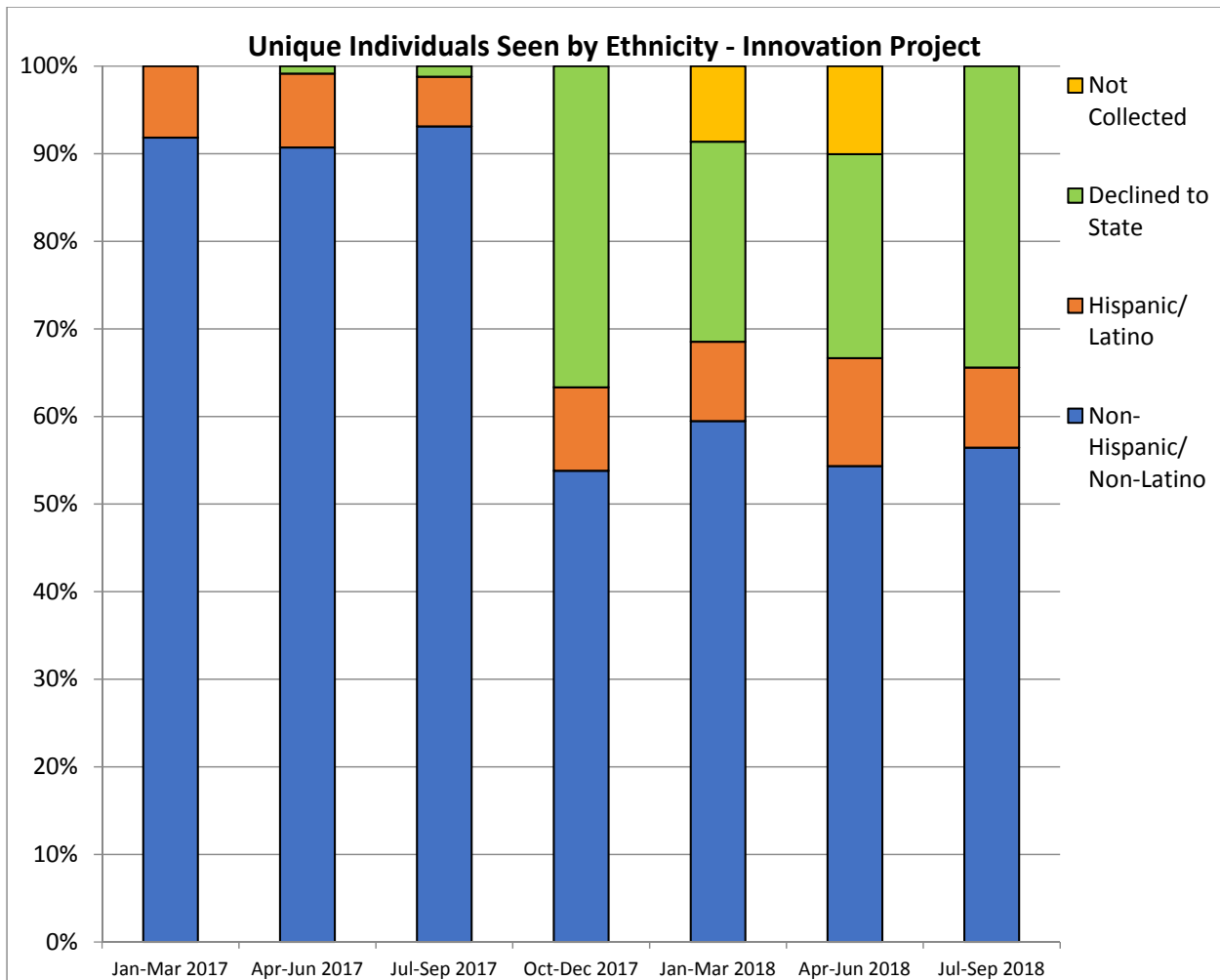
## Who we are serving

The CARE Center has served people of diverse ages, races, ethnicities and gender identities.



Unique Individuals Seen by Race - Innovation Project



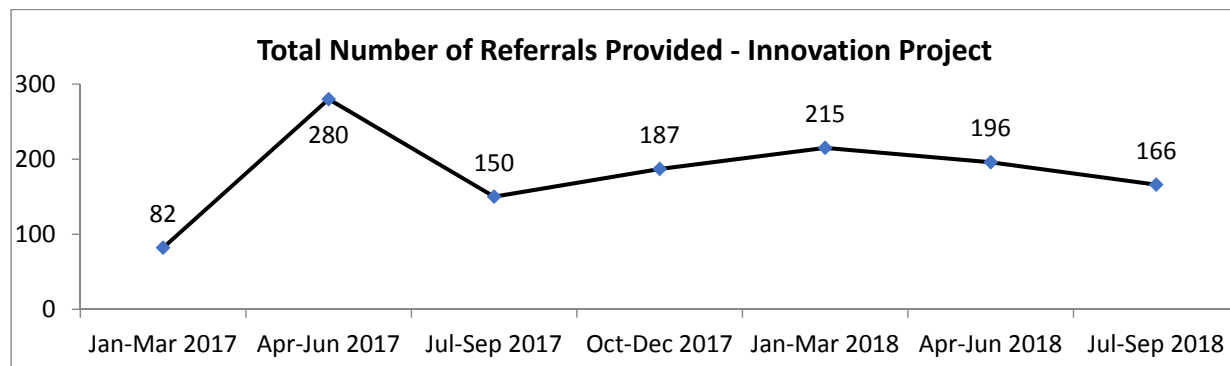




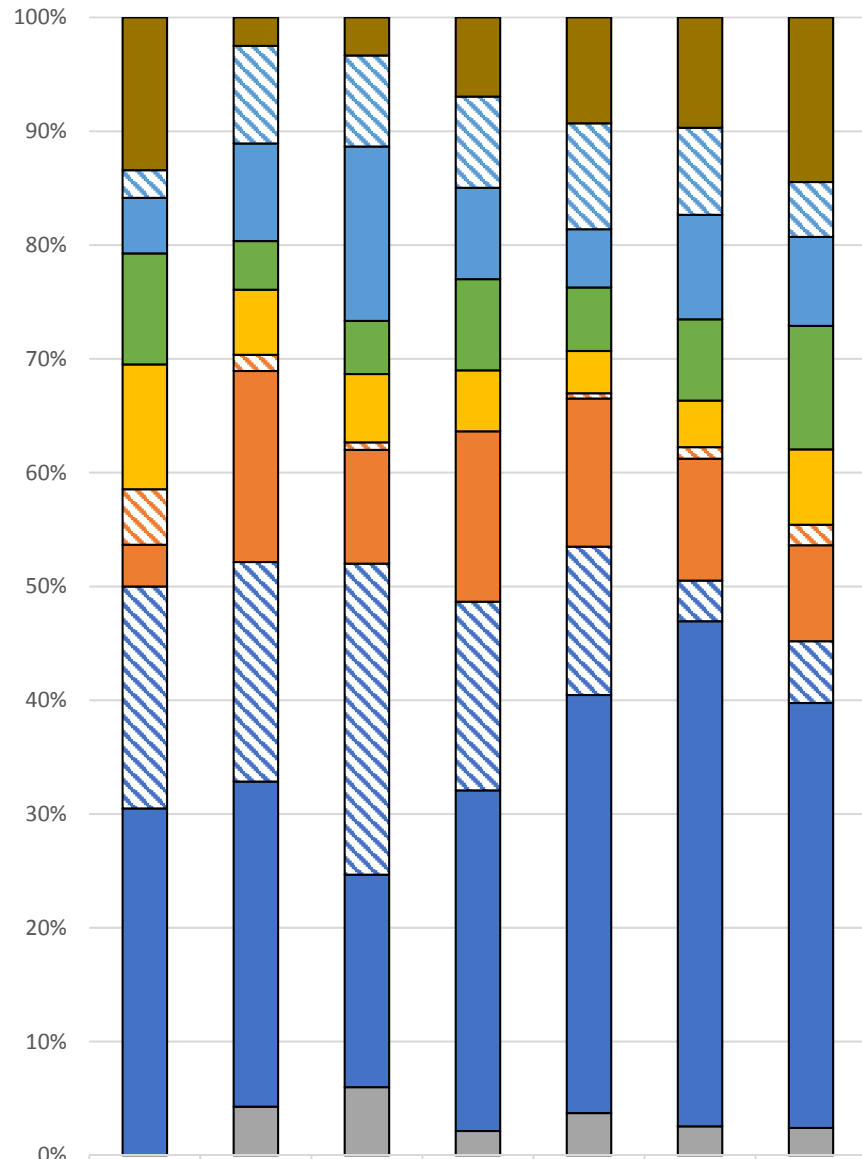
## Referrals to outside agencies

There are many other departments and agencies to which individuals can be referred for items or services not directly provided by the CARE Center. Referral type categories are:

- “Basic Needs,” which include referrals to:
  - Emergency clothing resources
  - Emergency food resources
  - Financial benefit application assistance
  - Health insurance application assistance (Medicare/Medi-Cal/etc.)
  - Transportation assistance
- “Behavioral/MH Services,” which include referrals to:
  - Assisted Outpatient Treatment (AOT) program by Hill Country
  - Hill Country behavioral health services at various clinic locations
  - Mental health community services
  - Mental health county services
  - Specialty/psych health care services
  - Support group
  - Wellness and recovery
- “Community Groups,” which include referrals to:
  - Community groups
  - Other external referrals
  - Other Hill Country referrals
- “Emergency Department Hospital”
- “Housing/Shelter Services”
- “Medical Health Services,” which include referrals to:
  - Hill Country medical services at various clinic locations
  - Primary health care services
- “Substance Use Services” which include referrals to:
  - Medication-Assisted Treatment (MAT)
  - Substance Use Disorder (SUD) treatment



### Referrals Provided by Category - Innovation Project



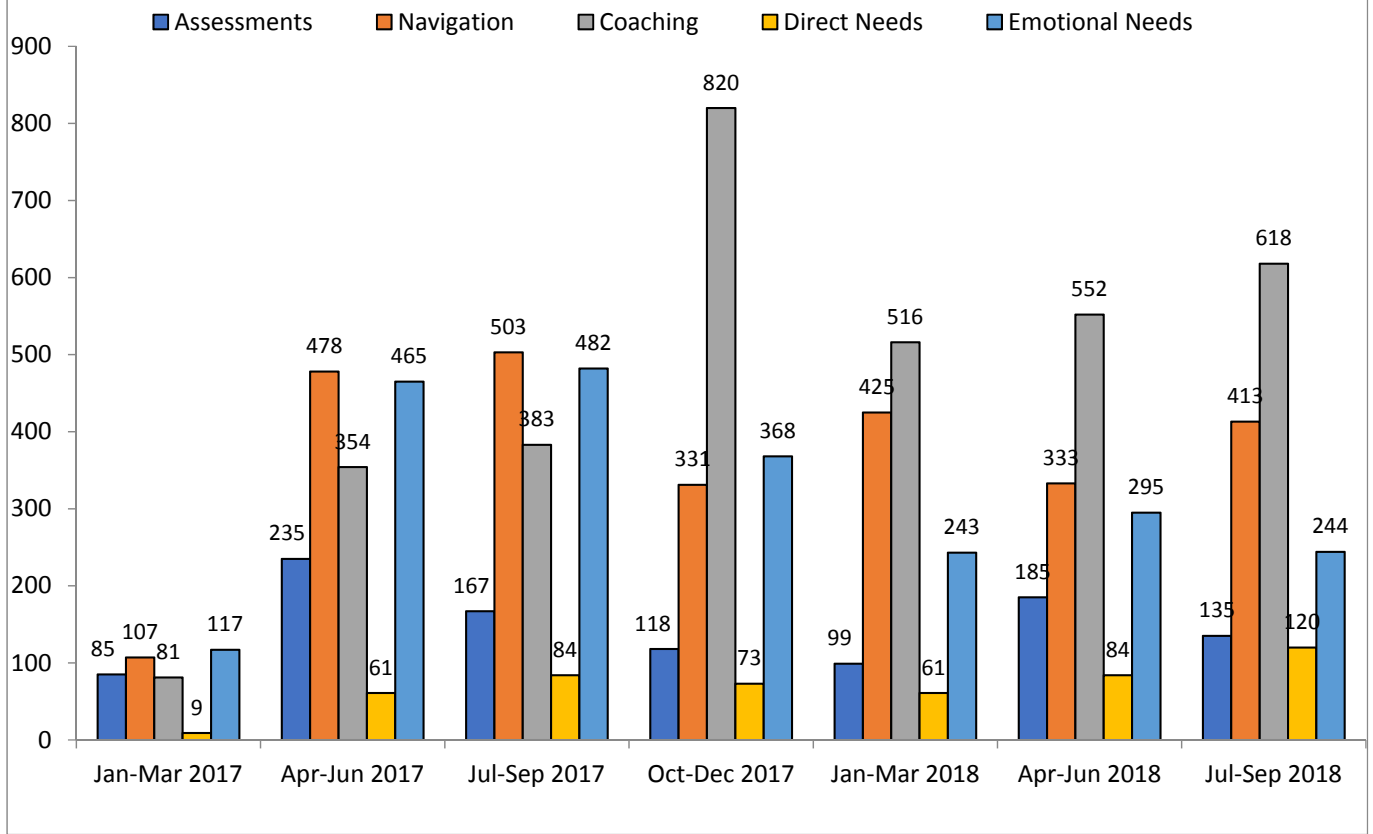
	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Substance Use Services	11	7	5	13	20	19	24
Medical Health Services Hill Country	2	24	12	15	20	15	8
Medical Health Services External	4	24	23	15	11	18	13
Housing/Shelter Services	8	12	7	15	12	14	18
ED Hospital	9	16	9	10	8	8	11
Community Groups Hill Country	4	4	1	0	1	2	3
Community Groups External	3	47	15	28	28	21	14
Behavioral/MH Services Hill Country	16	54	41	31	28	7	9
Behavioral/MH Services External	25	80	28	56	79	87	62
Basic Needs	0	12	9	4	8	5	4

## Services provided and successfully completed

Individuals can access numerous services directly through the CARE Center, which are provided directly by CARE Center staff members (including clinical staff, case managers, and peer volunteers). Service type categories are:

- “Assessments,” which include
  - Mental health assessments
  - Needs assessments
  - Wellness and recovery assessments
- “Navigation,” which includes
  - Advocacy
  - Navigation
  - Referral linkage and follow up
- “Coaching,” which includes
  - Development of support systems
  - Goal and action planning
  - Skill building
  - Wellness coaching
- “Direct Needs,” which include
  - Basic needs
  - Food/clothing
  - Medical care
  - Transportation
- “Emotional Needs,” which include
  - Crisis intervention/emotional support
  - Mental health follow up
  - Social services

### Services Provided by Category - Innovation Project



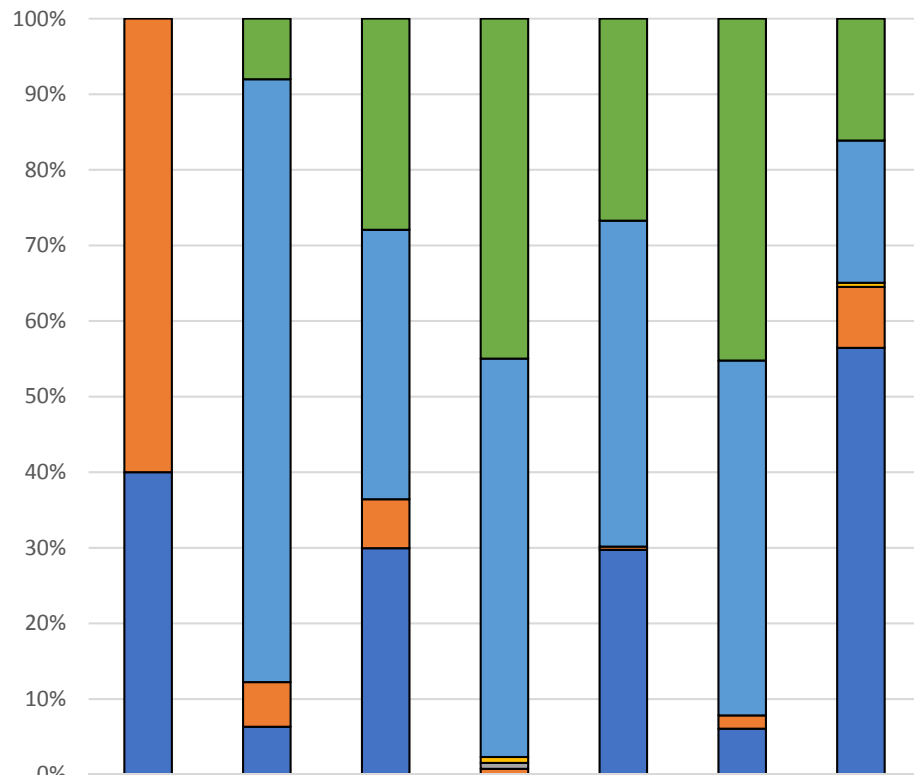
## Housing status

To help track the impact and effectiveness of services, the CARE Center has been asked to track the housing status of individuals at the time they first start services, and then at the 3-month point after that first service. The target outcome numbers are to see a 15% increase in housing stability/permanence at the 3-month mark.

Housing status has been divided up into the following categories:

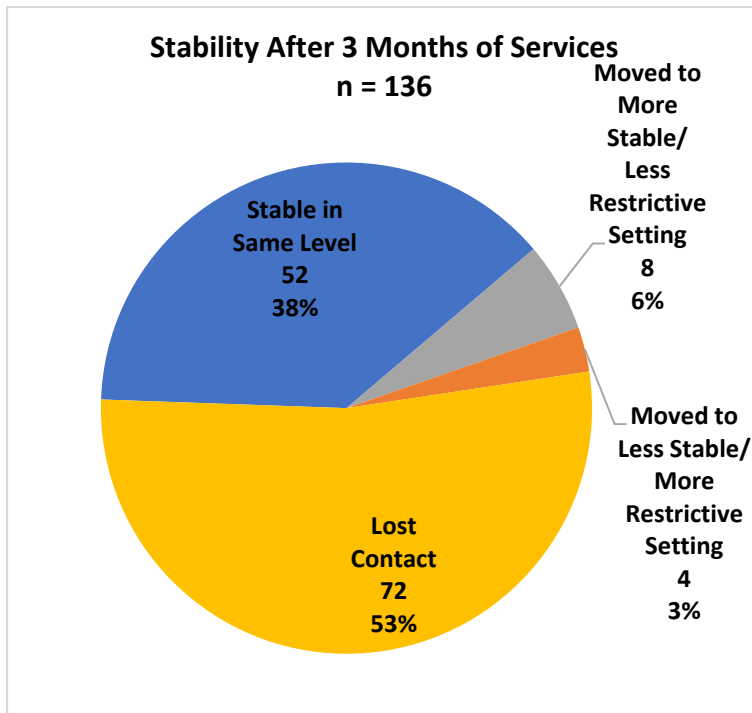
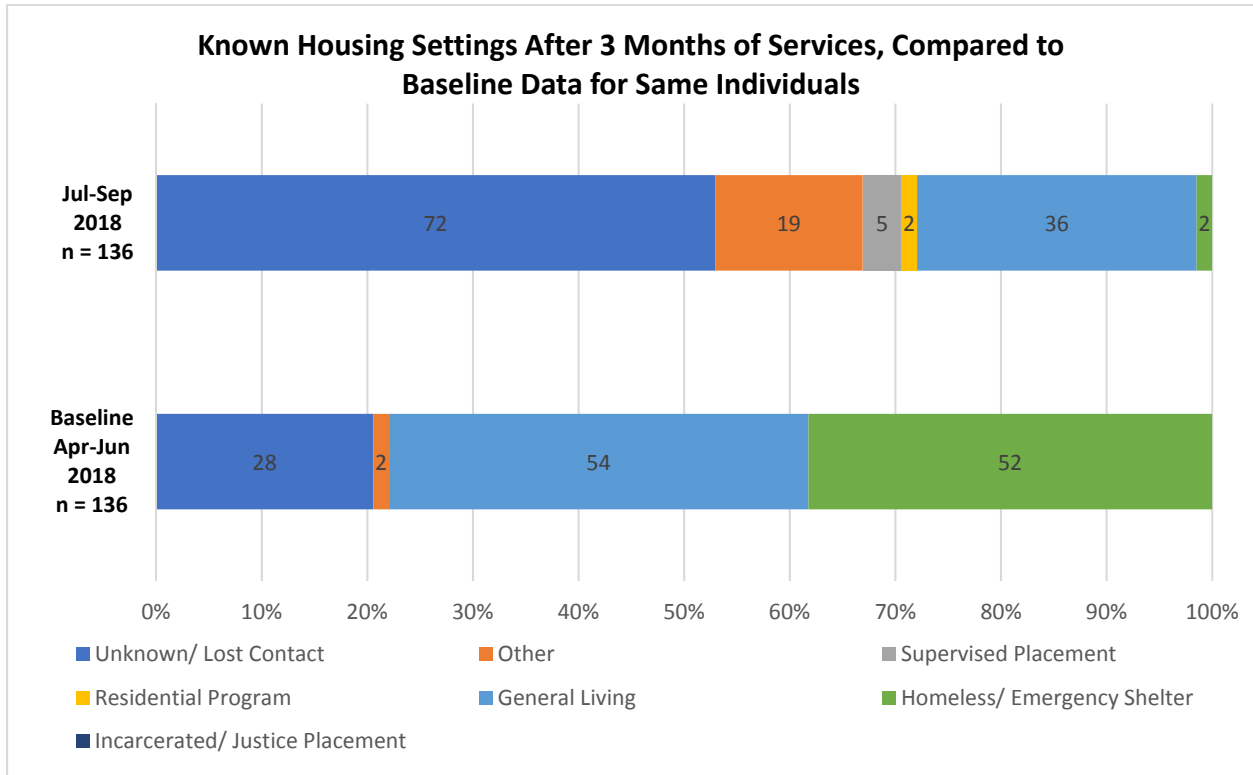
- Homeless/emergency shelter
- General living, which includes the following:
  - Apartment or house, alone or with family/roommates
  - Foster home
  - Single room occupancy
- Residential program, which includes the following:
  - Community treatment program
  - Group home (any level)
  - Long term care facility
  - Residential treatment program
  - Skilled nursing facility (any type)
- Supervised placement, which includes the following:
  - Assisted living facility
  - Community care facility, such as a Board and Care
  - Congregate placement
- Inpatient psychiatric hospitalization, which includes the following:
  - Psychiatric Health Facility (PHF)
  - Institute of Mental Disease (IMD)
- Incarcerated/justice placement, which includes the following:
  - Jail
  - Prison
  - Juvenile hall
  - Juvenile justice placement
- Other
- Unknown

### New Participant Housing Status at Intake - Innovation Project



	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Homeless/ Emergency Shelter	0	19	69	58	62	52	30
General Living	0	189	88	68	100	54	35
Residential Program	0	0	0	1	0	0	1
Supervised Placement	0	0	0	1	0	0	0
Other	3	14	16	1	1	2	15
Unknown	2	15	74	0	69	7	105

## Housing stability 3 months after CARE Center services



For those who moved to more stable/less restrictive settings, 1 transitioned from Homeless/Emergency Shelter to General Living, 5 from Homeless/Emergency Shelter to Supervised Placement, 1 from Residential Program to General Living, and 1 from Supervised Placement to General Living.

For the 4 people who moved to a less stable/more restrictive setting, 2 transitioned from General Living to Residential Program, 1 from General Living to Homeless/Emergency Shelter, and 1 evicted from an unspecified setting.

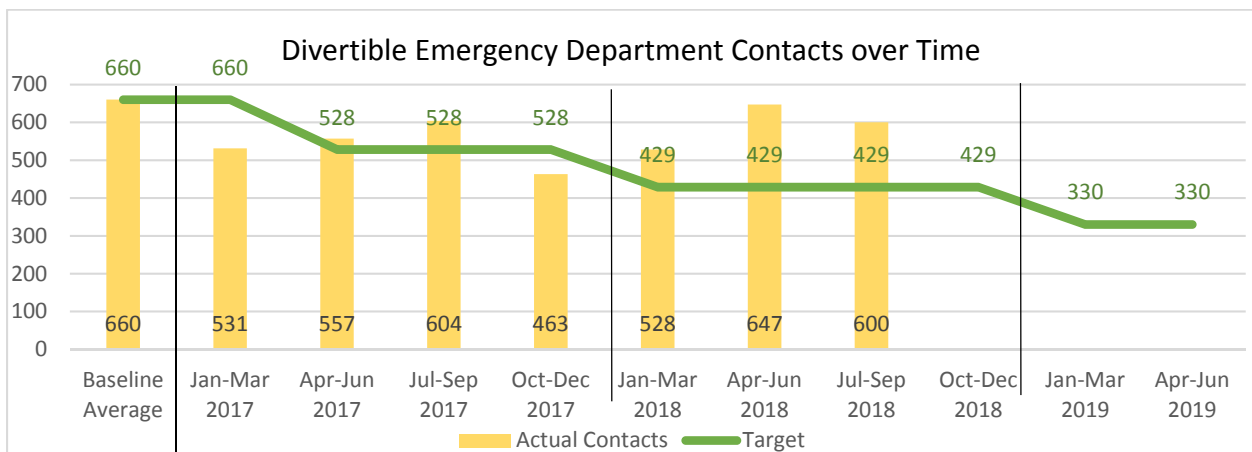
## Emergency Department Visits

One goal of the CARE Center is to reduce the number of emergency department visits for psychiatric reasons by the following amounts:

- At the end of year one – reduced by 20%
- At the end of year two – reduced by 35%
- By the mid-point of year three – reduced by 50%

Using the historical data, and applying these percentages, the goals for the emergency department contacts calculate out to the following:

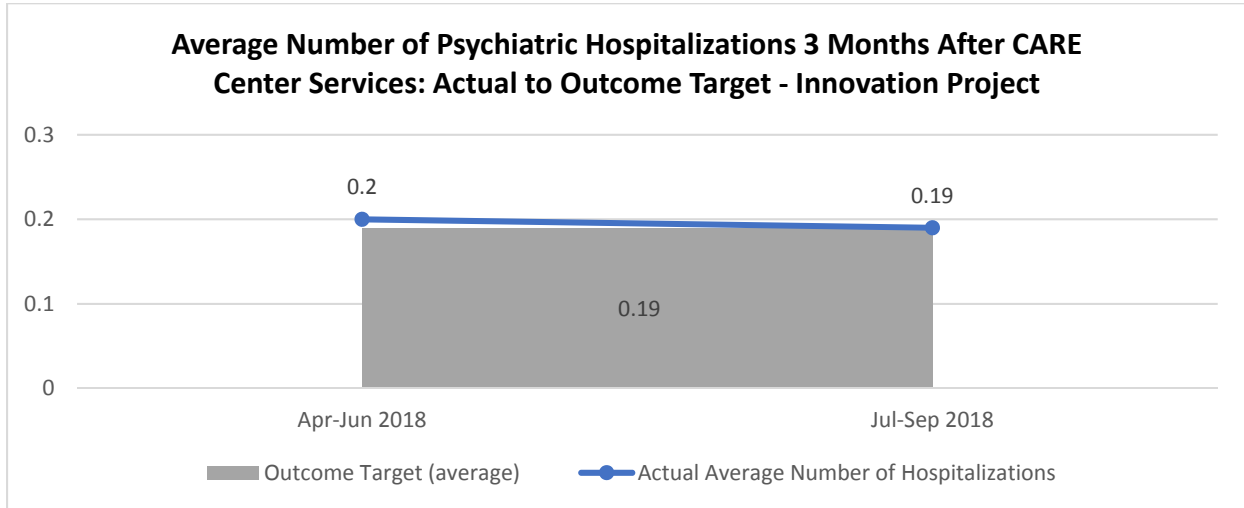
- For the quarter ending 12/31/17 – potentially divertible ED contacts should equal 528 or fewer
- For the quarter ending 12/31/18 – potentially divertible ED contacts should equal 429 or fewer
- For the quarter ending 6/30/19 – potentially divertible ED contacts should equal 330 or fewer





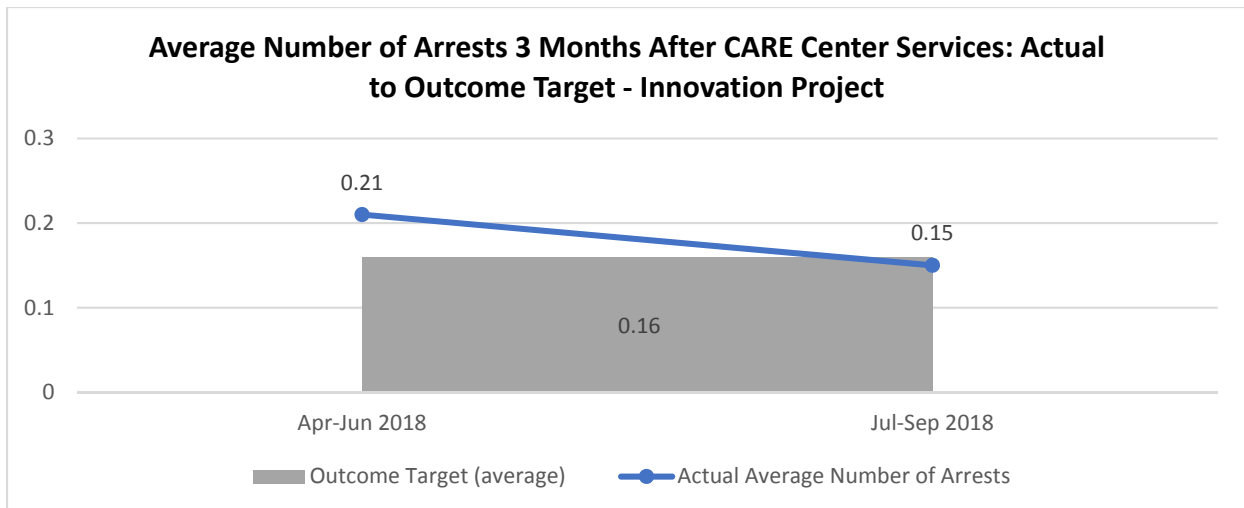
## Psychiatric inpatient hospitalizations

Another goal of the CARE Center is to reduce the number of psychiatric inpatient hospitalizations. The target outcome number is to see a 15% decrease in hospitalizations at the 3-month mark.



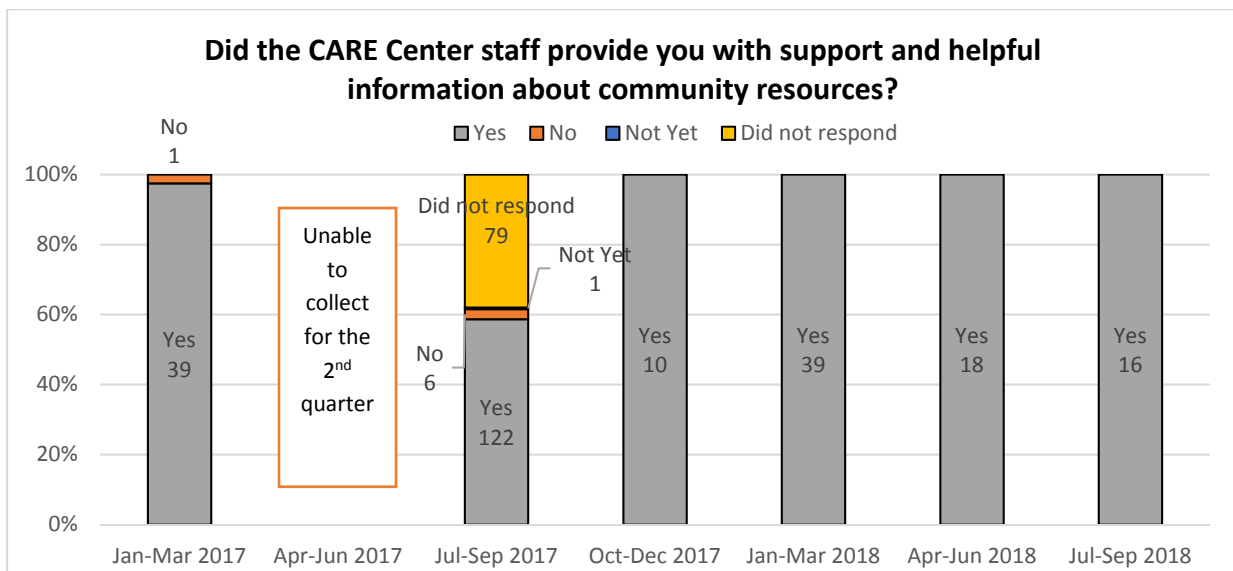
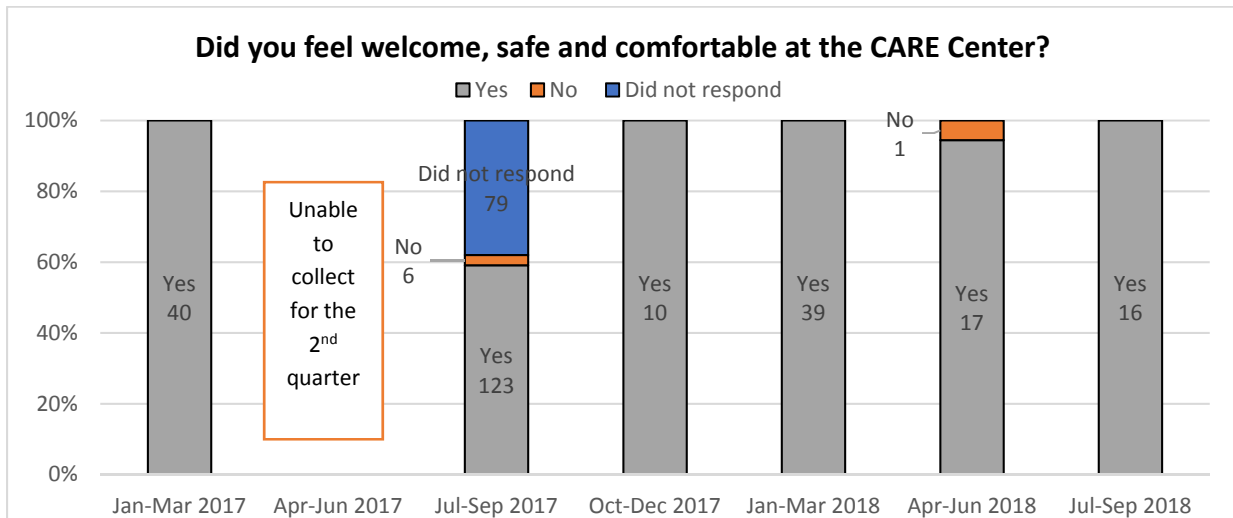
## Arrests

Another goal of the CARE Center is to reduce the number of arrests. The target outcome numbers are to see a 15% decrease in arrests at the 3-month mark.

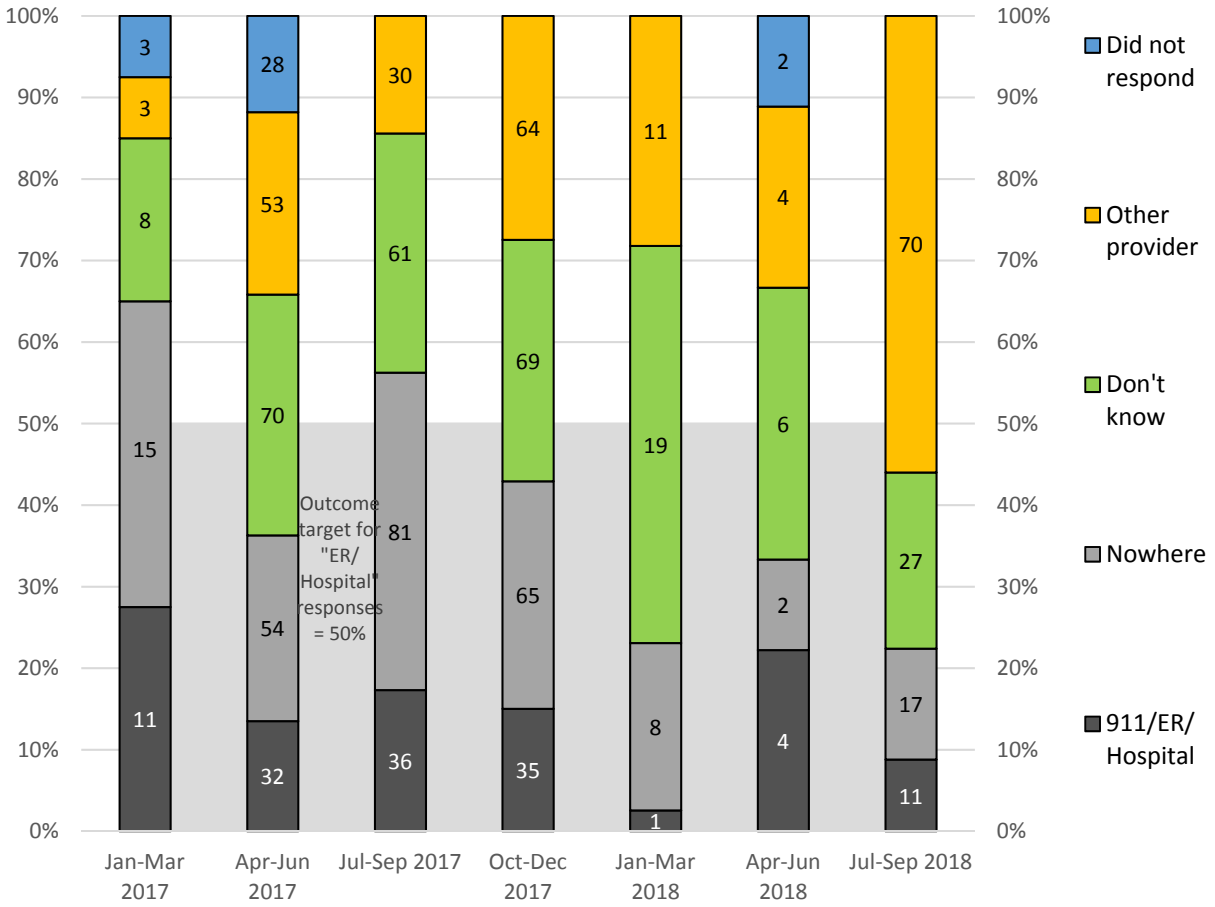


## Client surveys

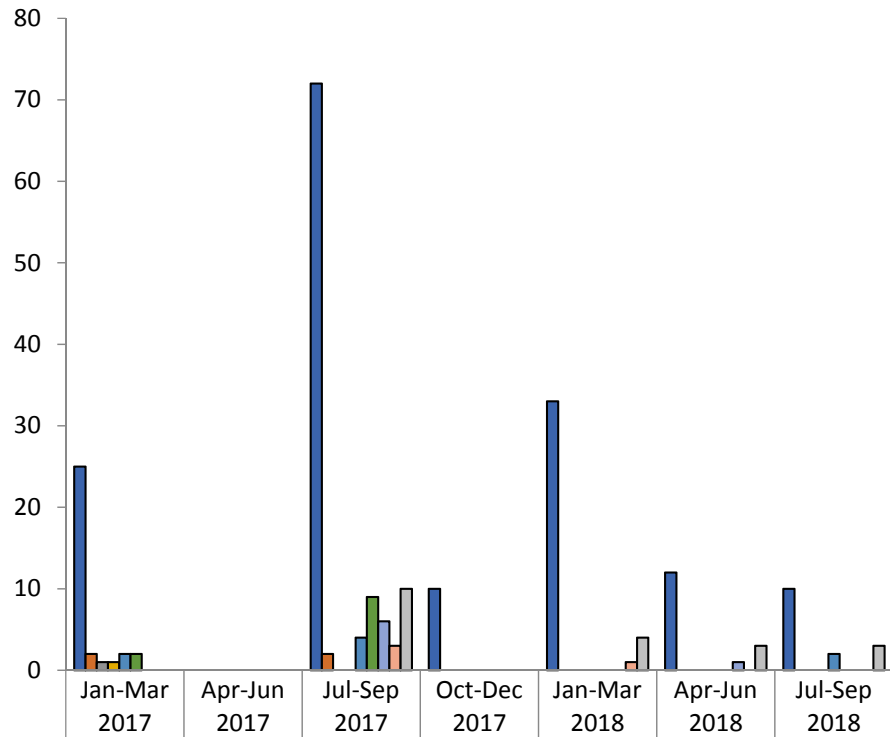
In the first quarter, each person served was offered the chance to complete a simple 4-question survey. Survey changes were made in the second quarter, and not all data points are available. Full survey results were again available in July-September 2017 quarter and moving forward.



### If you did not go to the CARE Center for help today, where would you have gone?



**Was there something you were hoping for from the CARE Center that you did not receive, or what can we do better?**



	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018
Happy with experience/ services	25		72	10	33	12	10
Medication	2	Unable to collect for the 2 <sup>nd</sup> quarter	2	0	0	0	0
Dental Care	1		0	0	0	0	0
Services for alcoholics in crisis	1		0	0	0	0	0
More and/or different groups	2		4	0	0	0	2
Other facility amenities (music, TV, coffee, snacks etc.)	2		9	0	0	0	0
More staff/ better trained staff	0		6	0	0	1	0
Food & clothing	0		3	0	1	0	0
Other	0		10	0	4	3	3

**Initial Lessons Learned**

The CARE Center is successfully providing a lower cost, more appropriate level of care to meet the mental health needs of people, especially during days and times when they would otherwise have very few options besides the local emergency departments.

The Center has needed to adjust various components of the operation to meet client needs. Some of these are:

- The intake process was modified to enhance client engagement, improve triage and enhance success rates in collecting outcomes data.
- They adjusted staff to respond to higher-than-anticipated demand during busy times, which required an increase in clinical supervision and administrative support.
- They developed a “notification of services provided” form which is faxed to service providers when CARE Center clients receive an urgent mental health assessment, which includes the reason for assessment and the recommended follow-up plan.
- A referral form was developed for clients being routed to emergency departments due to risk of suicide. This form includes immediate safety concerns and impressions, identified suicide risk factors and safety planning efforts attempted by CARE Center staff, which helps emergency department staff with 5150 hold and level of care decisions.
- They added volunteers, including a peer specialist trained in the Shasta County MHSA Academy.
- Numerous classes and groups were added during evening and weekend hours.
- The Whole Person Care and Medication Assisted Treatment teams use space at the CARE Center to improve access to programs.
- Staff received additional training in de-escalation and engagement, which has reduced the number of calls by CARE Center staff to the police department, and has also increased staff’s confidence in carrying the “whatever it takes” spirit of MHSA with them.
- Adjustments were made to the physical layout to reduce safety risks.
- Hours were changed to allow more time for staff to do necessary follow-up case management.
- Assisted Outpatient Treatment (Laura’s Law) has been rolled out at the CARE Center, and in January 2019, a mobile crisis unit was implemented and is based out of the CARE Center.

Challenges have also been identified, including:

- It is difficult to recruiting and hiring for high-stress jobs with odd work hours.
- Stress and burnout are high among staff, despite a high level of support for staff.
- A number of incidents at the CARE Center involving dangerous behavior, self-harm, theft and substance use have required administrative follow-up with outside agencies and increased staff support.
- Trying to follow-up with individuals after 6 months is extremely difficult, with loss of contact curtailing the amount of data that can be collected. Extending the length of this pilot in order to collect additional data points may reveal trends with greater statistical significance.

## Alignment with MHSA Principles

The CARE Center conforms to the guiding principles of MHSA:

**Community collaboration:** As evidenced by the number of referrals to other agencies noted above, the CARE Center is well-connected with community partners to provide warm hand-offs to services. The contractor’s executive director and other staff are engaged in MHSA stakeholder meetings and other community organizations and collaboratives that center on health and wellness.

**Cultural competence:** Services at the CARE Center reflect the values, customs, beliefs and languages of the populations served, and aim to eliminate disparities in service access. No one is turned away for lack of resources, including insurance.

**Client, consumer and family involvement:** The Shasta County chapter of the National Alliance on Mental Illness (NAMI) has moved its office into the CARE Center for more direct connection with clients and family members who need support. Satisfaction surveys are discussed among CARE Center staff and adjustments have been made to the program based on client feedback.

**Wellness and Recovery:** The CARE Center follows the mission of the contractor, which is: “With kindness, Hill Country Health and Wellness Center works in partnership with our patients and community, providing to everyone the health care services, education and support needed to live whole, healthy and satisfying lives.” Its vision is: “Hill Country Health and Wellness Center inspires health and wellness in all areas of life so that we may learn to heal ourselves and our communities through the choices we make every day.” Hill Country’s various entities are dedicated to healing the whole person and keeping them well. At the CARE Center, they provide rapid access to professional help for people who are overwhelmed by emotional distress, traumatic events or severe life stressors, but they also work intensively with people to prevent repeated mental health crises and unnecessary psychiatric hospitalizations.

Client comments have included:

- “They helped me to go on for one more day. I am very thankful.”
- “I feel like this is home.”
- “I felt like my needs were met pleasantly and thoroughly.”

## Community Planning Process

Shasta County’s MHSA Stakeholder Workgroup endorsed extending the project by a year during its June 27, 2018, quarterly meeting. The Mental Health, Alcohol and Drug Advisory Board voted to support the extension on Sept. 5, 2018, and the Shasta County Board of Supervisors approved the proposal on Oct. 16, 2018. Letters of support appear as Attachments.

## Sustainability and Budget

An additional year would fund the CARE Center through 2020, and add approximately \$740,000 to the project cost, which would draw down Shasta County's Innovation funds from 2016-17 and 2017-18. The original, approved Innovation plan stated that the Shasta County Health and Human Services Agency and Hill Country Community Clinic would look at alternative funding sources to sustain the program after the pilot period if it was determined that it was worthwhile to continue operating the CARE Center, and that plan will not change with the requested extension; it will, however, give these entities additional time to solidify plans for funding it beyond the pilot phase.

The following page is the budget worksheet that reflects the proposed additional year listed as "Year 4."

**HILL COUNTRY COMMUNITY CLINIC  
CARE CENTER - INNOVATIONS BUDGET**

Shasta County Health & Human Services Agency  
1810 Market Street  
Redding, CA 96001

Hill Country Community Clinic  
P.O. Box 228  
Round Mountain, CA 96084

	<u>Year 1</u>		<u>Year 2</u>		<u>Year 3</u>		<u>Year 4</u>		<u>Total</u>	
	<u>Budget Period</u>		<u>Budget Period</u>		<u>Budget Period</u>		<u>Budget Period</u>		<u>Budget Period</u>	
	1/17 - 12/17		1/18 - 12/18		1/19 - 12/19		1/20 - 12/20		1/17- 12/20	
<b>Program Budget</b>	<b>\$ 740,000</b>		<b>\$ 740,000</b>		<b>\$ 740,000</b>		<b>\$ 740,000</b>		<b>\$ 2,960,000</b>	
<b>Personnel/Position</b>										
	<b>FTE</b>		<b>FTE</b>		<b>FTE</b>		<b>FTE</b>		<b>FTE</b>	
LCSW/MFT	1.83	\$ 137,500	2.60	\$ 198,090	2.60	\$ 204,033	2.60	\$ 210,157	9.63	\$ 749,780
Case Managers	1.83	82,500	4.00	164,400	4.00	169,332	4.00	174,412	13.83	590,644
Care Coordinators	2.75	96,250	2.00	74,880	2.00	77,126	2.00	79,440	8.75	327,696
Site Manager	0.60	33,000	0.17	8,800	-	-	-	-	0.77	41,800
Fringe Benefits (25%)		87,313		111,545		112,624		115,999		427,481
<b>Total Salary and Benefits</b>		436,563		557,715		563,115		580,008		2,137,401
<b>Operating Expenses</b>										
Client Support Services		\$ 15,000		\$ -		\$ -		\$ -		\$ 15,000
Contracted Services		51,233		43,760		45,075		46,425		186,493
Rent & Utilities		66,615		49,460		50,945		52,475		219,495
Supplies		16,010		17,000		17,510		18,035		68,555
Travel & Training		15,000		3,250		3,250		3,250		24,750
<b>Total Operating Expenses</b>		163,858		113,470		116,780		120,185		514,293
<b>Other Expenses</b>										
Start-up Costs		65,219		-		-		-		65,219
<b>Total Other Expenses</b>		65,219		-		-		-		65,219
<b>Total Expenses</b>		\$ 665,640		\$ 671,185		\$ 679,895		\$ 700,193		\$ 2,716,913
<b>Administrative Cost</b>		\$ 74,360		\$ 68,815		\$ 60,105		\$ 39,807		\$ 243,087
<b>Totals</b>		\$ 740,000		\$ 740,000		\$ 740,000		\$ 740,000		\$ 2,960,000



## Attachments

Letters of Support are attached below, authored by:

Lynn Dorroh, Executive Director, Hill Country Health and Wellness Center

Dean Germano, Executive Director, Shasta Community Health Center

Charles Menoher, Ed.D., Chairman, Shasta County Mental Health, Alcohol and Drug  
Advisory Board



P O Box 228  
29632 Highway 299E  
Round Mountain, CA 96084  
530.337.5750, phone  
530.337.5754, fax  
www.hillcountryclinic.org

**Health Care for the Whole Community**

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November 12, 2018

Toby Ewing, Ph.D., Executive Director  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Dear Dr. Ewing:

Hill Country Community Clinic supports the Shasta County Health and Human Services Agency's request to extend the Counseling and Recovery Engagement (CARE) Center innovation project by one year. The CARE Center, The CARE Center, operated by Hill Country, is a one-stop mental health crisis center in downtown Redding that provides professional help to people who are overwhelmed by emotional distress, traumatic events or severe life stressors. It offers stabilization and recovery support for people experiencing serious mental illness, traumatic stress and other complex conditions. Therapists and case managers work intensively with people to provide repeated mental health crises and unnecessary psychiatric hospitalizations. This project is delivering promising results, and it is meeting a critical gap in our community mental health services.

The center is serving more than double the number of people than were originally anticipated. Its clinical staff has provided mental health assessments, navigation, coaching and follow-up to hundreds of clients, and has provided hundreds more referrals to other local resources for health care, housing, food, clothing, financial assistance and more. A mobile crisis team will be implemented in January, working in close coordination with the CARE Center. A stronger relationship with the corrections community is also developing. The CARE Center is a much needed service in Redding.

We look forward to our continued role in improving the mental health of the Shasta County community.

Sincerely,

Lynn Dorroh, CEO



californiahealth+



P.O. Box 992790, Redding, California 96099-2790

(530) 246-5710

December 11, 2018

Toby Ewing, Ph.D., Executive Director  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

***RE: Support to continue the CARE Center as an Innovation Project for additional year***

Dear Dr. Ewing:

Shasta Community Health Center, the largest Federally Qualified Health Center in Shasta County with over 40,000 mostly low income and special needs patients, strongly supports the Shasta County Health and Human Services Agency's request to extend the Counseling and Recovery Engagement (CARE) Center innovation project by one year. The CARE Center is a one-stop mental health crisis center in downtown Redding that provides professional help to people who are overwhelmed by emotional distress, traumatic events or severe life stressors. They offer stabilization and recovery support for people experiencing serious mental illness, traumatic stress and other complex conditions. They work intensively with people to provide repeated mental health crises and unnecessary psychiatric hospitalizations. This project is delivering promising results, and it is meeting a critical gap in our community mental health services. As one of only a few organizations with staff psychiatrists in Shasta County, we have our fair share of people in mental health crises. It is important for us to know that this service exists as excellent alternative after hours to our local hospital Emergency Rooms and a complement to other crises services where they exist.

The center is serving more than double the number of people than were originally anticipated. Its clinical staff has provided mental health assessments, navigation, coaching and follow-up to hundreds of clients, and has provided hundreds more referrals to other local resources for health care, housing, food, clothing, financial assistance and more.

We look forward to our continued partnership with the CARE Center and would commend them to you as worthy of an additional year of Innovation Project support.

Sincerely,

C. Dean Germano, CEO

December 12, 2018

Toby Ewing, Ph.D., Executive Director  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Dear Dr. Ewing:

The Shasta County Mental Health Alcohol Drug Advisory Board supports the Shasta County Health and Human Services Agency's request to extend the Counseling and Recovery Engagement (CARE) Center innovation project by one year. The CARE Center is a one-stop mental health crisis center in downtown Redding that provides professional help to people who are overwhelmed by emotional distress, traumatic events or severe life stressors. They offer stabilization and recovery support for people experiencing serious mental illness, traumatic stress and other complex conditions. They work intensively with people to provide repeated mental health crises and unnecessary psychiatric hospitalizations. This project is delivering promising results, and it is meeting a critical gap in our community mental health services.

The center is serving more than double the number of people than were originally anticipated. Its clinical staff has provided mental health assessments, navigation, coaching and follow-up to hundreds of clients, and has provided hundreds more referrals to other local resources for health care, housing, food, clothing, financial assistance and more.

We look forward to our continued partnership with the CARE Center.

Sincerely,



Charles Menoher, Ed.D.  
Board Chairman