

INNOVATION PROJECT STAFF ANALYSIS:

Reducing Shasta County Youth Self-Harm & Suicide Rates

Shasta County

Total INN Funding Requested: \$1,170,700

Duration of INN Project: 2 years

Review History

Public Comment Period: April 15, 2025 to May 15, 2025

Shared with Commission Partners: April 24, 2025

Behavioral Health Board Hearing: May 21, 2025

Board of Supervisors Approval: TBD

County Final Submission Date: July 23, 2025

Project Introduction

Shasta County Behavioral Health is requesting up to \$1,170,700 of Innovation spending authority over a period of two (2) years to empower youth, teachers, school staff, and parents/caregivers to engage in suicide prevention discussions and provide community members with the appropriate knowledge and resources for early intervention when needed. The project goal is to reduce self-harm and suicide rates while increasing mental health literacy and resilience.

BHSA Alignment and Sustainability

The Reducing Shasta County Youth Self-Harm and Suicide Rates project aligns with the Behavioral Health Services Act (BHSA) by supporting early intervention programs that prevent mental illness and substance use disorders from becoming severe and disabling. It aims to reduce risk factors and increase resilience and protective factors. The project is designed so that, upon its conclusion, it may be supported through the following sources: Behavioral Health Services and Supports (BHSS) early intervention funds, school-based Children and Youth Behavioral Health Initiative (CYBHI) dollars, and the Department of Health Care Access and Information (HCAI) funds.

Statutory Requirements

WIC Section 5830(a)(1)-(4): This project seeks to increase access to mental health services to underserved groups.

WIC Section 5830(b)(2)(A)-(D): This project meets Innovation criteria by introducing a new practice or approach to the overall mental health system, including but not limited to prevention and early intervention.

Background

According to data on suicide and self-harm from the California Department of Public Health, Shasta County experiences suicide loss at more than double the state average and has the highest suicide rate in California. This grim reality is exacerbated by the community's shortage of mental health professionals and accessibility barriers due to the County's mostly rural geography. Although efforts have been made to address some of the risk factors for suicide, such as poverty and substance use, they are not able to fully address this rising issue at a quick-enough pace.

The County will partner with Lotus Educational Services to administer project activities. Lotus is a community-based organization that focuses on providing mental health resources, supports, and services to students and educators in Shasta County. Their mission is to educate, equip, and empower anyone who wishes to learn more about mental health, behavioral health, addiction, and suicide prevention.

How this Innovative Project Addresses the Problem

Focusing on upstream prevention and early intervention is vital for mental wellness, as it addresses risk and protective factors that can prevent mental and behavioral health challenges from appearing or worsening. The Reducing Shasta County Youth Self-Harm and Suicide Rates project proposes a collaborative and comprehensive approach to identifying mental health concerns and intervening when necessary, utilizing trained wellness coaches, counselors, and licensed professionals to support and educate youth-serving agencies and families/caregivers of youth. It also aligns with California's Strategic Plan for Suicide Prevention 2020-2028 and uses tools and curriculums that include best practices recognized by the Collaborative for Academic, Social, and Emotional Learning (CASEL) and/or the Suicide Prevention Resource Center.

Lotus staff will offer a variety of preventive and early intervention services and supports through two approaches: (1) School-based services, and (2) community-based services.

School-Based Services

School-based services will be primarily in the form of trainings and counseling in collaboration with five (5) schools and school districts. Programs provided will target students, staff, and parents/guardians. Some examples of services that will be offered include youth and adult Mental Health First Aid; GoZen classes using Cognitive Behavioral Therapy and positive psychology; Mindwise and LivingWorks Start suicide prevention programs; resiliency workshops; skill building groups; and custom staff presentations.

Community-Based Services

Community-based services will be provided through a Youth Rapid Response Team (YRRT) targeting youth struggling with mental health challenges. A team of trained professionals will provide ongoing support to those who have a history or are at risk of self-harm, thoughts of suicide, and/or have lost someone due to suicide. The YRRT will also work closely with hospitals and clinic discharge coordinators to ensure youth and their families have safety plans in place.

Community Planning Process

Shasta County's Community Program Planning (CPP) process is composed of regular stakeholder meetings and an MHSA Stakeholder Workgroup that provides input on the planning, implementation, and oversight of the MHSA. The County also engages a Stand Against Stigma Committee, Suicide Prevention Collaborative, and Mental Health, Alcohol, and Drug Advisory Board.

Specifically, schools and youth-serving organizations that are reflective of the project's target population participated in the planning of this Innovation proposal, as well as consultation with crisis response agencies, mental health clinicians, and youth community members and their families. Partnerships between rural and urban parts of the County allow staff to leverage resources to which outlying rural areas often do not have ready access. Rural partners of note include the Fall River Joint Unified School District and Happy Valley Elementary Union School District – two school districts known in the area to be under-resourced in mental health support and early intervention services.

The Reducing Shasta County Youth Self-Harm and Suicide Rates project underwent its public comment period from April 15, 2025, to May 15, 2025, and was heard before the local Behavioral Health Board on May 21, 2025. Approval from the Board of Supervisors is currently pending.

Commission staff also shared this project with its stakeholder and advocacy partners list on April 24, 2025. No comments were received in response to the sharing of this project.

Learning Objectives and Evaluation

Lotus staff will be responsible for gathering and compiling evaluation data, and the evaluation plan will be designed in consultation with an evaluation specialist who has expertise in diversity, equity, and inclusion. Stakeholder input will also be obtained throughout the project via bimonthly community-practice meetings and biannual surveys. Over the course of the project, Shasta County seeks to answer the following questions to determine whether embedding a supportive system on school campuses and within other youth-serving organizations helps connect students to highly needed mental health supports.

Does a comprehensive, campus-wide approach to emotional wellness and suicide prevention decrease student risk for suicide and self-harm?

Data collected will include pre and post surveys; number of students that have experienced thoughts of suicide; number of students that have a trusted adult they would talk to if they did have thoughts of suicide; number of suicide attempts or deaths.

Does intentional, evidence-based training and support help adults feel more competent and capable to support at-risk youth?

Data collected will include number of adults who feel prepared to support a student that might be having thoughts of suicide; number of adults who have utilized skills they learned through the Lotus program.

Is an individualized, youth/family/community-focused rapid response plan effective at decreasing the likelihood of future crisis situations and increasing the youth's resilience and protective factors?

Data collected will include post-crisis surveys to assess physical and emotional impact on individuals; supports received; number of children and adults who utilized self-care skills to manage their trauma response; identify unmet needs during the recovery period to evaluate effectiveness and improve future programming.

Budget

Shasta County is requesting authorization to spend up to \$1,170,700 of MHSA Innovation funding for this project over a period of two (2) years. One-hundred percent (100%) of the project will be supported by Innovation funding. The breakdown by fiscal year and expenditure category is as follows:

| Category | FY 25-26 (Year 1) | FY 26-27 (Year 2) | Total |
|---------------------------------------|-------------------|-------------------|--------------------|
| Personnel & Staff Training | \$143,800 | \$143,800 | \$287,600 |
| Operations | \$53,100 | \$53,100 | \$106,200 |
| Services & Supports | \$388,450 | \$388,450 | \$776,900 |
| Total | \$585,350 | \$585,350 | \$1,170,700 |

Twenty-five percent (25%) of total projected expenditures are allocated for personnel costs. This includes licensed clinicians, certified training facilitators, certified crisis counselors, certified wellness coaches, administrative staff, and an Executive Director. This line item also includes onboarding training in Mental Health First Aid, implicit bias, mandated reporting, and suicide prevention.

Nine percent (9%) of the requested Innovation funds are reserved for operating costs such as office rent and utilities, travel expenses, and marketing and outreach. Lotus staff will also be consulting with an evaluation expert to assist with that component of the project.

The remaining sixty-six percent (66%) of project funds will go toward services and supports provided to community members, specifically to youth and those who closely interact with them. See previous section on “How this Innovative Project Addresses the Problem” for examples of the types of services and supports that this project will offer.

Conclusion

The proposed project, Reducing Shasta County Youth Self-Harm and Suicide Rates, appears to meet the minimum requirements listed under MHSA Innovation regulations and aligns with the goals of the BHSA; however, Innovation projects must receive approval from the County’s local Board of Supervisors before the County can expend any Innovation funds.