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# Lake County Mental Health Services Act Three Year Plan Fiscal Years 2023-2026

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June 2023





## Lake County Mental Health Services Act (MHSA) Three Year Plan Fiscal Years 2023-2026

Lake County Behavioral Health Services

This report was developed by RDA Consulting under contract with Lake County Behavioral Health Services

RDA Consulting, 2023

### About RDA Consulting

RDA Consulting is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.

## Message from Scott Abbott, LCBHS MHSA Program Manager

Welcome to another 3-Year Mental Health Services Act (MHSA) Plan, Lake County's seventh since 2004. As the title indicates, it spans from 2023-2026, broken down by fiscal year.

The 2022 Lake County Community Needs Assessment report identified three priority areas for the general health of the community: Access to Care, Health Risk Behaviors, and Mental Health. The report states, "Preventative, responsive, and accessible care for mental health difficulties is crucial for a healthy community." Those match the purpose of MHSA. The Department of Health Care Services describes MHSA as such:



WELLNESS • RECOVERY • RESILIENCE

The MHSA was passed by California voters in 2004 and is funded by a one percent income tax on personal income in excess of \$1 million per year. It is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.

The Act requires public input into 3-year plans that are updated annually, again with community input. You are holding the end result of that planning process, that included community survey, stakeholder meetings, and focus groups in the community to determine not only what is working, but what mental health needs exist in the community and identifying strategies to address those needs. This plan is broken down into the five main components of MHSA: Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities and Special Needs.

There are ongoing trends that have arisen in the community planning process:

**Equity:** ensure services are present and available for everyone for the opportunity to be as healthy as possible, particularly those community members that are the most vulnerable due to their mental illness and/or culture. This significantly is addressed to the traditionally underserved or hard-to-reach members of the community with services that are responsive to their cultures: understanding, appreciating, and working with different cultures' beliefs, values, and practices - including a willingness to use nontraditional interventions.

**Outreach and Engagement:** related to the above, the community has specified that services should not be in only clinics, or even in peer wellness centers, but also where the community members are at. That can mean providing mental health interventions in their homes, schools, or other locations in the community.

**Crisis Response:** also related to the above, this past planning process emphasized the need to do more outreach for crisis interventions, i.e. mobile crisis response. This can also mean preventative services, to help alleviate a crisis or a potential crisis. Lake County has a high suicide rate that the community prioritizes as an importance in addressing.

**Housing:** It is recognized there is a dearth of affordable housing in the community and that many of those facing homelessness have behavioral health needs. As housing is a basic need, the Full Service Partnership program within MHSA addresses that as needed. LCBHS has also partnered with the community housing Continuum of Care to address homelessness, with its peer support centers offering assistance, referrals, and support for those in need.

**Youth, Children and Families:** The planning process recognized that many of this population deal with trauma related to poverty, substance use, family instability, and crime that exists within the community. Emphasizing interventions to this population in the form of prevention and early intervention will provide an opportunity to prevent life-long chronic mental illness.

**Older Adults:** Often felt to be overlooked and undervalued, the community planning process recognized the importance of addressing the challenges of advancing years and how that affects mental health. This includes isolation, poverty, physical health ailments, loss of loved ones, substance use, and lifelong mental illness.

This plan attempts to address those priorities. LCBHS and its partners believe in this plan, the process by which it was formulated, the ideals of recovery and human value it contains, and the dedication it represents to our community.

In Partnership,

Scott Abbott, MS

Program Manager – MHSA and Housing  
Lake County Behavioral Health Services

**BEHAVIORAL**  
**HEALTH**  
**SERVICES**



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## List of Acronyms

American Indian/Alaska Native (AI/AN)

Board of Supervisors (BOS)

California Advancing and Innovating Medi-Cal (Cal AIM)

California Mental Health Services Authority (CalMHSA)

Capital Facilities and Technology Needs (CFTN)

Community Health Improvement Plan (CHIP)

Community Health Needs Assessment (CHNA)

Community Program Planning (CPP)

Community Program Planning Process (CPPP)

Community Services and Supports (CSS)

Department of Health Care Services (DHCS)

Early Intervention Services (EIS)

Electronic health record (EHR)

Enhanced Care Management (ECM)

Fiscal year (FY)

Forensic Mental Health Partnership (FMHP)

Full Service Partnerships (FSP)

Mobile Crisis Response Team (MCRT)

Mental Health Services Act (MHSA)

Mental Health Services Act Innovation (MHSA INN)

National Alliance on Mental Illness (NAMI)

National Institute of Mental Health (NIMH)

Lake County Behavioral Health Services (LCBHS)

Mental Health First Aid (MHFA)

Mental Health Services Oversight and Accountability Commission (MHSOAC)

Prevention and Early Intervention (PEI)

Release of Information (ROI)

Serious mental illness (SMI)

Substance Use Disorder (SUD)

Transition Age Youth (TAY)



Welfare and Institutions Code (WIC)

Workforce Education and Training (WET)



### MHSA COUNTY COMPLIANCE CERTIFICATION

County: Lake

☒ Three-Year Program and Expenditure Plan

☐ Annual Update

County Behavioral Interim Health Director	Program Lead
Name: Stephen Carter, Jr. Telephone Number: 707-274-9101 Email: stephen.carter@lakecountyca.gov	Name: Scott Abbott Telephone Number: 707-274-9101 Email: scott.abbott@lakecountyca.gov
County Behavioral Health Mailing Address: Lake County Behavioral Health Services PO Box 1024 Lucerne, CA 95458	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on \_\_\_\_\_, 2022.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant. All documents in the attached annual update are true and correct.

Stephen Carter, Jr.  
Mental Health Director/Designee (PRINT)

Signature

Date



### MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

- ☒ Three-Year Program and Expenditure Plan  
☐ Annual Update  
☐ Annual Revenue and Expenditure Report

County: Lake

County Behavioral Health Director	Director of Finance/County Auditor
Stephen Carter, Jr. Telephone Number: 707-274-9101 Email: stephen.carter@lakecountycalifornia.gov	Name: Jenavive Herrington Telephone Number: 707-263-2312 Email: jenavive.herrington@lakecountycalifornia.gov
County Behavioral Health Mailing Address: Lake County Behavioral Health Services PO Box 1024 Lucerne, CA 95458	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Stephen Carter, Jr.  
Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Jenavive Herrington  
County Auditor Controller/City Financial Officer (PRINT)

\_\_\_\_\_  
Signature Date

## I. Lake County Overview

Lake County is a small county<sup>1</sup> located in Northern California, bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yolo Counties. The County spans 1,300 square feet and includes two incorporated cities – Clearlake, the largest city, and Lakeport, the county seat – and many smaller or unincorporated communities. Lake County has a population of 68,191 individuals who are predominantly White (86%), followed by about a quarter (24%) who identify as Hispanic/Latino. About 5% of county residents are Native American, and the county is home to eight Tribal Nations and six Pomo tribes. Almost one quarter (23%) of the population is 65 years or older.<sup>2</sup>



Poverty, unemployment, and rural and cultural isolation affect many residents of the county. About one-fifth (17%) of the county population lives below the poverty line and the population per square mile is significantly smaller compared to the rest of the state (54.2 individuals per square mile in Lake County compared to 253.7 in California).<sup>3</sup> The County's socio-economic challenges are underscored by the most recent (2022) Community Health Needs Assessment (CHNA), which identified, among other issues, access to care, health risk behaviors, and mental health, as key needs to prioritize.<sup>4</sup>

In addition, the COVID-19 pandemic has continued to impact the community and has contributed to worsened mental health outcomes. Prolonged isolation, compounded by a lack of awareness among community members of where to access mental health services, has coincided with a rise in anxiety and depression in the county. There have also been several major wildfires in Lake County since 2015, in which there have been a number of fatalities and thousands of destroyed homes and commercial buildings. Now, many residents cannot afford rent prices and are experiencing greater levels of stress. These traumatic public health and environmental events have had significant mental health impacts on the community, and the county and its residents have been recovering from the resulting emotional and physical damage as new disasters continue to impact the community each year.

Lake County's unique challenges underscore the importance of robust mental health supports that are geographically accessible for consumers of all ages and abilities. Services should include preventative efforts that support mental wellbeing; diverse treatment for individuals with mild, moderate, and severe mental illness; assistance with basic needs (e.g., housing, financial security) that enable consumers to fully engage in mental health supports; and services that are trauma-informed and culturally responsive.

<sup>1</sup> A small county is defined as a California county with a population of under 200,000 according to the most recent census data.

<sup>2</sup> US Census Bureau. (2022). <https://www.census.gov/quickfacts/lakecountycalifornia>

<sup>3</sup> US Census Bureau. (2022). <https://www.census.gov/quickfacts/CA>

<sup>4</sup> County of Lake, Public Health. (2022). *Lake County 2022 Community Health Needs Assessment*.

## II. Project Overview

### MHSA Background

This update is required by Proposition 63 – the Mental Health Services Act (MHSA). The MHSA was approved by California voters in 2004 to expand and transform the public mental health system. The MHSA represents a statewide movement to provide a better-coordinated and comprehensive system of care for those with serious mental illness (SMI), and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA values (see Figure 1). MHSA planning and programming is funded through a 1% tax on individual annual incomes at or exceeding one million dollars.

### Three-Year Plan Contents

In collaboration with the community, Lake County Behavioral Health has developed a Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years (FYs) 2023-2026. The Three-Year Plan outlines Lake County's proposed programs and strategies to address mental health service gaps and better meet the community's needs. The service gaps and needs the Three-Year Plan aims to address were identified through a community needs assessment and stakeholder input provided during a Community Planning Process (CPP). Lake County Behavioral Health Services (LCBHS) contracted with RDA Consulting (RDA) to facilitate CPP activities and synthesize information for this update.

The Three-Year Plan includes the following sections:

- **Overview of the community planning process** that took place in Lake County between January and June 2023. Lake County's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders as required by the Mental Health Services Oversight and Accountability Commission (MHSOAC).
- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the public mental health service system in Lake County. The needs assessment used multiple data sources, including community meetings, a stakeholder survey, virtual focus groups with service providers, focus groups at LCBHS peer support centers, and public comments, to identify the service gaps that LCBHS aims to address for FYs 2023-2026.

Figure 1. MHSA Core Values



- **Description of Lake County's MHSA programs** by component, which includes a detailed explanation of each program, program target population(s), the mental health needs the program addresses, the goals and objectives of the program as well as the program's outcome indicators. This section of the plan provides information on program status and service accomplishments, proposed program plans and/or program changes beginning in FY 23-24 along with identified outcome indicators to assess program impact.
- **Summary of the FY 23-26 MHSA Three-Year Expenditure Plan** that outlines estimated funding and expenditures each fiscal year. Estimated funding and expenditures are included for all MHSA program areas and their individual programs.

The process in developing the Three-Year Plan reflects the deep commitment of LCBHS leadership, staff, providers, consumers, family members, and other stakeholders to the meaningful participation of the community as a whole in designing MHSA programs that are wellness- and recovery-focused, client- and family-driven, culturally competent, integrated, and collaborative with the Lake County community.

## Prevention and Early Intervention Annual Update Report

This Annual Update also incorporates the Prevention and Early Intervention (PEI) Annual Report in *Appendix E*, which will be reviewed by the Board of Supervisors (BOS) and approved by the MHSAOAC.

The PEI Annual Report provides an overview of PEI programs' key activities, MHSA strategies, intended impacts, and the indicators and evaluation methodology to track outcomes. Some PEI programs also report on outcomes achieved during the reporting period, FY 21-22; however, for several PEI programs outcome information is not yet available. The report includes a description of the challenges the County experienced with data collection and reporting, and a plan to support compliance moving forward.



## III. Community Program Planning

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### Community Program Planning Overview

The MHSA requires counties to implement a Community Planning Process (CPP) that meaningfully engages community stakeholders to identify local needs, identify MHSA funding priorities, and guide the development of changes to MHSA-funded programs.<sup>5</sup> Specifically, the MHSA outlines that the CPP should include meaningful stakeholder involvement in six core areas: 1) mental health policy, 2) program planning and implementation, 3) program monitoring, 4) program evaluation, 5) quality improvement, and 6) budget allocations.

Currently, LCBHS engages stakeholders in several of these activities through regular MHSA stakeholder meetings as well as through activities specifically aligned with the MHSA Annual Update or Three-Year planning process. LCBHS convenes quarterly MHSA stakeholder meetings, INN steering committee meetings, and Quality Improvement Committee meetings. The meetings create a forum to provide updates about MHSA programs, review program participation, share program outcomes and evaluation findings, and provide input on program implementation when possible. Additionally, as part of the Annual Update or Three-Year planning process, LCBHS convenes a series of community meetings, surveys, and/or focus groups and interviews to inform program planning efforts and budget allocation.

For the MHSA Three-Year Program and Expenditure Plan for FY 23-26, LCBHS focused efforts on explicitly involving community stakeholders in each of the CPP core activity areas. This included conducting hybrid community meetings wherein stakeholders had the option to join community meetings and the public hearing virtually via Zoom, or to participate in-person by convening at any of the five LCBHS peer support centers where the meeting was live-streamed through the smartboard's setup at the Centers. Additionally, hybrid focus groups were also conducted at the LCBHS peer support centers to primarily engage consumers and family members.

Detailed information about LCBHS CPP process for the FY 23-26 Three-Year Program and Expenditure Plan is provided in the following sections—including CPP methodology, CPP activities, the Three-Year Plan review process, and stakeholder participation.

### Community Program Planning Methodology

In January 2023, LCBHS initiated the planning process for the Three-Year Program and Expenditure Plan for FY 23-26. The MHSA Planning Team was led by the interim LCBHS Director, Stephen Carter, Jr.; former LCBHS Director, Todd Metcalf; LCBHS MHSA Program Manager, Scott Abbott; LCBHS MHSA Analyst, Patricia Russell; Administrative Deputy Director, Elise Jones; Clinical Deputy Director, April Giambra; Prevention Coordinator, Carrie Manning; and RDA Consulting, a consulting firm with mental health

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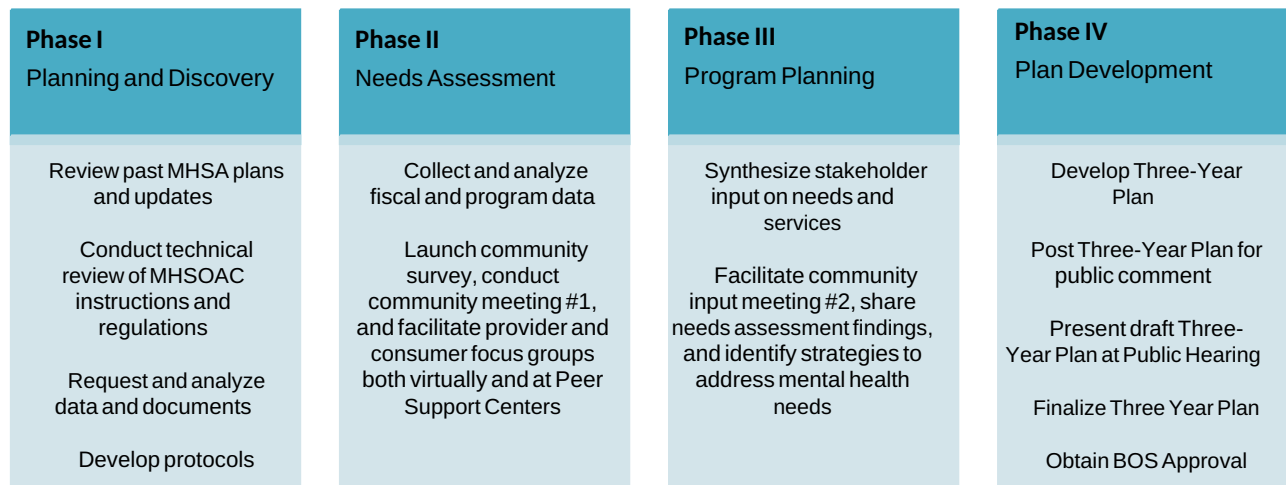
<sup>5</sup> The MHSA specifies that local stakeholders should include adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans' organizations, providers of alcohol and drug services, health care organizations, and other important interests (WIC section 5848a)

planning expertise.

This planning team utilized a participatory framework to encourage stakeholder engagement. As set forth by the MHSa guidelines, the planning team sought the participation of behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of healthcare organizations, and representatives of underserved populations. The CPP process consisted of the following four distinct phases, described in greater detail in Figure 2:

- 1) Planning and Discovery
- 2) Needs Assessment
- 3) Program Planning
- 4) Plan Development

**Figure 2. Community Program Planning Process**



As part of the planning process, the MHSa Planning Team will present the MHSa Three-Year Program and Expenditure Plan to the Lake County Board of Supervisors (BOS) for feedback and approval. All BOS meetings are open to the public.

## Community Program Planning Process Activities

The MHSA Planning Team carried out community meetings and information-gathering activities to engage stakeholders in all stages of the community program planning process (CPPP) to ensure that the Plan reflects stakeholders' experiences and suggestions. Table 1 lists all planning activities, activity dates, and number of participants.

**Table 1. MHSA Planning Activities**

Activity	Date	Participants
<b>Community Survey</b>	<b>January – February 2023</b>	<b>108</b>
<b>Focus Groups (5)</b>	<b>February 14<sup>th</sup> – February 28<sup>th</sup>, 2023</b>	<b>43</b>
LCBHS Provider Groups (2)	February 14 <sup>th</sup> & February 23 <sup>rd</sup> , 2023	12
Consumer / Community Groups (2)	February 23 <sup>rd</sup> & February 28 <sup>th</sup> , 2023	10
Community Listening Session	February 23 <sup>rd</sup> , 2023	21
<b>Community Meetings (2)</b>	<b>February 2<sup>nd</sup> &amp; March 23<sup>rd</sup>, 2023</b>	<b>72</b>
<b>30-Day Review Period</b>	<b>May 16<sup>th</sup> – June 14<sup>th</sup>, 2023</b>	<b>--</b>
<b>Public Hearing</b>	<b>June 15<sup>th</sup>, 2023</b>	<b>54</b>
<b>TOTAL PARTICIPANTS<sup>6</sup></b>		<b>360</b>

### Community Survey

To include input from a wide range of stakeholders, particularly those unable to attend the community planning meetings, RDA designed and administered a countywide survey. The survey was open from January – February 2023 and was available in both English and Spanish. This anonymous survey included both Likert-scale and open-text questions regarding respondents' experiences with MHSA services in Lake County, particularly how well LCBHS' MHSA-funded programs, services, and activities meet the community's mental health needs, and identify opportunities to strengthen LCBHS' MHSA-funded programming. The survey also included questions regarding respondent demographic characteristics and relationship to MHSA services to track and characterize stakeholder engagement. The survey was available online and in paper form at the Peer Support Centers. The survey was posted on LCBHS's website, emailed to the MHSA stakeholder listserv, shared during community meetings, posted at peer support centers, and at the front- desks at the Lucerne and Clearlake main offices.

### Focus Groups

During the Needs Assessment phase of the Community Program Planning Process, focus groups were carried out to understand system strengths and how MHSA programs can be improved to better serve consumer needs. Two focus groups were conducted virtually with service providers, specifically children-, youth-, and family-focused program providers, adult- and older adult-focused program providers, and community-based and outreach program providers. Another two focus groups were carried out with consumers in-person at participating peer support centers – the Circle of Native Minds and Harbor on Main.

<sup>6</sup> Total participants represent duplicated individuals as some individuals participated in more than one activity.

In addition, a virtual community listening session was facilitated in February 2023 with a diverse group of stakeholders to hear from those that otherwise would have not been captured through the traditional focus groups. The Listening Session also acted as a continuation of Community Meeting #1, which originally called for small group discussions about the community's needs. The Listening Session provided an opportunity to expand that conversation and invite more stakeholders to the table. During the Listening Session, the large group was divided into smaller breakout rooms, where stakeholders were asked to describe the strengths, challenges, gaps, and needs of the behavioral health system of care and explain how those gaps and needs could be addressed over the next three years. The notes from the Listening Session were also analyzed and the findings were included in the needs assessment.

## Community Meetings

LCBHS and RDA convened two hybrid community meetings to gather input from providers and community members about their experiences with the mental health system and their recommendations for improvement.

### Meeting Format

The community meetings were held virtually using Zoom with the goal of reaching as many stakeholders as possible and providing a flexible meeting format to accommodate preferences and schedules. Participants had the option to join the meeting either: 1) virtually through web link or call-in to the meeting, and 2) in-person at the peer support centers by joining the meetings through the virtual smartboard's setup at the centers. Designated providers on-site at the peer support centers were provided with a facilitation guide which provided details about their role in facilitating the community meeting discussions. In addition, multiple paper copies of the following documents were made available in both English and Spanish to participants who joined the meeting in-person at the peer support centers:

- Sign-in Sheets
- Demographic Survey
- Meeting Feedback Survey
- Peer Support Center on-site facilitation guide
- Community Survey (Only at Community Meeting #1)
- Meeting slide deck in English and Spanish (Only at Community Meeting #2)

Meeting attendance was tracked through the number of Zoom participants and sign-in sheets at the peer support centers. Participants joining Zoom were also asked to "sign in" by sharing their name and affiliation in the chat box. Demographic information was collected through a brief, online demographic survey as well as physical copies that were inputted by participants at the peer support centers. The survey link was shared several times throughout the meeting—both verbally and through the meeting chat feature—and was also disseminated after the meeting in a follow-up email sharing meeting materials. Toward the end of the meeting, a link to the feedback survey was also shared and physical copies were available to participants at the peer support centers.

Several participants shared that they appreciated the hybrid format of the meetings and found it easier to attend and participate in the community meetings compared to previous years.

## Meeting Outreach & Dissemination

Flyers promoting the meetings were available in both English and Spanish. In addition, the flyers also included a schedule of activities that listed all of the CPP-related events – those upcoming and those that have passed – such as the meetings, the focus group discussions, the listening session, the public comment period, etc. Flyers were posted on the LCBHS website. LCBHS distributed flyers via email that included stakeholders—including Adventist Health, Sutter-Lakeside Hospital, Lakeside Clinic, Lake County Office of Education, local school districts, Tribal Health, Redwood Community Services, First Five, Mother-Wise, Konocti Senior Support, Lake Family Resource Center, North Coast Opportunities, Department of Social Services, Partnership HealthPlan, and Hospice—through an email listserv. LCBHS also conducted targeted outreach to consumers and underserved communities who utilize the peer support centers—such as tribal communities, Hispanic/Latinx communities, unhoused individuals, older adults, and transition-aged youth (TAY)—to better engage these populations.

## Meeting Activities

As mentioned, LCBHS and RDA convened two community meetings for consumers, family members, staff, and other stakeholders to express their needs and perceptions related to public mental health services in Lake County, share their experiences with the current system of care, and provide suggestions for improving MHSA-funded programs. In particular, the discussion centered around community needs and service delivery challenges, as well as how MHSA services and programs could be improved to promote community wellness and recovery. The first planning meeting focused more on understanding the community's needs, while the second planning meeting focused more on prioritizing community needs and identifying strategies to strengthen MHSA services.

***MHSA Training:*** Each planning meeting began with MHSA training, wherein the MHSA planning team provided context and background information about MHSA and the Three-Year Plan process—including information about the MHSA legislation, MHSA funding components and core values, objectives of the Three-Year Plan and community planning process, and stakeholder engagement opportunities. A Likert-scale poll (virtual zoom poll and a show of hands at the peer support centers) was conducted at the end of the MHSA training with a question that stated, “Rate your level of agreement with the following question: Do you feel that you have a relatively good understanding of the Mental Health Services Act and Lake County’s Three-Year Plan and community planning process for FY 23-26?”. A majority of the participants said that they agreed that they had a good understanding of MHSA and LCBHS’ CPP process. Following the training, activities for each planning meeting were conducted to align with the meeting objectives.

***Meeting 1:*** At the first planning meeting a representative from each MHSA program provided an update on program activities. Prior communications were shared with programs to inform them on the information they should highlight during their updates, with the following questions used to guide them:

- What are the biggest successes your program has accomplished? Do you have any data you’d like to share that demonstrates your successes?
- What are the biggest challenges your program has encountered?
- What's new? What are you working on right now?
- What modifications/changes have you been working on?

With this information, RDA built out a slide deck that reflected the programs and their unique updates. Following the updates, there was limited time for substantial small group discussions about the service gaps and community needs. Instead, RDA hosted a community listening session on a separate date and invited all stakeholders to attend, including service providers, consumers, partner agencies, among many others. At the Listening Session, participants were randomly assigned to virtual “breakout rooms” to facilitate small group discussions about the community’s needs, with the following questions used to guide discussion:

- From your experience, what has been working well with the LCBHS system of care? What are some of the key strengths?
- From your experience, what have been some of the biggest challenges with behavioral health care in Lake County? Where has the system not worked for the community?
- What are the biggest gaps or needs in mental health programs and services in Lake County?
- Hope for Lake County Behavioral Health Services over next 3 years?
- What can be done over the next three years to better meet these gaps and needs?

RDA reviewed information from the Listening Session, focus group discussions, and community survey and synthesized key findings, including the strengths, challenges, and identified needs of LCBHS MHSA programs and services.

Meeting 2: At the second planning meeting, the MHSA planning team presented key findings from the community survey, focus group discussions, and the community listening session. Participants were asked to reflect on the identified needs to ensure they captured the most salient behavioral health needs and challenges and share any additional suggestions. In addition, some proposed strategies to meet the needs were presented to the participants based on the needs assessment analysis. LCBHS also provided status updates about planned program modifications outlined in the previous FY 22-23 Annual Update to inform the community about existing efforts to strengthen services and meet some of the community’s needs. Following the needs assessment report-out, stakeholders were asked to reflect on what they heard from the proposed strategies for FY 23-26 and brainstorm suggested strategies to address needs, with the following questions used to guide discussion:

- What can be done, within existing MHSA programs, to better improve services for the next three years, FY 23-26?
- What new strategies may be needed?
- What can be done, within existing MHSA programs, to implement these strategies over the next three years, FY 23-26?

The proposed strategies discussion included small breakout groups, followed by a brief reconvene and group report-back as well as larger discussion with all participants in attendance at the hybrid meeting. Following this session, the LCBHS MHSA planning team engaged in internal work sessions. They reviewed and prioritized community feedback to determine feasible changes in the next fiscal year.

## **Program, Demographic, and Fiscal Data Collection**

### **CSS and PEI Data Collection Technical Assistance**



Over the last few years, LCBHS and RDA (the technical assistance team) have taken steps to ensure all programs have the capacity, expertise, and resources to collect and report on the MHSA reporting requirements. In FY 22-23, Lake County MHSA leadership and RDA (the technical assistance team) worked with program representatives and LCBHS staff to further streamline the data reporting process for MHSA-funded CSS and PEI programs. In FY 21-22, the technical assistance team redesigned reporting tools – including a new survey in SurveyMonkey to collect numbers served and demographics and a Google Doc to collect program narratives and outcomes. In FY 22-23, the technical assistance team updated the program reporting form (Google Doc) based upon program feedback, and updated the outcome reporting sections to better align with LCBHS and MHSA outcome reporting requirements. The technical assistance team also updated or developed supporting resources (e.g., a list of frequently asked questions, descriptions of reporting requirements, examples of outcome indicators, examples of data collection tools and methodology, etc), which were shared at an information session for all CSS and PEI programs. The technical assistance team then provided follow-up support with programs as needed to address provider questions. Moving forward, LCBHS and RDA aim to continue providing technical assistance to support programs to select appropriate outcome indicators as well as develop or identify appropriate outcome reporting tools in order to demonstrate program impact.

### **Opportunities to Strengthen Data Collection**

The program data presented in this report contains a number of elements that were missing at the time of data collection in FY 21-22, particularly outcomes for some PEI programs. These gaps are due to staff capacity and infrastructure limitations, as well as staff turnover within some MHSA-funded programs, which resulted in a loss of institutional knowledge and disruptions in data collection continuity. Lake County MHSA leadership, RDA, and program representatives continue to explore barriers and strategies to improve reporting efforts going forward. As part of the new reporting forms, programs were asked to identify outcome metrics and indicators for their programs, with the intention to begin collecting and reporting on outcomes in FY 23-24. LCBHS and RDA will continue to work with MHSA programs to develop internal infrastructure to routinely track and report program outcomes.

## Local Review Process

### Public Posting, Hearing, and Comments

Following the Community Planning Process, LCBHS and RDA drafted this MHSA Three-Year Program and Expenditure Plan for FY 23-26 that was posted publicly for 30 days for public comment, in accordance with MHSA regulations. The three-year plan was posted publicly online on May 16th, 2023, with digital copies sent out to the MHSA stakeholder listserv, a link to the plan published in the local online newspaper, and hardcopies available at the Peer Support Centers, and other LCBHS service locations. During the 30-day public posting period, community members had the opportunity to provide public comments.

After the public comment period, the three-year plan update was presented by the LCBHS team at a public hearing convened by the Local Mental Health Board on June 15th, 2023 at 10am. Individuals had the opportunity to attend in-person at the Peer Support Centers, where the presentation was streamed virtually. Public Hearing materials were made available in both English and Spanish (see Appendix B for PowerPoint slides from the public hearing). Community members had the opportunity to provide public comment during the 30-day public posting period as well as at the public hearing meeting.

### Public Comments

No comments were received during the 30-day public posting period; however, comments were made during the Public Hearing on June 15<sup>th</sup>, 2023. Comments about community needs and LCBHS programming were primarily focused on funding increases for contract providers, timeliness of services, and the specific needs of the elderly and justice-involved populations in Lake County. These comments and additional comments not directly related to LCBHS MHSA programming are summarized in Appendix C.

### Board of Supervisors Review

Following the close of the public posting period and the public hearing, the MHSA planning team incorporated public comments and responses, along with minor corrections to program information into the MHSA Three-Year Program and Expenditure Plan. LCBHS will present the MHSA Three-Year Program and Expenditure Plan for FY 23-26 to the Lake County Board of Supervisors (BOS) for review and approval.

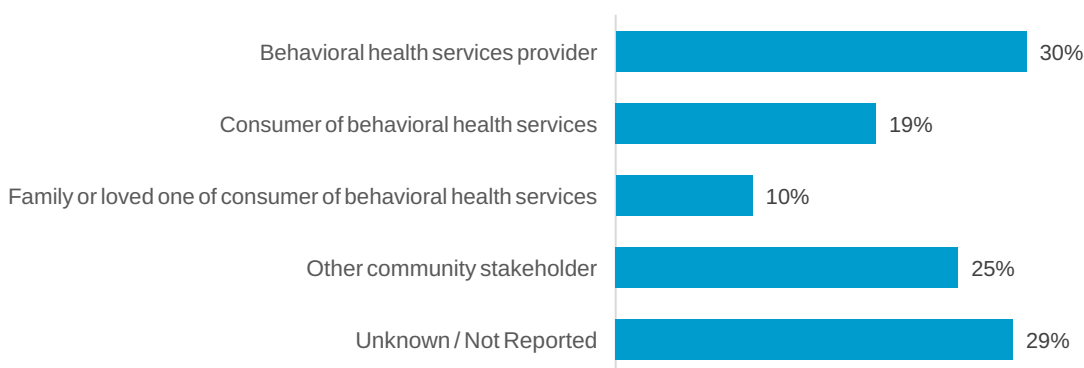


## CPPP Stakeholder Participation & Demographic Characteristics

A total of 360 stakeholders participated in the needs assessment and CPP activities from January through June 2023, including the Public Hearing.<sup>7</sup> Several stakeholders participated in more than one activity. Participants were asked to fill out an anonymous demographic survey, which was partially or fully completed by 72% (n=261) of all participants.<sup>8</sup>

The MHSA Planning Team engaged a wide range of stakeholder groups (see Figure 3). One-third of stakeholders (29%) identified as consumers of behavioral health services and/or family members or loved ones of behavioral health consumers. Another one-third of stakeholders (30%) were behavioral health service providers, including LCBHS providers and LCBHS-contracted service providers. One-quarter (25%) were other community stakeholders, representing non-behavioral health service providers, county or community-based agencies, and other community groups—including education providers, medical and health service providers, social services providers, law enforcement agencies and legal/justice system agencies, other emergency service providers and first responders, housing providers, consumer advocates, and other interested community members. Stakeholder affiliation was not reported by 29% of CPPP participants, resulting in the underreporting of some stakeholder groups.

**Figure 3. CPPP Participant Stakeholder Affiliation (N=360 Stakeholders)<sup>9</sup>**



Of the 261 participants who partially or fully completed the demographic form, most (58%) were between the ages of 26 and 59, followed by older adults ages 60 and older (16%), and youth (<16) or transition-aged youth 16-25 (12%). Age was unreported for 12% of participants. Most participants identified as female (59%), 22% identified as male, and 1% identified as non-binary, agender, or another gender. Gender identity was not reported for 14% of participants.

Half of participants identified their race as White/Caucasian (51%), 5% identified as American Indian (including the Apache, Colville Confederated, Lakota, Northern Pomo, Quileute, Robinson Rancheria, Round Valley, Wailaki, and Wyandot tribes), 1% or less each identified as Asian, Black / African American,

<sup>7</sup> Total participation at in-person events was determined through Zoom participation. It is possible that multiple participants joined the meeting or event from one Zoom login. As a result, participation may be underreported.

<sup>8</sup> Individuals completed demographic forms at each event. It is possible that participants who attended more than one event submitted multiple demographic forms.

<sup>9</sup> CPPP participant stakeholder affiliation sums to greater than 100% as some participants reported multiple stakeholder affiliations.

Native Hawaiian or Pacific Islander, or Native Alaskan. Fifteen percent (15%) identified as another race and 5% identified as multiple races. Race was unreported for 18% of participants. About one-quarter of participants identified their ethnicity as Hispanic/Latino (26%), most of whom identified as Mexican, Mexican-American, or Chicano. Over one-third of participants (37%) identified as non-Hispanic Latino, including African, Eastern European, European, Filipino, another ethnicity, or multiple ethnicities. Thirty-nine percent (39%) preferred not to answer or did not respond to questions about ethnicity. Over two-thirds of participants (69%) reported English as their primary language, while 15% reported their primary language as Spanish, or bilingual in Spanish and English. A small percentage of stakeholders (<1%) reported another primary language. Thirteen percent (13%) preferred not to answer or did not respond to questions about language.

About half of participants identified as heterosexual (59%), 12% identified as Bisexual, and 4% identified with another sexual orientation such as Gay or Lesbian, Queer, Pansexual, or Asexual. One-quarter of participants (24%) reported they did not know, skipped, or preferred not to answer sexual orientation questions. One-third of participants (34%) reported having a disability. Among those reporting having a disability, the most commonly reported disabilities were difficulty seeing (41%) or a chronic health condition (32%). A small number of stakeholders (3%) reported being a veteran of the US military.

## IV. Community Program Planning Findings

As mentioned in the Community Program Planning section, the CPP process and needs assessment focused on understanding service delivery and the community's changing needs that arose over the past three years. Given the economic uncertainty associated with the pandemic and impacts to future funding, stakeholders were asked to reflect on how existing community resources could be leveraged and how programs could be adapted and strengthened.

This section presents strengths, needs, and activities of Lake County's MHSA programming that were identified through the needs assessment and community planning process. This section is divided into themes related to the following domains:

- Mental Health Service Demand & Underserved Populations
- Services Awareness, Outreach, & Access
- Service Coordination & Collaboration
- Workforce Education & Training

Each domain includes a description of strengths, needs, and proposed strategies identified by the community through CPP activities.

### Key Themes from Community Program Planning Process

#### Community Survey Findings

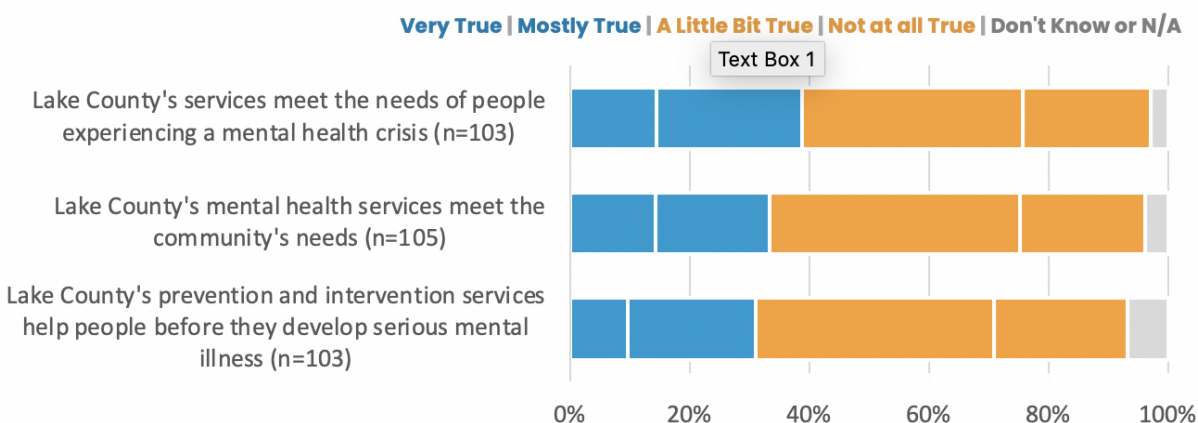
A total of 108 individuals participated in the community survey. Not all individuals who completed the survey completed all questions, so the number of respondents varies for each question. The community survey included 13 Likert-scale questions, where participants were asked to rate how true various statements were regarding participants' experiences with MHSA services in Lake County. Likert-scale responses included Very true, Mostly true, A little bit true, Not at all true, or Do not know / not applicable. The survey also included 5 open-ended questions, which were analyzed as qualitative data for key themes along with information gathered through the community focus groups.

Overall, there is a theme wherein community members do not feel services are sufficient to meet the community's needs and can be difficult to access. However, when in services, the service experience is generally positive. The themes highlighted below delve into more specific information.

#### LCBHS Services Provided

Overall, only one-third of survey participants (33%) felt Lake County's mental health services are meeting the community's needs. Over half of participants felt it was a little bit or not at all true that Lake County's services help prevent development of serious mental illness (58%) and services meet the needs of people in crisis (62%) (Figure 1).

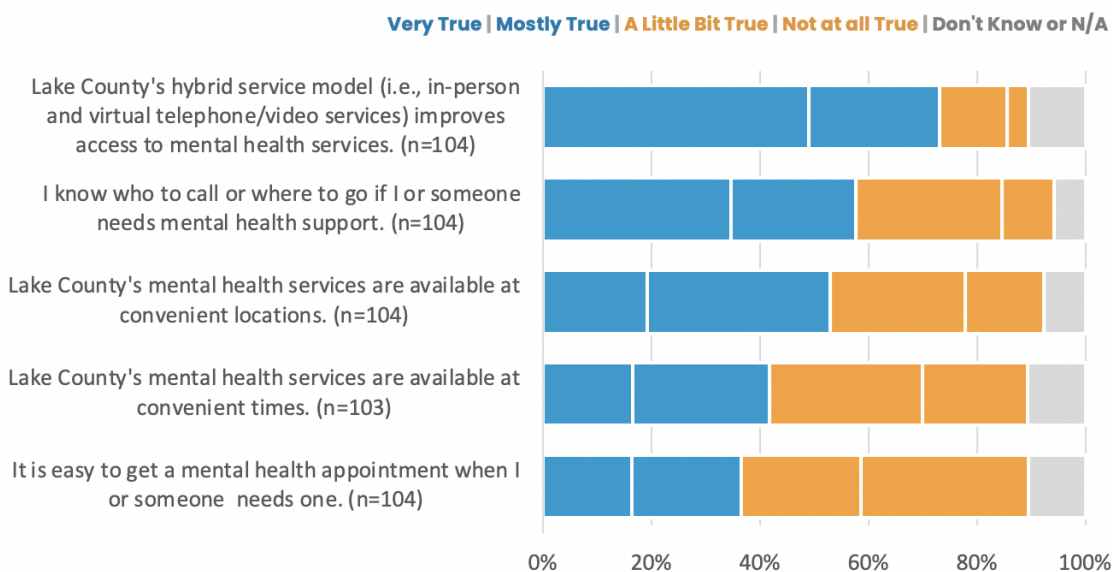
**Figure 3. Community Survey Responses about LCBHS Services Provided**



### Access to LCBHS Services

The majority of participants (73%) felt the hybrid service model improved access to services. Over half of participants (58%) felt they knew who to call or where to go for mental health services; however, most participants (53%) felt it was difficult to get an appointment when needed. Half (53%) felt services are available at convenient locations, but 42% felt services are available at convenient times (Figure 4).

**Figure 4. Community Survey Responses about Access to LCBHS Services**

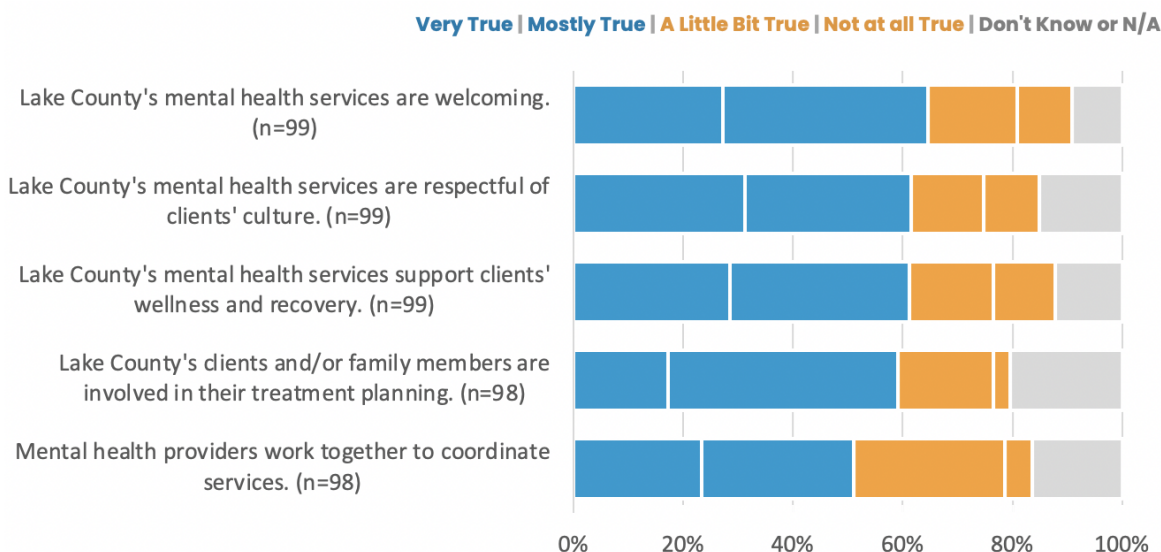


### Experience with LCBHS Services

Most survey participants had positive perceptions of LCBHS service experiences. Between about 60-65% of participants felt it was very or mostly true that LCBHS services welcoming, respectful of clients' culture, support clients' wellness and recovery, involve clients and/or their families in treatment planning. Only 20-25% of participants felt this was little bit or not at all true. Half (51%) of participants felt it was very or

mostly true that providers work to coordinate services, while 33% felt this was a little bit or not at all true. Compared to other questions, more survey participants were likely to respond “Don’t Know or N/A” to service experience questions (Figure 5).

**Figure 5. Community Responses about the Experience with LCBHS**



## Focus Group and Community Meeting Findings

### Mental Health Service Demand & Underserved Populations

**Strengths:** Since the pandemic, the peer support centers have been in high demand, especially once the centers began allowing consumers to access in-person services and with the extended hours of operation. Given peer support centers were established to cater to the needs of specific populations such as the tribal

*“The Peer Support Centers are so community-based all over the lake with each community and it’s a place people can get resources and nearby in their neighborhoods.”*  
- Provider

communities, homeless populations, Hispanic communities, youth and families - across the board, a majority of the consumers described peer support centers as being conveniently located, helpful, and welcoming. Further, peer support centers are described as central resource hubs designed to fulfill a wide range of consumers’ basic needs beyond behavioral health. In addition, peer support centers provide strong referral networks to connect consumers to needed services like behavioral health and other social safety net programming. Lastly, peer support centers serve all people regardless of the specific populations of focus. Peer

support centers practice “door service” in which staff serve anyone who comes to the door and connects them to appropriate resources.

**Needs:** There are a variety of populations that are not being adequately served and experience barriers to care. Namely, those experiencing homelessness are one of the populations most in need as the housing crisis continues in the county and the state with rising rent prices, thereby making affordable housing sparse. Stakeholders expressed that existing homeless service and resources are difficult to access and

there is a lack of awareness of such services. Additionally, the unhoused population is hard to reach as many experience complex needs.

Other populations in need of services include historically marginalized communities, older adults, and youth. Historically marginalized communities, specifically the Latinx and Native American communities, experience additional barriers to accessing services, including lack of culturally competent care and lack of bilingual services. These communities also bear a historic lack of trust with local or state governments. The Native American community, in particular is experiencing a rise in suicide rates amongst e as well as many cases of elder abuse.

Although a large portion of the Lake County population is aged 60 or older, some stakeholders cited lack of appropriate support for older adults given their limited access to digital technology. Moreover, there is a need for sufficient services prior to the onset of a crisis for both adults and older adults. For youth, mental health engagement has significantly reduced in the classroom since the pandemic. Moreover, stakeholders reported that there is also a lack of youth residential housing/treatment services within the county. Thus, youth requiring this level of care are placed in programs outside of the county, which can be traumatizing to youth, particularly foster youth.

Other populations and their unique needs identified by stakeholders include the following:

- Those with co-occurring disorders, such as mental health and substance use challenges, have limited services available that meet the high level of acuity and many have difficulty navigating the behavioral health system because of their symptoms.
- The LGBTQ+ population lacks safe spaces within the behavioral health system where they feel accepted.
- Those in rural areas are more isolated because services are not conveniently located for them and this population lacks the Wi-Fi/broadband access needed for telehealth services.
- Many perinatal and postpartum birthing people experienced isolation during COVID that has had lasting effects on their mental health and in how they access and engage with services. Additionally, stakeholders noted that perinatal and postpartum services are not housed in convenient locations, with many traveling outside the county to access services. It was agreed by stakeholders that the mental health of the birthing parent impacts the whole family.
- Undocumented populations

**Proposed Strategies:**

To address these needs, stakeholders suggested a number of strategies, including expanding outreach and field-based services, such as community health workers, to better engage historically marginalized communities, particularly the Latinx and Native American communities. Stakeholders highlighted the need for community health workers that are from the communities they serve (e.g., Promotores) to increase representation of underserved populations.

Stakeholders also proposed strategies specific to the needs of older adults and youth. For older adults, stakeholders recommended implementing programs that provide services prior to the onset of a crisis, such as more adult FSP programs, geriatric analysis, or treatment service provision. For youth, stakeholders proposed creating a youth center to provide a wide-range of support services, such as the



provision of basic needs, resume assistance, etc. Additionally, LCBHS is currently partnering with the Lake County Office of Education to leverage parallel funding streams to provide mental health services within schools.

Outside of historically marginalized communities, older adults, and youth, stakeholders offered other strategies and recommendations to address the mental health service demand in Lake County:

- **Prevention Services.** Extend provision of prevention and outreach services to all types of groups, including law enforcement, elementary and high school students, college students, unhoused populations, those in rural areas, etc. Fortunately, LCBHS has taken steps to expand their capacity to provide prevention and outreach services. For example, LCBHS has expanded its workforce by hiring five full time outreach and prevention specialists. Additionally, there is now an outreach van and prevention education available to the community, such as Mental Health First Aid and QPR courses.
- **Crisis Services.** Develop a mobile crisis response team without the involvement of law enforcement, with a clinician and peer provider instead. It was recommended by stakeholders that the mobile crisis unit/team would be an independent entity separate from other prevention programs and that there would be equal gender representation of staff to accommodate client preferences. Additionally, stakeholders propose establishing a crisis stabilization unit within the county. LCBHS is currently in the process of developing a Mobile Crisis Response Team (MCRT), which should be launched by the end of 2023.
- **Residential Treatment.** Establish residential treatment facilities within the county to provide “step down” services for clients being discharged from psychiatric placements or being hospitalized. Stakeholders suggested implementing both local residential treatment and mental health crisis residential facilities that are geared toward specific populations, particularly youth and transitional age youth (TAY). Currently, LCBHS has contracted Redwood Community Services in Mendocino to provide this service.
- **Case Management.** Expand case management services. Case management would be ideal in serving clients who have symptoms that fall between mild-moderate and moderate-severe, which has been referred to as the “gray area.” Additionally, case management is currently provided by the peer support centers, but there seems to be a lack of awareness among the community of this particular service. Stakeholders suggested that LCBHS work with clinical teams to make them more aware of this service.
- **Co-occurring disorder services.** Expand co-occurring disorder services to meet the growing need.
- **Postpartum and perinatal services.** Grow existing postpartum and perinatal services, particularly home visiting programs. Stakeholders also suggested offering these types of services in more locations around the county and funding training for volunteers to support new moms.
- **Funding.** Establish consistent funding streams to allow for more regular programs and services that consumers can depend on (e.g., warming centers, after hours services, etc.). Making funding more consistent can also improve programmatic elements, such as technical assistance,

organizational capacity, building facilities, amongst many others.

- **Harm Reduction.** Expand services focused on harm reduction, such as increasing access to clean instruments. Stakeholders suggested creating or expanding a team that works “on the ground,” such as Any Positive Change, a non-MHSA funded program that provides services with a harm reduction approach.

LCBHS has begun addressing other system and population needs voiced by stakeholders. Firstly, stakeholders expressed a need for more shower services, which is primarily provided through Adventist. LCBHS now provides bathing wipes through the outreach van to assist with this need. Secondly, stakeholders highlighted a need for resources to ensure comfort for those experiencing homelessness, such as tents, blankets, hygiene items, and hand warmers, which are items currently provided by LCBHS through their peer support centers and other programs. Lastly, stakeholders shared a desire for more social and community events that are centered around mental health. Although these have been sparse since the pandemic, LCBHS has plans for community events to return in the near future.

### Service Awareness, Outreach, & Access

**Strengths:** Stakeholders shared that LCBHS has effectively created telehealth and virtual services as an option for consumers to continue engaging in services, help consumers not feel socially isolated, and grant additional flexibility in service delivery. Survey respondents appreciated the hybrid model because it increases the availability of services and is helpful for those with mild to moderate mental health symptoms.

*“The hybrid model is extremely helpful/convenient to offer services when in-person is not an option for some folks.”*  
-Survey Participant

With regards to accessibility, stakeholders noted that services are most accessible when they are timely, conveniently located, and flexible. Most notably, stakeholders praised the Crisis and Access teams for being responsive and providing timely care. Furthermore, stakeholders greatly appreciated the outreach van because it assists consumers in traveling to services when needed. Stakeholders highlighted the benefit of having flexibility in seeing the provider they want, where they want.

**Needs:** Stakeholders shared the impacts of COVID-19, such as the stopping or pausing of services, which affects service delivery. Additionally, even though the pivot to virtual services helped address social isolation, telehealth is not accessible by or appropriate for everyone. For instance, the necessary technology/resources may be unavailable or unreliable, in addition to the lack of digital equity and literacy, particularly among older adults. Stakeholders also noted that many consumers view virtual services as being challenging and impersonal.

In addition to the digital divide, older adults face transportation barriers, as many older adults are homebound and lack transportation. Youth also experience transportation barriers, as they often depend on their parents who may be unavailable until after work in the evenings, thereby limiting youths’ access to mental health services.

In addition to those listed above, stakeholders identified other community-wide barriers to accessing services such as:



- The lack of extensive public transportation
- Programs housed at inconvenient locations. Specifically, there is a need for more services in Lucerne, Nice, and Clearlake.
- Wi-Fi and broadband access are limited in certain areas of the county.
- Recent program closures.
- Limited program operating hours.
- Lack of timely service delivery from some programs, making it difficult to make an appointment.
- Lack of awareness of the services available in the county and a knowledge gap of what programs can and cannot do (e.g., clients seeking housing through FSP programs but being unaware of the eligibility criteria for FSP).
- System navigation, including filling out forms, making phone calls, and setting up appointments, can be challenging. Tasks, such as paperwork, can be overwhelming to those with low literacy or disabilities, as well as the elderly.
- Parents are not always involved in their child's mental health treatment plan/recovery.

**Proposed Strategies:** Stakeholders proposed multiple strategies to raise service awareness, outreach, and access. These strategies included:

- Provide more transportation supports, such as gas vouchers and vans, as well as bringing more mental health services onto school campuses to improve access to services among youth.
- Implement a behavioral health point person or liaison to help program staff and service providers navigate the system for consumers.
- Institute more community health workers.
- Increase outreach and education on services (e.g., hosting a county-wide informational meeting on all services available; continuous advertising of programs/services offered).
- Offer more telehealth support.
- Establish satellite program clinics/offices in rural and isolated areas or offer more home visiting options for those who cannot travel to receive services.
- Integrate behavioral health providers into other community-based settings (e.g., having a registered mental health rehabilitation specialist available at warming shelters)

LCBHS strategies currently underway include the development of outreach van services and providing transportation to and from warming shelters. Additionally, LCBHS is utilizing community health workers as a part of the new Lake County Community Hub (formerly the "Pathways Hub," non-MHSA funding). Lastly, to increase parental engagement in youth services, LCBHS is reinstating Parent Partners at the Family Support center to provide peer support to parents in navigating the behavioral health system.

### **Service Coordination and Collaboration**

**Strengths:** Stakeholders shared that care coordination has been improving over time since the pandemic. In fact, communication between programs was described as “open” by stakeholders and they appreciated the improvements in the face of staffing shortages. For example, programs have invited external staff from other programs to their weekly meetings to ensure that certain clients are not falling through the cracks. Moreover, increased collaboration has resulted in reduced duplication of services and provides programs with the ability to refer clients to other services if ineligible or needing a higher level of care.

*“I see so much effort being made to help people, it is inspiring. When organizations come together, it’s great.”*

*-Survey Participant*

**Needs:** Despite the improvements that have been seen in recent years, some stakeholders have had different experiences and felt that care coordination and collaboration could be further improved. Firstly, some stakeholders felt that there is a lack of communication and information sharing within and between agencies. Since the pandemic, some meetings have been paused and slow to restart, which can reduce information sharing. For example, the peer support centers shared calendars with other programs before the pandemic that included events and activities that program staff can refer clients to. Additionally, stakeholders felt that there is a need for better coordination with providers outside of LCBHS, such as providers in emergency hospital settings. The reduced communication and collaboration have made it difficult for providers to monitor the continuation of care for specific clients and carry out appropriate follow ups.

**Proposed Strategies:** Stakeholders underscored the importance of improving inter- and intra-agency communication in the wake of new changes, including staff transitions, the new electronic health record (EHR), Cal AIM, etc. To improve collaboration, stakeholders suggested that behavioral leadership mobilize cross-agency communication in addition to improving the release of information (ROI) between entities and seeking out funding opportunities to improve regional networking (e.g., the HIRE grant). Moreover, stakeholders noted the successful launch of both Enhanced Care Management (ECM; a part of Cal AIM) and the Lake County Community Hub (formerly the “Pathways Hub”) would be important milestones to improving cross-agency collaboration. Specifically, through the Lake Co. Community Hub, LCBHS will be able to grow partnerships with external agencies to improve service coordination, communication and collaboration. Additionally, stakeholders suggested that LCBHS should partner with specific programs and initiatives, such as Hope Rising and the Community Health Improvement Plan (CHIP), to avoid creating silos when tackling issues, including homelessness.

Lastly, stakeholders recommended establishing a continuum of care that streamlines coordination and suggested utilizing peers throughout the continuum of services. For example, establishing a peer-run warm line and integrating the peer support centers in crisis prevention. By doing so, peers at the peer support centers can help de-escalate situations before they become crises or call the crisis line/crisis team to connect a person to a higher level of support when crises do occur. Furthermore, senior staff or clinicians could implement regular check-ins with peers to coordinate care. Stakeholders noted that strategies to establish a continuum of care would especially benefit clients that are hospitalized, necessitating the need to coordinate care prior to the hospital visit and after release from the hospital.

*"What seems to be working – tenacity and passion of people doing this work regardless of where they're coming from and who they're serving."*

- Provider

### Workforce, Education, and Training

**Strengths:** Overall, stakeholders felt that LCBHS staff have been supportive, dedicated, and caring to consumers. Stakeholders appreciated the presence of staff with lived experience as they are better at establishing rapport with clients and adopt a client-centered approach. Stakeholders also felt that LCBHS leadership has been helpful and accessible.

**Needs:** Stakeholders explained that understaffing and staff turnover has been a persistent challenge and affects the continuity of care, service availability, service quality, and timeliness of services. Specifically, stakeholders noted that there is a shortage of trained/licensed clinicians, particularly therapists. Many agreed that peer support staff can only do so much when clients present needs that require a higher level of care. Stakeholders noted the challenges the county faces while recruiting providers due to lower wages, cost of living, location, amongst others.

Another challenge cited by stakeholders is the lack of cultural competency trainings available to providers, as expressed by members from the Native American community.

**Proposed Strategies:** Stakeholders suggested improving and expanding incentives to hire and retain staff, such as offering competitive wages, incentivizing the workforce through paid internships and scholarships, helping staff pay off student loan debt, allowing more flexibility and opportunity for remote work, and improving the bonus structure. For example, stakeholders suggested providing stipends to employees that are bilingual to incentivize bilingual providers and staff within the county. Additionally, there is a sense of community when working in a small county. Stakeholders recommended leveraging this mentality when recruiting new staff, highlighting that coworkers work closely together in a smaller county and are interested in each other's work. This could potentially be appealing to providers that value a more close-knit work environment. Another strategy put forth was to "grow your own" or, in other words, build up the current workforce. This can be done through more training, offering to reimburse certifications, creating career ladders within programs, and helping employees pursue education, such as obtaining their GED. To help the county "grow their own," LCBHS is currently establishing a peer support certification that is a part of a broader career ladder being built for county staff. Moreover, LCBHS received funding to provide staff loan repayment and stipends if they are enrolled in undergraduate or graduate programs.

To address the need for more robust cultural competency trainings, stakeholders suggested engaging with the tribal community themselves in the creation and provision of these trainings. Tribal communities could provide these trainings and create materials and other resources aimed to increase cultural awareness, including cultural considerations and historical events that have and continue to impact the Native American residents of Lake County.

## V. Three Year Plan

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### Overview

Lake County's Three-Year Plan for FY 2023-2026 is being developed with the vision to help grow and improve the LCBHS system of care. Since the last three-year plan, LCBHS programs adjusted or modified service delivery throughout the COVID pandemic. Many programs have resumed full programming and service delivery, and many have also expanded and improved their services to clients. A focus of the FY 23-26 plan is continuing to expand outreach and prevention efforts, meeting stakeholders where they are and better reaching and serving underserved communities. In addition, bolstering the existing workforce will be a priority area over the next three years, with LCBHS exploring a new INN project aimed at establishing a Multi-County WET Collaborative. Overall, the future goal of the next three-year plan is to continue to strengthen existing services to meet the needs prioritized by the community.

### Program Updates

Over the next three years, LCBHS intends to expand and strengthen programs through modification of some existing programs as well as developing new programming. One change is that some of the funding allocated to the Trauma-Focused Co-Occurring Disorder treatment program will be used to strengthen and expand other MHSA programs across the continuum, specifically, the Crisis Access Continuum. The Crisis Access Continuum will be expanded with the addition of a mobile crisis unit. The Trauma-Focused Co-Occurring Disorder Treatment program will continue with less MHSA funding and will be bolstered through Cal AIM and Medi-Cal repayment.

LCBHS will also continue strengthening mobile outreach services through the addition of a second Street Outreach van. The second outreach van will enable the outreach and prevention team to provide more outreach services to the schools, older adults, agriculture workers, and have a wider reach in the community. The outreach and prevention team will also begin responding to individuals in the community that are struggling with substance use or mental health issues, as a first response in the crisis continuum. By providing this outreach to the community we are hoping to reduce the need for crisis services and connect individuals to supportive services.

To further strengthen outreach and prevention services and reach underserved communities, LCBHS is developing a new CSS program, the Native American Peer Counseling program. There are many within the tribal community that die by suicide, the elders within the community are working to address this ongoing tragedy and continue to seek out culturally proficient types of outreach and engagement; mental health prevention and intervention support and services. This program will allow the elders to promote the outreach and engagement of tribal people to be trained in the area of mental health resources that reflect their tribal cultural beliefs and traditional practices. Inclusion of traditional practices and cultural beliefs will assist in the community to develop healthier coping skills, reduce the barriers to seek treatment, and increase hope with the tribal community.

The following is a consolidated report that includes both the Annual Update and Three-Year Plan. This report reflects on FY 2021-2022 and provides projected data on FY 2022-2023 for the following programs:

**Table 2. Proposed FY23-26 Lake County MHSA Programs**

MHSA Component	Program	Program Status
<b>Community Services and Supports</b>	Crisis Access Continuum	Modified
	Forensic Mental Health Partnership	Continuing
	Full-Service Partnerships (FSP)	Continuing
	Native American Peer Counseling	New
	Older Adult Access	Continuing
	Outreach and Engagement*	Modified
	Parent Partner Support	Continuing
	Peer Support Recovery Centers* – Big Oak, Circle of Native Minds, Harbor on Main, La Voz de Esperanza, Family Support Center	Continuing
	Trauma-Focused Co-Occurring Disorder	Modified
<b>Prevention and Early Intervention</b>	Early Intervention Services	Continuing
	Family Stabilization and Well-Being – The Nest	Continuing
	Mental Health First Aid	Continuing
	Older Adult Outreach and Prevention: Friendly Visitor Program	Continuing
	Outreach and Engagement*	Modified
	Peer Support Recovery Centers* – Big Oak, Circle of Native Minds, Harbor on Main, La Voz de Esperanza, Family Support Center	Continuing
	Postpartum Depression Screening and Support: Mother-Wise	Continuing
	Prevention Mini Grants	Continuing
	Statewide, Regional, and Local Projects	Continuing
<b>Workforce, Education, and Training</b>	Workforce Education and Training	Continuing
<b>Capital Facilities and Technology Needs</b>	Capital Facilities	Continuing
	Lake County Electronic Health Record Project	Continuing
<b>Innovation</b>	Multi-County Full Service Partnership	Continuing
	Innovation Collaborative	

\*Peer Support Recovery Centers and Outreach and Engagement components are funded under both CSS and PEI categories.

## Community Services and Supports

MHSA Community Services and Supports (CSS) programs provide a full array of recovery-oriented services for adults experiencing severe mental illness and children experiencing serious emotional disturbance. Lake County's CSS programs are as follows:

**Table 3. Lake County CSS Programs<sup>10</sup>**

Program	Program Status
Crisis Access Continuum	Modified
Forensic Mental Health Partnership	Continuing
Full-Service Partnerships (FSP)	Continuing
Native American Peer Counseling	New
Older Adult Access	Continuing
Outreach and Engagement	Modified
Parent Partner Support	Continuing
Peer Support Recovery Centers	Continuing
Trauma-Focused Co-Occurring Disorder	Modified

Through the CPP process, stakeholders supported all current CSS programs. The MHSA Planning Team proposes the continuation of current programs, with modifications to the Crisis Access Continuum, Outreach and Engagement, and Trauma-Focused Co-Occurring Disorder Treatment, and the addition of a new program, Native American Peer Counseling. The Crisis Access Continuum will be expanded, while MHSA funding to the Trauma-Focused Co-Occurring Disorder Treatment program will be reduced, Trauma-Focused Co-Occurring Disorder Treatment will be bolstered through Medi-Cal repayment (Cal AIM). Funding previously allocated to the Trauma-Focused Co-Occurring Disorder treatment program will be used to strengthen and expand other MHSA programs across the continuum, specifically, the Crisis Access Continuum.

### CSS Programs: Consumer Demographic and Service Data

During FY 2021-2022, 300 individuals<sup>11</sup> received CSS services across five MHSA-funded programs—Crisis Access Continuum, Forensic Mental Health Partnership, Older Adult Access, and Trauma-Focused Co-Occurring Disorder Treatment.<sup>12</sup> Data was not available across all demographics for every program, therefore the information presented in this section does not reflect the complete profile of all individuals served by CSS programs in Lake County during FY 2021-2022. Key demographic information for each program is also presented in the program overviews below. Demographic characteristics representing less

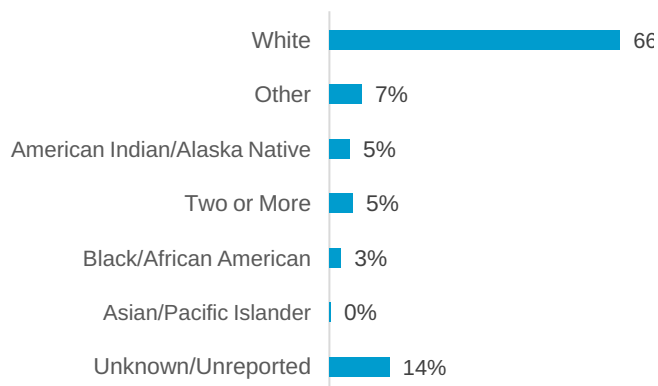
<sup>10</sup>Lake County's Peer Support Centers program received a combination of CSS and PEI funds and is reported only in the PEI section. Outreach and Engagement services were reported as part of Peer Support Center consumers for FY 20-21. The Parent Partner Support position is housed at the Family Support Center, therefore consumer data for that program is also reported under Peer Support Services in the PEI section.

<sup>11</sup> This number represents the unique individuals served by each program; however, the total number of consumers may be duplicated if any consumers receive services from more than one program.

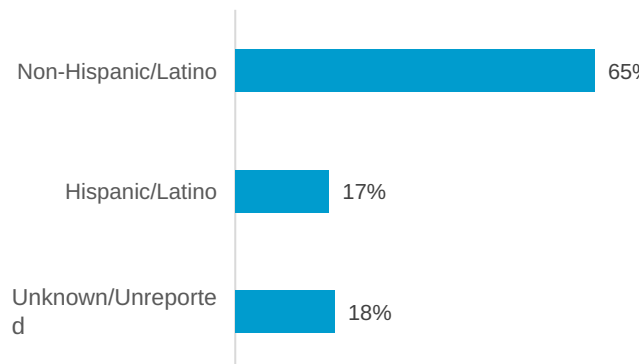
<sup>12</sup> This number represents programs that received only CSS funds from MHSA. Lake County's Peer Support Centers program and Outreach and Engagement received a combination of CSS and PEI funds and is reported only in the PEI section. The Parent Partner Support position is housed at the Family Support Center, therefore consumer data for that program is also reported under Peer Support Services in the PEI section.

than five consumers are grouped into “Other”. Among individuals for which data was available, consumers represented the following demographics:

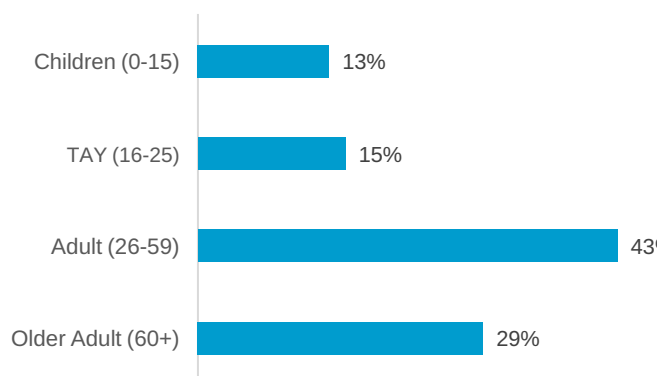
### Race (n=300)



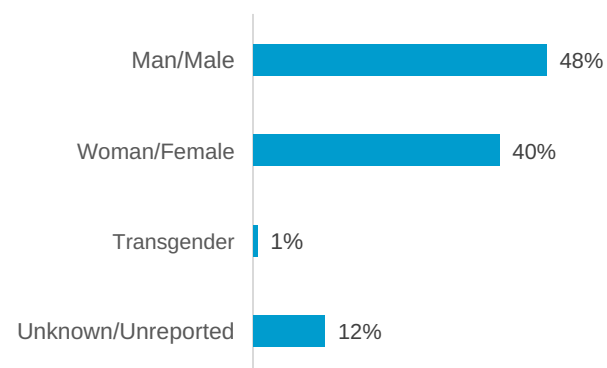
### Ethnicity (n=300)



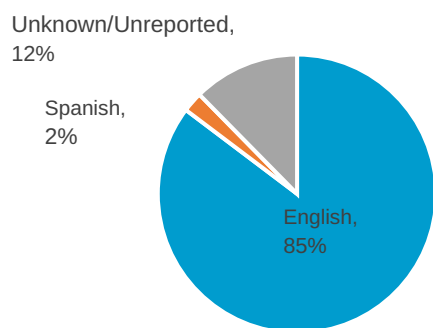
### Age Range (n=300)



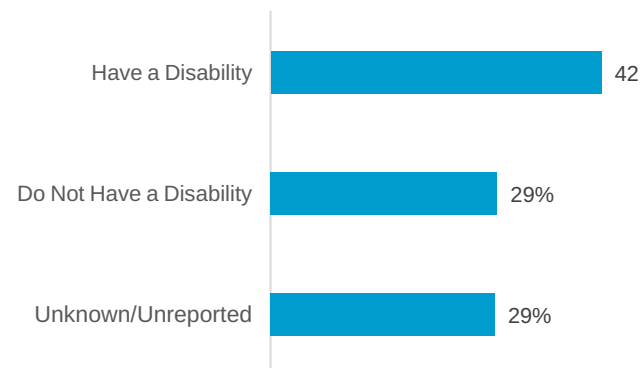
### Current Gender Identity (n=300)



### Language (n=300)



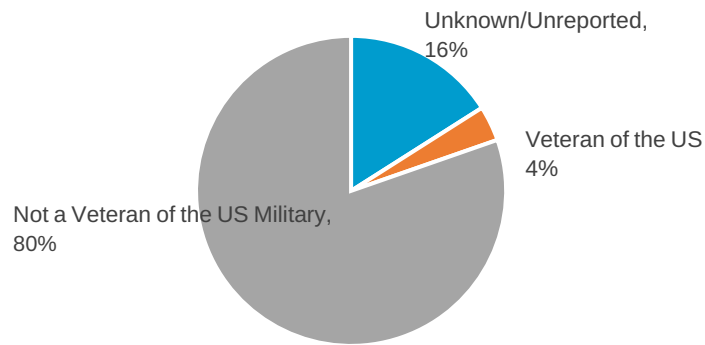
### Disability Status (n=300)<sup>13</sup>



<sup>13</sup> The majority of consumers reporting they had a disability (59%) did not report the type of disability (unknown/unreported). Of those that reported the type of disability, majority reported having a mental disability (59%), followed by multiple disabilities (16%). Less than 10% reported a mobility, developmental, or speech disability. 14% reported another type of disability.



### Veteran Status<sup>14</sup> (n=300)



### Sexual Orientation

Sexual orientation was not collected for CSS programs. This data is omitted.

<sup>14</sup>Not a veteran of the United States Military includes individuals currently on active or reserve duty in the United States, or who served in another country's military.



## CSS Program Overviews

### Crisis Access Continuum

FY 2021 – 2022 Program Overview				
Status:	<input type="checkbox"/> New	<input type="checkbox"/> Continuing	<input checked="" type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Full-Service Partnership			
	<input type="checkbox"/> General System Development			
	<input checked="" type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Older Adult
	Age 0 – 15	Age 16 – 25	Age 26 – 59	Age 60+
Underserved Population(s): Individuals experiencing/who recently experienced a mental health crisis				
Number served: 149		Total Cost: \$44,451		
FY 2023-2024 Program Projections				
Number to be Served: 700		Proposed Budget: \$325,000		Cost per Person: \$464

### Crisis Access Continuum: Program Description and Key Activities

One of the foremost challenges facing those with mental health issues are crisis events. A mental health crisis is any situation in which a person's actions, feelings, and behaviors can lead to them hurting themselves or others, and/or put them at risk of being unable to care for themselves or function in the community in a healthy manner. The crisis event may be the result of long-term mental illness or simply the result of present circumstances being so overwhelming for a person to be able to cope and endure in a healthy, constructive manner. A crisis event, with no outside intervention, can lead to suicide, harming self or others, or the inability to care for self. The sooner the intervention can take place the better. Intervention should also be follow-up after the crisis event to ensure no return to relapse. Additionally, interventions that are preventive can avert crisis events from escalating to the point a higher intervention is needed, such as involuntary psychiatric hospitalization.

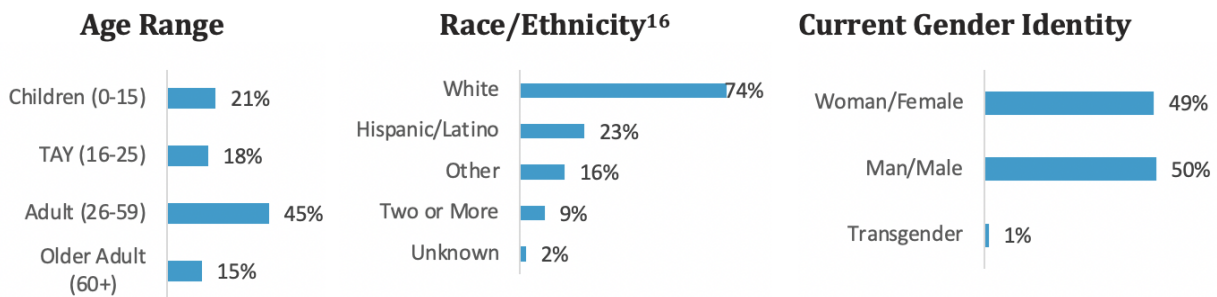
The Crisis Access Continuum spans across the crisis event, from preventative interventions, de-escalation interventions, and follow-up post crisis event. This program assists all levels except involuntary hospitalization (5150). It is proposed that mobile crisis service be added to the continuum. This is based on community feedback as an expressed need and as a new Cal AIM requirement from the California Department of Health Care Services.

The Crisis Access Continuum connects individuals experiencing mental health challenges to the local crisis hotline, a peer-run warm line, and intervention services. LCBHS Crisis team is made up of 4 crisis workers, 1 case manager and 1 supervisor. The crisis team is responsible for all 5150 evaluations within Lake County. These can be self-referrals by presenting to one of the two emergency rooms within the county, by law enforcement encounters or other community partners. The program also provides outreach and engagement services to consumers who have recently been hospitalized for mental health reasons or released from a 5150-crisis evaluation and provides support to individuals in respite in a supported transitional housing setting. The program focuses on connecting individuals to existing resources in the agency and community. Additionally, the program has built relationships with local police to provide joint crisis response with law enforcement where appropriate. The goal of the crisis team is to help resolve the

crisis with the least restrictive method of treatment with psychiatric hospitalization being the last resort. The target population is anyone who is in crisis.

Underserved Populations Reached by the Program: There are many populations within Lake County that are hard to serve or under served. This populations include the homeless of Lake County and the indigenous people that call Lake County home. These populations have a hard time asking a “government” type agency for help, more often than not they would just go without. The team is trained to meet the client at their level, to use active listening skills to help determine what the needs are.

### Crisis Access Continuum: Consumer Demographic Information (N=149)



### Crisis Access Continuum: FY 21-22 Program Outcomes, Successes & Challenges

FY 21-22 Program Activities: During FY 21-22, the crisis team responded to 662 calls with 258 resulting in a 5150 hold. Out of those calls, 87 were completed at different schools around the lake, 226 were conducted with local law enforcement, and 47 were completed at clients’ homes. The crisis team also had the ability to hand out approximately 20 sleeping bags to homeless in crisis as well as ready to eat food from the pantry.

FY 21-22 Program Successes & Outcomes: The crisis team works hard 365 days a year, there is never a time that the crisis team is not working. We take pride in helping the community year after year. It is always nice to hear from clients that they appreciate the crisis team because we are there when needed with a quick response.

FY 21-22 Challenges: The only challenge that the crisis team came up against was staffing. There have been many staffing changes within the agency and lack of applicants, this in turn caused the team to be short staffed. However, the team has not missed a beat and continues to answer when the community calls.

### Crisis Access Continuum: Anticipated Activities for FY 23-26

Within the new fiscal year there will be many changes to the crisis team and program that we have with the addition to Cal AIM mobile crisis project benefit. We foresee difficulties with staffing, schedule challenges, and the ability to overall implement the program to the DHCS standards. MHSA will be able to assist this new service in two ways:

The Outreach Team, made up of Outreach and Prevention Specialists as well as Peer Support Specialists, will be available during business hours to outreach across the county. Besides working on prevention and

normal outreach activities – in efforts to avert crises, if a call or concern comes in, the Outreach Team will travel and contact a person identified in crisis. The team will do a quick assessment and try to intervene if possible, with the goal of alleviating the crisis event through counseling, including peer counseling, use of referrals and other resources, and attempt to deescalate and establish stability. If upon assessment it is recognized that the crisis event is beyond the outreach team's capacity to intervene or an intervention is not successful in providing stabilization, then the outreach team will contact a crisis worker for further assessment that may lead to an involuntary hold. The outreach team will attempt to get the person to the closest emergency room for a full medical clearance and assessment, but if that is not possible, will work with law enforcement to accomplish that. The Outreach Team will also do follow-up post crisis to ensure stability and follow up with resources, including behavioral health treatment.

The second way is the addition of two peer support specialists to the crisis team. Peer support is seen as a vital component in the crisis continuum and is an established evidence-based practice. Peer Support Specialists will be certified and having peer intervention training in mental health crises. These two Peer Support Specialists will be dedicated to the Crisis Team and available after normal business hours as well.

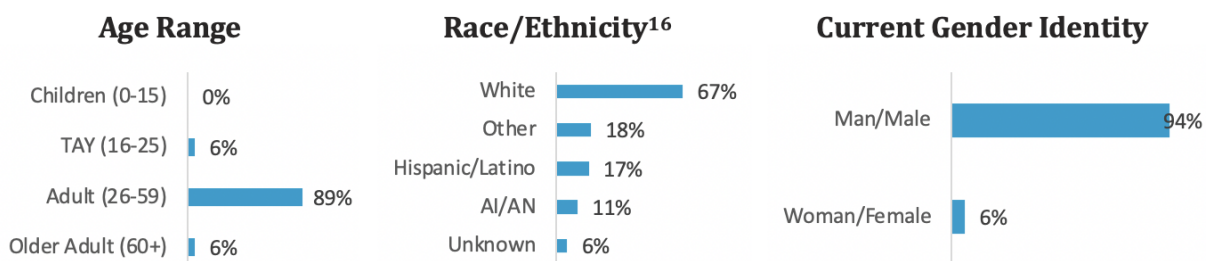
### Forensic Mental Health Partnership

FY 2021 – 2022 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Individuals involved in the justice system with mental health needs				
Number served: 18		Total Cost: \$59,741		
FY 2023-2024 Program Projections				
Number to be Served: 20		Proposed Budget: \$125,000		Cost per Person: \$6,250

### Forensic Mental Health Partnership: Program Description and Key Activities

The Forensic Mental Health Partnership program is targeted at individuals who are involved in the justice system, including through probation / parole, recent incarceration in the jail or juvenile hall, awaiting court, or who are involved in the Mental Health Diversion program. The goal is for clients to complete mental health programs successfully and reduce their risk of incarceration. Individuals are referred to the program by local agencies—typically probation or the courts—or through self-referrals. Program staff assist clients in addressing their mental health needs through medication services and individual/group therapy, navigating the legal process, transition planning, and providing support in the community after release from arrest and/or incarceration through service coordination, clinical services, and into FSP when appropriate. The program also provides linkages to physical health care and care coordination around physical health issues, where appropriate. The justice involved team provides updates to probation and Lake County Court whether or not these consumers are engaged in treatment or not. Ultimately, the program promotes recovery and reduces recidivism in this population.

### Forensic Mental Health Partnership: Consumer Demographic Information (N=18)



**Forensic Mental Health Partnership: FY 21-22 Outcomes, Successes & Challenges**

FY 21-22 Program Activities: Program activity data was not reported for FY 21-22.

FY 21-22 Program Successes & Outcomes: During FY 21-22, the forensic team was able to build strong relationships with the Lake County Justice system, which has led to strong collaboration and coordination. Additionally, several consumers completed or are in the process of completing and graduating from the diversion program, with four consumers graduating in the upcoming months at the time of this report.

FY 21-22 Program Challenges: The team has continued to struggle with staffing challenges. The team is currently hiring and working to improve and overcome these challenges.

**Forensic Mental Health Partnership: Anticipated Activities for FY 23-26**

Forensic Mental Health Partnership will continue to implement the program as described above. In addition, the program plans to begin discussions with court judges and clerks around Care Court with the goal of improving the program and furthering communication and collaboration with the county Justice System.

### Full-Service Partnerships

FY 2021 – 2022 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input checked="" type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Individuals with SMI and co-occurring disorders				
Number served: 80			Total Cost: \$1,211,907	
FY 2023-2024 Program Projections				
Number to be Served: 100		Proposed Budget: \$3,000,000		Cost per Person: \$30,000

#### Full-Service Partnerships: Program Description and Key Activities

The Full-Service Partnerships program is designed for adults who have been diagnosed with a severe mental illness or co-occurring mental health and substance abuse disorder and would benefit from an intensive service program. The program also serves youth (up to age 25) as needed. In particular, the FSP program serves people from different socioeconomic backgrounds and those that are marginalized, in particular the program serves individuals from low-income, rural communities.

The foundation of the Full-Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness. The program’s objective is to promote mental wellness by using evidence based therapeutic techniques. Our consumers receive individual rehabilitation which teaches consumer how to not only live on their own but gives them healthy ways to cope with their mental health symptoms. Consumers also receive case management services along with a treatment team to address their individualized recovery goals.

The program engages the target populations through assessments, crisis intervention, and other community referrals. FSP provides a full range of clinical and non-clinical services, including:

##### Clinical Services

- Crisis intervention/stabilization services
- Mental health treatment, including:
  - Case Management to provide service linkages to obtain employment, housing, education, and health care
  - Care Coordination
  - Mental Health Individual Rehabilitation Services
  - Mental Health Counseling/Psychotherapy
  - Psychotropic Medication Management
  - Treatment Plan Development
  - Mental Health Assessment
  - Linkages to co-occurring SUD treatment

##### Non-Clinical Services

- Housing Access

- Peer support
- Family education services
- Wellness Centers
- Respite care

### Full-Service Partnerships: Consumer Demographic Information

Table 4. FSP Consumer Demographics, Fiscal Year 2021-2022

Demographic Characteristic <sup>15</sup>	Number Served	Percent
<b>Age</b>		
Children/Youth (0-15)	8	10%
Transition Age Youth (16-25)	17	21%
Adult (26-59)	45	56%
Older Adult (60+)	10	13%
<b>Race/Ethnicity</b>		
Caucasian/White	58	73%
Another Race <sup>16</sup>	20	26%
Unknown/ Unreported	2	3%
<b>Ethnicity</b>		
Non-Hispanic/Latino	59	74%
Hispanic/Latino	13	16%
Unknown/Unreported	8	10%
<b>Language</b>		
English	76	95%
Another Language <sup>17</sup>	4	5%
<b>Current Gender Identity</b>		
Male	46	58%
Female	34	43%
<b>Disability Status</b>		
Have a Disability	53	65%
Do Not Have a Disability	21	26%
Unknown/ Unreported	7	9%
<b>Total</b>	<b>80</b>	<b>100%</b>

### Full-Service Partnerships: FY 21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: During this past year, the FSP staff leadership participated in the current Innovation project, the improvement of FSP Services. This included better defining eligibility for Children, TAY, Adults, and Older Adults as well as setting guidelines for graduation from the program. These, in turn, were trained to our FSP staff in an effort to build consistency and better efficiency for the FSP program. Please see the Annual Innovation Report in Appendix D for more information.

<sup>15</sup> To protect consumer privacy, demographic characteristics with fewer than five individuals were grouped into the "Other" category.

<sup>16</sup> "Another Race" includes Native American/American Indian, Black/African American, and Two or More Races.

<sup>17</sup> "Another Language" includes Spanish and others not specified.



FY 21-22 Program Successes & Outcomes: The program has been able to access low-income housing at a lower rate, which has reduced housing costs and subsidies for adult consumers. In addition, accessing low-income housing has helped improve self-sufficiency and independence among consumers. In FY 21-22, the program successfully housed more adult consumers than in years prior.

Similarly for youth, the program was able to successfully assist youth under ten years old and their families get temporary housing, which has lowered hospitalization rates. Moreover, many of these consumers and their families are approaching permanent housing and graduation from the program.

The program has a high success rate of reducing and preventing psychiatric hospitalizations as well as assisting clients in maintaining stability in the community while addressing their medication and individual rehabilitation needs. Among the 50 clients for whom data was available:

- One client experienced one mental health or substance use emergency while in the FSP program, compared to 18 clients who experienced 38 emergencies in the year prior to FSP engagement. This represents 17 fewer individuals who experienced a mental health or substance use emergency and 37 fewer mental health or substance use emergencies during FSP engagement compared to the year prior to enrollment.
- Seven clients experienced 204 psychiatric hospitalization days in the year prior to FSP engagement compared to two clients who experienced 20 psychiatric hospitalization days while in the FSP program. This represents five fewer individuals who experienced psychiatric hospitalizations during FSP enrollment, and 184 fewer psychiatric hospitalization days compared to the year prior to enrollment.
- Five clients experienced six arrests in the year prior to FSP engagement compared to one client who experienced one arrest during FSP engagement. This represents four fewer individuals who experienced arrest during FSP engagement and five fewer arrests compared to the year prior to enrollment.
- Six clients experienced a total of 1,341 days unsheltered or homeless in the year prior to FSP engagement compared to two clients who experienced 133 total unsheltered or homeless days during FSP engagement. Although FSP clients continued to experience some homelessness, the number of days homeless was dramatically reduced during FSP engagement (a reduction of 1,208 homeless days).

FY 21-22 Program Challenges: There were long waitlists and low availability of low-income housing as a result of being in a small rural county. Notably, there was a lack of affordable housing for families of youth consumers. Outside of housing, youth were also impacted by staffing challenges, particularly the lack of clinicians and the scarcity of available therapy services. Although therapy services were on an as needed basis, therapy would have been a great support for consumers and their families.

Lastly, it is important to note that there are slight discrepancies between the consumer data gathered from the County's EHR system and the DCR reports. LCBHS is working to reconcile these discrepancies and they should be fixed with the new EHR system launching in FY 2023-2024.

**Full-Service Partnerships: Anticipated Activities for FY 23-26**

Adult Full-Service Partnerships plan to implement more groups, such as groups focused on coping skills and DBT. In addition, the program will implement a co-occurring disorder group service with staff that is SUD-certified. Lastly, the FSP Innovation project is being further developed to clarify eligibility and graduation criteria.

Youth Full-Service Partnerships will continue to implement the program as described above, but plan to bring about process/internal improvements by creating new trainings and building up the team. The team is currently in transition with the addition of a new mental health specialist for TAY consumers to support them in managing symptoms and behaviors, as well as learning how to become adults.

### Native American Peer Counseling

FY 2021 – 2022 Program Overview*				
Status:	<input checked="" type="checkbox"/> New		<input type="checkbox"/> Continuing <input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Native American populations experiencing or at risk of experiencing mental health disorders				
Number served: N/A		Total Cost: N/A		
FY 2023-2024 Program Projections				
Number to be Served: 30		Proposed Budget: \$50,000		Cost per Person: \$1,667

\*Native American Peer Counseling is a new program that will begin implementation in FY 23-24.

#### Native American Peer Counseling: Program Description and Key Activities

The Native American Peer Counseling program is a new program designed to provide home-based outreach, emotional support, mentoring, and referrals to services for the Native American community. There is an identified need to address suicide - particularly among youth, substance use issues, generational trauma and accompanying mental health issues that are present within the tribal community. The elders within the community have identified these issues and recognize the need for peer support and counseling with culturally proficient types of outreach and engagement, mental health prevention, and intervention support and services. This program will work with the elders to promote the outreach and engagement of peer tribal people trained in the area of mental health resources that reflect their tribal cultural beliefs and traditional practices. Inclusion of traditional practices and cultural beliefs will assist in the community to develop healthier coping skills, reduce the barriers to seek treatment, strengthen supportive ties within the tribal community, and increase hope that positive change is possible.

#### Native American Peer Counseling: FY 21-22 Consumer Demographic Information

Native American Peer Counseling is a new program. Demographic information will be collected for participants upon implementation in FY 23-24.

#### Native American Peer Counseling: FY 21-22 Outcomes, Successes & Challenges

Native American Peer Counseling is a new program. Outcomes, successes, and challenges will be collected upon implementation in FY 23-24.

#### Native American Peer Counseling: Anticipated Activities for FY 23-26

Native American Peer Counseling is a new program and will be implemented as described above.

## Older Adult Access

FY 2021 – 2022 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input type="checkbox"/> Transitional Age Youth Age 16 – 25	<input type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Older adults, including Latinx and Native American communities				
Number served: 52			Total Cost: \$111,651	
FY 2023-2024 Program Projections				
Number to be Served: 75		Proposed Budget: \$220,000		Cost per Person: \$2,933

### Older Adult Access: Program Description and Key Activities

The older adult access program includes services provided to older adults through LCBHS and a community-based provider, Konocti Senior Support. The county recognized that the older adult population is underserved, and decided to increase support to this group by providing mental health services for older adults with moderate to severe mental illness through LCBHS and for older adults with mild mental health issues through Konocti Senior Support. The program objectives are to provide mental health services such as individual therapy, group therapy, individual rehabilitation and group rehab services as well as reduce isolation, improve social connections, and reduce mental health symptoms affecting their daily lives. The program components are described in greater detail below:

#### Konocti Senior Support – Senior Peer Counseling:

Senior Peer Counseling recruits and trains seniors to be peer counselors for seniors over 55 years of age in Lake County who are homebound, isolated, and may suffer from mild anxiety and/or depression. Senior Peer Counseling offers a direct counseling service between two persons who share a common age (over 55) and common experiences. They create a trusting relationship which allows for setting of goals for the client and support by the peer counselor. The client is an isolated senior who has been referred through Lake County resources. The client has acknowledged having one or more mental health concerns, including “adjustment difficulty following a life change”. The client may self-refer. The SPC Program provides comprehensive training for its peer counselors and ongoing weekly supervision by the Director, a licensed professional. Client services are provided weekly by phone or in person, in a designated setting, usually their home.

The program creates access and linkage to services as each referred client is professionally screened to determine appropriateness for the program. If the need for greater mental health treatment is determined, the client would be referred to LCBH. The original referral source would be made aware of this for the purpose of follow up.

The program improves timely access to services as the client receives an intake interview by this Program Manager as soon as possible by telephone. Then a peer counselor is given the information for quick follow up, whenever possible.

The program reduces stigma and discrimination of mental illness as one of our peer counselors is able to respond with experiential knowledge. They do not diagnose or create treatment plans, they assist the client in creating goals that can be reassessed. A more equal relationship is established than in a traditional psychotherapy relationship, however the client always remains the focus.

### Senior Peer Counseling: Consumer Demographic Information (N=35)

All consumers served were older adults (60+) and race/ethnicity and current gender identify were not reported by the program.

### Senior Peer Counseling: FY 21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: Approximately 3 referrals were handled by intake each month from June - December, 2022. Not all referred clients were interested in follow up services. At least 2 clients each month had threatened evictions or future housing concerns. 3 clients per month that we served had been referred following hospitalizations, often referred by medical discharge planners. Referrals have come from Adult Protective Services and from family members. Other referrals have centered around issues following loss of a loved one, conflict with caregivers, loss of caregivers, issues with healthcare providers. Each week we provide counseling for an average of 12 clients, with 6 seen in person. Some clients receive connections with community resources; however, our focus is on the mental health concerns primarily. Counselor training is 2 hours weekly and ongoing, with varied topics and opportunities to learn from invited guests who provide counseling training, self-help outlets, legal and end of life support.

Outreach activities occur through visits to senior centers, meals on wheels coordinators, behavioral health programs. These include peer community services who offer help to underserved senior populations in the Latino and Native Americans communities. Efforts are made for the program to address county volunteer organizations to share information for client and counselor referrals.

FY21-22 Program Successes & Outcomes: Some examples of the positive impacts of the program include:

- One client expressed appreciation of the peer counselor reminding them of “what makes me feel better” meaning coping mechanisms they had learned to use.
- One client was able to move out from a stressful living situation to living independently in low income housing, after sharing their frustrations for several months with their peer counselor.
- One client was able to act when a new landlord did not clean up the living environment. The client began to clean themselves up, and the peer counselor helped the client handle their fluctuating moods.
- One client acknowledged their triggers and acknowledged their peer counselor for helping them learn ways to calm themselves.
- One client has been able to accept help from an outside agency when their caregiver let them down. This came with the peer counselor building a close bond and then bringing in needed outside support. When living alone became impossible, the client moved to another county. Their peer counselor continues to keep in contact with the client.

FY21-22 Program Challenges: Covid-19 Pandemic conditions have occurred since early 2020 and these have limited the scope of the SPC Program. Most Senior Centers were closed previously and existing community agencies were limited in personal outreach. Our training and supervision of peer counselors was primarily done by Zoom. Clients' weekly sessions were largely done by telephone. Now clients can be seen in person at their request and the counselor training group meets weekly in person. The Pandemic highlighted the challenges of aging, for example, anxiety and depression was likely to be increased overall. Therefore, this would extend the impact on our client population who already had mental health issues.

There was an improved mileage reimbursement rate put into place during the latter half of the year. Counselors receive a small stipend for their time in visiting clients and having weekly training. However, they are told that this stipend is never certain, since the program funds may run out.

#### Senior Peer Counseling: Anticipated Activities for FY 23-26

We will be planning an extensive training for more Senior Peer Counselors. Recruitment will need extensive outreach to the media and all senior groups. This is a challenging time to find volunteers, we hope that 2023 will provide more trained counselors for this important work. We have applied for a MHSA Mini-Grant for offering Services to Visually Impaired Seniors. That should begin in January 2023 and end in May 2023. This will involve outreach to a special population who is not receiving services locally. Additionally, for FY 23-24, we will begin to utilize a data collection tool so that outcome measures can be collected. We will develop a way to collect data from qualitative reporting.

#### LCBHS System of Care: Older Adult Access

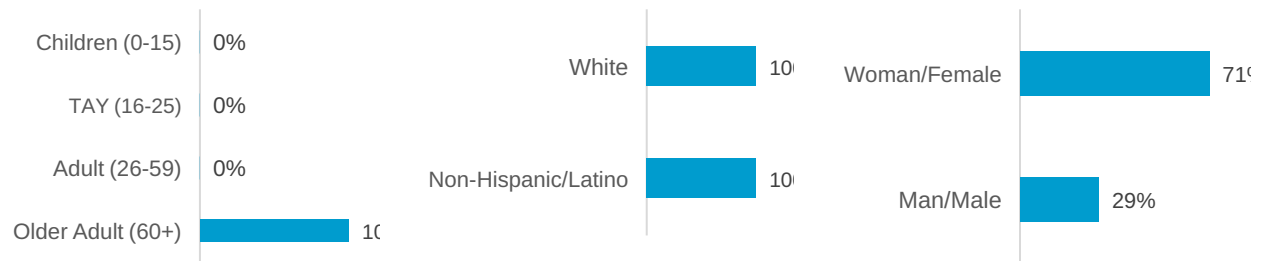
LCBHS Older Adult Access services include therapy, individual or group rehabilitation, case management, coping skills, support accessing appropriate resources, and medication services. Older adults are referred through their primary care, adult protective services, or other mental health providers in the community that feel that the client needs an increase in services, and mental health psychiatric facilities. We reach out to clients and community member via phone to begin engagement and intake assessment process to determine criteria for services. Case managers will also go to peer support centers to perform outreach, senior centers for outreach, and/or community events that are focused on the older adult populations. Case managers also attend multiple agency meetings to discuss clients being referred for services or current clients that have APS referrals. The target population is seniors over 65 years of age with a moderate to severe mental health diagnosis.

#### LCBHS System of Care Older Adult Access: Consumer Demographic Information (N=17)

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**Age Range****Race/Ethnicity<sup>18</sup>****Current Gender Identity**

<sup>18</sup> The data do not add up to 100% because race and ethnicity were reported separately but are included in the same



### LCBHS System of Care - Older Adult Access: FY 21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: Program activity data was not reported for FY 21-22.

FY 21-22 Program Successes & Outcomes: The program currently has a group operating and working to build peer relationships and reduce isolation faced by older adults. Staff are working hard out in the community to provide services to older adults.

FY 21-22 Program Challenges: Older adults continue to experience isolation and fear, which keeps them from going out into the community (e.g., not wanting to go to the doctor). As a result, there was not as much contact with consumers and the program experienced challenges providing services to consumers with fear that stemmed from the COVID-19 pandemic.

### LCBHS System of Care - Older Adult Access: Anticipated Activities for FY 23-24

Older Adult Access will steadily build back up the services they provide and then will continue to implement the program as described above.

graph for ease.



### Parent Partner Support

Parent Partner Support is a position housed at the Family Support Center. This position performs the activities described below and supports Center efforts more broadly. The Parent Partner Support position receives dedicated funding from MHSA, in addition to funding the Family Support Center receives through the larger Peer Support Center budget. Data on number and demographics of individuals served is reported on in the Peer Support Center section of this report.

FY 2021 – 2022 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Full-Service Partnership			
	<input type="checkbox"/> General System Development			
	<input checked="" type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Older Adult
	Age 0 – 15	Age 16 – 25	Age 26 – 59	Age 60+
Underserved Population(s): Families, parents and caretakers with children and TAY, grandparents				
Number served: N/A		Total Cost: \$0		
FY 2023-2024 Program Projections				
Number to be Served: N/A		Proposed Budget: \$75,000		Cost per Person: N/A

### Parent Partner Support: Program Description and Key Activities

The Parent Partner Support program aids with families involved with the County mental health system or that need more information on available community resources. A parent partner with “lived experience” as a family member assists families with navigating the system, service coordination, peer-to-peer understanding, advocating for their needs, and group support. Some of the groups that the program anticipates facilitating include The Parent Café, Art Group, Nurturing Families Groups, and Homework Clubs for youth in the community. The parent partner also provides families with non-clinical insights on how to seek appropriate services and communicate with service providers. In addition, the program provides an FSP team member to assist the family through the FSP process as applicable.

The parent partner serves all populations, focusing on those families that are experiencing mental health challenges, homelessness, or school failure. Outreach is provided at the schools, with the children’s team, and agency collaboration meetings that focus on youth or families.

### Parent Partner Support: Consumer Demographic Information

In FY 21-22, there was also staff turnover, and the Parent Partner position was vacant.

### Parent Partner Support: Outcomes, Successes & Challenges

In FY 21-22, there was also staff turnover, and the Parent Partner position was vacant.

### Parent Partner Support: Anticipated Activities for FY 23-26

LCBHS filled the vacant Parent Partner position in FY 22-23. LCBHS also intends to strengthen outreach to the community and our partners to increase the community’s awareness that this service is available. The Parent Partner is currently ingraining herself within the treatment teams to be a resource for parents as well as re-creating the Family Support Center, now co-located at the La Voz de la Esperanza Latino



Wellness Center.

### Trauma-Focus Co-Occurring Disorder

FY 2020 – 2021 Program Overview				
Status:	<input type="checkbox"/> New		<input type="checkbox"/> Continuing	
	<input checked="" type="checkbox"/> Modified			
Service Area:	<input type="checkbox"/> Full-Service Partnership			
	<input type="checkbox"/> General System Development			
	<input checked="" type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Older Adult
	Age 0 – 15	Age 16 – 25	Age 26 – 59	Age 60+
Underserved Population(s): Individuals with co-occurring mental health and substance use disorders				
Number served: 1		Total Cost: \$394		
FY 2023-2024 Program Projections				
Number to be Served: 30		Proposed Budget: \$85,000		Cost per Person: \$2,833

#### Trauma-Focus Co-Occurring Disorder: Program Description and Key Activities

Co-occurring disorder is a broad category that recognizes the fundamental intersection of mental health and substance use disorders, while trauma-focused treatment acknowledges that unresolved traumatic experiences—whether as child, adult, or both—predispose a person toward substance use as a means of coping, self-medicating, or dissociating. The Trauma-Focused Co-Occurring Disorder program provides comprehensive treatment that first identifies the root of the problem and subsequently adopts a whole person approach. Most clients with co-occurring issues are referred to LCBHS through other community partners such as medical providers, psychiatric hospitals, forensic sources, or social services. Clients can also self-refer from the general community.

Clients undergo an initial screening and are evaluated on a triage in terms of severity and level of impairments. After an initial screening, program staff perform a complete bio-psycho-social assessment to provide an accurate diagnosis of a client's familial and historical background, presenting issues, level of impairments, and needs to be addressed. A treatment plan is developed, and appropriate referrals are made for psychiatric evaluation or SUD services. According to medical necessity and availability, eligible clients receive ongoing, weekly trauma-informed co-occurring psychotherapy. Alternatively, clients can also be referred to specific topical groups, such as DBT, Depression, or Anger Management, which provide a combination of psychoeducation and group process.

#### Trauma-Focus Co-Occurring Disorder: Consumer Demographic Information

Demographic information is not reported as the program served fewer than 10 consumers.

#### Trauma-Focus Co-Occurring Disorder: Outcomes, Successes, & Challenges

A key success of the program in FY21-22 was that clients were assessed and connected to services in a timely manner. A challenge was a lack of staff who possessed the specialized training and experience to provide these services. Therefore, despite a strong desire for the success of this program and the value it offers to those it would benefit, the program has not taken off in several years.

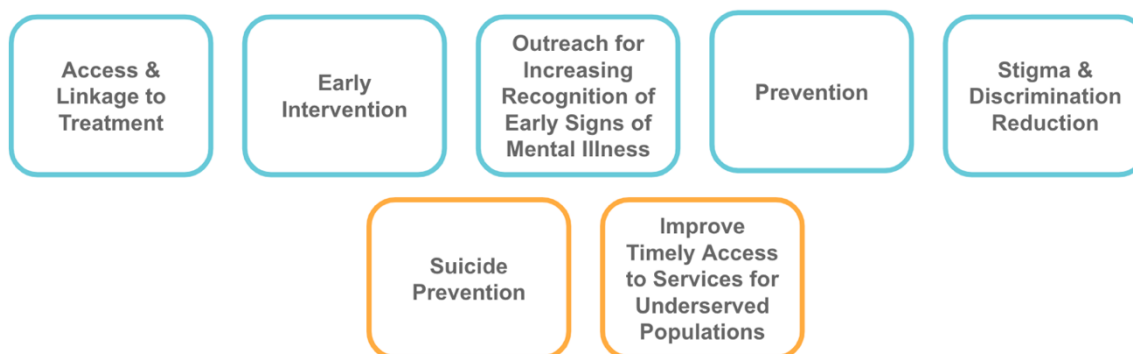
#### Trauma-Focus Co-Occurring Disorder: Anticipated Activities for FY 23-26

With Medi-Cal payment reform (Cal AIM) and accompanying new rate schedule, the Trauma-Focused Co-Occurring Disorder treatment program is much more able to succeed without MHSA support as it begins the process of renewing itself. That, and due to the limited functioning of the program over the last three years, this program will be reduced in FYs 23-26. Some of the funding previously allocated to the Trauma-Focused Co-Occurring Disorder treatment program will be used to strengthen and expand other MHSA programs across the continuum, specifically, the Crisis Access Continuum.

## Prevention and Early Intervention

Through MHSA, LCBHS funds a variety of PEI programs and services. With a focus on underserved communities, the primary goals of the PEI component are to raise awareness about mental health, address mental health stigma, and increase access to services. PEI builds capacity for the provision of prevention and early intervention services in community-based settings where mental health services are not traditionally provided (e.g., community-based organizations, schools, population-specific cultural centers, and health providers). The MHSA-required and optional PEI services are as follows (required areas are outlined in blue and optional areas are outlined in orange):

**Figure 7. PEI Service Areas**



MHSA permits counties with a population under 100,000 to integrate, or combine, multiple service areas under one program. Lake County has PEI programs in all required and optional service areas, with some integrated areas as well. PEI programs are as follows:

**Table 5. Lake County PEI Programs**

Program	Service Area(s)	Status
<b>Early Intervention Services</b>	Early Intervention	Continuing
<b>Family Stabilization and Well-Being: The Nest</b>	Prevention	Continuing
<b>Mental Health First Aid</b>	Outreach for Increasing Recognition of Early Signs of Mental Illness	Continuing
<b>Older Adult Outreach and Prevention: Friendly Visitor Program</b>	Improve Timely Access to Services for Underserved Populations	Continuing
<b>Outreach and Engagement</b>	Access & Linkage to Treatment; Improve Timely Access to Services for Underserved Populations; Prevention	Modified
<b>Peer Support Recovery Centers – Big Oak, Circle of Native Minds, Harbor on Main, La Voz de Esperanza, Family Support Center</b>	Access & Linkage to Treatment; Improve Timely Access to Services for Underserved Populations; Prevention	Continuing
<b>Postpartum Depression Screening and Support: Mother-Wise</b>	Prevention	Continuing
<b>Prevention Mini Grants</b>	Prevention	Continuing
<b>Statewide, Regional, and Local Projects</b>	Stigma & Discrimination Reduction; Suicide Prevention	Continuing

## Reporting Requirements

The MHSOAC requires that counties provide descriptions of the following items in the PEI Annual Update:

- How the county ensured staff and stakeholders involved in the CPP process were informed about and understood the purpose and requirements of the PEI Component
- The county's plan to involve community stakeholders meaningfully in all phases of the PEI Component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.
- How each program and/or strategy funded by PEI funds will reflect and be consistent with all applicable Mental Health Services Act General Standards.

In addition, counties are required to report on PEI demographic and service data in both the MHSA Annual Update and PEI Annual Update. This section combines these reports to streamline reporting. Finally, per the MHSOAC's regulations, programs have different reporting requirements depending on which PEI service area they fall under, therefore the information included in this report varies across programs. The goal of the PEI report is to understand the populations that key MHSA-funded services reach and the impact of services on those populations. This PEI report has limited information on program and service outcomes due to data capacity limitations as described in the *Data Collection Barriers and Opportunities* section below. A description of how each program is consistent with all applicable MHSA General Standards is available in *Appendix F*.

## Community Engagement

As with the Annual Update, the MHSA Planning Team carried out a series of community activities to engage stakeholders in the PEI planning process, to ensure (1) that stakeholders understood the PEI component, and (2) that the report reflected stakeholders' experiences and feedback. Key activities are outlined below and, for a more detailed description of how the community was engaged in each stage of the planning and reporting process, please refer to the previous *Community Program Planning* section.

### Community Program Planning Meetings

The Team presented a detailed description of the PEI component at the community planning meetings, which were open to all community members. At the first CPP meeting, a representative from each PEI program provided an update on program activities. These meetings were also an opportunity to collect stakeholder feedback on MHSA programs, including PEI programs, and efforts in the county.

### PEI Data Collection Technical Assistance

Over the last few years, LCBHS and RDA (the technical assistance team) have taken steps to ensure all programs have the capacity, expertise, and resources to collect and report on the MHSA reporting requirements. In FY 22-23, Lake County MHSA leadership and RDA (the technical assistance team) worked with program representatives and LCBHS staff to further streamline the data reporting process for MHSA-funded CSS and PEI programs. In FY 21-22, the technical assistance team redesigned reporting tools – including a new survey in SurveyMonkey to collect numbers served and demographics and a Google Doc to collect program narratives and outcomes. In FY 22-23, the technical assistance team updated the program reporting form (Google Doc) based upon program feedback, and updated the outcome reporting

sections to better align with LCBHS and MHSA outcome reporting requirements. The technical assistance team also updated or developed supporting resources (e.g., a list of frequently asked questions, descriptions of reporting requirements, examples of outcome indicators, examples of data collection tools and methodology, etc), which were shared at an information session for all CSS and PEI programs. The technical assistance team then provided follow-up support with programs as needed to address provider questions. Moving forward, LCBHS and RDA aim to continue providing technical assistance to support programs to select appropriate outcome indicators as well as develop or identify appropriate outcome reporting tools in order to demonstrate program impact.

### **Data Collection Barriers and Opportunities**

In adherence to the MHSA's new regulations for measuring and monitoring PEI program outcomes, LCBHS is establishing data collection and evaluation methodologies for each program, while maintaining the trust and rapport they have established with the local community. As a small county with limited staffing and significant turnover in recent years, it has been challenging to update PEI data collection efforts to align with the new regulations.

Over the last few years, the MHSA Planning Team has begun working with individual programs to strengthen PEI program reporting and understand data collection and reporting capacity. Planning efforts continue to be underway within LCBHS and with community-based providers to develop and implement internal infrastructure to routinely and accurately track and report program outcomes. LCBHS and RDA will continue to work with MHSA programs to develop internal infrastructure to routinely track and report program outcomes.

### **PEI Annual Evaluation Report**

This Annual Update also incorporates the Prevention and Early Intervention (PEI) Annual Evaluation Report in *Appendix E*. The PEI Annual Evaluation Report provides an overview of PEI programs' key activities, MHSA strategies, intended impacts, and the indicators and evaluation methodology to track outcomes. Some PEI programs also report on outcomes achieved during the reporting period, FY 21-22; however, for several PEI programs outcome information is not yet available. The report includes a description of the challenges the County experienced with data collection and reporting, and a plan to support compliance moving forward.

### **PEI Program Consumer Demographic and Service Data**

During FY 2021-2022, at least 15,370 duplicated individuals<sup>19</sup> received PEI services across ten MHSA-funded programs, including Early Intervention Services, Family Stabilization and Well-Being: The Nest, Older Adult Outreach and Prevention: Friendly Visitor Program, the five Peer Support Recovery Centers, Postpartum Depression Screening and Support: Mother-Wise, and Mental Health First Aid. For Prevention Mini-Grants and Statewide, Regional, and Local projects, data was only available for some initiatives.

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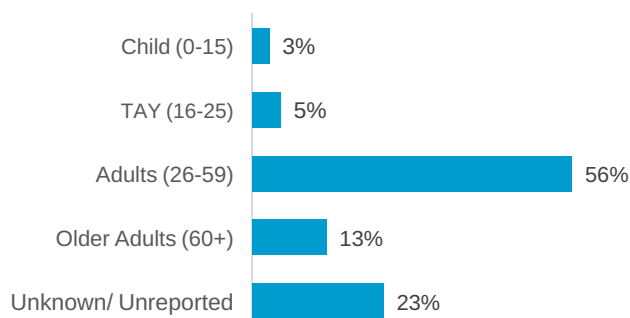
<sup>19</sup> This number represents the individuals served by each program and duplicate consumers who are receiving services from more than one program. Outreach and Engagement numbers are reported as part of the Peer Support Centers; beginning in FY 22-23, Outreach and Engagement numbers will be reported separately. Data for Peer Support Centers and Outreach and Engagement represent duplicated numbers served by those programs.



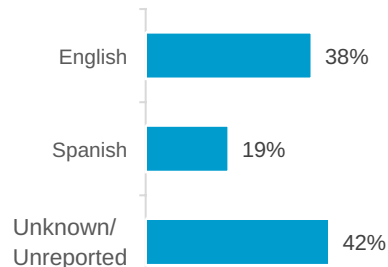
Those programs are not included in this analysis, however available data on numbers served is presented in the *PEI Program Overviews* section. In addition, demographic data was only available for *duplicated* individuals served at the Peer Support Centers, rather than unique, unduplicated individuals. Demographic data was also not available for Mental Health First Aid, but will be available in the future. Finally, data was not available across all demographics for every program, therefore the information presented in this section does not reflect the complete profile of all PEI consumers served in FY 2020-2021.

Among individuals for which data was available, consumers represented the following demographics:

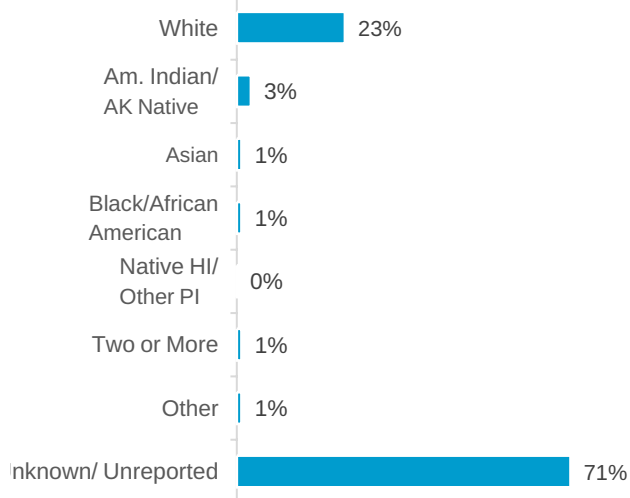
### Age Range (N=15,370)



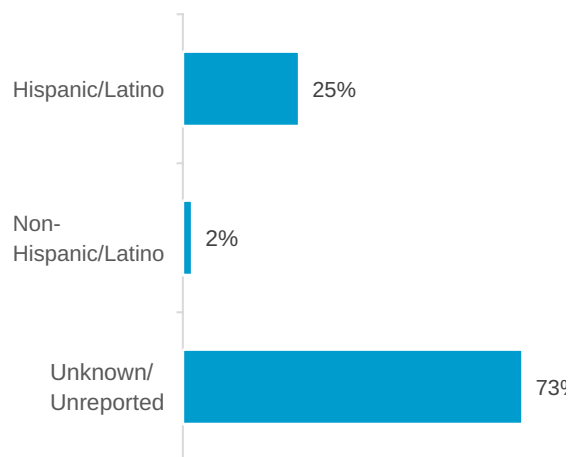
### Language (N=15,370)



### Race (N=15,370)



### Ethnicity (N=15,370)



### Sexual Orientation

Sexual orientation information was only available for 3% of consumers. Given the low reporting rate, this information is not reported.

### Current Gender Identity

Current gender identity information was only available for 4% of consumers. Given the low reporting rate, this information is not reported.

### Disability Status

Disability information was only available for 3% of consumers. Given the low reporting rate, this information is not reported.

### Veteran Status

Veteran information was available for 2% of consumers. Given the low reporting rate, this information is not reported.



## PEI Program Overviews

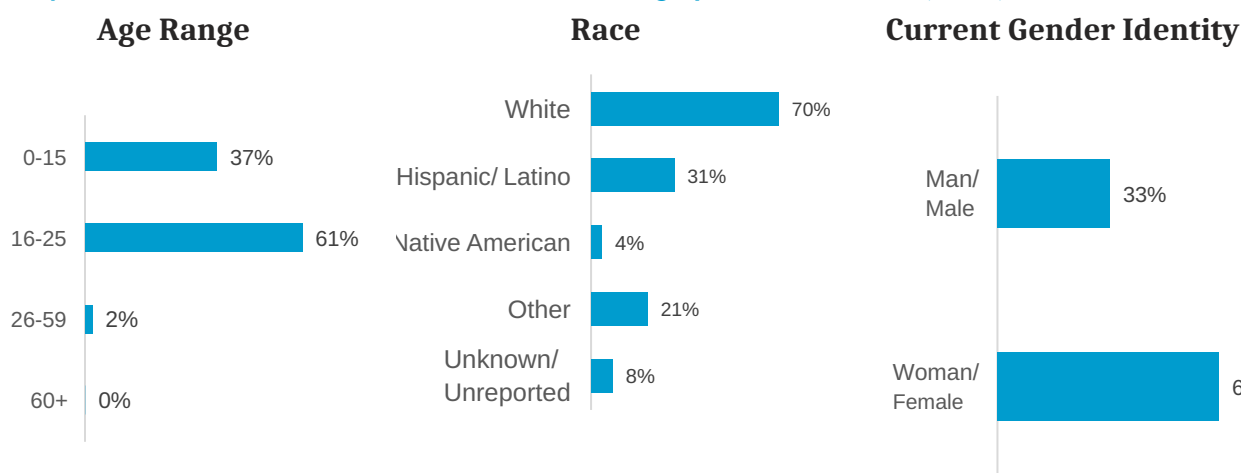
### Early Intervention Services

FY 2021 – 2022 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment			
	<input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention			
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness			
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Target Population(s):	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adult
	Age 0 – 15	Age 16 – 25	Age 26 – 59	Age 60+
Underserved Population(s): Youth who are involved in the foster care or criminal justice systems, who identify as a person of color, and/or who are LGBTQ+				
Number served: 54			Total Cost: \$238,143	
FY 2023-2024 Program Projections				
Number to be Served: 45-50		Proposed Budget: \$290,000		Cost per Person: \$5,800

### Early Intervention Services: Program Description and Key Activities

The objective for the Early Interventions Services (EIS) Program is to provide early detection and intervention for youth & young Adults (15-25) who are at Clinical High Risk for developing psychosis (CHR-P). Therefore, consumers who are provided services through this program should either be experiencing Attenuated Symptoms of Psychosis (APS) or have had their First Episode of Psychosis (FEP) within the last two years. The goal of this program is to decrease the duration of untreated psychosis before it becomes disabling. The location of where services are provided are fluid based on the client's individual needs ranging from the office, their home, or within the community.

### Early Intervention Services: FY 21-22 Consumer Demographic Information<sup>20</sup> (N=54)



<sup>20</sup> Race: Other includes Asian, Native Hawaiian/Other Pacific Islander, Other, and Two or More Races.

### Early Intervention Services: FY21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: EIS served an average of 45 beneficiaries in FY 21-22. Beneficiaries received case management services that include linkage to food, clothing, benefits assistance, housing resources, transportation resources, education/employment resources, etc. All beneficiaries received Prodromal Questionnaire Brief screenings at intake. Providers completed a series of intensive trainings provided by UC Davis that include but are not limited to Coordinated Specialty Care Model, Suicide Risk Assessment and Safety Planning in Early Psychosis Populations, Understanding Psychosis, Mini SIPS, etc.

FY 21-22 Program Successes: We are moving towards graduating a young adult who has met her goals in treatment. Before entering into the EIS program, this young adult was hospitalized four times within six months, was failing school classes, and had a strained relationship with peers and family. This young adult struggled with little to no motivation and experienced auditory hallucinations. Through wraparound and care coordination, this young adult has graduated from high school, engaged in extracurricular activities, received their driver's license, and is happily living with their significant other. This young adult has not required crisis intervention is over six months, is stable on medications, and reports to no longer struggle with auditory hallucinations.

FY 21-22 Program Challenges: Our previous EIS team leader left the agency and the department has since rehired for the team lead role. LCBHS hired an additional case manager to the EIS team (total of 2 case managers). Clinicians who provide therapy to beneficiaries of this program (these clinicians are not specifically assigned to the EIS team) are receiving CBTp model training and consultation.

Staffing continues to be a challenge for this program to reach true fidelity to the EPI model. The program continues to seek a parent partner, clinician, and has recently replaced the previous team leader. Due to this challenge, outreach has not occurred within the community as originally intended. Additionally, beneficiaries have waited to be accepted into the program due to having one qualified clinician/team leader performing all assessments. We are continuing recruitment efforts and are confident that the newly hired team leader will be brought up to speed within a short time frame.

### Early Intervention Services: Anticipated Activities FY 23-26

FY 23-26 Anticipated Activities:

- New team leader to start in February 2023.
- Initiating BeHive – survey and data collection app.
- Increased partnership with peer support specialists to support clients and their families.
- New EHR – improving data collection and interpretation.

FY 23-26 Anticipated Numbers Served (Annually):

Consumers	Population
--	Children & Youth (0-15)
45-50	Transition Aged Youth (16-25)

Consumers	Population
--	Adults (ages 26-59)
--	Seniors (ages 60+)
45-50	TOTAL

## Family Stabilization and Well-Being: The NEST

FY 2021 – 2022 Program Overview					
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing		<input type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention				<input type="checkbox"/> Early Intervention
	<input type="checkbox"/> Access & Linkage to Treatment				<input type="checkbox"/> Stigma and Discrimination Reduction
	<input type="checkbox"/> Suicide Prevention				<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations				
Target Population(s):	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth		<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Older Adult
	Age 0 – 15	Age 16 – 25		Age 26 – 59	Age 60+
Underserved Population(s): Young parents, individuals who identify as Latinx and Native American.					
Number served: 27			Total Cost: \$243,799		
FY 2023-2024 Program Projections					
Number to be Served: 20 <sup>22</sup>		Proposed Budget: \$250,000		Cost per Person: \$12,500	

### The NEST: Program Description and Key Activities

The Nurturing Education and Skills Training Program (NEST) provides transitional housing for young (18-25) pregnant or parenting families and their children for 15 months. During this time, families work with a 3-person team (Program Supervisor, Home Specialist, and Child Development Specialist) in a youth-driven process to reduce risk factors and increase self-sufficiency. The overarching goal is to increase family's reliance on their self-identified natural support systems, provide housing that will give them the stability to begin working on their independent goals, and break the cycle of poverty for their children thus providing long-term sustainable change that will impact consumers as well as the community for years to come.



Key activities included:

- Facilitation of child and family team meetings
- Facilitation of House Meetings
- Resource connection (coordinated linkage services)
- Direct parenting support via observational assessment and training programs
- Skill building
- Screening tools: GAD 7 (anxiety scale), PHQ 9 (depression scale) and the Adult Needs and Strengths Assessment (ANSA) for any adult wherein mental health may be a concern
- Therapeutic intervention as determined by medical necessity

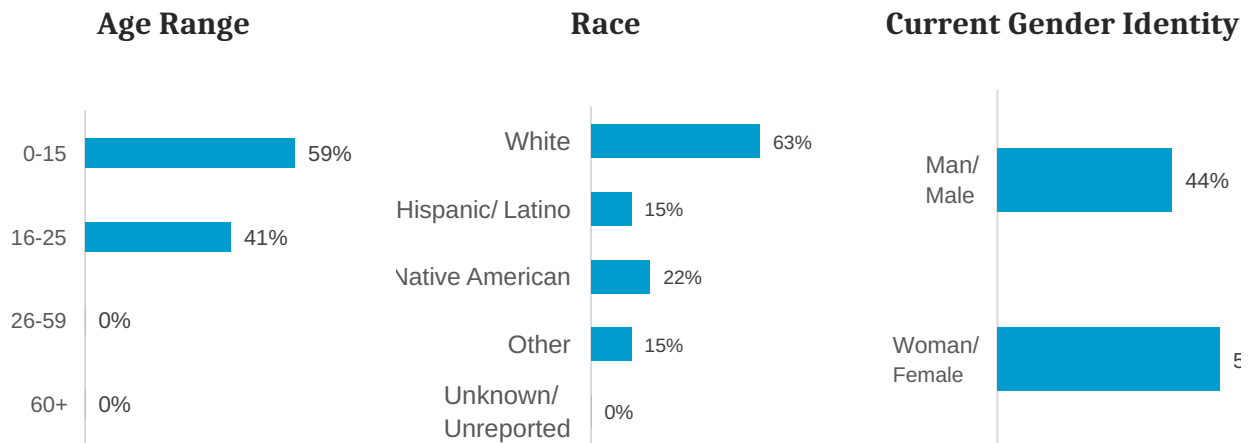
<sup>22</sup> The NEST anticipates serving approximately 10 families or at least 20 individuals throughout the next fiscal year. Because the NEST is a 15-month program, it is possible that we would not see a high turnover in a single year. Some participants enter into the program pregnant and some enter in during the reunification process with Child Welfare. Depending on their length of stay, unique situation, and family size, numbers of participants can vary greatly from year to year.

- Evidence-Based Life Skill Programming
- Residential and Community-based Intensive Case Management

In addition, The NEST is connected to and has a history of supporting young families from Tribal and Latinx communities. The agency and NEST have close relationships with Lake County Tribal Health Consortium and receives many referrals from their health care facilities. The NEST is also closely connected to the Peer Support Centers like La Voz De Esperanza and the Circle of Native Minds whose services seek to target these underserved populations. RCS and the NEST work closely together with consumers to better understand their culture and support their engagement by honoring their traditions and cultural holidays/events.



#### The Nest: FY 21-22 Consumer Demographic Information (N=27)



#### 56The NEST: FY 21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: In FY 21-22, the NEST program conducted the following activities:

- Facilitation of child and family team meetings (**minimum 1x monthly**)
- Facilitation of House Meetings (**1 x weekly**)
- Resource connection (coordinated linkage services) – (**as needed based on individual/family need**)
- Direct parenting support via observational assessment and training programs (**2x week, and as available/offered through LCOE Nurturing Parenting Courses**)
- Skill building such as Money Management/Budgeting and Cooking Classes (**1-2x week, monthly, and as needed**)
- Screening tools: GAD 7 (anxiety scale), PHQ 9 (depression scale) and the Adult Needs and Strengths Assessment (ANSA) for any adult wherein mental health may be a concern (**Upon intake and re-evaluated at 6 months and annually depending on need**)



- Therapeutic intervention as determined by medical necessity (**as determined by treatment plan**)
- Evidence-Based Life Skill Programming (**weekly and as needed**)
- Residential and Community-based Intensive Case Management (**ongoing, as needed**)

FY 21-22 Program Successes & Outcomes:

A majority of the successes are those made by our NEST participants during their time in program. Some of their accomplishments throughout FY 21-22 were:

- Two NEST participants became County Employees (7 became employed while in the program).
- One NEST mother is excelling in her Adult Education courses and is on the road to getting her HS diploma.
- One of our NEST mothers was gifted a vehicle so she can get to and from work- this vehicle was donated to her by a Lake County Sheriff's Officer whose mother is a former RCS employee.
- 7 NEST participants who exited the program left to safe and stable housing.
- One NEST parent obtained her driver's license and purchased a vehicle.
- One NEST participant celebrated one year of recovery while in program.
- In 2022 NEST Staff and clients have participated in local community events such as the Children's Festival for Child Abuse prevention Month, Mental Health Matters function, Pride Celebration at the Harbor, the Recovery Happens function in Clearlake.
- NEST clients have been active members of the Youth Board at the Harbor on Main.
- In 2022 Soroptimist International of Clear Lake gifted two of our NEST moms \$500 to help them transition to independent living. The Soroptimist group adopted the NEST program years ago and have always been supportive in a number of ways.
- All rooms are equipped with new beds and mattresses now and the children's play yard has a fun play structure thanks to MHSA expansion funds.





*"I'm absolutely grateful for all the wonderful services I've been offered and have done and now I'm successful on my own. Thank you so much for one of the biggest opportunities for my child and myself" - NEST Consumer*

*"The NEST has helped my daughter grow up a little bit and our bond is stronger than before the NEST pushed her to become a better person" - NEST Family Member*

Additionally, during FY 21-22, 30 consumer surveys were administered. Of the survey responses:

- 96% (n=29) of youth self-reported, "I believe that I have the skills and knowledge to maintain positive relationships with my peers and other adults" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.
- 96% (n=29) of youth self-reported, "I believe I have the skills and knowledge to manage my positive and negative emotions" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.
- 93% (n=28) of youth self-reported, "I feel I have a natural support system with my family and/or outside community resources" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.
- 93% (n=28) of youth self-reported, "I feel I have a natural support system with my family and/or outside community resources" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.

FY 21-22 Program Challenges: The biggest challenge we faced was finding affordable housing for our clients as they came to the end of their 15-month stay. Though NEST staff assisted them in filling out/turning in low-income housing applications at the beginning of their stay, budgeting for application fees, and worked with them on applying to the property management companies, housing in Lake County is scarce.

### The NEST: Anticipated Activities for FY 23-26

FY 23-26 Anticipated Activities: There are no significant changes to programming at the NEST with the exception of being able to engage in more face-to-face services as we (hopefully) move further away from the impacts and restrictions of the COVID-19 Pandemic.

FY 23-26 Anticipated Numbers Served (Annually):

Consumers	Population
12	Children & Youth (0-15)
8	Transition Aged Youth (16-25)
--	Adults (ages 26-59)
--	Seniors (ages 60+)
20	TOTAL

## Mental Health First Aid

FY 2021 – 2022 Program Overview					
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing		<input type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Prevention				<input type="checkbox"/> Early Intervention
	<input type="checkbox"/> Access & Linkage to Treatment				<input type="checkbox"/> Stigma and Discrimination Reduction
	<input type="checkbox"/> Suicide Prevention				<input checked="" type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations				
Target Population(s):	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth		<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adult
	Age 0 – 15	Age 16 – 25		Age 26 – 59	Age 60+
Underserved Population(s): Transition-age youth and rural populations					
Number served: 114			Total Cost: \$15,690		
FY 2023-2024 Program Projections					
Number to be Served: 350		Proposed Budget: \$20,000		Cost per Person: \$57	

### Mental Health First Aid: Program Description and Key Activities

Mental Health First Aid trains behavioral health staff, local law enforcement, teachers, parents, and high school students (grades 10 through 12) on how to identify, understand and respond to signs of mental illness and SUD in youth (ages 6-18).

Adult MHFA is an 8-hour training for adults who work with adults. This training gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care.

Youth MHFA is the 6-hour training that gives adults who work with youth the skills they need to reach out and provide initial support to children and adolescents (ages 6-18) who may be developing a mental health or substance use problem and help connect them to the appropriate care. Youth Mental Health First Aid trains adults to be prepared to help young people facing a crisis.

Teen Mental Health First Aid teaches high school students how to identify, understand and respond to signs of mental illnesses and substance use disorders among their friends and peers. The training gives students the skills to have supportive conversations with their friends and get a responsible and trusted adult to take over as necessary. It is designed to be delivered in schools or community sites in three interactive classroom sessions of 90 minutes each or six sessions of 45 minutes each. Schools and organizations offering the training are required to train at least 10 percent of adult staff in Youth Mental Health First Aid and to train the entire grade level. A critical step in the teen Mental Health First Aid action plan is connecting with a trusted adult.

### Mental Health First Aid: FY 21-22 Consumer Demographic Information

Demographic information was not available for this reporting period but will be available for future reports.

**Mental Health First Aid: FY 21-22 Outcomes, Successes & Challenges**

FY 21-22 Program Activities: Teen Mental Health First Aid program trainings provided to high school 10<sup>th</sup> thru 12<sup>th</sup> grade students served approximately 130-150 individuals. The Youth Mental Health First Aid program trainings provided to the local adult population and educators, approximately 16 individuals.

FY 21-22 Program Successes & Outcomes:

Program successes achieved during FY 21-22 was that 10<sup>th</sup> grade student participants from KEC High School College Prep class expressed enjoyment of the Teen Mental Health classes. This particular round of students were very active in the activities and discussion for the program.

FY 21-22 Program Challenges: A big challenge for the Youth and Adult Mental Health First Aid programs has been attendance.

**Mental Health First Aid: Anticipated Activities for FY 23-26**

Mental Health First Aid will continue to be implemented as described above. While the program has trained law enforcement officers in the past, the Mental Health First Aid program also anticipates providing more targeted trainings specifically for law enforcement in FY 23-26. The estimated number of individuals to be served in FY 23-26 annually are as follows:

- Estimated number for the Teen Mental Health First Aid program is 300 individual students.
- Estimated number for the Youth/Adult Mental Health First Aid program is 50 adult individuals.

### Older Adult Outreach and Prevention: Friendly Visitor Program

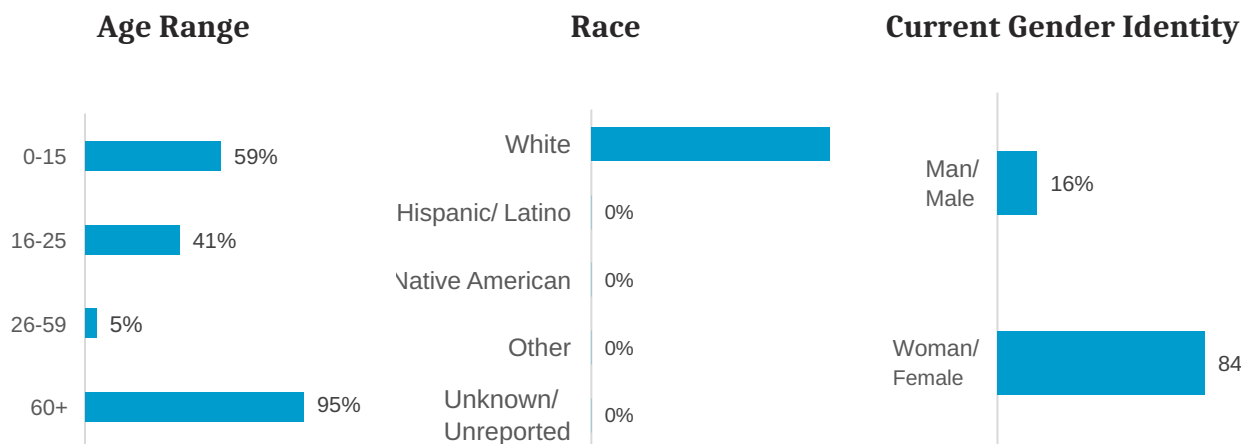
FY 2021 – 2022 Program Overview										
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing		<input type="checkbox"/> Modified					
Service Area:	<input type="checkbox"/> Prevention				<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Access & Linkage to Treatment		<input type="checkbox"/> Stigma and Discrimination Reduction		<input type="checkbox"/> Suicide Prevention
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness				<input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations					
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15		<input type="checkbox"/> Transitional Age Youth Age 16 – 25		<input type="checkbox"/> Adult Age 26 – 59		<input checked="" type="checkbox"/> Older Adult Age 60+			
Underserved Population(s): Older adults, including who identify as Latinx and Native American.										
Number served: 19					Total Cost: \$35,790					
FY 2023-2024 Program Projections										
Number to be Served: 20			Proposed Budget: \$50,000			Cost per Person: \$2,500				

#### Friendly Visitor Program: Program Description and Key Activities

The Friendly Visitors program recruits and trains volunteers to visit isolated seniors. Keeping isolated seniors connected helps increase their independence and reduce possible depression and possible suicidal thoughts. Our target population is homebound and/ or isolated older adults. During the Covid years we have expanded our definition of "isolated," as many older people have been afraid to mingle with others in public situations. Our volunteers provide companionship and life enrichment to the clients in such activities as heart-to-heart talks, walks, and shared hobbies and artistic activities. Services are provided all over Lake County, mostly in client homes, sometimes in community settings such as libraries or parks, etc, and sometimes on the phone.

Community outreach activities and publicity are also part of the Friendly Visitor Program: Vet Connect events, Mental Health Fairs, Community radio events and ads, newspaper articles, library book groups, Meals on Wheels, Senior Centers, etc.

#### Friendly Visitor Program: FY 21-22 Consumer Demographic Information (N=19)



### Friendly Visitor Program: Outcomes, Successes, & Challenges

**FY 21-22 Program Activities:** During the fiscal year, the Friendly Visitor Program conducted the following services and activities:

- Staff and volunteers responded to approximately 50 calls with referrals to community resources such as senior centers, housing, home care agencies, etc.
- Conducted approximately 12 monthly training meetings of volunteers, and one initial training of each volunteer, with training manual given for reference, and monthly phone consultations as needed. Trainings include information on community resources; working with older adults; empathy, grieving, and depression; legal issues such as confidentiality, etc. Sixteen volunteers were trained over the year, six dropped out for health reasons, moving out of county, getting job, etc.
- The Program Director provided approximately 18 home visits and 2 phone visits to clients for initial evaluation. Follow-up semi-weekly visits with clients not yet placed with a volunteer, approximately 15.
- 10 volunteers provided home/phone visits by volunteers (numbers varied over the year) giving one hour home or phone visit per week to approximately one client apiece. Some visits were less than weekly at times--I did not track this hourly figure exactly over the year.
- Attended Vet Connect and Mental Health fairs, and conducted outreach through community radio station, newspaper, senior centers, Meals on Wheels, etc.

**FY 21-22 Program Successes & Outcomes:** The number of volunteers and clients served has increased (volume of services was very low during first outbreak of Covid, as both volunteers and clients are older adults and were withdrawing from social activities.) We went from 3 volunteers serving 4 clients to 10 volunteers serving 11 clients, almost tripling our volume of service.

One success story in FY 21-22 is about a volunteer who works with her 90- year-old neighbor who participates in the Friendly Visitor Program. They are both artists, and work on art projects together. The participant recently had a show of her work at a local gallery and was featured in two Record-Bee newspaper articles, one of which focused on the whole Friendly Visitors program. The participant said of



her time with the volunteer, "She gives me a reason to live." The volunteer shared about working with the participant, "Working with Nancy makes me so happy!" Recently we had a Friendly Visitors art-garden party at the volunteers' home. Several of the volunteers shared their art work and their experiences with the program, and we recruited two new volunteers and brain-stormed doing an art group at the senior center.

FY 21-22 Program Challenges: Last year our program, Konocti Senior Support, was pretty much built up from ground zero. We had an all new Board, a new Office Manager, a new Friendly Visitor Director. Only one original agency member was left, the Director of the Senior Peer Counselors, and he resigned last spring, with a new SPC Program Manager hired near the end of the fiscal year. Rebuilding the agency has been a challenge, but we have risen to the occasion, and will continue to build on our success.

Covid continues to present a challenge, especially as our volunteers and clients are all older adults, most vulnerable to disease, and concerned about personal contact and attendance at meetings, etc. Hopefully, as public health improves, this problem will be lessened.

#### **Friendly Visitor Program: Anticipated Activities for FY 23-26**

In FY 23-26, the program hopes to include a group at the senior center if Covid precautions allow. The program aims to serve 15-20 clients and volunteers annually.

## Outreach and Engagement

FY 2021 – 2022 Program Overview					
Status:	<input type="checkbox"/> New		<input type="checkbox"/> Continuing		<input checked="" type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations				
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+	
Underserved Population(s): Native American and Latinx communities, TAY, unhoused individuals, and families with children					
Number served: 807			Total Cost: \$8,415		
FY 2023-2024 Program Projections					
Number to be Served: 1,100		Proposed Budget: \$225,000 PEI: \$75,000 CSS: \$150,000		Cost per Person: \$205	

### Outreach and Engagement: Program Description and Key Activities

The Outreach and Engagement program encompasses the four outreach workers (i.e., prevention specialists) housed at each of the Peer Support Centers as well as the street outreach program. The goal of the Outreach and Engagement program is to spend more time out in the community doing outreach. The program is jointly funded through PEI and CSS. PEI funding is used specifically for the street outreach component, while CSS will fund more general outreach and engagement efforts and activities.

As part of the Outreach and Engagement program, LCBHS obtained an “outreach van” to go directly out in the community to offer services. There are many underserved population points within the County and going to them to help, provide linkages, and provide resources such as hygiene products, personal care, or cell phone. Additionally, LCBHS is forming an agreement with a company to be able to provide telehealth services, such as therapy and primary care, directly to people in the community. The outreach van will be equipped to provide that service as long as there is cellular connection. The outreach staff also respond to referrals when other first responders, such as law enforcement, identify someone who needs some assistance for their mental health. The van also has the ability to transport someone to a place of assistance if the need presents itself.

Since the launch of the outreach van, LCBHS staff have been able to develop relationships with most of the community. Based on the needs of our community, the department has decided to purchase another outreach van. The purpose of the new van is so that our outreach and prevention team (OPS Team) will be able to provide more outreach services to the schools, older adults, agriculture workers, and have a wider reach in the community.

The OPS team will also begin responding to individuals in the community that are struggling with substance use or mental health issues. The team will meet with these community members, have a conversation with them to find out what is happening and what they feel will help with their situation. By providing this outreach to the community we are hoping to reduce the need for crisis services and connect individuals to supportive services. If an individual is in crisis, then the person will be connected with

treatment services.

### Outreach and Engagement: FY 21-22 Consumer Demographic Information

Demographic information is not yet available because outreach and engagement efforts were previously part of Peer Support Centers and the street outreach component was newly designed in FY 21-22. Demographic data is also difficult to collect due to the nature of the program. Moving forward, LCBHS will explore strategies to collect demographic data for individuals who participate in Outreach and Engagement program activities.

### Outreach and Engagement: FY 21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: During FY 21-22, the Outreach and Engagement served 807 duplicated individuals through several outreach and awareness events across Lake County, including:

- **11 Farmers Market Events:** Resource table set up in Library Park in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-shirts and other promotional program items were handed out.
- **2 Know the Signs Sidewalk Talks:** Resource table set up at various sites around Lakeport. Handed out T-Shirts and KTS Resources and held conversations about mental health
- **2 School Campus Lunchtime Events:** Resource tables were set up at Clearlake High School and Kelseyville High School campuses. Mental Health Awareness T-Shirts and other promotional program items were handed out.
- **Vet Stand Down 2-day Event:** Resource table set up at the Fairgrounds Fritz Hall in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-Shirts handed out.
- **Celebrate Recovery:** Resource table at Library Park in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-Shirts and other promotional program items handed out.
- **Heroes for Health and Safety:** Resource table at Fair Grounds in Lakeport. Mental Health Awareness, Stigma Reduction and Suicide Prevention Red Cape backpacks, bubbles and pencils handed out.
- **Candlelight Vigil:** Vigil at Museum Park in Lakeport. Memorial table, memorial board, felt hearts, markers and resources. This was a collaboration with Hospice Services of Lake County.
- **2 Vet Connects Events:** Resource table at American Legion Hall in Clearlake. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-Shirts handed out with other promotional program items.
- **Children's Festival:** Resource table at Library Park in Lakeport. Children's Mental Health Awareness Red Cape Backpacks, parent resources, t-shirts and other promotional program items were handed out.
- **Mental Health Matters Month Event:** LCBHS Outreach and Prevention team coordinated this event in collaboration with other agencies at Library Park in Lakeport. Mental Health Awareness Resources were made available.

The Street Outreach van did not begin operations until July 2022. Primarily outreach services are geared towards our unhoused neighbors; however, LCBHS has assisted anyone that has unmet needs. The available services on-board the van include:

- Items for cooling or warming
- Blankets
- Hand/foot warmers
- Socks
- Beanies/gloves/scarves
- Cooling towels
- Hygiene items
- Can openers
- Water
- Snacks
- Non-perishable food
- Peer support
- Linkage to treatment services
- Assistance with benefit applications
- Linkage to the shelter
- Linkage to medical care/wound care



FY 21-22 Program Successes:

Some of the Outreach and Engagement Program Successes include:

- 1200+ contacts with the community
- Linkage for an older, unhoused, gravely ill Veteran that was able to be housed. We were able to collaborate with the VA, Catholic Charities, and Adventist Health to improve his quality of life.
- Outreach services provided during the PIT Count
- Lunches and food provided to families
- Many people have been able to apply for and receive food stamps and Medi-Cal
- Delivery of necessary medications to older adults unable to pick up their prescriptions
- Attendance at community events

FY21-22 Program Challenges: Since the launch of the outreach program our staff have been able to develop relationships with most of the community. There are still some that we have not been able to link to resources, either due to trust issues or limited community services. Some specific challenges encountered by the street outreach program include:

- Weather
- Available resources for housing
- Size of the county vs. available staff
- No engagement with tele-health services
- Terrain
- Trust with consumers

- Encampments being dismantled by law enforcement
- Greater needs than we can provide supplies for
- Meeting the needs of unhoused pets
- Unable to upfit van to meet storage needs

**Outreach and Engagement: Anticipated Activities for FY 23-26**

Program activities will be implemented as described above. Additionally, as mentioned, LCBHS is planning to add a second outreach van to better need the community need for outreach services. The outreach and prevention team will also begin responding to individuals in the community that are struggling with substance use or mental health issues. The team will meet with these community members, have a conversation with them to find out what is happening and what they feel will help with their situation. By providing this outreach to the community we are hoping to reduce the need for crisis services and connect individuals to supportive services. If an individual is in crisis, then the person will be connected with treatment services.

**Peer Support Recovery Centers: Big Oak, Circle of Native Minds,  
Harbor on Main, La Voz de Esperanza, Family Support Center**

FY 2021 – 2022 Program Overview					
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing		<input type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations				
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+	
Underserved Population(s): Native American and Latinx populations; unhoused individuals; TAY youth and families, including those who identify as LGBTQ+					
*Number served: 12,478 (duplicated consumers)			Total Cost: \$955,116		
FY 2023-2024 Program Projections					
*Number to be Served: 9000+ Youth (0-25): 2,500 Adults (26-59): 5,000 Seniors (60+): 1,500		Proposed Budget: \$1,070,000 PEI: \$270,000 CSS: \$800,000		Cost per Person: \$119	

\*Numbers served in FY 21-22 and number to be served in FY 23-24 is based on duplicated individuals.

### Peer Support Recovery Centers: Program Description and Key Activities

Peer Support Recovery Centers currently operate five peer support centers throughout Lake County. Big Oak Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center, La Voz de Esperanza, and the Family Support Center in Middletown. All centers are managed by LCBHS, with the exception of Harbor on Main, which is overseen by a community-based provider. A variety of education, prevention, and early intervention service, programs, and activities are run through the centers. The concepts of wellness, recovery, and resiliency are embedded in the programming in all locations. Peer Support Recovery Centers have split funding from CSS and PEI. PEI funds are used to support the Centers' prevention and support services and CSS funds are used to support the Centers' peer support. The Peer Support Centers were also previously used CSS funding for outreach and engagement. Although outreach and engagement will still be provided through the Centers and the outreach workers based at each Center, Outreach and Engagement will now be funded independently as its own program. LCBHS also added four new outreach workers housed at the Peer Support Recovery Centers, whose target populations align with those of the corresponding centers, the Native American, Latinx, TAY, parents and families, and unhoused populations. These outreach workers are funded through the Outreach and Engagement program.



## Big Oak Peer Support Center

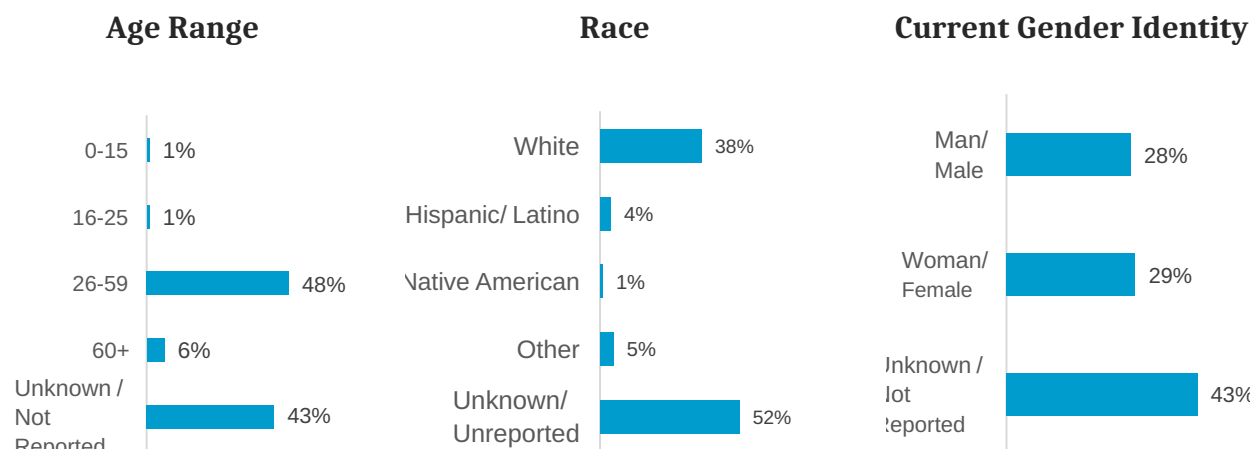
### Big Oak: Program Description and Key Activities



The Big Oak Peer Support Center serves as a center of learning for self-improvement and a link to mental health services for the community of Lake County. The Big Oak Peer Support Center provides a positive and supportive environment for people who may be facing life struggles. The center staff work with community members and agencies on how to achieve both physical and mental wellness. The goal is to support personal growth by expressing compassion and offering a unique perspective to recovery from peer support. The staff teach daily skills,

anger management, and education on substance abuse while believing in the person's potential and ability to recover. The center focuses on providing services to those experiencing homelessness, ensuring that their basic needs are met. Staff collaborate with community agencies in assisting community members with applying for benefits/assistance, obtaining housing, medical care, and mental health or substance use treatment services. The center also collaborates with community partners to provide two monthly food giveaways, a clothing closet, and weekly showers to all community members.

### Big Oak: FY 21-22 Consumer Demographic Information (N=6,114)<sup>23</sup>



### Big Oak: FY 21-22 Outcomes, Successes & Challenges:

FY 21-22 Program Activities: The operating hours and days have been increased to seven days a week and operating hours are 8 am to 5:30 pm. There was another food give-away day added monthly, this helps to increase food security to the entire community. Increased community collaboration by adding an outreach nurse from Adventist Health that provides vaccinations, COVID testing, wound triage, and referrals to medical care. Other services that are also provided at the center include free phones, haircuts,

<sup>23</sup> Includes duplicated consumers.



and ID vouchers. Narcan training and supplies are provided to community members. The center is also an access point for the hub.

FY 21-22 Program Successes & Outcomes: There was an individual that utilized our center facilities to start rebuilding their life. They utilized the center for a place to spend their free time to avoid relapsing, used the computer to search for work, and for basic needs. The center provided them a tent, blankets, and warming supplies while the individual lived in a friend's front yard. The individual was able to obtain steady employment at a local grocery store and is now living in a home with a roommate. At Christmas a family of eight were helped to have a happy holiday. The family is living in substandard housing, financial/food insecurities, substance use, and depression.

FY 21-22 Program Challenges: Staffing was an issue for a brief time period. The center did not have consistent staffing to provide the needed services for the community. However, this has been resolved allowing the center to increase the hours of operation and services provided to the community.

### Big Oak: Anticipated Activities for FY 23-26

Big Oak intends to implement programs as described. In the coming year, the program aims to continue to add more needed services, including the weekly movie day, support groups, and community referrals.



### FY 23-26 Anticipated Numbers Served (Annually):

Consumers	Population
500	Children & Youth (0-15)
1000	Transition Aged Youth (16-25)
2000	Adults (ages 26-59)
1500	Seniors (ages 60+)
5000	TOTAL

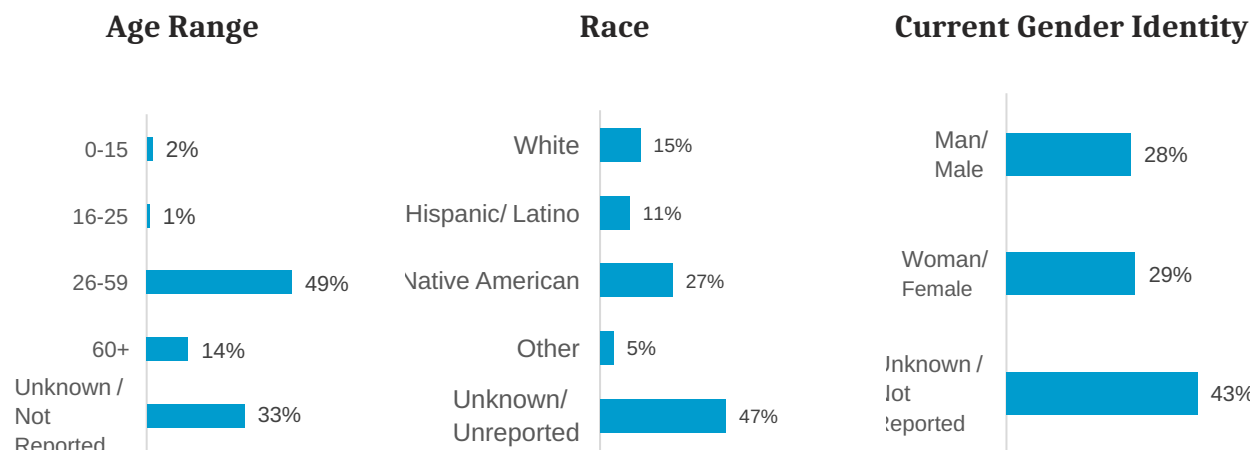
### Circle of Native Minds Peer Support Center

#### Circle of Native Minds: Program Description and Key Activities



The Circle of Native Minds is a wellness center that provides culturally relevant wellness-oriented services to the Native American Community. This wellness center offers outreach and engagement for the local tribal community, training for suicide prevention, and a community meeting place with a tribal history and culture library. The center also offers several talking circles monthly, as well as traditional workshops and trainings. The staff at the center provide a welcoming culturally sensitive environment, allowing community members an opportunity to connect with their elders and begin the road to recovery.

#### Circle of Native Minds: FY 21-22 Consumer Demographic Information (N=882)<sup>24</sup>



#### Circle of Native Minds: FY 21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: with approval and support from the Native American Elders the center moved to a new location. The new location provides a more central location, which eases access to the center. Unfortunately, the Cultural Specialist at the center had to retire which has left that position vacant. Data is unavailable regarding other program activities due to staffing challenges.

FY 21-22 Program Successes & Outcomes: The relationship with all six bands of the Pomo Tribal Community has been improved by the Cultural Specialist's outreach and the community's willingness to participate in activities and planning.

FY 21-22 Program Challenges: The biggest challenge has been staffing, the center lead position is vacant as were other key position at the center. The department is working with the elders to plan for the future activities and outreach at the center. Participation from the Native American community is also a challenge, the center will be focusing more on outreach to the community and building an effective relationship.

#### Circle of Native Minds: Anticipated Activities FY 23-26

<sup>24</sup> Includes duplicated consumers.

In addition to continuing services as described, there will be more groups offered at the center, both cultural and open groups. There will be QPR and MHFA trainings offered in the community and at the center. We are also working with the elders in the community on what services they would like to see at the center. The center has also been opened up for peer support to the general community.

FY 23-26 Anticipated Numbers Served (Annually):

Consumers	Population
100	Children & Youth (0-15)
100	Transition Aged Youth (16-25)
200	Adults (ages 26-59)
200	Seniors (ages 60+)
600	<b>TOTAL</b>



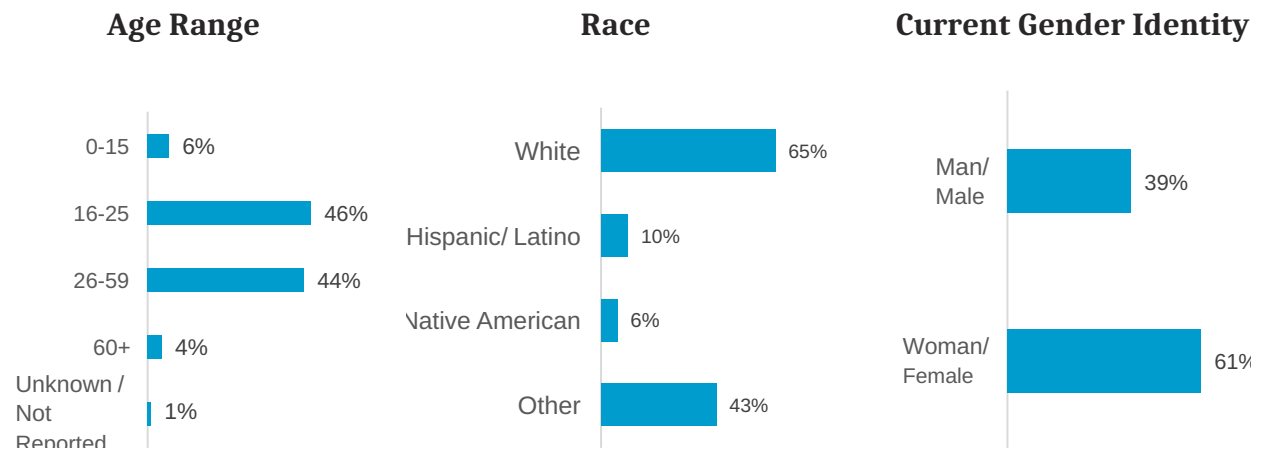
## Harbor on Main Peer Support Center

### Harbor on Main: Program Description and Key Activities

The overarching goal of the Harbor on Main Youth Resource Center (YRC) is to increase safety, well-being, and self-sufficiency to ensure a successful transition to independent adulthood for transition-age youth (TAY), ages 15-25. We aim to achieve these goals by providing the following key services and activities: Peer Support, Community Outreach and Engagement, and Targeted Support Groups. Services and supports are provided on-site at the Harbor YRC in Lakeport, virtually via Zoom and/or Microsoft Teams, as well as in the community via outreach events at local schools and community college satellite locations around the county.



### Harbor on Main: FY 21-22 Consumer Demographic Information (N=218)<sup>25</sup>



### Harbor on Main: FY 21-22 Outcomes, Successes & Challenges

**FY 21-22 Program Activities:** In this past year, the Harbor has returned to more on-site group activities, while still taking into consideration that COVID-19 continues to be a threat to public health and safety. To minimize the potential spread of the COVID-19 virus, targeted support groups and learning opportunities are still being offered in a hybrid setting, so youth can choose whether they feel safe enough to attend in-person programming or not. To accommodate the return of in-person classes and activities, Harbor staff have implemented safety protocols which begin prior to entry of the space and evaluated throughout the day. We continue to screen individuals for symptoms with a short questionnaire upon arrival and we require the use of a mask and regular sanitizing. Furthermore, all food services are controlled and implemented by staff who are trained in Food Nutrition, Health and Safety, though youth are still provided with the instruction and a free hot meal upon completion of the course.

<sup>25</sup> Includes duplicated consumers.

The Harbor provided approximately 4,560 services to 229 individuals and had at least 1,359 visits from children, youth, and adults in Lake County. Of these 4500+ services, approximately:

- 1,550 were food related
- 240 accessed the clothing closet
- 446 utilized the technology center
- 366 attended targeted focus groups
- 553 came for socializing purposes
- 362 accessed services and/or received referrals, or information about mental health services
- 148 received hygiene supplies/hygiene kits
- 159 participated in Life Skill classes
- 115 received services related to housing and homelessness

FY 21-22 Program Successes & Outcomes: The Harbor has expanded significantly in the past fiscal year, in a physical aspect as well as programmatically. While many of our most notable successes occurred in the last half of the reporting period, we are proud of all the accomplishments of our youth, particularly within the Harbor's Youth Advisory Board. Like many other organizations, we have been adjusting to the changes in regulations regarding the COVID-19 pandemic, and thus have adjusted the way in which we provide resources and services to youth and community at-large. Our most significant successes are the services provided to reduce food insecurity and our youth empowerment programs that promote leadership and life skill development.

One of our most popular life skill workshops is our Budget Baking (Thursday Night Dinner) class. Staff utilize a group instruction process which focuses on planning and preparing meals on a budget. Not only do youth have the opportunity to plan the menu for these courses they learn how to shop on a budget and prepare a healthy meal for their families. At the end of the course, youth are provided with a hot meal and a copy of the recipe to take home. In addition to feeding Harbor youth and their families, we are also able to provide a hot meal to the community including unhoused individuals. We receive a tremendous amount of positive feedback from consumers and the community, including engagement on our social media platform where we share pictures, the recipe used for the meal, and a cost breakdown. One social media user commented, "Thank you for the full recipe. My family loves Broccoli Cheddar soup from the restaurant. They will love this recipe even more."



*"The Harbor has helped me a lot since joining the youth board and going to the LGBTQ support group. Attending these groups have helped me a lot with my social anxiety and figuring out my gender identity. The Harbor is a safe space and I always feel comfortable and welcome there". – Harbor Consumer*

*"I like going to the Harbor because I know I can get help there with anything I might need help with, like homework, personal problems, free clothes, and free food. Since joining the youth board, I have learned a*



*lot about public speaking and have gotten more comfortable talking to others, which was really hard for me before because I hadn't been to school or out and about talking to people since COVID. I love the Harbor and Harbor staff!" – Harbor Consumer*

Additionally, 27 Harbor consumers complete the Consumer Survey (8 Dimensions of Wellness) conducted bi-annually. Findings from the survey include:

- 96% (n=26) of participants reported that they are, "happy with my friendships and other social connections" most of the time, or always.
- 100% of participants reported that, "when I am feeling emotionally overwhelmed, I turn to others for support and help" most of the time, or always.
- 96% (n=26) of participants reported that, "I am satisfied with the way I handle stress, handling it in healthy ways rather than engaging in self-destructive habits to cope" most of the time, or always.

FY21-22 Program Challenges: One of the most significant challenges experienced in this fiscal year was relocating the Harbor to a temporary space so that our regular facility could undergo a facelift due to MHSA expansion dollars. The Harbor moved into what is typically a conference room at the RCS Lakeport campus. This required staff to become creative about how to implement popular programming in a small space.

Data collection and tracking has been an ongoing challenge for the Harbor over the past few years due to the use of system that did not allow us to effectively track services and client demographics. Furthermore, the data system crashed for several months, and it caused us to have to track services in an excel spreadsheet, which was still not effective as far as reporting needs go. In response to these challenges, and after much research, we were able to develop our own data collection program using Microsoft Forms. With the assistance of the RCS Performance Quality Improvement department, we were able to create a system that met the needs for grant reporting. While this system is still in the development and testing stage, we hope that we will be able to better report the services and demographics of our consumers in the next fiscal year.

Finally, and perhaps most significantly, the Harbor has endured many challenges related to understaffing. The Harbor had been functioning with one full-time Peer Support Counselor (PSC), who was solely responsible for daily operation at the center. Even with the support of the Program Supervisor, the Peer Support Counselor faced extreme challenges in navigating a program with high client needs and services. Despite the challenges, our PSC worked diligently to ensure that programming continued to be offered so that our youth could receive quality services and support.

#### **Harbor on Main: Anticipated Activities & Numbers Served for FY 23-26**

In addition to the activities described above, the Harbor is pleased to share that future programming at the Harbor will be focusing on expanding services to underserved populations including Tribal, Latin X, disabled, and LGBTQ+ youth. The Harbor is also proud to announce that they have received funding to implement restorative justice through art programming, which is focused around reducing youth substance use in underserved populations. Furthermore, the Harbor will be implementing an LGBTQ+

friendly job fair, a Queer Prom, and a second round of Peer Mentoring training program. Lastly, we envision that the Harbor will continue to see an increase in services related to unhoused individuals due to the lack of shelters and the impact of rising inflation.

FY 23-26 Anticipated Numbers Served (Annually):

Consumers	Population
20	Children & Youth (0-15)
120	Transition Aged Youth (16-25)
100	Adults (ages 26-59)
15	Seniors (ages 60+)
235	TOTAL



## La Voz de Esperanza Peer Support Center

### La Voz de Esperanza: Program Description and Key Activities

La Voz de Esperanza (La Voz) La Voz - Latino Wellness Center program has a unique way to effectively increase access & promoting Mental Health services in the Latino community. The program is formally and informally engaging the Latino community as part of the workforce. The program main goal is to provide outreach to link people to services, information, and MH support. At this La Voz has developed ways to engage the Latino community in Lake county. The following implementation methods are been used:

- Latino Stakeholder meetings (groups comunitarios)
- Facilitating Latino Support Group (Grupos de apoyo)
- Meeting them over coffee (Tomando cafecito)
- Food & Talk (Platicas y comida)



### La Voz – Services/Groups:

- Latina Support Group..... Tue-Thurs 9-10:30pm
- Latino Mental Health Group..... Mon-Wed 9-10:30pm
- Alcoholic Anonymous..... Mon-Fri 7pm – 9pm
- Children Activity Group..... Mo-Thurs 3-4:30pm
- Youth Support Group..... Tue 11-12pm
- Children Support Group..... Wed 11-12pm
- Anger management..... Wed 9-10:30am
- Citizenship Classes..... Mon-Wed 6am – 9pm
- Art for Happiness..... Wed 1-2:30pm
- ESL.....Tue-Thurs 630-8:00pm

### Services:

- Mental Health brief intake screenings & Behavioral Health referrals
- SUDS referrals to Rehab/Detox
- Outreach and Engagement (MH referrals)
- Peer Support

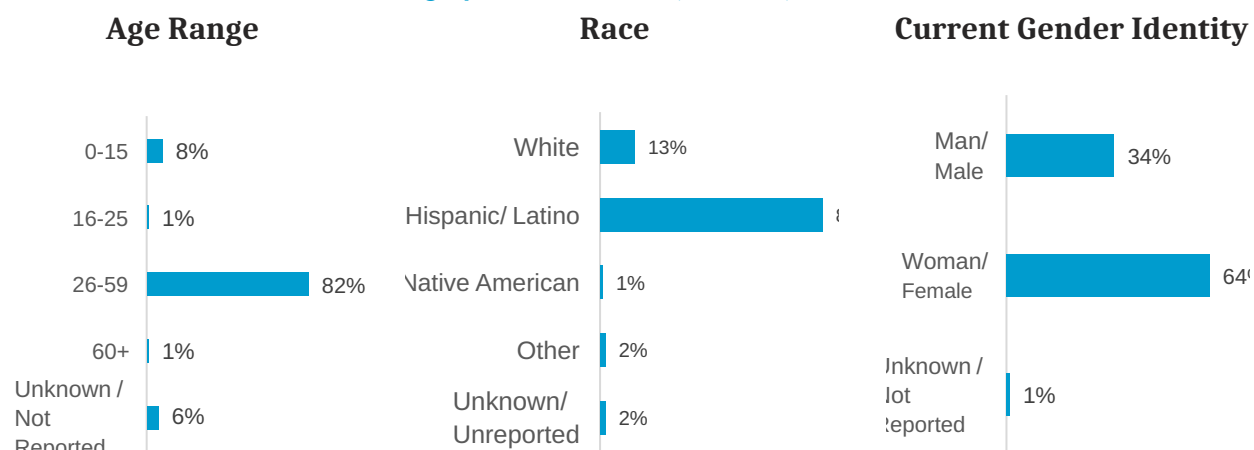
### Youth Outreach and Peer Support is provided in the following locations:

- Lower Lake High School
- Kelseyville High School
- Clearlake High School
- Burns Valley Middle School
- Lake County Jail (As requested)

Students who meet criteria have been referred for service with LCBHS.

La Voz – Latino Wellness Center program is mainly serving the underserved Latino community in Latino community. The program is particularly effective in reaching the Latinos and other underserved families and individuals. In addition, the program can help address multiple barriers to accessing services such as those related to: culture, language, stigma and mistrust. The following strategies have been used to address mental health stigma among the Latino community: 1. Presence in the community - Engaging the Latino community by educating them on the various programs provided by the Mental Health Department. 2. Persistence - promoting Mental Health services to the Latino community by providing resources and assistance in their own language. This will increase comfort levels and confidence in using MH services. c. Patience - Implement strategies to deter stigma of Mental Health in the Hispanic Community with different titles such as: Comunidades Saludables. The Latino O&E program is making a big difference by addressing access barriers that arise from cultural and linguistic differences, stigma, and mistrust of the system.

**La Voz: FY 21-22 Consumer Demographic Information (N=3,990)<sup>26</sup>**



**La Voz de Esperanza: FY 21-22 Outcomes, Successes & Challenges**

FY 21-22 Program Activities: As part of LCBHS, La Voz Centro Latino is the main resource for all Latino clients; our center receives calls from clients in the daily bases to verify doctor's appointments, crisis, medication request, translations, transportation, food shopping, social security applications, food stamps, medical & clothing. Approximately 25 or more individuals participated in groups and trainings.

FY 21-22 Program Successes & Outcomes: La Voz Centro Latino program plays a key role in addressing multiple barriers to accessing services, such those related to transportation, availability, culture, language, stigma, and mistrust. The program is particularly effective at reaching Latinos and others underserved families & individuals. Promoting mental health services give us the opportunity to formally and informally engage the Latino community as part of the workforce. The Latino O&E provide outreach to link people to services, information and other health support.

<sup>26</sup> Includes duplicated consumers.

FY 21-22 Program Challenges: One major challenge among Latinos, stigma about mental illness also significantly limits access to mental health. Stigma limits people from seeking services. In addition, Latinos who experience emotional distress in physical ways may not get the help they need because they lack mental health literacy.

### La Voz de Esperanza: Anticipated Activities & Numbers Served for FY 23-26

Center activities will continue as described above.

FY 23-26 Anticipated Numbers Served (Annually):

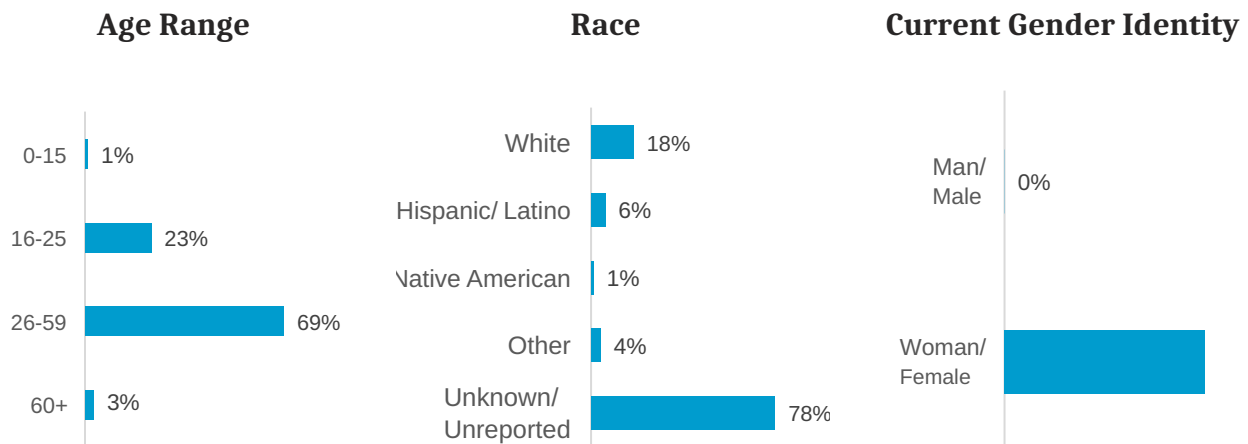
Consumers	Population
300	Children & Youth (0-15)
100	Transition Aged Youth (16-25)
3000	Adults (ages 26-59)
100	Seniors (ages 60+)
3500	TOTAL

## Family Support Center

### Family Support Center: Program Description and Key Activities

The program provides resources, referrals, and support for families involved with the County mental health system or that need more information on available community resources. Some of the groups that we anticipated facilitating included The Parent Café, Art Group, Nurturing Families Groups, and Homework Clubs for youth in the community. The Parent Partner's goal is to provide peer-to-peer understanding, support parents in navigating the services system, and advocate for their needs. The Parent Partner also brings nonclinical insights on how to seek appropriate services and communicate with service providers.

### Family Support Center: FY 21-22 Consumer Demographic Information (N=1,274)<sup>27</sup>



### Family Support Center: FY 21-22 Outcomes, Successes & Challenges

**FY 21-22 Program Activities:** In FY 22-23, the center was been relocated due to a lack of utilization of the services offered. New activities and services will be offered in the coming year. FY 21-22 services included the following:

- Food Giveaways-480
- Clothing-300
- Housing Voucher Application-15
- Transportation to ancillary services
- Peer to peer support-50
- Mental Health Matters Event
- Teen peer support group
- Ameri-Corp Tutoring-12 students
- Backpack Giveaway

<sup>27</sup> Includes duplicated consumers.

FY 21-22 Program Successes & Outcomes: A family was able to get clothes for everyone and were able to get some gifts for Christmas. A gentleman completed the housing voucher application after losing his home to a fire. His family consisted of himself, wife, and grandson. He was able to obtain housing and is still housed.

FY 21-22 Program Challenges: The biggest challenge over the past year has been the vacant parent partner position and lack of utilization of the center. The center has been relocated to Clearlake, the center will be located at La Voz with the hope being that bilingual family support services can be offered to reach the under/unserved population. Also, the parent partner position has been filled which will create consistency in the services that we offer.

### **Family Support Center: Anticipated Activities & Numbers Served for FY 23-26**

Program activities will continue to be implemented as described above.

FY 23-26 Anticipated Numbers Served (Annually):

Consumers	Population
50	Children & Youth (0-15)
50	Transition Aged Youth (16-25)
50	Adults (ages 26-59)
50	Seniors (ages 60+)
200	TOTAL

**Postpartum Depression Screening and Support: Mother-Wise**

FY 2021 – 2022 Program Overview						
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing		<input type="checkbox"/> Modified	
Service Area:	<input checked="" type="checkbox"/> Prevention				<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Access & Linkage to Treatment
	<input type="checkbox"/> Stigma and Discrimination Reduction				<input type="checkbox"/> Suicide Prevention	
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness					
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations					
Target Population(s):	<input type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth		<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Older Adult	
	Age 0 – 15	Age 16 – 25		Age 26 – 59	Age 60+	
Underserved Population(s): Perinatal participants (maternal mental health screening, support, and services are highly limited in Lake County)						
Number served: 1,904 (duplicated consumers)				Total Cost: \$135,411		
FY 2023-2024 Program Projections						
Number to be Served: 2,005		Proposed Budget: \$140,000		Cost per Person: \$70		

**Mother-Wise: Program Description and Key Activities**

**Program description/target population:** Mother-Wise offers consistent opportunities for social support to perinatal individuals to prevent, or limit the severity of, maternal mental health complications. Individuals receive support through:

- Weekly home visits with trained “Auntie” volunteers (temporarily suspended due to COVID-19)
- In-person and online mothers’ groups
- Tangible items through the “Mom-to-Mom Closet” for pregnancy and postpartum use
- Connection to a network of the best local resources offered to perinatal individuals and families

While anyone can develop a maternal mental health complication, certain factors increase risk. Screening early and often identifies individuals at risk while providing clues about complicating factors. Routine screening is often the introduction to Mother-Wise that gives individuals access to support before feeling depressed or anxious. Access to Mother-Wise is available to all perinatal individuals and new mothers in Lake County with babies under 12 months, free of charge.

**Objectives:**

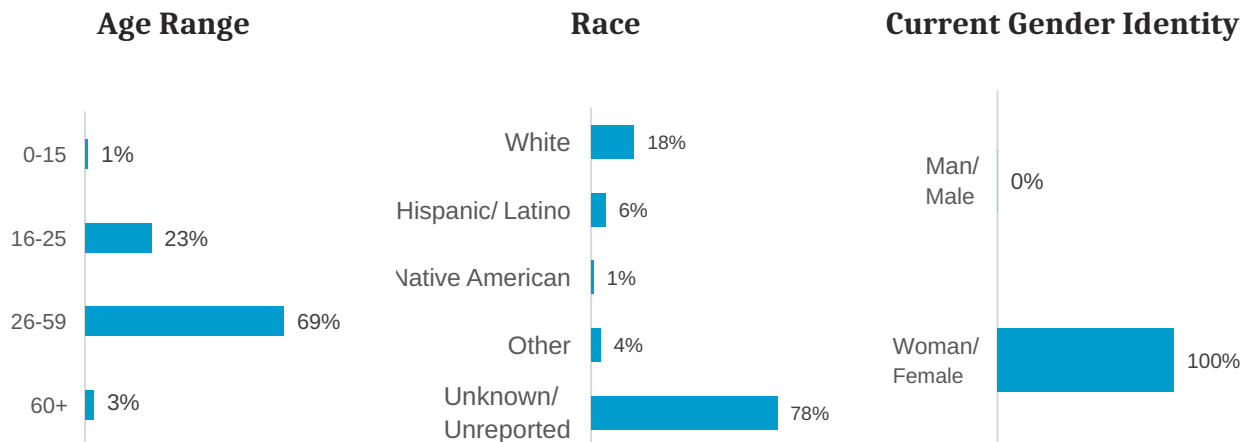
- Increased utilization of supports: Targeted outreach and education reduce stigma and raise awareness in mothers, perinatal individuals, volunteers, health professionals, and the community, leading to increased use of program activities and better participant outcomes.
- Improved scores on Edinburgh Postnatal Depression Scale (EPDS), a validated screening tool for perinatal depression/anxiety – Mental health screenings are conducted regularly within the program and by trained professionals at key locations. Screening aids early detection and access to best-practice services for individuals experiencing maternal mental health complications. Repeated screenings allow progressive comparison and indicate where support can be optimized, individually and program wide.

- Individuals report feeling better supported after connecting with Mother-Wise. The program intends to make perinatal individuals feel welcome and comfortable enough to seek and receive help if, and when, they need it. Program activities model and enable a culture of motherhood where moms uplift each other with genuine companionship that can outlast their time as participants.

#### Key activities:

- Mental Health Screening and Early Identification through use of the Edinburgh Postnatal Depression Scale (EPDS)
- Maternal mental health awareness and training for health professions, volunteers, and staff
- In-Home Visits from trained “Aunties” to support and screen mothers for depression using EPDS – (temporarily suspended due to COVID-19)
- In-Person Social Support for Perinatal Individuals: Mother-Wise hosts weekly groups for moms and babies, led by a trained facilitator
- The Mom-to-Mom Closet, which provides donated maternity and baby items, including diapers, formula, clothes and more
- Outreach and engagement through social media

#### Mother-Wise: FY 21-22 Consumer Demographic Information (N=1,904)<sup>28</sup>



#### Mother-Wise: FY 21-22 Outcomes, Successes & Challenges

FY 21-22 Program Activities: Mother-wise provided the following services during FY21-22:

- 429 perinatal individuals were given direct and individualized support from our team last year
- 974 of the 1904 people served utilized our Facebook group, The Village
- Our Mom-to-Mom Closet supported 135 individuals with needed items, and 27 individuals donated items to the closet

<sup>28</sup> Race: Other includes Asian, Native Hawaiian/Other Pacific Islander, and Other. Race and ethnicity data were limited compared to other demographic characteristics.



- Groups resumed in April, but since Covid was still tapering off, it was essentially like starting over, and only 3 different moms attended before the fiscal year ended

Mother-wise also tracked where moms are located with the hopes of expanding services to Clearlake as soon as funding can be secured. The moms supported by Mother-Wise last year are located all over the county, with the highest number of moms in Lakeport and Clearlake. Our data indicated 437 moms from Clearlake, 302 from Lakeport, followed by 201 from Kelseyville. Now that we are better able to serve our Spanish speaking moms in the county we expect the Kelseyville numbers to increase.

FY21-22 Program Successes & Outcomes: The biggest success was getting back to in person services. We have a way to go to get things back to pre-covid numbers. We hired a bilingual concierge in June, 2021, so even though groups were suspended during Covid, we were finally able to reach out directly to Spanish speaking moms. Unfortunately, this employee left us near the end of this fiscal year. With the addition of a grant from a local nonprofit, Mother-Wise secured the funding for a dedicated Mom-to-Mom Closet Concierge. This team member focuses on the unmet needs of the moms we serve. The expansion of our Mom-to-Mom Closet was key to simplifying the process of getting items to local families who need them in a timely manner.

Due to staff changes and challenges with record-keeping, outcome data are not available for FY 21-22. However, we have a few comments from moms, and messages they sent to us to share:

*"Just wanted to say I love the support in this group. I am now a grandma and would have loved a page like this when my boys were little. Good job ladies - makes my heart warm with all the kindness and giving that goes on in this group." - Mother-wise Consumer*

*"It is a wonderful group to share insight for new moms, experienced moms and all the above. I'm thankful to have something like this in my life." - Mother-wise Consumer*

*"Hi there, I live in Clearlake. Me and my family moved here from Phoenix AZ last October. I have 2 boys and a step daughter all of which have been diagnosed with ASD. I love the lake life and honestly just taking hikes and watching my kids fall in love with nature. I'm really happy I'm a part of this group. I have had so much help already." - Mother-wise Consumer*

*"I want to share my feelings and thoughts on the mother-wise organization. I have been in close contact with the team at mother-wise since about August. I have postpartum, I have had a pretty rough time, until I met them that is. They go above and beyond what any other single person or organization I have been in contact with has ever done for me and my children. Just to start whenever I need something for either of my babies (5year old or 8month old) they helped with what they had on hand and they even triple checked around to find things I needed. There have been countless phone calls and texts just checking up on how I am doing and how the kids are doing if they need anything. There have been more than a few times that they have talked things through with me, when I had no one to talk to and felt mentally broken down. I*

*know that the team is always a safe place to talk about my mental problems without judgment. They always help with connecting me to the right community resources. I don't know what I would have done if not for the comfort and help of these beautiful ( inside and out) ladies. I have cried, and I know I just know they shared in my pain, and helped me find solutions. Thank you. We love mother wise. I know some days it may not feel like it. But this momma and these baby's love you guys. Without your kind words reassurance and belief in me I am sure we would just be living life, but with all the help from you we not only are reaching our goals and my children are thriving, as is my mental health. Thank you ladies." - Mother-wise Consumer*

FY 21-22 Program Challenges: During the first half of the year, COVID and social distancing severely restricted the services we could provide, making screening and supporting moms harder. In person groups were canceled, while online groups were ineffective. The team made an electronic EPDS, but administering it in that form was difficult. It is much easier and better to do in person. We re-established additional walking groups in spring of 2021, but the moms tapered off quickly when the weather got too hot in early summer. We had safe exchanges with our donations and supply closet, but it was underutilized compared to normal, as sharing was shunned. Additionally, COVID was also difficult for staff, and some of the most enjoyable parts of the work, like hugging moms and holding babies, was impossible.

We had several significant staffing changes during this period, including new director and two new hires early on, and then another three in Spring of 2022. The staff transitions were challenging for staff and caused disruptions in service delivery and recordkeeping.

#### **Mother-Wise: Anticipated Activities & Numbers Served for FY 23-26**

FY 23-26 Anticipated Activities: Services are generally back to normal, but the next challenge is getting group attendance back to where it was. Outreach will be especially important in the coming year. Fortunately, our Facebook presence is even stronger after Covid, so reaching moms is relatively easy for now. Our community partners are busy like we are, so we'll continue to maintain and forge new relationships by reaching out and providing referral forms. The data recording problem is already resolved. Our Quality Control Specialist (the former Director) helped streamline our data system, and trained the team so they can comfortably utilize it. One of our top priorities in the coming year is hiring a new Spanish-speaking concierge, so we can get back on track with reaching and serving more local Latina moms.

FY 23-26 Anticipated Numbers Served (Annually):

Consumers	Population
5	Children & Youth (0-15)
450	Transition Aged Youth (16-25)
1500	Adults (ages 26-59)
50	Seniors (ages 60+)
2005	TOTAL

## Prevention Mini Grants

FY 2021 – 2022 Program Overview						
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing		<input type="checkbox"/> Modified	
Service Area:	<input checked="" type="checkbox"/> Prevention				<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Access & Linkage to Treatment
	<input type="checkbox"/> Stigma and Discrimination Reduction				<input type="checkbox"/> Suicide Prevention	
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness					
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations					
Target Population(s):	<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> Transitional Age Youth		<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Older Adult	
	Age 0 – 15	Age 16 – 25		Age 26 – 59	Age 60+	
Underserved Population(s): Native American, Latinx, individuals who have a disability, older adults						
Number served: N/A			Total Cost: \$20,167			
FY 2023-2024 Program Projections						
Number to be Served: N/A		Proposed Budget: \$30,000		Cost per Person: N/A		

### Prevention Mini Grants: Program Description and Key Activities

The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities of \$1,000 to \$2,500 to conduct prevention activities and projects. The purpose of the PEI mini-grant program is to provide the Lake County community with an opportunity to develop prevention-oriented activities aimed at building protective factors and reducing risk factors with respect to mental health. Activities addressing suicide prevention, stigma and discrimination reduction are encouraged.

The mini-grants awarded in FY 21-22 are briefly described below. Additional information about each program is available in *Appendix E*.

- **Healing Through Writing:** The writing workshops were planned to help people to express themselves through the writing process.
- **Ye-Ma-Bax Wellness Circle:** Ye-Ma-Bax Wellness Circle holds gatherings with community members and is focused on serving At Risk- Children, Youth and Young Adult, stigma and discrimination, suicide prevention, those with limited access to mental health and services. The goal is to have a healthy community and be well versed in accessing mental health care and know where to get those services. The program itself is in fact considered a service as individuals can attend cultural wellness classes and attend the talking circles that are a part of these activities. The events occurred at the Scotts Valley Tribal Offices and the Tribe's Traditional Dance Grounds.
- **Harbor Youth Advisory Council:** The overarching goal of the Harbor on Main Youth Resource Center (YRC) is to increase safety, well-being, and self-sufficiency to ensure a successful transition to independent adulthood for transition-age youth (TAY), ages 15-25. We aim to achieve these goals by providing the following key services and activities: Peer Support, Community Outreach and Engagement, and Targeted Support Groups. Services and supports are provided on-site at the Harbor YRC in Lakeport, virtually via Zoom and/or Microsoft Teams, as well as in the community

via outreach events at local schools and community college satellite locations around the county.

- **Wings of Hope Mini-Camps for Children:** Four Minicamps, three hours each will be provided in four South County Schools, these Minicamps will provide activities and opportunities to learn and discuss feelings of loss and life transitions. Tools will be offered by professionals and volunteers to assist these children in navigating change and losses. We believe this to be a prevention activity as it will provide life skills that can prevent hopeless and helpless feelings to decrease and empower children to express feelings in healthy and productive ways. This in turn prevents or lessens school absences, illness, depression, acting out and potentially may decrease violence to self and others.
- **Celebrating Life:** The scope of the program included working closely with staff, stakeholders and other in the Lake County Tribal community to plan and offer a one-day educational workshop focusing on holding conversations about end of life and processing grief combining local customs and best practices. Much of the emphasis of the project was developed to be inclusive of the tribal community to create a relevant experience.
- **Breaking Through Isolation:** Hospice Services of Lake County (HSLC) endeavored to conduct two information campaigns targeting vulnerable seniors, disabled adults, their families and caregivers. Information campaigns coordinated with community partners focused on building awareness and knowledge of community resources available to address health and safety issues that impact the emotional mental health of seniors.
- **The Power of Caregiving:** Hospice Services of Lake County partnered Redwood Care Resource Center to offer a 2-part workshop for individuals caring for family members or other with dementia or other neurological conditions. The goal was to provide an opportunity to process feelings in a safe and supportive setting and information to help participants feel less alone, cultivate relationships, receive information about resources, increase capacity and understanding.
- **Overdose Awareness, Education and Prevention for High-Risk Communities:** Any Positive Change Inc. intends to illuminate the issue of preventable overdose death by facilitating community education. Our launch will be August 31, 2021 a day known round the world as International Overdose Awareness Day. Any Positive Change will follow up on International Overdose Awareness Day by providing 4 trainings around the lake, two specifically to the Latinx community. The trainings will provide participants with the knowledge and skills to recognize, respond and reverse an opioid overdose.

#### Prevention Mini Grants: FY 21-22 Consumer Demographic Information

Demographic information is not available due to the nature of this program.

#### Prevention Mini Grants: FY 21-22 Outcomes, Successes & Challenges

Key successes, outcomes, and challenges for mini-grants awarded in FY 21-22 are briefly described below. Additional information is available in *Appendix E*.

**Healing Through Writing:** Our success is that there were 64 participants 57 were 80 years and above. The majority of them stated there was no other opportunity to express the trauma of the COVID isolation including depression. The workshops were held in Lakeport, Clearlake and Middletown. The duo team of the project coordination with a counseling background and professional local writers to facilitate the expression of the participant's trauma was very successful. The challenges were that this year we had a decrease of Latino families without the availability of LaVoz Peer Support (Latino population) site in Clearlake. Client satisfaction surveys and increased attendance supports program success.

Challenges were:

1. Last minute changes of the workshop locations and illness of facilitator. We changed the dates, times and location on the flyers for two of the workshops. Extra efforts were made to publicize through community radio the change stating it gave people additional time to attend.
2. People with special needs had difficulties in the groups including those with very low vision, hearing loss and one with oxygen. Another needed an assisted typing computer to write story. Addressed by having one of the facilitators sat with those that had special needs. People were reminded to bring their hearing aids, reading glasses and Covid mask. Locations that could accommodate a wheelchair were also identified.
3. There were a couple who could not drive and wanted to attend a couple of workshops. The project facilitator presented the need for transportation on the community radio and that solved the problem as well.

**Ye-Ma-Bax Wellness Circle:** Our program is set up as a talking circle/ dance regalia/ cultural activities program. We held seven activities during the grant period under this grant specifically and a few more that were funded by another resource. We had one crisis that we dealt with by referring them to a program under our umbrella.

A huge success was when the youth taught classes to their peers and even adults. This seemed to give them a sense of pride. One youth was able to teach his older brother to make regalia and about other cultural activities. The youth teacher shared how this made him feel so proud.

One area that was challenging was Covid 19 precaution policies that were set in place. We were not allowed to have indoor activities for a portion of the grant period. We held some events outdoors utilizing safety precautions.

**Harbor Youth Advisory Council:** The Harbor provided approximately 4,560 services to 229 individuals and had at least 1,359 visits from children, youth, and adults in Lake County. In regard to the proposed activities of the mini grant, we tracked 362 Youth Advisory services throughout the last fiscal year, reaching 226 duplicated youth, and 48 individuals. The Harbor facilitated a minimum of 24 regular Youth Advisory Board meetings throughout the fiscal year but hosted additional project-focused meetings based on the expressed needs of the youth and upcoming events.

The Harbor intended on achieving several goals within this prevention activity:

- Reduce disparities youth experience in accessing on-site services
- Increase resource reach to at-risk TAY who are geographically isolated to their communities
- Reduce stigma and discrimination about issues affecting youth and mental illness.

During FY 21-22, the program achieved the following outcomes:

- 226 youth returned and attended meetings more frequently
- 154 (n=72) more youth who returned and attended meetings more frequently from the previous FY
- 48 youth attended Youth Advisory Meetings
- 14 (n=34) more youth attended Youth Advisory Meetings from the previous FY
- Of the 7 youth who completed the consumer survey, 100% of youth reported, “I know the early warning signs of depression and anxiety and would feel comfortable seeking help from a trusted someone when needed” at least “most of the time” or “always.”

The success of this program is evident in the data, particularly in regard to the number of youths who were able to consistently engage in Youth Advisory Meetings as a result of the hybrid option. Not only were youth more present and engaged in the advisory council meetings, but they were also excited about the opportunity to make change in their communities and within the Harbor YRC. This excitement led to motivation and members of the council elected leadership and established an annual plan for the first time since the COVID-19 pandemic. This annual plan consisted of supply drives, Pride events, cultural activities, anti-stigma campaigns, and so much more. The work of this advisory board has persisted into the next fiscal year and the availability of the Smart Board has enabled youth to collaborate in other virtual settings like Youth Safe Rx and the Lake County Mental Health Advisory Board.

The most significant challenge throughout the grant period was in regard to conducting consumer surveys. At the start of the fiscal year, there was a higher demand for youth to attend meetings virtually. Surveys were sent out via a link in the chat box and we didn't get youth responses. We adjusted our approach and we attempted to use polls during these meeting, but youth struggled to use the poll function, particularly if they were using their phones. As youth became more comfortable attending on-site, we received more responses via paper surveys. We will continue to explore options for receiving consumer feedback from online participants if there continues to be a demand for this function.

**Wings of Hope Mini-Camps for Children:** Due to the Covid 19 epidemic:

2020 Jan – June We were virtually shut out of the Lake County schools. We lost Volunteer involvement and Staffing.

2021 We were intermittently allowed in schools and began to reestablish professional connections with School Counselors and provided some limited small groups and one on one counselling.

2022 School Year thus far we continue to reestablish professional and Student alliances and connections. We are also in process of rebuilding our volunteer staffing for school volunteers to be able to provide services at the Pre Covid level. We currently provide small groups and one to one counselling in approx. 10 Lake County schools.



This detailed information has been an attempt to establish the rationale of our inability to provide these scheduled Minicamps thus far. We fully intend to provide the Mini-Camps as we originally proposed them in 2021 and have plans to be able to complete them before the end of the 2023 fiscal year.

**Celebrating Life:** The scope of the program included working closely with staff, stakeholders and other in the Lake County Tribal community to plan and offer a one-day educational workshop focusing on holding conversations about end of life and processing grief combining local customs and best practices.

**Breaking Through Isolation:** There were multiple information campaign activities implemented during the program year:

- Seniors Thriving committee members provided insight into messaging for vulnerable seniors with a call to action of getting households prepared in the event of a wildfire or power outage. Community organizations were encouraged to participate and be on standby for contacts by seniors needing resources
- OES was contacted and provided **Know your Zone** magnets and brochures  
AmeriCorps were trained and coached on effective communication techniques while working with vulnerable seniors
- Information visits were conducted with mobile home park and apartment managers educating on Know your Zone information and resources available for vulnerable seniors
- Over 2,000 visits were made over a 2-month period in mobile home parks and a Veterans Outreach event.
- Printed material was distributed including LCBH rack cards
- 23 calls from visits were taken with more information provided concerning senior resources

The Breaking Isolation project was intended to conduct an information “blitz” by engaging multiple services providers and personally contacting multiple at-risk seniors. The project had a chain effect by mobilizing service providers and mobile homeowners/managers around two important topics; access to support services and emergency preparedness followed by an information campaign directly impacting seniors.

The volume and quality of visits to vulnerable seniors with the ability to leave information and provide follow up assistance was successful. The willingness of mobile home park owners and staff to reinforce information presented was positive. The front-end work of identifying senior communities and establishing relationships with staff for future campaigns was valuable. Since Lake County does not have a well-coordinated service delivery system for vulnerable seniors this was a valuable exercise in demonstrating how successful collaborations can be conducted.

Challenges surfaced when the program attempted to create a local brochure/flyer for emergency preparedness. It became problematic to create a piece that would be signed off by all the public safety agencies involved in emergency preparedness. Instead, we collected multiple documents from various agencies that addressed the needs of seniors. We also found ourselves needing and increased amount of Spanish printed materials and translations services. We were able to quickly locate these resources which

we attribute to the collaboration among organizations.

**The Power of Caregiving:** There was one two full day workshops conducted on April 24 and May 2, 2022. Twenty-one participants attended the workshops. Information packets and Resource directories with distributed and reviewed. Free respite Care and transportation was provided as well as a caregiver booklet. The Redwood Caregiver Resource Center and HSLC provided lunch and snacks for participants. We received positive feedback anecdotally and on workshop evaluations. Follow up telephone calls indicated that participants connected with community resources.

We are pleased with the overall outcome of the workshop. The collaboration with Redwood Resource Center was excellent. The facilitator was knowledgeable, professional, and engaging. The topic was timely after a challenging time with COVID 19 and attendance was good. We didn't save any specific stories but observing individuals open up about their personal circumstances was powerful followed by incredibly affirming and supportive responses was amazing. We learned that 5 months later, a group of participants are still connected. The other success is that through the promotional effort's awareness was raised about the needs of in hoe caregivers.

There were not many challenges. The most predominant was navigating COVID precautions. Secondary was getting the word out effectively to our targeted population-isolated older adults.

**Overdose Awareness, Education and Prevention for High-Risk Communities:** Any Positive Change offered naloxone training at La Voz de Esperanza, at the Redwood Empire Food Bank food distribution in Clearlake, at the 2021 Heroes of Health Care at the Lakeport Fairground at every syringe exchange site and at our drop-in center. All of the training involves naloxone dispensing including face shields (big ask these days to ask humans to breath for another). Any Positive Change Inc. is well represented on social media.

During the time frame of July 1, 2021-June 30, 2022, the program provided:

- 1,406 individuals with harm reduction education.
- 1,484 doses of naloxone (including both nasal and injectable) 2 doses in a box and or 2 vials in a kit
- 79 documentations of peer reversals.
- 151 Fentanyl Test strips provided
- Began offering stimulant safety harm reduction.
- 24 bup inductions.
- Countless snack bags, safer sex supplies, wound care kits, hygiene kits, socks, sleeping bags, hand warmers, warm outerwear and unconditional love given
- Awarded HCV Rapid Test kits by CDPH.
- Hired PWUDs.
- BIPOC and immigrant led organization.

Any Positive Change has been providing overdose prevention and education since 2008. However, saying that it has been difficult to gain entrance to the Latinx community is an understatement. Any Positive Change sought out Latinx churches and their respective pastors. The pastors listened, sometimes attentively however at the end of the session, the ask was "what church do you attend?". We contacted Spanish language KPFZ radio programmer, speaking at length about the Latinx overdose crisis in Lake,

however that person was more interested in touting their own horn. We left messages for bi-lingual educators at both junior colleges in Lake, no response. We translated our materials into Spanish, created T-shirts and bags about naloxone into Spanish, we obtained a video about overdose in Spanish. We hired a Spanish speaking person to translate. We envisioned a champion rising out of the first group of Spanish speaking people we trained. We did in fact train 16 Latinas at La Voz de la Esperanza with the assistance of Richy Ramos who is employed as a client support assistance at LCBH. During that training one of the women exclaimed “oh that is what that is”. She explained that she had received a bag of “goodies” at the October Heroes of Health Care. Upon her return home and in examining her bag, she was completely unaware of the lifesaving potential of the naloxone was and threw it away. Lake County needs to do better, an entire segment of our population that feeds us, cares for us, nurtures our children is at huge risk.

#### **Prevention Mini Grants: Anticipated Activities & Numbers Served for FY 23-26**

LCBHS anticipates that new mini-grants will be awarded annually in the fall of each fiscal year.

### Statewide, Regional, and Local Projects

Lake County's Statewide, Regional, and Local Projects include the county's local Suicide Prevention efforts. Program activities and outcomes for these efforts are therefore reported together. However, Suicide Prevention activities have distinct funding in the budget.

FY 2021 – 2022 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input checked="" type="checkbox"/> Stigma and Discrimination Reduction <input checked="" type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): N/A <sup>30</sup>				
Number served: 158			Total Cost: \$25,000	
FY 2023-2024 Program Projections				
Number to be Served: 800+		Proposed Total Budget: \$55,000 Suicide Prevention: \$30,000 Statewide, Regional, and Local Projects: \$25,000		Cost per Person: \$69

### Statewide, Regional, and Local Projects: Program Description and Key Activities

Local projects include several activities are as follows:

**Suicide Prevention** includes efforts to address and prevent suicide. Specific activities include Known the Signs; Life is Sacred Alliance (LISA); QPR; Applied Suicide Intervention Skills Training (ASIST); Lake County Suicide and Substance Use Prevention; after hours Warm-Line; Suicide Prevention Hot Line; and the Lake County Suicide Prevention Facebook page.

The Question, Persuade, Refer (QPR) program has different modules for individuals from a variety of social and cultural backgrounds, including high school youth, young adults in college, adults, older adults, veterans, Spanish speakers, and Native Americans. QPR can be taught to adults and youth (beginning in 9<sup>th</sup> grade).

The Know the Signs program modules are for individuals from a variety of social and cultural backgrounds. This program differs slightly from QPR, as this program is intended to be used with 7<sup>th</sup> and 8<sup>th</sup> grade students. There is a module for parents as well.

**Stigma and Discrimination Reduction** events include Each Mind Matters and May is Mental Health Month.



<sup>30</sup> Local, Regional, and Statewide projects serve a variety of consumers, including many underserved populations.

**Student Mental Health Initiative** supports events and activities during Mental Health Awareness Week.

In addition, Lake County contributes a portion of its PEI funds to support the continuation of the Statewide Projects: Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative. Funding to support the regional suicide prevention hotline and local suicide prevention task force is coordinated by CalMHSA.

### Statewide, Regional, and Local Projects: FY 21-22 Consumer Demographic Information

Demographic data for QPR and Know the Signs trainings are currently collected as part of the pre-survey. These trainings use a curriculum from an external provider that also provides the platform for the pre-survey. Currently, LCBHS is working with the provider to obtain survey and demographic data from the survey platform.

### Statewide, Regional, and Local Projects: FY 21-22 Outcomes, Successes & Challenges

**Suicide Prevention:** In FY 21-22, the Suicide Prevention hotline supported 45 unduplicated consumers through a total of 134 calls.

**QPR:** Approximately 800 individuals, including local residents, high school youth, and adults became certified QPR gatekeepers. A pre-post survey was administered to participants to assess changes in knowledge, attitudes, and behaviors around suicide prevention. A total of 440 individuals completed the pre-survey, and 102 individuals completed the post-test. Given the substantial drop in participation from the pre-to post-survey, survey findings should be interpreted cautiously. Key findings are reported below:

- There was an increase in knowledge of suicide across all areas (e.g., facts concerning suicide prevention, warning signs of suicide, how to task someone about suicide, persuading someone to get help, how to get help for someone, and information about local resources)
  - For example, at post-survey, almost two-thirds of participants reported a high level of knowledge of the warning signs of suicide and how to get help for someone (59% and 57%, respectively). At pre-survey, only one-third (29%) of participants reported this level of knowledge for both areas.
  - Overall, at post-survey, over two-thirds (62%) of participants reported a high level of understanding about suicide and suicide prevention, compared to under a quarter (24%) of participants at the pre-survey.
- At the post-survey, over half (55%) of participants reported a high level of knowledge on how to ask someone about suicide, compared to only 20% of participants who reported this level of knowledge at pre-test. Moreover, almost half (45%) of participants reported always being likely to ask someone if they are thinking about suicide, compared to one-third (32%) of participants at the pre-survey.

**Know The Signs:** Approximately 300 students in grades 7 and 8 participated in this suicide prevention, step 1, gatekeeper education training. The program expects to continue to provide this service to individual at this rate or more.

**Challenges:** During FY 21-22, there was a reduction in program attendance by the local adult population from the community. It has been a challenge to motivate adults to participate in the educational trainings.

**Statewide, Regional, and Local Projects: Anticipated Activities & Numbers Served for FY 23-26**

FY 23-26 Anticipated Activities: Program activities will continue as described above. LCBHS also anticipates adding more certified program instructor to reach more local community members.

FY 23-26 Anticipated Numbers Served: LCBHS anticipates serving a similar number of individuals annually in FY 23-26. The estimated number of individuals served is as follows:

- The estimated number of students trained for QPR will be 500 – 800 individuals trained.
- The estimated number of adults to be trained in the QPR program 100 individuals.
- The estimated number of students for the “Know the Signs” program is 200 individuals trained.

## Innovation

INN programs introduce a novel, creative, and/or ingenious approach to a variety of mental health practices, but not limited to mental health services. The INN program may affect virtually any aspect of mental health practices or assess a new application of a promising approach to solving persistent seemingly intractable mental health challenges.

### Multi-County Full Service Partnership Innovation Collaborative

FY 2021 – 2022 Program Overview			
<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>Total Cost:</b> \$357,900			
FY 2023-2024 Program Projections			
<b>Proposed Budget:</b> \$37,500			

**Collaborative Overview:** LCBHS is participating in a Multi-County Full Service Partnership (FSP) Innovation collaborative to develop and implement new data driven strategies to better coordinate FSP delivery, operations, data collection, and evaluation. Counties across the state intend to participate in the collaborative—including Fresno, Sacramento, San Bernardino, Siskiyou, Ventura, and Lake—representing diverse populations and environments. Through participation in this Multi-County FSP Innovation Project, participating counties will implement new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance.

**Lake County Need and Project Goals:** Lake County operates Full Service Partnership (FSP) programs within the Children, Transitional Age Youth, Adult, and Older Adult programs—with each employing a “whatever it takes” approach to serving individuals. Although the “whatever it takes” approach allows flexibility to adapt the FSP model to different populations, the flexibility also creates difficulty developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices.

LCBHS management and community stakeholders have consistently identified the need for clear, consistent, and reliable data and outcomes to assist programs in identifying goals, measuring success and pinpointing areas that may need improvement. This past year LCBHS has been working with the project’s coordinator, Third Sector, to identify the areas of the local FSP program most in need. This has included interviews with staff and consumers. As a result, in addition to the statewide improvement strategies, local Implementation Strategies have been developed focusing on consistent eligibility criteria and consistent existing processes.

Moving forward, LCBHS is also exploring the possibility of launching a new INN project aimed at establishing a Multi-County WET Collaborative similar to the FSP Innovation Collaborative.



## Workforce, Education, and Training Programs

Workforce, Education, and Training (WET) programs seek to develop and maintain a competent and diverse workforce capable of effectively meeting the mental health needs of the public.

### Workforce Education and Training

FY 2021 – 2022 Program Overview	
<b>Status:</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified
<b>Total Cost:</b>	\$66,463
FY 2023-2024 Program Projections	
<b>Proposed Budget:</b> \$265,000	Workforce Staffing and Support: \$105,000 Training and Technical Assistance: \$80,000 Mental Health Career Pathways Program: \$40,000 Residency/Internship: \$0 Financial Incentive Program: \$40,000

### Workforce Education and Training: Program Description and Key Activities

The Workforce Education and Training (WET) program provides funding for workforce staffing support, training and staff development, mental health career pathways strategies, and financial incentives to address shortages in the public mental health workforce. WET has five key components:

- **Workforce Staffing and Support** includes the specific earmarking of funds to plan for, administer, support or evaluate the workforce programs and training included in the remaining four categories.
- **Training and Staff Development** is defined as events and activities in which individuals and/or organizations are paid with MHSA funds to assist all individuals who provide or support the public mental health system in better delivering services consistent with the fundamental principles intended by the Act.
- **Mental Health Career Pathway Programs** are educational, training and counseling programs that are designed to recruit and prepare individuals for entry into a career in the public mental health system.
- **Residency and Internship Programs** for psychiatric residency programs, internship programs leading to licensure and physician assistant programs with a mental health specialty are designed to address workforce shortages and supplement existing programs to increase the share of licensed professionals practicing in the community public mental health.
- **Financial Incentives Program** are stipends and loan forgiveness programs are financial incentives to recruit and retain both prospective and current public mental health employees who meet employers' needs for 1) workforce shortages of critical skills, 2) diversity and language proficiency shortfalls, and 3) promoting employment and career opportunities for individuals with consumers and family member experience in all public mental health positions.

### Workforce Education and Training: FY 21-22 Outcomes, Successes & Challenges

**WET Collaborative:** During this past year, LCBHS continued to work with the Superior Region on the Regional WET Collaborative. By participating and contributing to the collaborative, California's Department of Health Care Access and Information (HCAI), formerly Office of Statewide Health Planning and Development – OSHPD, will contribute a two for one match in the collaborative project. The Superior Region collaborative has decided the funds will be used for 1) Undergraduate College/University Scholarships, 2) Clinical Master & Doctoral Graduate Education Stipends, 2) Loan Repayment, and 3) Staff Retention Activities. Lake County had contributed \$54,479, funded from Mental Health Career Pathways and Financial Incentives.

In FY22-23, there were:

- 9 applicants for loan repayment, 6 of which were funded for a total of \$55,813.91,
- 0 scholarships applied for, and
- 1 application for stipends which was funded for \$6,000.

Additionally, there were 10 Peer Certification Scholarships and 10 awarded for a total of \$10,200.

**Staff Training:** WET Training and Staff Development funds staff training and conference attendance on topics such as motivational interviewing, peer support, co-occurring treatment, and Dialectical Behavior Therapy. With the advent of the pandemic, much of these trainings were canceled and rescheduled as virtual trainings, which allowed more people to attend.

**E-learning System:** WET Training and Staff Development also funds the RELIAS e-learning system and its Behavioral Health Solutions component. There are hundreds of trainings available, many including continuing education units (CEUs), and LCBHS was able to upload recorded trainings LCBHS had conducted. This past year, LCBHS has determined a training schedule, using Relias, for onboarding new employees and annual trainings as well as trainings specialized by job description/roles.

Between Staff training and trainings done through RELIAS and required online training, there were of total of 2,356.9 hours of training in the department in FY21-22.

**WET Coordinator:** Through WET Workforce Staffing and Support, LCBHS has a full-time WET Coordinator. This position works with RELIAS to optimize it, including tracking all training in LCBHS. This training information will be provided to LCBHS' Quality Improvement division. The WET Coordinator also facilitates LCBHS' Training Committee and will take the lead on developing a department training plan and formalizing a career ladder. The position will also assist in obtaining department and staff trainings, including the logistics.

### Workforce Education and Training: Anticipated Activities for FY 23-26

In FY22-23, LCBHS will continue working with the Superior Region Collaborative to make WET programs available to staff and community members. An effort will be made to better recruit for scholarships and stipends as further opportunities for stipends, scholarships and loan repayment will be made available.

Additionally, LCBHS plans to develop a career ladder with support of the WET Coordinator.

LCBHS is in the process of contracting with CalMHSA to administer WET Career Pathways and Financial Incentives funds to provide scholarships to employees, peers, and students interesting in pursuing a career in the mental health field. Additionally, programs through the Superior Regional Collaborative will address the “higher” end of the ladder – supporting individuals already in undergraduate and graduate programs through scholarships and stipends as well as current employees through loan repayment, staff retention activities and training perks. As part of this effort, LCBHS also intends to update and adopt a training plan in alignment with the career ladder.

WET funding will also help develop the workforce by supporting individuals on the entry level part of the ladder by providing recruiting opportunities for those interested in the field, helping individuals start to take classes, and help individuals get into a college program. There will also include opportunities to gain certification for peer support specialists under SB 803. This “grow our own” approach is more likely to retain staff rather than recruiting outside the community.

A training center for the department will also be created that will have computers and sitting for about 15-20 people at a time to do in-person group trainings with hands on experience.

Finally, over the course of the coming year, LCBHS will be looking at the possibility of utilizing financial incentives to both recruit and retain staff as mentioned in the community feedback received. If this is found to be feasible within county parameters, future updates of this plan will have an update to implement these. LCBHS is exploring the possibility of launching a new INN project aimed at establishing a Multi-County WET Collaborative.

## Capital Facilities and Technology

Capital Facilities and Technology (CFTN) provides funding for building projects and increasing technological capacity to improve mental health service access and utilization. CFTN aims to improve the mental health care system and move it towards the goals of wellness, recovery, resiliency, cultural competency, prevention/early intervention, and expansion of opportunities for accessible services for consumers and families.

### Capital Facilities

FY 2021 – 2022 Program Overview			
<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>Total Cost:</b> \$0			
FY 2023-2024 Program Projections			
<b>Proposed Budget:</b> \$130,000			

### Capital Facilities: Program Description and Key Activities

Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental health service access and utilization. Capital Facilities projects include physical and technological structures used for the delivery of mental health services for individuals and their families, administrative buildings, and the development and renovation of such structures.

### Capital Facilities: FY 21-22 Outcomes, Successes & Challenges

Due to the pandemic and logistics, capital facilities improvements were not possible in recent years. As a result, upgrades and improvements to the LCBHS South Shore Clinic project were postponed. However, additional funding for the South Shore clinic in the form of Behavioral Health Continuum Infrastructure Program grants from the California Department of Health Care Services, including funding for additional planning, will now be able to greatly improve on previous planning for the facility. The project is once again moving forward.

### Capital Facilities: Anticipated Activities for FY 23-26

With the increased opportunities for the South Shore Clinic expansion project, LCBHS anticipates that improvements to the South Shore building may begin soon, carrying over the funding from previous years. MHA capital facility funds will continue to be dedicated to support this project, moving forward the unused funds from last year. Additionally, to enhance security throughout all LCBHS facilities, it is planned to obtain a keyless secure entry system into each facility's outside doors that can be programmed and adjusted as different staff come and go.

**Lake County Electronic Health Record Project****FY 2021 – 2022 Program Overview**Status: ☐ New ☒ Continuing ☐ Modified

Total Cost: \$0

**FY 2023 - 2024 Program Projections**

Proposed Budget: \$32,000

**Lake County Electronic Health Record Project: Program Description and Key Activities**

The Lake County Electronic Health Record Project addresses technological needs for secure, reliable, real-time access to client health record information where and when it is needed to support care.

**Lake County Electronic Health Record Project: Outcomes, Successes & Challenges**

Over this past year, LCBHS has continued to work towards obtaining a new Electronic Health Record (EHR). In partnership with the EHR multi-county collaborative coordinated by CalMHSA, an RFP was issued and the collaborative identified a new EHR. Among the collaborative, Lake County pioneered the EHR chosen, SmartCare, launching it in March 2023. Of the \$200,000 budgeted for Electronic Needs for the EHR last year, \$128,825 was spent.

**Lake County Electronic Health Record Project: Anticipated Activities for FY 23-24**

For the upcoming year, it has been determined that the ongoing costs for the new Electronic Health Record will be expended using a number of fiscal sources the department has as existing resources between mental health and substance use disorder services. It is determined that \$32,000 will be needed by MHSA CFTN for the next two years to meet the new EHR needs, and \$109,534 will be needed for the last year.

## MHSA Housing Program

When the Mental Health Services Act was formulated nearly two decades ago, Executive Order S-07-06 was signed, mandating the establishment of the MHSA Housing Program, with the stated goal of creating additional units of permanent supportive housing for individuals and their families who have a mental illness and are homeless, or at risk of homelessness and who meet the MHSA Housing Program target population criteria. MHSA Housing Program funds are allocated for the development, acquisition, construction, and/or rehabilitation of permanent supportive housing.

MHSA statute acknowledges that a system of care for individuals with severe mental illness is vital for the successful management of mental health. It requires a comprehensive and coordinated system of care that includes criminal justice, employment, housing, public welfare, health, and mental health to address mental illness and deliver cost-effective programs.

Lake County's MHSA Housing allocation was placed first with the California Housing Finance Agency (CalHFA) and then given to the county nearly a decade later. During that time, various planning for a project was done, but nothing came to fruition due to variety of barriers. With interest, the current allocation is \$982,537.34.

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). In November 2018 voters approved Proposition 2, authorizing the sale of up to \$2 billion of revenue bonds and the use of a portion of Proposition 63 taxes for the NPLH program.

Following a survey to stakeholders in 2018, in February of 2019, a public forum was held soliciting community input for the use of NPLH funds as well as the MHSA Housing allocation. Participants chose multi-use, mixed use multi housing project, with multiple target populations as the leading priority. The Lake County Board of Supervisors in August 2019, after soliciting public comment, adopted its No Place Like Home Housing Plan which prioritized several urgent affordable housing needs. Subsequently the county applied for and received both non-competitive and competitive NPLH funds.

The NPLH funding was committed to the proposed Collier Avenue housing project, as it is currently known. LCBHS released of a formal Request for Proposals in accordance with the county's adopted procurement policy and the NPLH requirements. The Rural Communities Housing Development Corporation (RCHDC), a Mendocino County-based nonprofit affordable housing developer and management company with a long history in Lake County, was the sole responding entity. RCHDC proposed the development of a multiuse housing project on a site it had acquired from the county many years before for a different project that, for several reasons, never broke ground.

With the MHSA Housing Program funds, NPLH funds, and funding from the Homeless Housing Assistance and Prevention (HHAP) grant, Permanent Local Housing Allocation (PLHA) program, and 9% tax credits RCHDC was able to obtain, funding was established to build the Collier Avenue housing project and approved by the Lake County Board of Supervisors and Planning Commission. Ground was to be broken Spring of 2023 and opening one year later. The housing project will include 40 units: 1 and 2 BR + 3 BR manager's unit: Special needs; 20 units set aside for seriously mentally ill homeless individuals, 10 units set aside for developmentally delayed individuals, 9 for general low-income individuals/families, and 1 property manager unit. Site amenities: Traditional laundry, manager's office, community room, vegetable garden, picnic tables, net-zero energy building, and on-site mental health services.



## VI. Fiscal Years 2023-2026 Expenditure Plan

### Overview

The MHSA Three-Year Expenditure Plan is based on the budget allocation percentages mandated by MHSA, which are as follows: 76% of MHSA funds must be distributed across CSS programs (with half required to be used for FSP), 19% goes towards PEI programs, and 5% is for INN projects. Up to 10% of CSS funding may also be directed toward WET and CFTN initiatives. In addition, the Expenditure Plan includes budgetary estimates for the next three fiscal years; however, these estimates are subject to change depending on available MHSA funding. The second and third fiscal years of the Three-Year Plan will be updated annually based on community needs and possible changes in MHSA funding available to Lake County.

### Funding Summary

FY2023-24 through FY2025-26 Mental Health Services Act Three-Year Expenditure Plan:  
Funding Summary

County: Lake County

Date: May 2023

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2023-24 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	4,385,150	714,563	165,290	168,537	771,209	
2. Estimated New FY 2023-24 Funding	6,756,637	1,689,112	444,474			
3. Transfer in FY 2023-24 <sup>a/</sup>	(1,350,000)			340,000	1,010,000	0
4. Access Local Prudent Reserve in FY 2023-24	0	0				0
5. Estimated Available Funding for FY 2023-24	9,791,787	2,403,675	609,764	508,537	1,781,209	
<b>B. Estimated FY 2023-24 MHSA Expenditures</b>	5,700,000	1,400,000	37,250	310,000	1,062,000	
<b>C. Estimated FY 2024-25 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	4,091,787	1,003,675	572,514	198,537	719,209	
2. Estimated New FY 2024-25 Funding	4,489,972	1,122,446	295,440			
3. Transfer in FY 2024-25 <sup>a/</sup>	(265,000)			265,000	0	0
4. Access Local Prudent Reserve in FY 2024-25	0	0				0
5. Estimated Available Funding for FY 2024-25	8,316,759	2,126,121	867,954	463,537	719,209	
<b>D. Estimated FY 2024-25 MHSA Expenditures</b>	5,650,000	1,275,000	37,250	240,000	32,000	
<b>E. Estimated FY 2025-26 MHSA Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	2,666,759	851,121	830,704	223,537	687,209	
2. Estimated New FY 2025-26 Funding	4,429,908	1,107,430	291,498			
3. Transfer in FY 2024-25 <sup>a/</sup>	(265,000)			265,000	0	
4. Access Local Prudent Reserve in FY 2024-25	0	0				0
5. Estimated Available Funding for FY 2024-25	6,831,667	1,958,551	1,122,202	488,537	687,209	
<b>F. Estimated FY 2025-26 MHSA Expenditures</b>	5,650,000	1,275,000	410,000	240,000	109,534	
<b>G. Estimated FY 2025-26 Unspent Fund Balance</b>	1,181,667	683,551	712,202	248,537	577,675	

<b>D. Estimated Local Prudent Reserve Balance**</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	836,050
2. Contributions to the Local Prudent Reserve in FY 2023-24	0
3. Distributions from the Local Prudent Reserve in FY 2023-24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	836,050
5. Contributions to the Local Prudent Reserve in FY 2024-25	0
6. Distributions from the Local Prudent Reserve in FY 2024-25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	836,050
8. Contributions to the Local Prudent Reserve in FY 2025-26	0
9. Distributions from the Local Prudent Reserve in FY 2025-26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	836,050





## Community Services and Supports (CSS) Component

Mental Health Services Act Annual Update: FY2023-24 Expenditure Plan Community Services and Supports (CSS) Component						
County: Lake County	Date: May 2023					
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Full Service Partnership (including Housing Access)	3,000,000	2,500,000	500,000			
<b>Non-FSP Programs</b>						
1. Crisis Access Continuum	325,000	300,000	25,000			
2. Forensic Mental Health Partnership	125,000	100,000	25,000			
3. Older Adult Access - Senior Peer Counseling/SOC	220,000	180,000	40,000			
4. Parent Partner Support	75,000	75,000				
5. Trauma-Focused Co-Occurring Disorder Screening & Treatment	85,000	50,000	35,000			
6. Native American Peer Counseling	50,000	50,000				
7. Outreach and Engagement	150,000	150,000				
8. Peer Support Recovery Centers: Peer Support	800,000	800,000				
<b>CSS Administration</b>	870,000	870,000				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	5,700,000	5,075,000	625,000	0	0	0
<b>FSP Programs as Percent of Total</b>	59.1%					

Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan Community Services and Supports (CSS) Component						
County: Lake County	Date: May 2023					
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Full Service Partnership (including Housing Access)	3,000,000	2,500,000	500,000			
<b>Non-FSP Programs</b>						
1. Crisis Access Continuum	325,000	300,000	25,000			
2. Forensic Mental Health Partnership	125,000	100,000	25,000			
3. Older Adult Access - Senior Peer Counseling/SOC	220,000	180,000	40,000			
4. Parent Partner Support	75,000	75,000				
5. Trauma-Focused Co-Occurring Disorder Screening & Treatment	85,000	50,000	35,000			
6. Native American Peer Counseling	50,000	50,000				
7. Outreach and Engagement	100,000	100,000				
8. Peer Support Recovery Centers: Peer Support	800,000	800,000				
<b>CSS Administration</b>	870,000	870,000				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	5,650,000	5,025,000	625,000	0	0	0
<b>FSP Programs as Percent of Total</b>	59.7%					



**Mental Health Services Act Annual Update: FY2025-26 Expenditure Plan**  
**Community Services and Supports (CSS) Component**

County: Lake County

Date: May 2023

	Fiscal Year 2025-26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership (including Housing Access)	3,000,000	2,500,000	500,000			
Non-FSP Programs						
1. Crisis Access Continuum	325,000	300,000	25,000			
2. Forensic Mental Health Partnership	125,000	100,000	25,000			
3. Older Adult Access - Senior Peer Counseling/SOC	220,000	180,000	40,000			
4. Parent Partner Support	75,000	75,000				
5. Trauma-Focused Co-Occurring Disorder Screening & Treatment	85,000	50,000	35,000			
6. Native American Peer Counseling	50,000	50,000				
7. Outreach and Engagement	100,000	100,000				
8. Peer Support Recovery Centers: Peer Support	800,000	800,000				
CSS Administration	870,000	870,000				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,650,000	5,025,000	625,000	0	0	0
FSP Programs as Percent of Total	59.7%					

## Prevention and Early Intervention (PEI) Component

Mental Health Services Act Annual Update: FY2023-24 Expenditure Plan						
Prevention and Early Intervention (PEI) Component						
County: Lake County	Date: May 2023					
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Family Stabilization and Wellbeing: NEST	250,000	250,000				
2. Peer Support Recovery Centers	270,000	270,000				
3. Prevention Mini-Grants	30,000	30,000				
4. Postpartum Depression Screening and Support: Mother-Wise	140,000	140,000				
<b>PEI Programs - Early Intervention</b>						
5. Early Intervention Services	290,000	150,000	140,000			
<b>PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness</b>						
6. Mental Health First Aid	20,000	20,000				
<b>PEI Programs - Access and Linkage to Treatment</b>						
7. Outreach and Engagement	200,000	200,000				
<b>PEI Programs - Improve Timely Access to Services for Underserved Populations</b>						
8. Older Adult Outreach and Prevention - The Friendly Visitor Program	50,000	50,000				
<b>PEI Programs - Suicide Prevention</b>						
9. Suicide Prevention (Statewide, Regional, & Local Projects)	30,000	30,000				
<b>PEI - Stigma and Discrimination Reduction</b>						
10. Statewide, Regional, & Local Projects	25,000	25,000				
<b>PEI Administration</b>	235,000	235,000				
<b>PEI Assigned Funds</b>	0	0				
<b>Total PEI Program Estimated Expenditures</b>	1,540,000	1,400,000	140,000	0	0	0

Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan						
Prevention and Early Intervention (PEI) Component						
County: Lake County	Date: May 2023					
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Family Stabilization and Wellbeing: NEST	250,000	250,000				
2. Peer Support Recovery Centers	270,000	270,000				
3. Prevention Mini-Grants	30,000	30,000				
4. Postpartum Depression Screening and Support: Mother-Wise	140,000	140,000				
<b>PEI Programs - Early Intervention</b>						
5. Early Intervention Services	290,000	150,000	140,000			
<b>PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness</b>						
6. Mental Health First Aid	20,000	20,000				
<b>PEI Programs - Access and Linkage to Treatment</b>						
7. Outreach and Engagement	75,000	75,000				
<b>PEI Programs - Improve Timely Access to Services for Underserved Populations</b>						
8. Older Adult Outreach and Prevention - The Friendly Visitor Program	50,000	50,000				
<b>PEI Programs - Suicide Prevention</b>						
9. Suicide Prevention (Statewide, Regional, & Local Projects)	30,000	30,000				
<b>PEI - Stigma and Discrimination Reduction</b>						
10. Statewide, Regional, & Local Projects	25,000	25,000				
<b>PEI Administration</b>	235,000	235,000				
<b>PEI Assigned Funds</b>	0	0				
<b>Total PEI Program Estimated Expenditures</b>	1,415,000	1,275,000	140,000	0	0	0



Mental Health Services Act Annual Update: FY2025-26 Expenditure Plan Prevention and Early Intervention (PEI) Component						
County: Lake County			Date: May 2023			
	Fiscal Year 2025-26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Family Stabilization and Wellbeing: NEST	250,000	250,000				
2. Peer Support Recovery Centers	270,000	270,000				
3. Prevention Mini-Grants	30,000	30,000				
4. Postpartum Depression Screening and Support: Mother-Wise	140,000	140,000				
<b>PEI Programs - Early Intervention</b>						
5. Early Intervention Services	290,000	150,000	140,000			
<b>PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness</b>						
6. Mental Health First Aid	20,000	20,000				
<b>PEI Programs - Access and Linkage to Treatment</b>						
7. Outreach and Engagement	75,000	75,000				
<b>PEI Programs - Improve Timely Access to Services for Underserved Populations</b>						
8. Older Adult Outreach and Prevention - The Friendly Visitor Program	50,000	50,000				
<b>PEI Programs - Suicide Prevention</b>						
9. Suicide Prevention (Statewide, Regional, & Local Projects)	30,000	30,000				
<b>PEI - Stigma and Discrimination Reduction</b>						
10. Statewide, Regional, & Local Projects	25,000	25,000				
<b>PEI Administration</b>	235,000	235,000				
<b>PEI Assigned Funds</b>	0	0				
<b>Total PEI Program Estimated Expenditures</b>	1,415,000	1,275,000	140,000	0	0	0

## PEI Priority Area: Estimated Allocation

PEI Program	PEI Budget	PEI Priority Areas				
		Childhood Trauma Prevention & Early Intervention	Early Detection, Intervention, & Suicide Prevention	Youth Outreach & Engagement	Older Adult Services	Culturally Competent Services
Family Stabilization and Wellbeing: NEST	\$ 250,000.00					
Peer Support Recovery Centers	\$ 270,000.00					
Prevention Mini-Grants	\$ 30,000.00					
Postpartum Depression Screening and Support: Mother-Wise	\$ 140,000.00					
Early Intervention Services	\$ 290,000.00					
Mental Health First Aid	\$ 20,000.00					
Outreach and Engagement	\$ 200,000.00					
Older Adult Outreach and Prevention - The Friendly Visitor Program	\$ 50,000.00					
Suicide Prevention (Statewide, Regional, & Local Projects)	\$ 30,000.00					
Statewide, Regional, & Local Projects	\$ 25,000.00					
<b>TOTAL</b>	<b>\$ 1,305,000.00</b>	<b>61%</b>	<b>56%</b>	<b>40%</b>	<b>21%</b>	<b>38%</b>

Funding for PEI Priority Areas sum to greater than 100% as several PEI programs address multiple PEI priority areas.





## Innovation (INN) Component

### Mental Health Services Act Annual Update: FY2023-24 Expenditure Plan Innovations (INN) Component

County: Lake County	Date: May 2023					
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. FSP Collaborative	27,500	27,500				
<b>INN Administration</b>	10,000	10,000				
<b>Total INN Program Estimated Expenditures</b>	37,500	10,000	0	0	0	0

### Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan Innovations (INN) Component

County: Estimated Unspent Funds from Prior Fiscal Years	Date: May 2023					
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. FSP Collaborative	27,500	27,500				
<b>INN Administration</b>	10,000	10,000				
<b>Total INN Program Estimated Expenditures</b>	37,500	37,500	0	0	0	0

### Mental Health Services Act Annual Update: FY2025-26 Expenditure Plan Innovations (INN) Component

County: 0	Date: May 2023					
	Fiscal Year 2025-26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. New Innovation Project	400,000	400,000				
<b>INN Administration</b>	10,000	10,000				
<b>Total INN Program Estimated Expenditures</b>	410,000	410,000	0	0	0	0

## Workforce, Education, and Training (WET) Component

Mental Health Services Act Annual Update: FY2023-24 Expenditure Plan Workforce, Education and Training (WET) Component						
County: Lake County		Date: May 2023				
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing and Support	180,000	180,000				
2. Training and Technical Assistance	80,000	80,000				
3. Mental Health Career Pathways	40,000	40,000				
4. Residency/Internship	0	0				
5. Financial Incentive	40,000	40,000				
WET Administration	0	0				
Total WET Program Estimated Expenditures	340,000	340,000	0	0	0	0

Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan Workforce, Education and Training (WET) Component						
County:    Estimated Available Funding for FY 2024-25			Date: May 2023			
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing and Support	105,000	105,000				
2. Training and Technical Assistance	80,000	80,000				
3. Mental Health Career Pathways	40,000	40,000				
4. Residency/Internship	0	0				
5. Financial Incentive	40,000	40,000				
WET Administration	0	0				
Total WET Program Estimated Expenditures	265,000	265,000	0	0	0	0

Mental Health Services Act Annual Update: FY2025-26 Expenditure Plan						
Workforce, Education and Training (WET) Component						
County: 4. Estimated Local Prudent Reserve Balance on June 30, 2024				Date: May 2023		
	Fiscal Year 2025-26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing and Support	105,000	105,000				
2. Training and Technical Assistance	80,000	80,000				
3. Mental Health Career Pathways	40,000	40,000				
4. Residency/Internship	0	0				
5. Financial Incentive	40,000	40,000				
WET Administration	0	0				
Total WET Program Estimated Expenditures	265,000	265,000	0	0	0	0

## Capital Facilities and Technological Needs (CFTN) Component

### Mental Health Services Act Annual Update: FY2023-24 Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component

County: Lake County	Date: May 2023					
	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities - SouthShore Improvements	1,000,000	1,000,000				
2. Keyless Entry System	30,000	30,000				
<b>CFTN Programs - Technological Needs Projects</b>						
1. Lake County Electronic Health Record Project	32,000	32,000				
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	1,062,000	1,062,000	0	0	0	0

### Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component

County: Transfer in FY 2024-25a/	Date: May 2023					
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities - SouthShore Improvements	0	0				
<b>CFTN Programs - Technological Needs Projects</b>						
1. Lake County Electronic Health Record Project	32,000	32,000				
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	32,000	32,000	0	0	0	0

### Mental Health Services Act Annual Update: FY2025-26 Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component

County: 0	Date: May 2023					
	Fiscal Year 2025-26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities - SouthShore Improvements	0					
<b>CFTN Programs - Technological Needs Projects</b>						
1. Lake County Electronic Health Record Project	109,534	109,534				
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	109,534	109,534	0	0	0	0



## VII. Appendices

### Appendix A: Examples of CPPP Activity Flyers Distributed to Stakeholders



## 2023-2026 MHSA 3 YEAR PLAN

### Schedule of Activities

Welcome to Lake County Behavioral Health Services' MHSA Three-Year Planning process for FY 2023-26! We are at the beginning of the three-year planning process for LCBHS MHSA and would like to present a planned schedule of activities and invite participation from multiple Lake County stakeholders from January 2023 until June 2023.

Our first activity is completing the Stakeholder Survey to share inputs on LCBHS System of Care strengths, needs and strategies for the future. Please take a moment to complete the survey linked below by February 28, 2023. Paper copies will be available at the Peer Support Centers for those participating in person.

[Link to Survey](#)

Survey QR Code:



#### Community Meeting 1

February 2, 2023 10am-12pm

In person participation at our five Peer Support Centers or Virtual participation via [Zoom](#)

Community Group Discussions -  
TBD February 2023

#### Community Meeting 2 -

March 23, 2023 10am-12pm

In person participation at our five Peer Support Centers or Virtual participation via [Zoom](#)

#### Public Comment Period

May 16<sup>th</sup> to June 14<sup>th</sup>

Draft plan and notice will be posted on website

#### Public Hearing

June 15<sup>th</sup> 2023 10am-12pm

In Person participation at our five Peer Support Centers or Virtual participation via [Zoom](#)

#### Questions or Concerns?

Please Contact

Aditi Das

- RDA Consulting:

[adas@rdaconsulting.com](mailto:adas@rdaconsulting.com)

or

Scott Abbott - LCBHS MHSA:

[scott.abbott@lakecountycal.gov](mailto:scott.abbott@lakecountycal.gov)



# 2023-2026 MHSA 3 YEAR PLAN

## Calendario Planificado de Actividades

¡Bienvenido al proceso de planificación de tres años de LCBHS MHSA para el año fiscal 2023-26! Estamos al comienzo del proceso de planificación de tres años para LCBHS MHSA y nos gustaría presentar un calendario planificado de actividades e invitar a la participación de múltiples partes interesadas del Condado de Lake desde enero de 2023 hasta junio de 2023. En RDA Consulting trabajaremos estrechamente con LCBHS MHSA para facilitar y recopilar información para el plan de tres años para el año fiscal 23-26.

Nuestra primera actividad es completar la Encuesta de partes interesadas para compartir aportes sobre las fortalezas, necesidades y estrategias del Sistema de atención de LCBHS para el futuro. Tómese un momento para completar la encuesta vinculada a continuación antes del 28 de febrero de 2023. Las copias en papel estarán disponibles en los Centros de apoyo para aquellos que participen en persona.

[Enlace a encuesta](#)

Encuesta QR código:



Reunión de Comunidad 1  
2 de Febrero , 2023 10am-12pm

Participación en persona:  
Centro de Apoyo a Pares

Participación Virtual: [Zoom Link](#)

Conversación del Grupo  
Comunitaria TBD Febrero 2023

Reunión Comunitaria 2  
23 de marzo del 2023 10am-12pm

Participación en persona:  
Centro de Apoyo a Pares

Participación virtual: [Zoom Link](#)

Periodo de comentarios  
publicos  
16 de mayo del 2023 al 14 de  
junio del 2023

El borrador del plan y el aviso  
se publicarán en el sitio web

Audiencia pública\*  
15 de junio 2023 10am-12pm

Participación en persona:  
Centros de Apoyo a Pares

Participación virtual: [Zoom Link](#)

Si tiene alguna pregunta o inquietud, comuníquese con Aditi Das con RDA Consulting por correo electrónico a [adas@rdaconsulting.com](mailto:adas@rdaconsulting.com) o envíe un correo electrónico a Scott Abbott con LCBHS MHSA por correo electrónico a [Scott.Abbott@lakecountycal.gov](mailto:Scott.Abbott@lakecountycal.gov).



## THURSDAY, FEBRUARY 2<sup>ND</sup>, 2023 MENTAL HEALTH SERVICES ACT FY23-26 THREE YEAR PROGRAM PLANNING MEETING

Are you a provider, stakeholder, or community member interested in the Mental Health Services Act (Prop. 63)? Or a behavioral health consumer, family member, or friend? Or do you enjoy attending a peer support center?

Please join us for the upcoming MHSA Stakeholder Committee Meeting! We will be discussing MHSA behavioral health programs and services for the three-year plan. All are welcome to attend! Your input is essential!

Please RSVP by emailing your name and direct any questions to: Patricia Russell, LCBHS MHSA Analyst  
[patricia.russell@lakecountycalifornia.gov](mailto:patricia.russell@lakecountycalifornia.gov)



The meeting will be held using the Zoom video conferencing platform. You can join through a computer or dial-in by phone. The meeting information is below.

Date: Thursday February 2nd, 2023

Time: 10:00am – 12:00pm

Web Link:

<https://us06web.zoom.us/j/8264119692>  
**119692Dial-In**

Phone Number: 669 900 6833  
Meeting ID: 826 4111 9692

You may also attend in person at any of our Peer Support Centers. Sandwiches will be available. Addresses are listed below

We also invite you to take our online survey to share your experiences with LCBHS programs and services (click on the link below or use the QR Code):

<https://tinyurl.com/Stakeholder-Survey-FY-23-26>

The survey is available in both English and Spanish, and must be completed by February 28, 2023.

**BIG OAK PEER SUPPORT –**  
13300 E HWY 20 SUITE O  
CLEARLAKE OAKS

**CIRCLE OF NATIVE MINDS –**  
525 N MAIN ST LAKEPORT

**LA VOZ DE LA ESPERANZA –**  
14092 LAKESHORE DR CLEARLAKE

**THE HARBOR ON MAIN –**  
150 S MAIN ST LAKEPORT





**02 de febrero de 2023**

## MENTAL HEALTH SERVICES ACT REUNIÓN DE PLANIFICACIÓN DEL PROGRAMA DE TRES AÑOS FY 23-26

¿Es usted un proveedor, una parte interesada, o simplemente un miembro de la comunidad interesado en la Mental Health Services Act (Prop 63)? ¿O es usted un consumidor de salud mental, familiar, o amigo? ¿O simplemente disfruta asistir a un centro de apoyo de pares? ¡Por favor, únase a la próxima Reunión del Comité de Tomadores de Decisiones de MHSA!

Hablaremos sobre los programas y servicios de salud conductual de la MHSA para el plan de tres años. ¡Todos son bienvenidos! ¡Sus opiniones son esenciales!

Por favor, confirme su asistencia enviando su nombre por correo electrónico y dirija cualquier pregunta a Patricia Russel a [patricia.russell@lakecountyca.gov](mailto:patricia.russell@lakecountyca.gov)

Si necesita apoyo de traducción al español para participar en la reunión, informe a Patricia Russell antes del 30 de enero.

La reunión se llevará a cabo por la plataforma Zoom. Se puede unir usando una computadora o llamando desde su teléfono. Los detalles de la reunión son los siguientes:

Fecha: 02 de febrero de 2023

Hora: 10:00am-12:00pm

Liga de Zoom:

<https://us06web.zoom.us/j/82641119692>

Teléfono:

Número: 669 900 6833

ID de la reunión: 826 4111 9692

También puede asistir en persona a cualquiera de nuestros Centros de apoyo entre pares. **Sándwiches estarán disponibles.** Las direcciones se mencionan a continuación

**También le invitamos a contestar una encuesta en línea para compartir sus experiencias con los programas y servicios de LCBHS( haga clic en el siguiente enlace o escanea el código QR):**

<https://tinyurl.com/Stakeholder-Survey-FY-23-26>



**BIG OAK PEER SUPPORT –**  
13300 E HWY 20 SUITE O  
CLEARLAKE OAKS

**CIRCLE OF NATIVE MINDS –**  
525 N MAIN ST LAKEPORT

**LA VOZ DE LA ESPERANZA –**  
14092 LAKESHORE DR CLEARLAKE

**THE HARBOR ON MAIN –**  
150 s main st lakeport



## MARCH 23, 2023 LCBHS MHSA COMMUNITY MEETING #2

### Agenda

- 10:00-10:05 – Meeting Open & Welcome
- 10:05-10:20 – Introduction & MHSA Overview
- 10:20-10:40 – MHSA Three Year Plan: Needs, Key Themes & Discussion
  - Review key themes from needs assessment.
  - Discuss additional needs or changing needs.
- 10:40-11:00 – MHSA Three Year Plan: Strategies Review
  - Review and discuss strategies proposed by community stakeholders and strategies planned by LCBHS for Fiscal Year 2023-26
  - LCBHS update on strategies from previous Three-Year Plan
- 11:00-11:05 BREAK
- 11:05-11:50 – MHSA Three Year Plan: Strategies Discussion  
(Small breakout discussions followed by larger group discussion)
  - Discuss additional strategies to meet the community's needs in Fiscal Year 2023-26
- 11:50-11:55 – MHSA Annual Update: Next Steps
- 11:55-12:00 – Meeting Close

### Join via Zoom

#### Join Zoom Meeting

<https://us06web.zoom.us/j/83870926096>

Meeting ID: 838 7092 6096

One tap mobile

+16694449171,,83870926096#  
US

+16699006833,,83870926096#  
US (San Jose)

### Attend in Person at one of our Peer Support Centers!

Big Oak Peer Support Center:  
13300 E Highway 20 Clearlake Oaks

La Voz de la Esperanza:  
14092 Lakeshore Drive Clearlake

Circle of Native Minds:  
525 N Main Street Lakeport

The Harbor on Main:  
150 S Main Street Lakeport

### QUESTIONS? CONTACT:

SCOTT ABBOTT  
MHSA PROGRAM COORDINATOR  
[SCOTT.ABBOTT@LAKECOUNTYCA.GOV](mailto:SCOTT.ABBOTT@LAKECOUNTYCA.GOV)

PATRICIA RUSSELL  
MHSA DATA ANALYST  
[PATRICIA.RUSSELL@LAKECOUNTYCA.GOV](mailto:PATRICIA.RUSSELL@LAKECOUNTYCA.GOV)

ADITI DAS – RDA CONSULTING  
[ADAS@RDACONSULTING.COM](mailto:ADAS@RDACONSULTING.COM)

## **Appendix B: Public Hearing, Proof of Public Hearing Notice, and Public Hearing Slides**

### **Public Hearing Notice (English Version)**



# Lake County Behavioral Health Services

## Mental Health Services Act Three-Year Plan FY 2023-2026

### Lake County Behavioral Health

#### NOTICE OF 30-DAY PUBLIC COMMENT PERIOD & NOTICE OF PUBLIC HEARING

##### MHSA Three Year Plan for Fiscal Years 2023-2026

To all interested stakeholders, Lake County Behavioral Health Services, in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled document.

I. The public review and comment period begins **Tuesday, May 16, 2023** and ends at 5:00 p.m. on **Wednesday, June 14, 2023**. Interested persons may provide written comments during this public comment period. Written comments and/or questions should be sent to **LCBHS, Attn: Scott Abbott, 6302 Thirteenth Ave, PO Box 1024, Lucerne, CA 95458**, or may be emailed to [scott.abbott@lakecountycalifornia.gov](mailto:scott.abbott@lakecountycalifornia.gov) no later than 5pm on **Wednesday, June 14, 2023**. Please use the attached comment form.

II. A Public Hearing will be held by the Lake County Behavioral Health Services Advisory Board on **Thursday, June 15, 2023 at 10:00am – 12:00pm** for the purpose of receiving further public comment on the MHSA Three Year Plan for Fiscal Years 2023-2026. The meeting will offer attendance in-person at the peer support centers (see addresses below) and be held virtually on the Zoom web-based meeting platform. Attendees will have the option to join the public hearing via the meeting URL link, or dial into the meeting by phone. If you need support accessing or joining the public hearing, please contact Patti Russell at [patti.russell@lakecountycalifornia.gov](mailto:patti.russell@lakecountycalifornia.gov).

##### Zoom Virtual Meeting Information:

Public Hearing URL Link:  
Public Hearing Dial-in Information: <https://us06web.zoom.us/j/84714689018>  
Phone Number: 669-900-6833  
Meeting ID: 847 1468 9018

##### Peer Support Center in-Person Meeting Locations:

- La Voz Esperanza Latino & Family Support Peer Support Center: 14092 Lakeshore Drive Clearlake
- Circle of Native Minds Peer Support Center: 525 N Main St Lakeport
- The Big Oak Peer Support Center: 13340 East Highway 20, Suite O, Clearlake
- The Harbor on Main Peer Support Center: 154 South Main St., Lakeport

III. To review the MHSA Three Year Plan for Fiscal Years 2023-2026 or other MHSA documents via Internet, follow this link to the Lake County website:  
<https://www.lakecountycalifornia.gov/214/Mental-Health-Services-Act-MHSA>

IV. Printed copies of the MHSA Three Year Plan for Fiscal Years 2023-2026 are available to read at the reference desk of all public libraries in Lake County and in the public waiting areas of these Lake County offices, during regular business hours:

- Lake County Library: 1425 North High St., Lakeport.
- Lake County Library: 21256 Washington St., Middletown.
- Lake County Library: 14785 Burns Valley Rd., Clearlake.
- Lake County Library: 310 2nd St., Upper Lake.
- Behavioral Health Office: 6302 Thirteenth Ave, Lucerne.
- Behavioral Health Office: 7000-B South Center Dr., Clearlake.
- La Voz Esperanza Latino & Family Support Peer Support Center: 14092 Lakeshore Drive Clearlake
- Circle of Native Minds Peer Support Center: 525 N Main St Lakeport
- The Big Oak Peer Support Center: 13340 East Highway 20, Suite O, Clearlake
- The Harbor on Main Peer Support Center: 154 South Main St., Lakeport

If you would like assistance with Spanish translation/interpretation please access the La Voz & Family Support Peer Support Center.

### Mental Health Services Act (MHSA) 30-Day Public Comment Form

Public Comment Period: May 16th, 2023 through June 14th, 2023

#### Document Posted for Public Review and Comment:

MHSA Three Year Plan for Fiscal Years 2023-26

Document is posted on the Internet at:

<http://www.lakecountycalifornia.gov/Government/Directory/LCBHS/MHSA.htm>

#### PERSONAL INFORMATION (optional)

Name: \_\_\_\_\_  
Agency/Organization: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

#### What is your role in the Mental Health Community?

<input type="checkbox"/> Client/Consumer	<input type="checkbox"/> Mental Health Service Provider
<input type="checkbox"/> Family Member	<input type="checkbox"/> Law Enforcement/Criminal Justice Officer
<input type="checkbox"/> Educator	<input type="checkbox"/> Probation Officer
<input type="checkbox"/> Social Services Provider	<input type="checkbox"/> Other (specify) _____

Please write your comments below (use additional pages as necessary):





## Public Hearing Notice (Spanish Version)

### Salud Conductual de Lake County

#### AVISO DE PERÍODO DE COMENTARIOS PÚBLICOS DE 30 DÍAS Y AVISO DE AUDIENCIA PÚBLICA

Plan Trienal de la MHSA para  
Años Fiscales 2023-2026

A todas las partes interesadas, la división de Servicios de Salud Conductual de Lake County, en conformidad con la Ley de Servicios de Salud Mental (MHSA) publica este **Aviso de Período de Comentarios Públicos de 30 días y Aviso de Audiencia Pública** sobre el documento arriba mencionado.

I. El período de revisión y comentarios públicos comienza el martes, 16 de mayo de 2023 y se extiende hasta las 5:00 p.m. del miércoles, 14 de junio de 2023. Las personas interesadas pueden proporcionar comentarios por escrito durante este período de comentarios públicos. Los comentarios y/o preguntas por escrito deben enviarse a LCBHS, Attn: Scott Abbott, 6302 Thirteenth Ave, PO Box 1024, Lucerne, CA 95458, o pueden enviarse por correo electrónico a [scott.abbott@lakecountycalifornia.gov](mailto:scott.abbott@lakecountycalifornia.gov) a más tardar las 5 p. m. del miércoles, 13 de julio de 2023. Por favor use el formulario de comentarios adjunto.

II. Una audiencia pública organizada por la Junta Asesora de Servicios de Salud Conductual de Lake County tendrá lugar el jueves 15 de junio de 2023 de 10:00 a. m. - 12:00 p. m. con el fin de recibir comentarios públicos adicionales sobre el Plan Trienal de la MHSA para Años Fiscales 2023-2026. La reunión ofrecerá asistencia en persona en centros de apoyo de pares (ver las direcciones a continuación) y se realizará virtualmente por la plataforma de reuniones basada en la web Zoom. Los asistentes tendrán la opción de participar de la audiencia pública por el enlace URL de la reunión o llamar a la reunión por teléfono. Si necesita apoyo para acceder o unirse a la audiencia pública, por favor comuníquese con Patti Russell al [patti.russell@lakecountycalifornia.gov](mailto:patti.russell@lakecountycalifornia.gov).

#### Información de reunión virtual por Zoom:

Public Hearing URL Link: <https://us06web.zoom.us/j/8414689018>  
Información para marcar para la audiencia pública:  
Teléfono: 669-900-9833  
ID de la reunión: 847 1468 9018

#### Sedes de asistencia en persona en centros de apoyo de pares:

- Centro Latino de Apoyo de Pares La Voz Esperanza: 14092 Lakeshore Drive Clearlake
- Centro de Apoyo de Pares Circle of Native Minds: 525 N Main St Lakeport
- Centro de Apoyo de Pares The Big Oak: 13340 East Highway 20, Suite O, Clearlake
- Centro de The Harbor on Main Peer Support Center: 154 South Main St., Lakeport

III. Para revisar el Plan Trienal de la MHSA para Años Fiscales 2023-2026 u otros documentos por Internet, siga este enlace al sitio web de Lake County:  
<https://www.lakecountycalifornia.gov/214/Mental-Health-Services-Act-MHSA>

IV. Pueden obtenerse copias impresas del Plan Trienal de la MHSA para Años Fiscales 2023-2026 para leer en el mostrador de referencias de todas las bibliotecas públicas de Lake County y en las áreas públicas de espera de estos consultorios de Lake County, durante los horarios normales de atención:

- Biblioteca de Lake County: 1425 North High St., Lakeport.
- Biblioteca de Lake County: 21256 Washington St., Middletown.
- Biblioteca de Lake County: 14785 Burns Valley Rd., Clearlake.
- Biblioteca de Lake County: 310 2nd St., Upper Lake.
- Consultorio de salud conductual: 6302 Thirteenth Ave., Lucerne.
- Consultorio de salud conductual: 7000-B South Center Dr., Clearlake.
- Centro Latino de Apoyo de Pares La Voz Esperanza: 14092 Lakeshore Drive Clearlake
- Centro de Apoyo de Pares Circle of Native Minds: 525 N Main St Lakeport
- Centro de Apoyo de Pares The Big Oak: 13340 East Highway 20, Suite O, Clearlake
- Centro de Apoyo de Pares The Harbor on Main: 154 South Main St., Lakeport

Si desea asistencia con servicios de traducción e interpretación al español, por favor acceda al Centro Latino y Apoyo Familiar de Apoyo de Pares La Voz Esperanza.

Formulario de comentarios públicos disponible por 30 días sobre la Ley de Servicios de Salud Mental (MHSA)

Período de comentarios públicos: 16 de mayo de 2023 al 14 de junio de 2023

#### Documento publicado para revisión y comentarios públicos:

Plan de tres años de la MHSA para los años fiscales 2023-26

El documento está publicado en Internet en:

<http://www.lakecountycalifornia.gov/Government/Directory/LCBHS/MHSA.htm>

#### INFORMACIÓN PERSONAL (opcional)

Nombre: \_\_\_\_\_

Agencia/organización: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Dirección de correo electrónico address: \_\_\_\_\_

Dirección postal: \_\_\_\_\_

#### ¿Cuál es su papel en la Comunidad de Salud Mental?

☐ Cliente/Consumidor ☐ Proveedor de servicios de salud mental  
☐ Miembro familiar/family Member ☐ Agente de orden  
☐ Educador ☐ Agente de libertad condicional  
☐ Proveedor de servicios sociales ☐ Otro (especificar) \_\_\_\_\_

Por favor escriba sus comentarios a continuación (use páginas adicionales según lo necesite):



## Proof of Public Hearing Notice

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## Public Comment Period Opened - Three-Year Mental Health Services Act (MHSA) Plan

LAKE COUNTY BEHAVIORAL HEALTH SERVICES POSTED ON TUESDAY, 16 MAY 2023 16:51 16 MAY 2023

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If you are a community member interested in mental health wellness, a behavioral health consumer, family member, friend, attend a peer support center or are a provider or other community stakeholder – after months of community engagement and planning, Lake County Behavioral Health has published our new Three-Year Mental Health Services Act (MHSA) Plan for Fiscal Year 2023 thru 2026 for a 30-day public comment period.

The Three-Year MHSA Plan is available for viewing at our website:  
[Mental Health Services Act \(MHSA\) | Lake County, CA \(lakecountyca.gov\)](https://www.lakecountyca.gov)

Physical copies are also available at the following locations:

Lake County Behavioral Health Services  
Southshore Clinic: 7000 S. Center Drive Clearlake  
Northshore Clinic: 6302 Thirteenth St Lucerne  
La Voz Esparanza Latino & Family Support Center: 14092 Lakeshore Dr Clearlake  
Redbud Library: 14785 Burns Valley Road Clearlake  
Big Oak Peer Support Center: 13340 East Highway 20 Suite O Clearlake Oaks  
Lakeport Library: 1425 North High Street Lakeport  
Circle of Native Minds Peer Support Center: 525 North Main St Lakeport  
The Harbor on Main Peer Support Center: 154 South Main St Lakeport  
Middletown Library: 21256 Washington Street Middletown  
Upper Lake Library: 310 Second Street Upper Lake  
Following the 30-day posting, a public hearing will be held on the plan, hosted by the Mental Health Advisory Board on June 15.

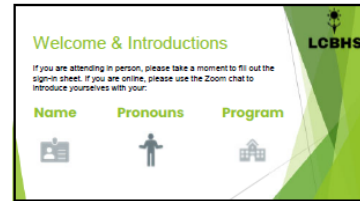




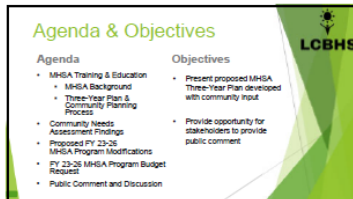
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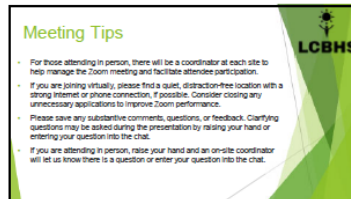
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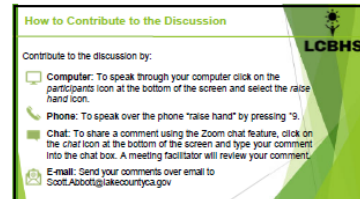
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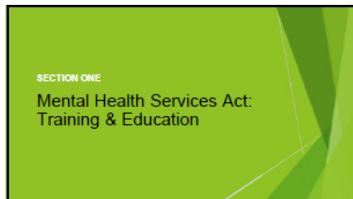
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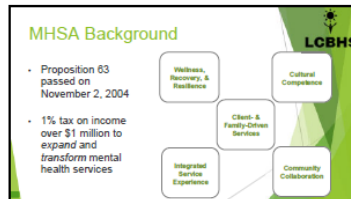
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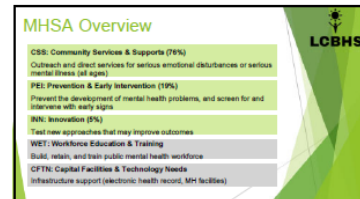
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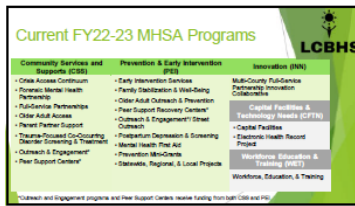
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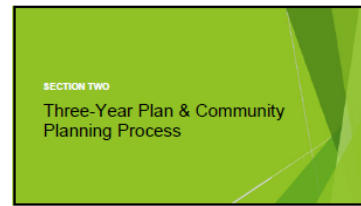
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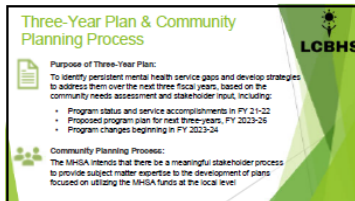
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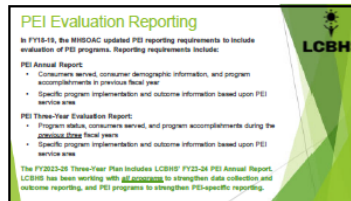
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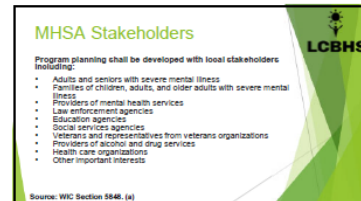
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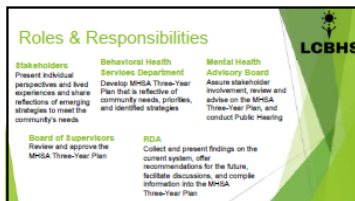
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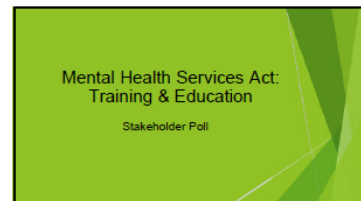
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### SECTION THREE

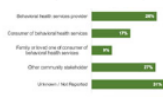
## Community Needs Report-back

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### Needs Assessment: Stakeholder Participation

CPWP Activity	Activity Dates	Participants
Community Survey	10/029 - 10/063	106
Community Meetings (2)	2/10/23 & 3/10/23	188
Community Focus Groups	2/14/23 - 2/20/23	43
LCMR Provider Group (2)	2/14/23 & 2/20/23	12
LCMR Consumer / Community Groups (2)	2/15/23 & 2/20/23	10
Community Listening Session	2/28/23	21
<b>TOTAL PARTICIPANTS*</b>		<b>388 PARTICIPANTS</b>

CFPP Participant Stakeholder Affiliation (N=304)



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## Needs Assessment Survey Findings

[illegible]

21

### Needs Assessment: System Strengths

- **Peer Support Centers**
  - Conveniently located, helpful and welcoming
  - Extended hours of operation and service regardless of "time"
- **Friendly and supportive LCBIG staff and leadership**
- **Service Partnerships & Collaboration** focused on open communication and a lack of duplication of services
- **Services are accessible when:**
  - Services are responsive and timely
  - Transportation is available
  - Flexibility is afforded to the consumer
- **Telehealth and virtual services increase service availability and accessibility**
- **Programs well received by stakeholders such as Peer Support, Wellness, and other LCBIG psychiatric services, and senior peer counseling**

**Consumer & Peer Support Center**

LCM4H has partner agencies from 13 of our collaboration agencies and open communities so we can support the needs of the community.

- Community Listening Session Participant

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### Needs Assessment: Challenges and Persistent Needs

- **Staff Shortage/Retention**
  - Limited access to trained/licensed clinicians
  - Limited staff capacity affects timeliness and quality of care
  - Hard to recruit positions due to pay, cost of living, location, etc.
- **Barriers to successful/patient experience**
  - Service access challenges such as transportation, location, Wi-Fi/internet issues, program closures and limited hours
  - Insufficient culturally competent services (particularly Latinx and Native American communities)
  - Timeliness of services, long wait times and lack of responsiveness
  - Low levels of service awareness and knowledge among consumers
- **Could be helped on services and placed to virtual services not being accessible or appropriate for everyone**
- **Service gaps and lack of infrastructure support for care coordination**

We simply lack qualified staff, we lack the capacity to provide many key services. This creates higher stress on staff, who have to better pay, less stressful jobs. Perpetuating the pattern.

- Susan Dwyer

Victimized through the credit  
Alimony lawsuits are won in  
a way to keep in better, that is  
how we should treat our clients  
-Consumer at Peer Support  
Center

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### Lake County Populations in Need

- **Uninsured population**
  - Low awareness and lack of follow up
- **Co-occurring Issues (e.g., SUD)**
  - Limited services and resources available to meet high level of acuity
- **School-aged Children and Families**
  - Lowered mental health awareness engagement and high suicide risk
- **Youth YATV**
  - The transportation barrier (i.e., parents not getting off of work until 4pm, youth not able to drive, etc.)
- **LBSPD**
  - Need safe spaces to feel accepted
- **Underserved Populations**
  - **Older adults**
    - Access challenges
  - **Latin community (non-English speaking populations)**
    - Lack of bilingual services
    - Historic lack of trust
  - **Native American community across all age groups**
    - Risk to be seen outside
    - Elder abuse
    - Historic lack of trust
  - **Populations in rural areas**
    - Access challenges
  - **Perinatal and postpartum mood**

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### Proposed Strategies to Address LCBHS System Needs and Challenges

- | Service outreach, outreach & access  | Service Coordination  | Workforce, Education, and Training  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Improve staffing such as behavioral health and community health services</li> <li>• Address transportation barriers</li> <li>• Increase outreach and awareness</li> <li>• More tele-health supports</li> <li>• Improve convenience of location the satellite clinic, more home visiting options etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Improve communication between agencies</li> <li>• Adopt databases to track clients such as ECM, Pathways Hub</li> <li>• Avoid silos and align with CHSP and other initiatives the Hope Planning</li> </ul> | <ul style="list-style-type: none"> <li>• Workforce Incentives</li> <li>• "Grow your own" staff</li> <li>• Provide cultural competency training</li> </ul> |

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### Proposed Strategies to Address LCBHS System Needs and Challenges

- |   |  |   |
|---|--|---|
| <p><b>Need for Consistent Staffing</b></p> <ul style="list-style-type: none"> <li>For dependable program services the existing staff, after a review from clinicians</li> <li>Increased staff assistance, resources, capacity and expanded building and facilities</li> </ul> | <p><b>Need for new services or expansion of existing services</b></p> <ul style="list-style-type: none"> <li>Prevention services focused on crisis prevention and services to all age groups</li> <li>Middle crisis response team</li> <li>Expanded range of public mental health services</li> <li>Provision of additional adult PSP programs for those at risk of crisis</li> <li>Expansion of crisis management services to address "gray area" of identified symptoms</li> <li>Expansion of co-occurring disorder services</li> <li>Growth of postpartum/perinatal services</li> </ul> | <p><b>Other System Needs</b></p> <ul style="list-style-type: none"> <li>Expanded RSD services</li> <li>Increased access to basic needs such as food, clothing, shelter, etc.</li> <li>Continuation of homeless prevention efforts</li> <li>Enhance community events</li> <li>Expansion of emergency services</li> <li>Improve the EMS screening system</li> </ul> |
|---|--|---|

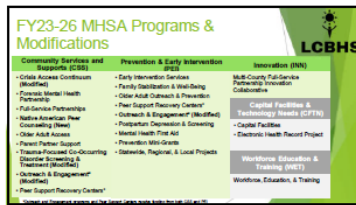
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## SECTION FOUR

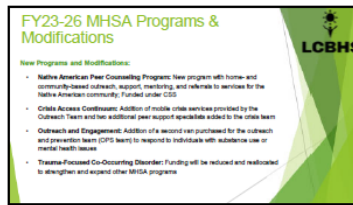
### Proposed FY 23-26 MHSA Programs & Modifications

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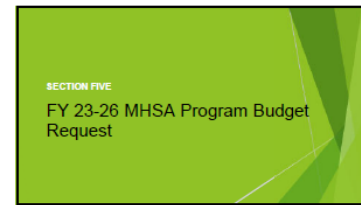




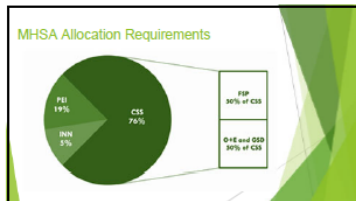
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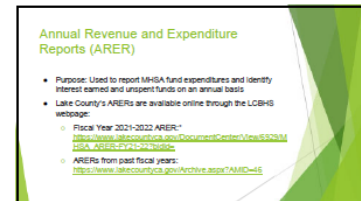
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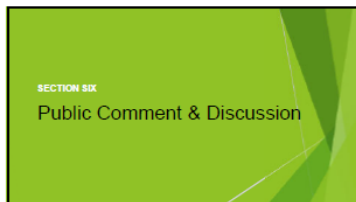
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FY23-26 Estimated MHSA Budget Request						
MHSA Component	FY 2023-24		FY 2024-25		FY 2025-26	
	Total Expenditure	MHSA Expenditure	Total Expenditure	MHSA Expenditure	Total Expenditure	MHSA Expenditure
CWS Programs	\$5,750,000	\$5,750,000	\$5,650,000	\$5,625,000	\$5,550,000	\$5,525,000
PI Programs	\$1,740,000	\$1,740,000	\$1,675,000	\$1,275,000	\$1,615,000	\$1,275,000
IHS Programs	\$7,550,000	\$7,550,000	\$7,550,000	\$7,550,000	\$7,460,000	\$7,460,000
WET Programs	\$3,640,000	\$3,640,000	\$3,625,000	\$3,625,000	\$3,555,000	\$3,555,000
CPHS Programs	\$5,050,000	\$5,050,000	\$5,025,000	\$5,025,000	\$4,955,000	\$4,955,000
TOTAL	\$24,670,000	\$24,670,000	\$23,525,000	\$23,525,000	\$23,140,000	\$23,140,000

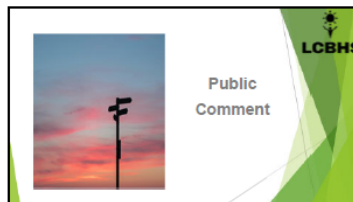
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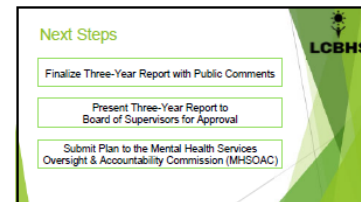
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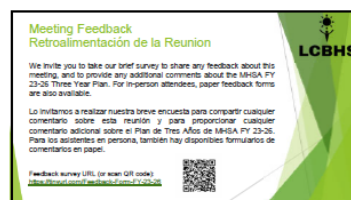
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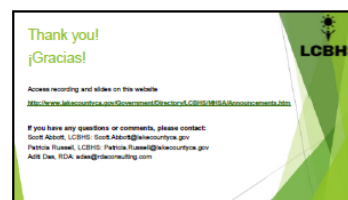
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## Public Hearing Slides (Spanish Version)



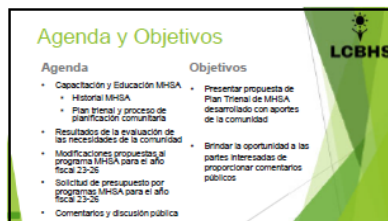
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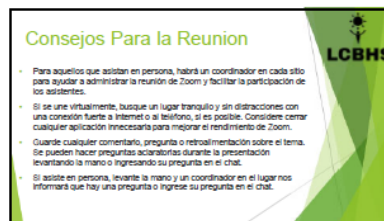
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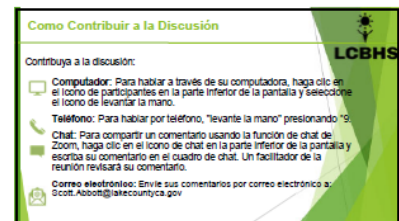
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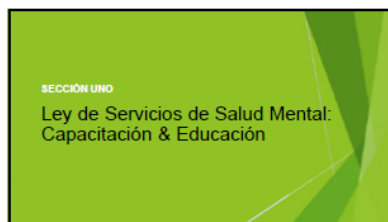
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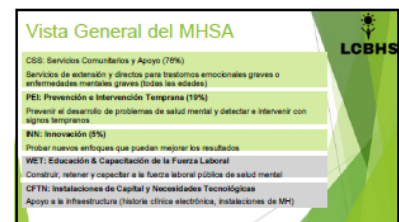
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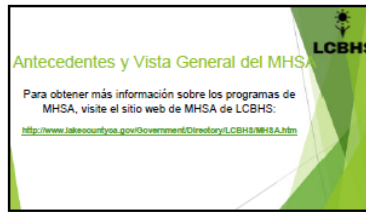
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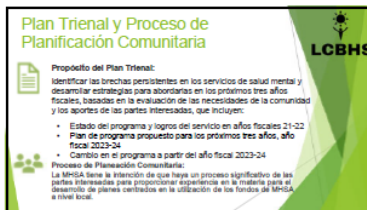
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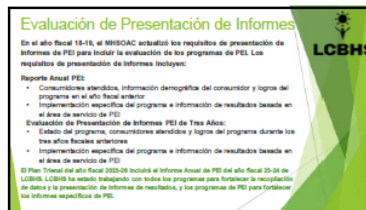
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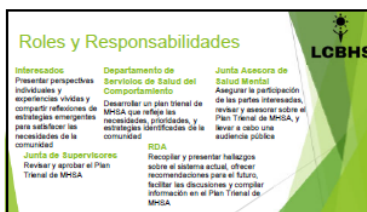
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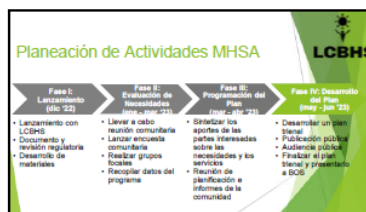
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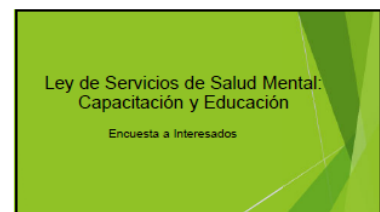
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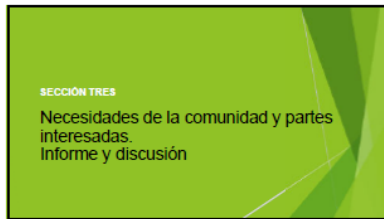
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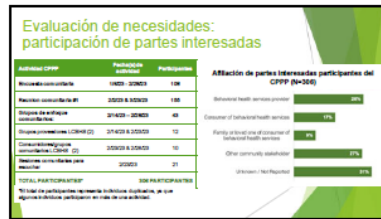
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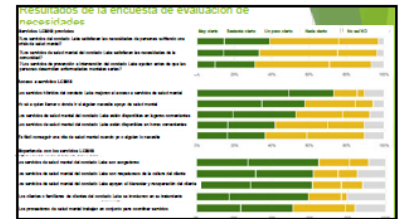
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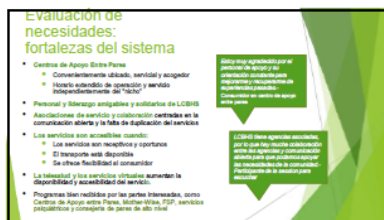
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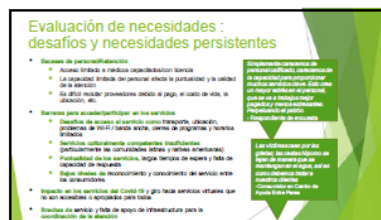
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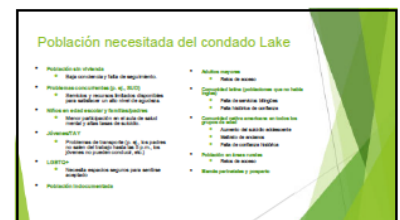
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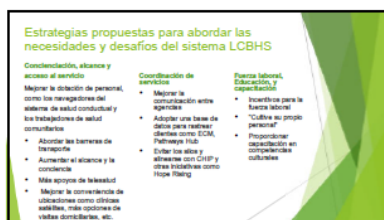
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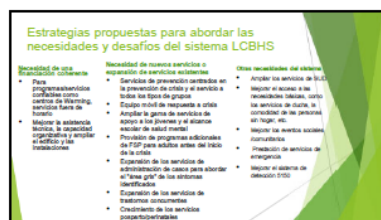
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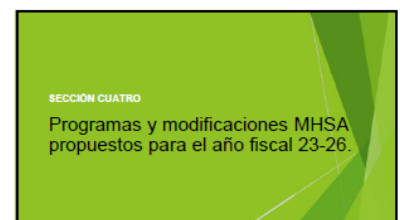
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## Programas MHA-S y modificaciones del año fiscal 23-26



### Nuevos programas y modificaciones:

- Programa de Consejería de Pasa para Niños Americanos:** nuevo programa concebido basado en el hogar y la comunidad, apoyo, liderazgo y voluntariado y servicios para la comunidad infantil americana, financiado bajo CDS
- Comunidad de acreas a crédito:** adición de servicios móviles de crédito proporcionados por el equipo de vitalidad y las especialidades educativas de apoyo entre para proporcionar al equipo de crédito
- Alcanza y prevenciones:** adición de una segunda categoría comprada para el equipo de alcance y prevención (código OPS) para mejorar a personas con problemas de uso de sustancias y salud mental
- Tratamiento comunitario en el hogar:** los fondos se redujeron y se reasignaron para finalizar y ampliar otros programas de MHA

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**SECCIÓN CINCO**

**Solicitud de presupuesto para programas MHSA para el año fiscal 23-26.**

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**Requisitos de asignación de MHSA**

Requisito	Porcentaje	Detalle
FIS	19%	50% of CIS
CIS	76%	-
NIN	5%	90% of CIS

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Componente MfSA	Año Fiscal 2023-24		Año Fiscal 2024-25		Año Fiscal 2025-26	
	Costos totales	Costos netos	Costos totales	Costos netos	Costos totales	Costos netos
Programas CBE	\$579,000	\$579,000	\$558,000	\$558,000	\$559,000	\$559,000
Programas PE	\$174,000	\$174,000	\$145,000	\$127,000	\$145,000	\$127,000
Programas IRI	\$77,500	\$77,500	\$73,500	\$73,500	\$46,000	\$46,000
Programas WET	\$345,000	\$345,000	\$195,000	\$195,000	\$505,000	\$505,000
Programas OTH	\$145,000	\$145,000	\$20,000	\$20,000	\$98,500	\$98,500
<b>TOTAL</b>	<b>\$1,076,500</b>	<b>\$1,076,500</b>	<b>\$971,500</b>	<b>\$953,500</b>	<b>\$1,249,500</b>	<b>\$1,249,500</b>

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## Informes anuales de ingresos y gastos (ARER)

- Propósito: Se utiliza para informar los gastos de fondo M-HSA e identificar los intereses de vengajos y los fondos no gastados anualmente.
- Los ARER del Condado de Lake están disponibles en línea a través de la página web de LCGIS:
  - Año fiscal ARER 2021-2022 :  
<https://www.lcgis.com/AccountCenter/View.aspx?MenuID=115&ARER=FY21-22>
  - ARERs de los años fiscales anteriores:  
<https://www.lcgis.com/AccountCenter/View.aspx?MenuID=6>

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SECCIÓN SEIS

Comentarios públicos y discusión

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**Próximos pasos**

- Finalizar el informe trienal con comentarios públicos
- Presentar un informe trienal a la junta de supervisores para su aprobación
- Presentar el plan a la Comisión de Supervisión y Responsabilidad de los Servicios de Salud Mental (MHSOAC)

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**Retroalimentación de la Reunion**

Lo invitamos a realizar nuestra breve encuesta para compartir cualquier comentario sobre esta reunion y para proporcionar cualquier comentario adicional sobre el Plan de Tres Años de MHA PY 23-26. Para los asistentes en persona, también hay disponibles formularios de comentarios en papel.

URL de la encuesta de comentarios (o escanear el código QR):  
<https://forms.gle/8vE6d8p4vFm9Y1234>

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**Gracias!**

Acceder a grabaciones y dispositivos en este sitio web:  
<http://www.lcbh.com.ar/ingles/ingles.html>

Si tiene alguna pregunta o comentario, comuníquese con:  
Scott Abbott, LCBH: Scott.Abbott@wawcouncil.gov  
Patricia Russell, LCBH: Patricia.Russell@wawcouncil.gov  
Arlis Dee, RDA: arlisde@rdaconsulting.com

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## Appendix C: Public Comments

The following comments were received either at or after the public hearing via a meeting feedback form.

Verbal comments received during the Public Hearing were slightly edited for clarity, length, and to omit any identifying information.

Comment	LCBHS Response
<b>Comments regarding community needs and LCBHS services:</b>	
I would like to know the county process for considering COLA (cost of living adjustment) increases between now and 2026. Particularly keeping in mind, the increase in operating and personnel costs when considering budget proposals from contracted providers. It is difficult to understand how contracted providers are expected to maintain and expand their services with minimal funding. As an agency, it's frightening and concerning. I'm just worried about the next three years. If there's not room in the budget to account for increases, that's my concern.	<p>We did try to give increases for funding as much as we could. On our non-MHSA side, we have a greater ability to do that. Medi-Cal rates are increasing significantly, but we don't have this increase on the MHSA side, which is simply based on tax revenues. And tax revenues fluctuate depending on the economy – it is volatile. It's hard to predict over a three-year period, which is why we update annually. We try to keep it steady, knowing we can expand when we can.</p> <p>As far as contractors, we'll be able to amend contracts to account for the fluctuation. Right now, we're doing three-year contracts that match the length of the plan as opposed to year-to-year contracts. Hopefully that will help. As things change, we can amend each year depending on needs identified and our ability. Three-year contracts are not set in stone; the contract can be updated and amended.</p>
We needed a counselor pertaining to suicide. When I called, they didn't have a number. When I finally got ahold of a counselor, it took a while for them to call me back. The person did not want to call 911 in the meantime. I wanted to run that by you, so you know what happened. I'm from Robinson Rancheria. We don't have a social service program, so I pushed them to call the Circle of Native Minds because there are a lot of available services, and they can refer them out. Also, transportation was needed up there...the elders always needed rides.	We are working with the community to address this issue. We can talk more after the meeting to troubleshoot some of those things. There is transportation available for people who have Medi-Cal to get to medical appointments.
I'm running across a lot of elderly in the homeless population. Some are in very bad shape, they're not eating properly and some are showing memory loss. I'm with senior peer counseling and we don't deal with that population, but we're coming across this because they end up in the nursing home. Someone has to assess them for dementia, and then some	Thank you. We recognize an ongoing issue with homelessness in older adults. The Lakeport, Overnight Emergency Shelter, is also concerned that there were a number of homeless folks sitting on the lawn waiting for the place to reopen. They reopened early to get people out of the heat, and a majority of them were older



Comment	LCBHS Response
people think that we, senior peers, should find housing for them. They have no family, and they need to stay at home. We have a real problem of elderly about to go homeless or are homeless. Give senior peers some more money to fund more volunteers. As volunteers, we're an elderly population and we need to retire, and you have to constantly find new people to take over the service. You have an attrition problem with the workforce.	adults. That's a bigger problem in our county we're going to have to face and will take a community-wide effort. MHSA funds the senior peer counseling, the friendly visitor program, an older adult program for mental health, and an outreach staff person who is making a lot of connections. We have a lot of folks addressing older adult needs, but having a coordinated effort is one thing we need to have to do it.
We have the same situation with our elders. Maybe this could be written in a plan one of these years for mental health to have a large place that would take the elders in. We have an elder that has a lot of health issues and won't go to the doctor. She needs to be put in a home. If she was talked to by somebody, I think she would go into a home. We have other elders that need help, but we don't have money for an elder program.	Honoring our elders is a big part of what we need to do as a community to address these gaps. There are a number of different ways to approach it -- we have the adult committee on aging and providers can work together to address some of these things, but this won't be easy to do.  Additionally, we've applied for Behavioral Health Bridge Housing where a good portion of our plan addresses assisted housing for older adults.
I am wondering what we're doing for the post-incarcerated.	We do have our forensic program that's funded through MHSA and some additional funding from Mental Health Block funds, which are designed to help people who are coming out of incarceration and back into the community. We're also working with jail medical to increase our services within the jail.  We're concerned about those ruled incompetent to stand trial. It's proven across the state that it's difficult to address this population because there is limited placement for people incompetent to stand trial to help them regain their competency. There's a gap in that statewide, so trying to develop alternative means, such as restoration competency by treatment within the jail, which needs cooperation of jail medical.  We also address it in our SUDS programs as well, including working closely with probation, having a dependency drug court, as well as diversion.
Cultural Humility Training is a great resource.	Thank you for your comment.
I hope sincerely that we have the budget from MHSA & LCBHS to keep peer centers, contracted peer centers and programs fully funded & staffed. They	We recognize the importance of the peer support centers to our community. Peer support's value is growing as it's recognized the assistance it can



Comment	LCBHS Response
are vital for the community, connecting consumers with resources and services.	provide. Fortunately, Lake County has a wonderful staff of people with lived experience who want to assist others. Lake County is actually a bit ahead of the curve on this in compared to the rest of the state, particularly how traditionally underserved populations are paramount. Even if MHSA does change it's funding categories, we plan to continue to fit the peer support centers into that.
Please try to have people speak out from the post release jail spokespeople. I would also like to hear from a group of the homeless as to their needs. Scott is doing a wonderful job. Keep it up Scott.	Thank you. We do have consumers in our meetings and they can share if they wish.
It is imperative that peer resource centers stay funded in order to support clients. Also, [need] to ensure a livable way for their employees.	We have recently gone through a reclass of our peer support specialists, giving them the proper job title, increased pay, and set on a career ladder within our Workforce, Education, and Training (WET) program to help staff grow in their positions and advance.
[Need] access to Mental Health co-occurring services (ASAM and licensed SUD providers. SUD-related gaps [could be] addressed through co-occurring programs.	Our Behavioral Health Services Assistant Director over clinical recognizes the importance of co-occurring services, having a background in both. It is her intention to build this program further, particularly with this increase of integration between mental health and SUDS.
[Need] more housing and stability for youth and homeless. More opportunities available for people willing to better their life	LCBHS is in complete agreement with this statement. It is why our department volunteered to be the lead agency for the housing Continuum of Care in Lake County, which is unique in California. The CoC is closely linked to MHSA and our department is committed to assisting in a spectrum of housing solutions, including building permanent housing, which will be open next year.
<b>Comments regarding non-MHSA services and programming:</b>	
My question is, I also serve on the statewide behavioral health task force as a participant. I heard recently there's a ballot proposal to increase funding for residential care, group home care, especially around mental health, people experiencing mental health challenges and co-occurring disorders. Is anyone aware of this ballot? We certainly need more residential care.	I have not heard that specifically, but I have seen some proposals and grant funding for that. I would not be surprised if that's in the works. It wouldn't be MHSA-funded, but it's been something the state has been wanting to address. Counties have to use realignment funding, which is limited. Staff are constantly looking for beds, constant battle of trying to find

Comment	LCBHS Response
	placements. One thing they're trying to look at is developing the infrastructure to try to support that.
I work in the diversion program on the Mental Health side. There was a client who was in jail and if he got released, we knew he would go back to using IVs. We were trying to get him an assessment with SUD and the timeframe it took to get an assessment was way too long, and he ended up getting let out on the streets and he used again. He could have gone from jail straight to a treatment center, rather than waiting for this long assessment process. It was frustrating because it happened again with another person who had detoxed in jail and was ready to go to treatment. With the skills and license I have, I could have helped that client but because they had to go to a different department, my hands were tied. I did tell this to my supervisor, but I think this is something that needs to be addressed.	This is a good example of where improvement is needed. Beyond MHSA, there's more integration between Mental Health and SUD services that has been designed by the state over the past 10 years and has been intensified with Medi-Cal reform with CalAIM. Also, Lake County will be transforming to the Drug Medi-Cal Organized Delivery System within a year. The main idea is to have a more unified intake and treatment process. Along with that is more integration with jail medical so more at-risk people like this can be identified and placed into services as soon as they get out (depending on the assessment). We're working on this as a department in cooperation with our community partners.
[Need] more representatives from the native community. Where are the reps from the Latin community? We need people to speak up more when you open the meeting to public comment. We are really concerned over the constantly changed cost of living issue.	We are fortunate to have the technology where our community meetings are also being hosted in our La Voz de la Esperanza and Circle of Native Minds peer support centers where we do have representatives from those communities. We appreciate their feedback greatly and use it in our planning to address the needs and perceived solutions.
<b>Comments of appreciation:</b>	
A Circle of Native Minds community member wanted to express his gratitude for himself and the Pathfinders group for listening to the needs of the community and providing some support for change.	Thank you. It's an honor.
The NEST moms wanted me to express their appreciation for the support of this program and hope it's around for many more years and many more moms.	We appreciate our partnership with the NEST and all the fine work that they do.
Thank you for all the work being done.	Thank you for your support.
Gracias por la ayuda. (Thank you for the help).	Thank you for your support.
<b>Comments regarding MHSA meeting format:</b>	
Not everyone understands the acronyms used.	The acronym challenge always seems to be a challenge. We purposely try to avoid them, but if

Comment	LCBHS Response
	we slip into one or two that you're not following, please don't hesitate to reach out or correct us.
It would be helpful if the meeting were translated into Spanish.	Fortunately, at La Voz de la Esperanza, Edgar Oliveros does try to do that on the fly as the meeting is taking place. We also have the presentation slides in Spanish at La Voz and <a href="#">posted online</a> .
Make [meetings] more understandable	Suggestions are welcome.
Make meetings more interesting and informative	I agree. We are ever trying to better that. In the future, I would like to have it more multimedia. Thank you for the feedback.

## Appendix D. Annual Innovation Project Evaluation Report, Fiscal Year 2021-2022

### I. Project Overview

#### Primary Problem

Lake County operates Full Service Partnership (FSP) programs within the Children, Transitional Age Youth, Adult, and Older Adult programs, each employing a “whatever it takes” approach to serving individuals. Although the “whatever it takes” approach allows flexibility to adapt the FSP model to different populations, the flexibility also creates difficulty in developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices.

LCBHS management and community stakeholders have consistently identified the need for clear, consistent, and reliable data and outcomes to assist programs in identifying goals, measuring success, and pinpointing areas that may need improvement.

#### Project Description

##### Multi-County FSP Innovation Collaborative Overview

Lake County Behavioral Health Services is participating in a 4.5-year Multi-County FSP Innovation Project (the FSP Innovation Project) that will leverage counties’ collective resources and experiences to implement improvements to Full-Service Partnership (FSP) services across California. This work builds on the work of six initial counties that began the project in 2020 and is in partnership with the Mental Health Services Oversight and Accountability Commission (MHSOAC), the California Mental Health Services Authority (CalMHSA), and the Rand Corporation. Through participation in the FSP Innovation Project, participating counties will implement new data-informed strategies for program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance.

#### Implementation Timeline

The Lake County Board of Supervisors approved the Multi-County FSP Innovation Project on October 26, 2021. In the 22-month technical assistance period that began in the Fall of 2021, Lake County has been working with Third Sector as they assess local FSP context and provide targeted, county-specific assistance in implementing outcomes-focused improvements. This technical assistance period is divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning):

**Phase 1 - Landscape Assessment (August 2021 - April 2022):** The goal of the Landscape Assessment phase is to ensure Lake County has an aligned understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during Phase 2, the Implementation Phase.

**Phase 2 - Implementation (May 2022 - April 2023):** During this phase, Lake County designs and pilots’ new strategies that were developed during Phase 1, with individualized guidance and support from Third Sector. As a result of this phase, Lake County will pilot and begin implementing new outcomes-oriented, data-driven strategies.

**Phase 3 - Sustainability Planning (April 2023 - May 2023):** Throughout Phases 1 and 2, Lake County is working closely with Third Sector to ensure sustainability and that county staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 provides additional time and dedicated focus for sustainability planning, whereby Lake County works with Third Sector to understand the success of the changes to-date and finalizes strategies to sustain and build on these new data-driven approaches. Lake County may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. As a result of Phase 3, Lake County will have a clear path forward to continue building on the accomplishments of the project.

**Phase 4 - Evaluation (June 2023-January 2026):** Following the completion of the technical assistance period, Lake County will begin working with the RAND corporation on a formal evaluation.

### **INN General Requirements**

#### **The Innovation Project:**

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.

## Learning Goals and Project Aims

The overall purpose and goals of the Multi-County FSP Innovation Project are to:

1. Improve how counties define and track priority outcomes and related performance measures, as well as counties' ability to apply these measures consistently across FSP programs
2. Develop new and/or strengthen existing processes for continuous improvement with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and effectively using qualitative and quantitative data to inform potential FSP program modifications.
3. Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined through various state-level and county-specific reporting tools.
4. Develop a shared understanding and more consistent interpretation of the core FSP components across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context.
5. Increase the clarity and consistency of enrollment criteria, referral, and graduation processes through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners.

## II. Evaluation Overview

The RAND Corporation is responsible for the outcome's evaluation of FSP information generated by the FSP innovation project. During the first Wave of the Multi-County FSP Innovation project, RAND provided consulting to Third Sector and the participating counties as they selected a set of evidence-based process and outcome measures and will revisit this list as needed. Beginning in 2023, RAND will securely receive data from counties as they implement data collection and performance monitoring, providing feedback and technical assistance to each county to help improve their data quality over time. Finally, RAND will use person-level data—provided as a result of this exercise—to conduct a rigorous quantitative analysis of the impact of FSP programs on consumers. This quantitative data will be complemented by a qualitative evaluation of the systems-level effects of the FSP Innovation Project.

RAND will incorporate evaluation questions that focus on equity, diversity and inclusion. RAND will ensure that demographic categories are equitable and inclusive. During key informant interviews, RAND will inquire about topics such as perceived disparities in the reach of FSPs, and ways in which diversity and inclusion principles were considered in the context of the FSP innovation project. RAND's current qualitative scope of work is limited to county DMH leadership interviews, but if additional resources are available, RAND will expand the qualitative evaluation to include interviews with contracted providers and, if relevant, clients to get a more "on the ground" perspective on the impact of the FSP innovation project. If clients are interviewed, RAND will ensure that they are from diverse racial/ethnic backgrounds. RAND will examine whether FSP outcomes differ according to clients' background and demographic characteristics, with an explicit focus on equity considerations. RAND will also examine how well programs are reaching diverse racial/ethnic groups within each county.

## III. Key Project Implementation Activities and Lessons Learned

**Lake Implementation Activity: Update/Clarify Eligibility Criteria and Guidelines**

Lake County FSP reviewed eligibility criteria to ensure that the highest-need individuals are prioritized for service and clarify FSP eligibility criteria for children and TAY. New eligibility criteria and guidelines were reviewed with staff, and after a trial period, sought feedback from Lake County FSP staff to improve and finalize materials.

**Lake Implementation Activity: Graduation Processes & Guidelines**

Lake County visualized both the current and ideal state FSP graduation process, including key staff, touchpoints, tools, and resources involved throughout a client's journey. In addition, the county developed standardized guidance for providers to help guide graduation conversations with clients, including how graduation should be discussed throughout FSP service provision, along with weighting criteria alongside other indicators of graduation readiness. After a testing period with providers, guidance was updated to better support Lake County FSP staff.

**Cohort Implementation Activity: Outcomes and Process Measures**

In 2021, Lake County team members participated in the finalization of outcomes and process measured identified and defined by the first wave of the Multi-County Project. Lake County also participated in ongoing continuous improvement meetings alongside the original six counties which included running Enhanced Partner Level Data (EPLD) reports on FSP data in the DCR to understand FSP outcomes data.

**Next Steps and Recommendations**

Lake County FSP will provide ongoing training and reference the materials developed to improve the FSP eligibility determination and graduation process. Materials will be integrated with onboarding, and additional feedback be gathered from FSP provider staff for continuous improvement. LCB HS will consider additional activities building on the work of the FSP Innovation Project, including the development of a comprehensive program guide building on the graduation and eligibility resources.

As part of the outcome's evaluation, one of the outcomes that the FSP Innovation Project will investigate is social connectedness. In order to do this, counties need to add a question about social connectedness to their PAF and 3M reports. Lake County will need to do this in order to participate in this part of the evaluation.

**Appendix. Additional Project Information****Community Program Planning Process**

The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, community-based organizations, consumers, community members, and partners. The project was shared in a large quarterly MHSA stakeholder meeting on April 15, 2021 with over 37 virtual participants. After the presentation of the local needs' assessment and a review of this proposed use of innovation funds, stakeholders acknowledged the project as an appropriate use of funding. The project was also shared in the MHSA Fiscal Year 2020 – 21 Annual Update and at the quarterly Innovations Steering Committee on June 17, 2021. A draft plan was publicly posted for a 30-day comment period beginning on June 22, 2021 and no public comments were received. In addition, the plan was



presented at the Lake County Mental Health Board Hearing on July 22, 2021 and approved. The plan was approved by the Lake County Board of Supervisors on October 26, 2021.

### ***General Standards of the MHSa***

This project meets MHSa General Standards in the following ways:

- It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities.
- It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**.
- It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**.
- It will establish a shared understanding of the core components of FSP programs and create a common framework that reflects best practices while adapting for local context and **cultural competency**.
- **Diverse stakeholders** will be meaningfully engaged throughout the development and implementation of the project.

### ***Services***

The Multi-County FSP Innovation project does have a direct service component.

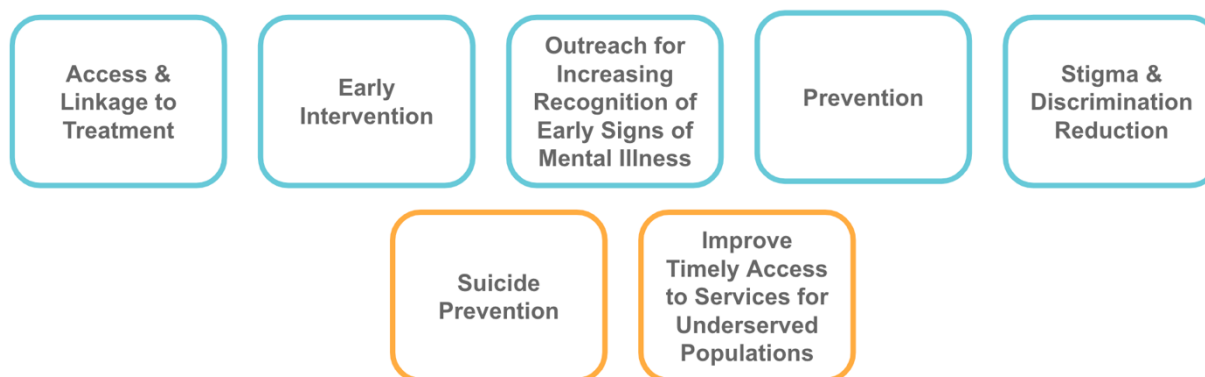
## Appendix E. FY 2021-22 Annual PEI Evaluation Report

### Introduction

#### PEI Service Areas and Strategies

Through MHSA, LCBHS funds a variety of Prevention and Early Intervention (PEI) programs and services. With a focus on underserved communities, the primary goals of the PEI component are to raise awareness about mental health, address mental health stigma, and increase access to services. PEI builds capacity for the provision of prevention and early intervention services in community-based settings where mental health services are not traditionally provided (e.g., community-based organizations, schools, population-specific cultural centers, and health providers). The MHSA-required and optional PEI services are as follows (required areas are outlined in blue and optional areas are outlined in orange):

Figure 1. PEI Service Areas



Descriptions of the PEI service areas are summarized in Table 1.

Table 1. MHSA PEI Service Areas

Service Area	Description
<b>Prevention</b>	Reduce risk for developing a potentially SMI and build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing SMI.
<b>Early Intervention</b>	Treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.
<b>Improve Timely Access to Services for Underserved Populations</b>	Track and evaluate access to and referrals for services specific to populations identified as underserved.
<b>Outreach for Increasing Recognition of Early Signs of Mental Illness</b>	Activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. <sup>31</sup>
<b>Access and Linkage to Treatment</b>	Activities to connect children, adults and seniors to medically necessary care and treatment as early in the onset of serious mental illness as practicable

<sup>31</sup> Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms. Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA, Section 3715.

Service Area	Description
<b>Stigma and Discrimination Reduction</b>	Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.
<b>Suicide Prevention</b>	Organized activities that prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.

PEI programs must also include all of the strategies outlined in Table 2.

**Table 2. MHSA PEI Strategies**

PEI Strategy	Description
<b>Access and Linkage to Treatment</b>	<p>Programs should be designed, implemented, and promoted to help create Access and Linkage to Treatment.</p> <p>“Access and Linkage to Treatment” means connecting children with severe mental illness and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.</p>
<b>Improve Timely Access to Services</b>	<p>Programs should be designed, implemented, and promoted in ways that improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.</p> <p>“Improving Timely Access to Services for Underserved Populations” means to increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.</p>
<b>Non-Stigmatizing &amp; Non-Discriminatory</b>  <b>(i.e., Stigma &amp; Discrimination Reduction)</b>	<p>Programs should be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.</p> <p>“Strategies that are Non-Stigmatizing and Non-Discriminatory” means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.</p>

### LCBHS PEI Programs

MHSA permits counties with a population under 100,000 to integrate, or combine, multiple service areas under one program. Lake County has PEI programs in all required and optional service areas, with some

integrated areas as well. PEI programs are as follows:

**Table 5. FY 21-22 Lake County PEI Programs**

PEI Component	Program
Early Intervention	Early Intervention Services
Prevention	Family Stabilization & Well-Being: The Nest
	Postpartum Depression Screening & Support: Mother-Wise
	Prevention Mini Grants
Access & Linkage to Treatment	Outreach and Engagement
Outreach for Increasing Recognition of Early Signs of Mental Illness	Mental Health First Aid
Improve Timely Access to Services for Underserved Populations	Older Adult Outreach & Prevention: Friendly Visitor Program
Integrated Programs*	Peer Support Recovery Centers: Big Oak, Circle of Native Minds, Harbor on Main, La Voz de Esperanza, and Family Support Center
	Statewide, Regional, and Local Programs

\*Peer Support Recovery Centers integrate the following PEI service areas: Access and Linkage to Treatment, Improve Timely Access to Services for Underserved Populations, and Prevention. Statewide, Regional, and Local Projects integrate the following PEI service areas: Stigma & Discrimination Reduction, and Suicide Prevention.

## PEI Evaluation Reporting

### Evaluation Overview

Every year, Counties must provide an Annual PEI Report including information about program participation, activities, and outcomes achieved during the previous year. The goal of the PEI Evaluation Report is to understand the populations that key MHSA-funded services reach and the impact of services on those populations. Per MHSA regulations, programs have different reporting and outcome requirements depending on which PEI service area they fall under, therefore the components included in each program update in this section vary across programs. **This PEI Annual PEI report covers program participation, activities, and outcomes achieved during the FY 21-22.** Outcome information is limited due to data capacity challenges as described in the Data Collection Barriers and Opportunities section below.

### Data Collection Barriers and Opportunities

In adherence to the MHSA's new regulations for measuring and monitoring PEI program outcomes, LCBHS is establishing data collection and evaluation methodologies for each program, while maintaining the trust and rapport they have established with the local community. As a small county with limited staffing and significant turnover in recent years, it has been challenging to update PEI data collection efforts to align with the new regulations. Over the last few years, the MHSA Planning Team has begun working with individual programs to strengthen PEI program reporting and understand data collection and reporting capacity. Planning efforts continue to be underway within LCBHS and with community-based providers to develop and implement internal infrastructure to routinely and accurately track and report program outcomes.

Over the last few years, LCBHS and RDA (the technical assistance team) have taken steps to ensure all programs have the capacity, expertise, and resources to collect and report on the MHSA reporting requirements. In FY 22-23, Lake County MHSA leadership and RDA (the technical assistance team) worked with program representatives and LCBHS staff to further streamline the data reporting process for MHSA-funded CSS and PEI programs. In FY 21-22, the technical assistance team redesigned reporting tools – including a new survey in SurveyMonkey to collect numbers served and demographics and a Google Doc to collect program narratives and outcomes. In FY 22-23, the technical assistance team updated the program reporting form (Google Doc) based upon program feedback, and updated the outcome reporting sections to better align with LCBHS and MHSA outcome reporting requirements. The technical assistance team also updated or developed supporting resources (e.g., a list of frequently asked questions, descriptions of reporting requirements, examples of outcome indicators, examples of data collection tools and methodology, etc), which were shared at an information session for all CSS and PEI programs. The technical assistance team then provided follow-up support with programs as needed to address provider questions.

Despite these improvements, program outcome reporting continued to be a challenge for several programs. During the COVID-19 pandemic, many programs shifted resources and focus to adapting services to a remote environment. Many programs also experienced understaffing and had to temporarily postpone or limit service delivery. Most programs did not have capacity to implement new data collection tools or track outcomes. Peer Support Recovery Centers also currently lack the infrastructure to track unduplicated consumers. LCBHS is working to develop a new process for recording participants to accurately assess unique individuals served. Planning efforts continue to be underway within LCBHS and with community-based providers to develop and implement internal infrastructure to routinely and accurately track and report program outcomes. LCBHS and RDA will continue to work with MHSA programs to develop internal infrastructure to routinely track and report program outcomes.

### **PEI Program Consumers Served & Demographic Information**

LCBHS served 28,879 duplicated consumers through PEI programs in FY18-19; 10,380 consumers in FY19-20, and 4,722 consumers in FY20-21. Available demographic information for consumers is outlined in Table 3.

Some Peer Support Recovery Centers do not yet have the data infrastructure to identify unduplicated numbers of consumers and are reporting on duplicated consumers served, resulting in an inflated number of PEI consumers. Consumers may also have participated in more than one PEI program within a given year, potentially resulting in duplicated consumers across programs. Finally, data was not available across all demographics for every program, therefore the information presented in this section does not reflect the complete profile of all PEI consumers. As mentioned, the MHSA Planning Team is continuing to work with programs to help address these data limitations and strengthen PEI reporting.

**Table 3. Demographic Information for PEI Consumers, FY 21-22\***

Demographic Characteristics	FY 21-22 Consumers	
	N	%

<b>AGE</b>		
0-15	476	3%
16-25	726	5%
26-59	8,675	56%
60+	2,016	13%
Unknown / Not Reported	3,477	23%
<b>GENDER</b>		
Female	7,097	46%
Male	3,956	26%
Other	5	<1%
Unknown / Not Reported	4,312	28%
<b>RACE</b>		
African American/Black	133	1%
Asian/Pacific Islander	94	1%
Caucasian/White	3,576	23%
Native American/ Native Hawaiian	392	3%
Other	164	1%
More than One Race	156	1%
Unknown / Not Reported	10,851	71%
<b>ETHNICITY</b>		
Hispanic/Latino	3,810	25%
Not Hispanic/Latino	300	2%
Unknown / Not Reported	11,260	73%
<b>LANGUAGE</b>		
English	5,887	38%
Spanish	2,993	19%
Other	1	<1%
Unknown / Not Reported	6,489	42%
<b>TOTAL</b>	<b>15,370</b>	<b>100%</b>

\*Percentages may sum to greater than 100% due to rounding. Demographic information was not collected for some newer PEI programs in FY 21-22. Sexual orientation, disability status, and veteran status are not reported as this information was unavailable for 96-97% of consumers.

## Early Intervention Programs: Evaluation Report

### Early Intervention Services

#### Early Intervention Services: Program Description and Key Activities

The objective for the Early Interventions Services (EIS) Program is to provide early detection and intervention for youth & young Adults (15-25) who are at Clinical High Risk for developing psychosis (CHRp). Therefore, consumers who are provided services through this program should either be experiencing Attenuated Symptoms of Psychosis (APS) or have had their First Episode of Psychosis (FEP) within the last two years. The goal of this program is to decrease the duration of untreated psychosis before it becomes disabling. The location of where services are provided are fluid based on the client's individual needs ranging from the office, their home, or within the community.

#### Early Intervention Services: Mental Illness(es) for which Services will be Provided

Mental Illnesses that this program addresses include but are not limited to any psychosis spectrum disorder, severe mood disorders with or without psychosis, Major depressive Disorder with psychotic symptoms.

#### Early Intervention Services: How Participants' Early Onset of Potentially Serious SMI will be Determined

Early onset of mental illness is determined by this program with the following: Consumers who are experiencing Attenuated Symptoms of Psychosis (APS), are at Clinical High Risk of developing psychosis, or have had their First Episode of Psychosis (FEP) within the last two years.

#### Early Intervention Services: How the Program Improves Mental Health Functioning

This program functions through the use of the Coordinated Specialty Care (CSC) Model. The CSE model is a holistic approach which includes: case management, coordination with medication primary care, pharmacotherapy, psychotherapy, family education and support, and supported employment and education. Evidence-based treatments include medication management, substance use management, coordination with primary care, Cognitive Behavioral Therapy (CBT), case management and linkage, and family psychoeducation.

#### Early Intervention Services: Underserved Population(s)

Early Intervention Services aims to serve the following underserved populations: youth who are involved in the foster care or criminal justice systems, who identify as a person of color, and/or who are LGBTQ+.

The unserved and underserved communities we plan to target are foster youth, justice involved youth as well as communities of color: Native American, African American, Latinx, and those identifying as LGBTQIA+. Currently we target these populations in collaboration with Lake County Child Welfare Services, Lake County Probation Services, Adventist Health and Community Peer Support Centers. We plan to expand our community outreach by collaboration with Redwood Community Services (RCS), Lake County School Districts and faith-based organizations by providing training on early psychosis



identification. Additionally, we will increase community outreach by attending community events, collaborating with community leaders from underserved populations, promoting the EIS program on local social media and developing psychoeducation materials to raise awareness and reduce stigma about the EIS program. The TTA through the EPI+ grant will be providing us with support as we increase our community outreach.

### Early Intervention Services: PEI Strategies

#### Early Intervention Services: Creates access and linkage to mental health services:

Individuals who successfully graduate from the program are often linked to community based, non-specialty mental health care services. This is completed with the support, coordination and is followed through by LCBHS Access Team Case Managers. When it is determined that an individual is not a candidate for EIS, the assessing clinician provides an internal referral to the appropriate LCBHS program and provides a warm hand-off to the appropriate party.

#### Early Intervention Services: Improve timely access to services for underserved populations:

Outreach is provided by this program wherein the program's lead clinician attended LCBHS Children's Outpatient Services team meetings and collaborative meetings with Child Welfare and Probation for early detection of FEP. By attending other clinical team meetings and collaborative meetings with other agencies, the EIS lead clinician identified individuals who met criteria for this program. Subsequently these individuals bypassed the need to receive a referral for Early Intervention Services, but rather, were offered the appropriate services.

#### Early Intervention Services: Includes strategies that are non-stigmatizing and non-discriminatory:

Family education and community outreach are key components to this program. Psychoeducation on psychosis and its treatment is provided to the individual in treatment, their family, and to the community. By increasing everyone's understanding on the disorder/illness, treatment options, and the likelihood of recovery, individuals with mental illness and their families are empowered to pursue wellness and dismantle myths and stigma around mental illness.

### Early Intervention Services: FY 21-22 Consumers Served

FY 21-22 Consumers Served
54

### Early Intervention Services: FY 21-22 Referrals to Mental Health and/or Substance Use Services

#### Program make referrals to mental health and/or substance use services: Yes

If yes, provide the total number of individuals referred to mental health or substance use services at LCBHS or another agency:

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
Mental Health Services	Mental health services at LCBHS	Not reported
	Mental health services at another agency	Not reported

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
<b>Substance Use Services</b>	Substance use services at LCBHS	Not reported
	Substance use services at another agency	Not reported
<b>TOTAL</b>		<b>Not reported</b>

The majority of the population served through this program are considered co-occurring wherein they are offered SUDS referrals at time of intake. At this time, there is not a system in place to track how many referrals to SUDS were made. In this coming year, this task can be achieved by tracking new referral during regular team meetings.

### Early Intervention Services: Expected Outcomes & Data Collection Strategies

#### Early Intervention Services: Description of Outcomes the Program Aims to Achieve

The goal of this program is to decrease the duration of untreated psychosis before it becomes disabling. By intervening early, increasing coping skills and reducing symptomology, we hope to reduce likelihood of incarceration, homelessness, school failure or dropout, suicide, unemployment, and psychiatric hospitalizations.

#### Early Intervention Services: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Reduced Mental Health Symptoms	-Average change in assessment scores from enrollment to follow-up (overall or within different domains) -# and % of individuals who had improved assessment scores at enrollment compared to follow-up (overall or within different domains)	-Client assessment (e.g., CANS, PSC-35, PQB) administered at intake and discharge
Reduced 5150 Holds	-# and % of crisis calls with crisis resolution vs. # and % of crisis calls requiring intervention (e.g., 5150 hold)	-Electronic Health Records -DCR (PAF, KET); Administered at intake and at key events
Improved Housing / Reduced Homelessness	-# and % of participants who exit program with stable housing -Change in the # of homeless days experienced before and during program participation	-Electronic Health Records -DCR (PAF, KET)
Reduced Psychiatric Hospitalizations	-Change in the # of individuals experiencing psychiatric hospitalizations before and during program participation -Change in the # of psychiatric hospitalization episodes and days before and during program participation	-Electronic Health Records -DCR (PAF, KET); Administered at intake and at key events

Outcome	Outcome Measures	Data Collection Tools
Reduced Incarceration	<ul style="list-style-type: none"> <li>-Change in the # of individuals experiencing incarceration before and during program participation</li> <li>-Change in the # of instances of incarceration before and during program participation</li> </ul>	<ul style="list-style-type: none"> <li>-Electronic Health Records</li> <li>-DCR (PAF, KET); Administered at intake and at key events</li> </ul>
Reduced School Failure or Dropout	<ul style="list-style-type: none"> <li>-Change in the # of individuals experiencing school failure or dropout before and during program participation</li> </ul>	<ul style="list-style-type: none"> <li>-Electronic Health Records</li> <li>-DCR (PAF, KET); Administered at intake and at key events</li> </ul>

### Early Intervention Services: FY 21-22 Program Outcomes

While data is available through our EHR, questionnaire scores, and DCR, there is not a current system in place to easily pull or interpret aggregate data for this report. Data collection is intended to improve this following fiscal year with the adoption of a new EHR.

Other program successes achieved during FY 21-22 included moving toward graduating a young adult who has met her goals in treatment. Before entering into the EIS program, this young adult was hospitalized four times within six months, was failing school classes, and had a strained relationship with peers and family. This young adult struggled with little to no motivation and experienced auditory hallucinations. Through wraparound and care coordination, this young adult has graduated from high school, engaged in extracurricular activities, received their driver's license, and is happily living with their significant other. This young adult has not required crisis intervention is over six months, is stable on medications, and reports to no longer struggle with auditory hallucinations.

## Prevention Programs: Evaluation Report

### Family Stabilization and Well-Being: The NEST

#### The NEST: Program Description and Key Activities

The Nurturing Education and Skills Training Program (NEST) provides transitional housing for young (18-25) pregnant or parenting families and their children for 15 months. During this time, families work with a 3-person team (Program Supervisor, Home Specialist, and Child Development Specialist) in a youth-driven process to reduce risk factors and increase self-sufficiency. The overarching goal is to increase family's reliance on their self-identified natural support systems, provide housing that will give them the stability to begin working on their independent goals, and break the cycle of poverty for their children thus providing long-term sustainable change that will impact consumers as well as the community for years to come.

Key activities included:

- Facilitation of child and family team meetings
- Facilitation of House Meetings
- Resource connection (coordinated linkage services)
- Direct parenting support via observational assessment and training programs
- Skill building
- Screening tools: GAD 7 (anxiety scale), PHQ 9 (depression scale) and the Adult Needs and Strengths Assessment (ANSA) for any adult wherein mental health may be a concern
- Therapeutic intervention as determined by medical necessity
- Evidence-Based Life Skill Programming
- Residential and Community-based Intensive Case Management

#### The NEST: Underserved Population(s)

The NEST aims to serve the following underserved populations: young parents and individuals who identify as Latinx and Native American. The NEST is connected to and has a history of supporting young families from Tribal and Latinx communities. The agency and NEST have close relationships with Lake County Tribal Health Consortium and receives many referrals from their health care facilities. The NEST is also closely connected to the Peer Support Centers like La Voz De Esperanza and the Circle of Native Minds whose services seek to target these underserved populations. RCS and the NEST work closely together with consumers to better understand their culture and support their engagement by honoring their traditions and cultural holidays/events.

#### The NEST: How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors

##### The NEST: Risk Factors Experienced by the Target Population:

- Incarceration
- Homelessness
- Removal of children from their homes
- School failures or drop-outs
- Suicide

- Unemployment

**The NEST: Strategies to Reduce Risk Factors or Strengthen Protective Factors**

The Nest improves health and well-being through the evidence-based practice of providing housing in tandem with wraparound services. The program 1) increases or maintains the safety of families, 2) increases the well-being of children and families by increasing protective factors, and 3) improves family self-sufficiency by developing healthy problem-solving skills. Fidelity to the practice will be ensured through the program model, which offers all participants with the same suite and depth of services.

The NEST engages participants through an individualized and client-driven approach that emphasizes family involvement and natural, community-based supports. By connecting young families to natural supports and their community, we foster supportive living and the ability to identify resources to meet their needs in the future – we do this using an individualized approach that is centered around each specific family's needs and desires. With staff support, participants develop their own Independent Transitional Living Plans which identifies personal and family goals. These plans are reviewed during Child and Family Team Meetings and updated as needed. Participants are assessed at intake of their knowledge of life skills to understand the level of support individuals and families may need in order to achieve independence and improve child and family wellbeing.

The NEST's programming is designed to meet the unique needs of the TAY population and their families by utilizing the "family voice and choice" approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement in the program. Planning is grounded in family members' perspectives and recorded in their personalized independent transitional living plans. The NEST team strives to provide options and choices that reflects family values and preferences while promoting safety, stability and permanency. NEST staff intentionally focus on meeting families where they are at using a strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

Programming and services at the NEST are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and increasing self-determination. A significant number of youths who enter into the program are basic-skills deficient and have minimal knowledge of resources and services available to meet their needs. The NEST hosts a variety of formal workshops and informal support groups that build resilience and promote wellness in a collaborative and social environment. Groups and workshops are facilitated in-house and within their community. All NEST youth are connected to the local Peer Support Centers and partnering agencies that perform a variety of services to promote permanency, safety and child and family wellbeing.

**The NEST: PEI Strategies****The NEST: Creates access and linkage to mental health services**

All NEST clients are referred for Behavioral Health Services and are required to go through the assessment process shortly after intake. Medical necessity (eligibility) for adults is determined using the Adult Needs

and Strengths Assessment (ANSA) and children are screened using Child and Adolescent Needs and Strengths assessment (CANS). Once eligibility is determined, participants have the option to engage in treatment. Participants may refuse services or request a provider outside of RCS.

**The NEST: Improve timely access to services for underserved populations**

Services are offered and provided to clients based on their individual needs. Clients who are eligible to receive mental health rehabilitation services are provided in-house by qualified staff and begin immediately upon completion of a signed treatment plan. Therapy services are offered through a variety of mediums to meet the needs of the client, including on-site at the NEST program, at the RCS Lakeport Campus, or via telehealth. The ability to provide in-house treatment exponentially increases youth access to mental health services in a timely manner.

**The NEST: Includes strategies that are non-stigmatizing and non-discriminatory**

Stigma and discrimination reduction begin at the very first point of contact with the individual seeking services at the NEST. Upon receipt of referral to the program, the Home Specialist contacts the individual to schedule an interview and explains information about the program, including the availability of services they may be eligible for. Participants are offered access to mental health treatment (via referral) regardless of their acceptance to interview or acceptance into the program. These services are reiterated throughout the intake process and throughout their time at the NEST. Youth are also connected to the Harbor on Main Youth Resource center for interim services and support. The Harbor promotes anti-stigma and discrimination on-site at the center, through social media campaigns and via outreach events. The Harbor strives to educate and empower youth to self-advocate and normalize adverse experiences to increase utilization of mental health services.

**The NEST: FY 21-22 Consumers Served**

FY 21-22 Consumers Served
27

**The NEST: FY 21-22 Referrals to Mental Health and/or Substance Use Services**

**Program make referrals to mental health and/or substance use services:** Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
<b>Mental Health Services</b>	Mental health services at LCBHS	—
	Mental health services at another agency	15
<b>Substance Use Services</b>	Substance use services at LCBHS	3
	Substance use services at another agency	—
<b>TOTAL</b>		<b>18</b>



The NEST does provide referrals to mental health and substance use disorder services both in-house and to LCBHS. We are actively working with our Performance Quality Improvement team to identify a solution to better track referrals made in-house and to LCBHS.

### The NEST: Expected Outcomes & Data Collection Strategies

#### The NEST: Description of Outcomes the Program Aims to Achieve

- The NEST aims to achieve the following outcomes:
- Reduced loneliness
- Improved Coping Skills
- Increased concrete support in times of need
- Increased Safety and Stability

#### The NEST: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Reduced loneliness	# and % of Individuals who self-report that, "I believe that I have the skills and knowledge to maintain positive relationships with my peers and other adults" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.	Consumer surveys administered monthly
Improved Coping Skills	# and % of Individuals who self-report, "I believe I have the skills and knowledge to manage my positive and negative emotions" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher	Consumer surveys administered monthly
Increased concrete support in times of need	# and % of Individuals who self-report, "I feel I have a natural support system with my family and/or outside community resources" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher	Consumer surveys administered monthly
Increased Safety and Stability	# and % of Individuals who self-report, "I believe I have the skills and knowledge to parent well and provide a safe and stable home for my children" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher	Consumer surveys administered monthly

### The NEST: FY 21-22 Program Outcomes

During FY 21-22, 30 consumer surveys were administered. Of the survey responses:

- 96% (n=29) of youth self-reported, "I believe that I have the skills and knowledge to maintain positive relationships with my peers and other adults" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.
- 96% (n=29) of youth self-reported, "I believe I have the skills and knowledge to manage my positive and negative emotions" on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.

- 93% (n=28) of youth self-reported, “I feel I have a natural support system with my family and/or outside community resources” on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.
- 93% (n=28) of youth self-reported, “I feel I have a natural support system with my family and/or outside community resources” on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.

Other program successes achieved during FY 21-22 included:

- Two NEST participants became County Employees (7 became employed while in the program)
- One NEST mother is excelling in her Adult Education courses and is on the road to getting her HS diploma
- One of our NEST mothers was gifted a vehicle so she can get to and from work- this vehicle was donated to her by a Lake County Sheriff's Officer whose mother is a former RCS employee
- 7 NEST participants who exited the program left to safe and stable housing
- One NEST parent obtained her driver's license and purchased a vehicle
- One NEST participant celebrated one year of recovery while in program
- In 2022 NEST Staff and clients have participated in local community events such as the Children's Festival for Child Abuse prevention Month, Mental Health Matters function, Pride Celebration at the Harbor, the Recovery Happens function in Clearlake.
- NEST clients are active members of the Youth Board at the Harbor on Main

## Postpartum Depression Screening and Support: Mother-Wise

### Mother-Wise: Program Description and Key Activities

Mother-Wise offers consistent opportunities for social support to perinatal individuals in an effort to prevent, or limit the severity of, maternal mental health complications. Individuals receive support through:

- Weekly home visits with trained “Auntie” volunteers (temporarily suspended due to COVID-19)
- In-person and online mothers’ groups
- Tangible items through the “Mom-to-Mom Closet” for pregnancy and postpartum use
- Connection to a network of the best local resources offered to perinatal individuals and families

While anyone can develop a maternal mental health complication, certain factors increase risk. Screening early and often identifies individuals at risk while providing clues about complicating factors. Routine screening is often the introduction to Mother-Wise that gives individuals access to support before feeling depressed or anxious. Access to Mother-Wise is available to all perinatal individuals and new mothers in Lake County with babies under 12 months, free of charge.

Mother-Wise’s main objectives are:

- **Increased utilization of supports:** Targeted outreach and education reduce stigma and raise awareness in mothers, perinatal individuals, volunteers, health professionals, and the community, leading to increased use of program activities and better participant outcomes.
- **Improved scores on Edinburgh Postnatal Depression Scale (EPDS), a validated screening tool for perinatal depression/anxiety** - Mental health screenings are conducted regularly within the program and by trained professionals at key locations. Screening aids early detection and access to best-practice services for individuals experiencing maternal mental health complications. Repeated screenings allow progressive comparison and indicate where support can be optimized, individually and program-wide.
- **Individuals report feeling better supported after connecting with Mother-Wise.** The program intends to make perinatal individuals feel welcome and comfortable enough to seek and receive help if, and when, they need it. Program activities model and enable a culture of motherhood where moms uplift each other with genuine companionship that can outlast their time as participants.

Mother-Wise’s key activities are:

- Mental Health Screening and Early Identification through use of the Edinburgh Postnatal Depression Scale (EPDS)
- Maternal mental health awareness and training for health professions, volunteers, and staff
- In-Home Visits from trained “Aunties” to support and screen mothers for depression using EPDS - (temporarily suspended due to COVID-19)
- In-Person Social Support for Perinatal Individuals: Mother-Wise hosts weekly groups for moms and babies, led by a trained facilitator.

- The Mom-to-Mom Closet, which provides donated maternity and baby items, including diapers, formula, clothes and more.
- Outreach and engagement through social media

### **Mother-Wise: Underserved Population(s)**

Mother-Wise aims to serve the following underserved populations: Perinatal participants (maternal mental health screening, support, and services are highly limited in Lake County).

Every individual that Mother-Wise reaches out to is underserved as perinatal mental health screening, support, and services are otherwise limited in Lake County. Mothers and perinatal individuals are engaged by the program through partnerships with community and health organizations, targeted outreach, and word of mouth recommendations. Each prong to this approach offers support along the pregnancy and postpartum road, meeting folks where they are at while simultaneously welcoming them to create their own individualized network of support, close to home. In addition, Mother-Wise specifically reaches out to perinatal individuals of the underserved transitional age youth, LGBTQIA+, and Latinx populations through inclusive community partnerships and outreach. Perinatal transitional age youth are introduced to Mother-Wise through referrals from community organizations and local healthcare providers that may identify a heightened level of risk, social media and word of mouth engagement, and targeted outreach that shares Mother-Wise's program activities with the community at large. Mother-Wise also reaches out to perinatal LGBTQIA+ individuals by recognizing that the pregnancy and postpartum journey are not specific to motherhood alone. Outreach efforts and social media engagement serve to inform the local community about the continuum of experiences that perinatal individuals have while simultaneously utilizing inclusive content that encourages folks to engage in screening and services, whether or not they identify as a mother. Mother-Wise also reaches out to the Latinx community by utilizing bilingual staff to offer Spanish language services, including mental health screening, individualized social support, in person and online moms' groups, and tangible items through the "Mom-to-Mom Closet."

### **The NEST: How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors**

#### **Mother-Wise: Risk Factors Experienced by the Target Population:**

Certain factors increase a woman's chance of suffering maternal mental health complications, including postpartum depression, which can be life threatening. Some of the risk factors the target population experience are:

- Personal or family history of depression, anxiety or other mood disorders
- Substance abuse
- Poor social support
- Lack of partner, or conflict with partner
- Unplanned pregnancy
- Young age at time of pregnancy
- Stressful event at time of pregnancy
- Baby born with illness or colic
- Parent of multiples

- Pregnancy and early infant loss
- Cultural or personal stigma prevents mental health hygiene Lack of knowledge
- Stigma
- Lack of resources
- Lack of access to resources

**For mothers.** Untreated postpartum depression can last for months or longer, sometimes becoming an ongoing depressive disorder. Mothers may stop breastfeeding, have problems bonding with and caring for their infants, and be at increased risk of suicide. Even when treated, postpartum depression increases a woman's risk of future episodes of major depression.

**For the other parent.** Postpartum depression can have a ripple effect, causing emotional strain for everyone close to a new baby. When a new mother is depressed, the risk of depression in the baby's other parent may also increase. And these other parents may already have an increased risk of depression, whether or not their partner is affected.

**For children.** Children of mothers who have untreated postpartum depression are more likely to have emotional and behavioral problems, such as sleeping and eating difficulties, crying too much, and delays in language development. In serious cases, neglect may be a factor with long-term detrimental effects, particularly if maternal bonding fails.

#### **Mother-Wise: Strategies to Reduce Risk Factors or Strengthen Protective Factors**

The first step in addressing risk factors is identifying them. Some risk factors can be prevented, some can only be mitigated, and some cannot be helped at all. When we fully understand her situation, we can meet a mom where she is, be with her where she is going, and gently offer her healthy choices. Since perinatal depression is our focus, we apply an evidence-based screening tool, called the Edinburgh Postnatal Depression Screening (EPDS), as soon as possible. This screening also identifies anxiety, and it has been validated for use during pregnancy, as well as postnatal. When we meet a mom, we use the EPDS and our intake form to get to know her and her background.

Lake County's mothers and perinatal individuals often face extra challenges, including geographic isolation, strained financial resources, and an elevated threat of natural disasters. These are some of the most common stressors in the moms we serve, threatening to compound existing risk factors, or even lead to more. Our services aim to meet some of these moms' smaller needs, strengthening protective factors by overcoming challenges successfully.

Every mom is at risk of experiencing a maternal mental health complication, so we aim to contact and screen ALL of Lake County's perinatal mothers as part of their birth experience. Our intake procedure uses motivational interviewing to identify risk factors, and staff is directed to record risk factors as moms share them with us. This helps with statistics, but, more importantly, it allows team members to share important facts about the moms we serve, informing our individualized support strategies.

Perhaps the most important element to our approach is maintaining non-judgement at all times. This skill takes practice, but is essential to being sensitive to the mom's actual needs, and working with her on the best possible outcomes. We know that all moms need someone to listen and care, and they might also need therapy, medication, or religion as part of their circle of support.

Everything Mother-Wise does is designed to promote protective factors. With our social media pages, especially our Facebook group, Mother-Wise - The Village, we bring the support right to the moms. Facebook is an extremely helpful tool we use against geographic isolation. Most moms already have an account, so making online connections is easy, and it's free on both ends. Moms use The Village to help each other solve all kinds of problems, big and small, and we use it to share our information about maternal mental health, thereby reducing stigma with our large audience.

We help moms start and develop healthy strategies to reduce their risk factors and strengthen protective factors in our online and peer group settings. We improve access to care by addressing stigma, and especially lack of knowledge about maternal mental health. By incorporating educational discussion topics, we also develop knowledge of parenting for child and youth development in order to promote safe, stable, nurturing relationships and environments. When we engage with moms on these topics, we expect to reduce the occurrence and negative effects of ACEs, improve physical, cognitive, and emotional outcomes throughout a child's life, and reduce health inequities.

Mother-Wise officially supports moms before and during the baby's first year, but our relationships often last much longer. For example, we leave The Village open to ALL Lake County moms so that we are already connected for the mom's next baby. Some moms have been with us for more than a decade and several pregnancies this way. Ideally (and we really do see this), we develop a continuous connection for life, where a mom who receives from Mother-Wise will also give back in whatever ways she can over time. Social connections are an important goal for us, not only for the obvious benefits to moms, but also to promote the community norm that we all share responsibility for the well-being of children.

### **Mother-Wise: PEI Strategies**

#### **Mother-Wise: Creates access and linkage to mental health services:**

Our team is trained in maternal mental health support, and to the evidence-based standards of Postpartum Support International (PSI), online, and at their annual conference. Staff are also at least trained to the QPR standard of suicide prevention. Mother-Wise also provides ongoing training and encourages the team to obtain more advanced outside training.

The EPDS is our best tool for identifying serious mental illness and/or thoughts about suicide. Any positive score calls for information on maternal mental health, local and national crisis information, PSI resources, help connecting with their medical team for assessment (if wanted), and individualized support and follow-up from the Mother-Wise team. We also talk openly about suicide if indicated by their screening.



### **Mother-Wise: Improve timely access to services for underserved populations**

Mother-Wise reaches diverse populations through alliances with local groups and agencies, such as Lake County Tribal Health, WIC, and local hospitals. Referrals go both ways, and the program also serves as a hub to connect moms with other community programs and services as quickly and as often as possible. Young moms from all backgrounds are often not aware of the many services in Lake County and learning about them and getting connected brings relief and security to moms who may feel overwhelmed.

### **Mother-Wise: Includes strategies that are non-stigmatizing and non-discriminatory**

Active listening and nonjudgment are essential elements of Mother-Wise, and have been from the beginning. The program helps anyone who calls or comes in, even if they are not a new or expecting mom, or if their needs are outside of their scope. All Mother-Wise forms, décor, and personal interactions have cultural sensitivity in mind, and are intentionally neutral. Visitors and guests receive the same warm welcome, and all moms are offered the same supportive services and screenings. Positive scores on the EPDS result in outgoing and incoming referrals, depending on whether the screening was administered by Mother-Wise or an outside agency.

Mother-Wise intentionally welcomes moms into a new culture of Motherhood that supersedes the usual cultural differences. The program recognizes and talks about where cultural differences exist, with the understanding that sharing beliefs and practices helps moms understand different perspectives and choices. With these concepts “on the table,” moms can focus more on what they have in common while respecting one another’s differences.

### **Mother-Wise: Consumers Served**

FY 21-22 Consumers Served
1,904

### **Mother-Wise: FY 21-22 Referrals to Mental Health and/or Substance Use Services**

**Program make referrals to mental health and/or substance use services:** Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
<b>Mental Health Services</b>	Mental health services at LCBHS	Not Reported
	Mental health services at another agency	Not Reported
<b>Substance Use Services</b>	Substance use services at LCBHS	Not Reported
	Substance use services at another agency	Not Reported
<b>TOTAL</b>		Not Reported

The Mother-Wise program shares resources with moms and makes referrals to mental health and substance use services. However, due to staffing challenges during FY 21-22, referrals were not properly reported and tracking was inconsistent. The tracking and recording issue have since been resolved, and

Mother-Wise expects referrals can be reported for FY 22-23.

### Mother-Wise: Expected Outcomes & Data Collection Strategies

#### Mother-Wise: Description of Outcomes the Program Aims to Achieve

The outcomes Mother-Wise addresses are:

- Improved Symptoms of Maternal Depression/Decreased Severity of Maternal Mental Health Symptoms
- Thoughts and Behaviors About Maternal Suicide/Infanticide
- Improved Access to Care
- Increased Feeling of Connectedness and Reduced Loneliness
- Improved Knowledge or Public Awareness/Reduced Stigma about Maternal Mental Health, specifically, Baby Blues, Postpartum Depression and Postpartum Psychosis

Mother-Wise was founded considering the protective factors, and they are woven into the fabric of our approach to the point where they inform every interaction we have with moms. By using a protective factors approach, we and our partners help parents find resources and supports that emphasize their strengths, while also identifying areas where they need assistance, which leads to more success, and thereby reduces the chances of child abuse and neglect. While we promote ALL of the Protective Factors, we do not anticipate any direct effect of our work on the social and emotional competence of children, so this is the only factor we do not measure for.

#### Mother-Wise: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved Symptoms of Maternal Depression/Decreased Severity of Maternal Mental Health Symptoms	<ul style="list-style-type: none"> <li>-# of perinatal moms screened compared to average annual Lake County births</li> <li>-Change in repeated EPDS scores (improved or not, by how much)</li> </ul>	<ul style="list-style-type: none"> <li>-County annual birth information from Public Health</li> <li>-EPDS Screening Log</li> </ul>
Decreased thoughts and behaviors about maternal suicide / infanticide	<ul style="list-style-type: none"> <li>-Response to Question #10 on EPDS improves with repeat screening and supports in place</li> <li>-# of people we serve using QPR</li> </ul>	<ul style="list-style-type: none"> <li>-EPDS/QPR administered with positive screening</li> </ul>
Improved Access to Care	<ul style="list-style-type: none"> <li>-# of positive EPDS screenings who connect with a professional for help after the screening</li> <li>-# of outgoing referrals to: 1) Postpartum support international (PSI), 2) Maternal mental health programs or specialists, 3) Other agencies</li> </ul>	<ul style="list-style-type: none"> <li>-EPDS</li> <li>-Testimonials</li> <li>-Surveys</li> </ul>

Outcome	Outcome Measures	Data Collection Tools
Increased Feeling of Connectedness and Reduced Loneliness	-# of moms who take a post-support survey and report feeling more connected because of the program -# of moms who come to more than one group	-Pre/post or Annual survey shared in the village, in-person at the office, and sent from the main page -Group sign-in sheets
Improved knowledge or public awareness / reduced stigma about maternal mental health	# of people presented to at groups / events who take a post-survey indicating their knowledge about maternal mental health improved	-Group and event sign-in sheets -Group and event post-survey

### Mother-Wise: FY 21-22 Program Outcomes

Due to staff changes and challenges with record-keeping, outcome data are not available for FY 21-22. However, data are available regarding program activities and testimonials or success stories from consumers.

Mother-wise provided the following services during FY21-22:

- 429 perinatal individuals were given direct and individualized support from our team last year
- 974 of the 1904 people served utilized our Facebook group, The Village
- Our Mom-to-Mom Closet supported 135 individuals with needed items, and 27 individuals donated items to the closet
- Groups resumed in April, but since Covid was still tapering off, it was essentially like starting over, and only 3 different moms attended before the fiscal year ended

*"Just wanted to say I love the support in this group. I am now a grandma and would have loved a page like this when my boys were little. Good job ladies - makes my heart warm with all the kindness and giving that goes on in this group." - Mother-wise Consumer*

*"It is a wonderful group to share insight for new moms, experienced moms and all the above. I'm thankful to have something like this in my life." - Mother-wise Consumer*

*"Hi there, I live in Clearlake. Me and my family moved here from Phoenix AZ last October. I have 2 boys and a step daughter all of which have been diagnosed with ASD. I love the lake life and honestly just taking hikes and watching my kids fall in love with nature. I'm really happy I'm a part of this group. I have had so much help already." - Mother-wise Consumer*

*"I want to share my feelings and thoughts on the mother-wise organization. I have been in close contact with the team at mother-wise since about August. I have postpartum, I have had a pretty rough time, until I*

*met them that is. They go above and beyond what any other single person or organization I have been in contact with has ever done for me and my children. Just to start whenever I need something for either of my babies (5year old or 8month old) they helped with what they had on hand and they even triple checked around to find things I needed. There have been countless phone calls and texts just checking up on how I am doing and how the kids are doing if they need anything. There have been more than a few times that they have talked things through with me, when I had no one to talk to and felt mentally broken down. I know that the team is always a safe place to talk about my mental problems without judgment. They always help with connecting me to the right community resources. I don't know what I would have done if not for the comfort and help of these beautiful ( inside and out) ladies. I have cried, and I know I just know they shared in my pain, and helped me find solutions. Thank you. We love mother wise. I know some days it may not feel like it. But this momma and these baby's love you guys. Without your kind words reassurance and belief in me I am sure we would just be living life, but with all the help from you we not only are reaching our goals and my children are thriving, as is my mental health. Thank you ladies." - Mother-wise Consumer*

## Prevention Mini Grants

### Prevention Mini Grants: Program Description and Key Activities

The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities of \$1,000 to \$2,500 to conduct prevention activities and projects. The purpose of the PEI mini-grant program is to provide the Lake County community with an opportunity to develop prevention-oriented activities aimed at building protective factors and reducing risk factors with respect to mental health. Activities addressing suicide prevention, stigma and discrimination reduction are encouraged.

Mini Grantees awarded in FY 21-22 included:

- Healing Through Writing
- Ye-Ma-Bax Wellness Circle
- Harbor Youth Advisory Council
- Wings of Hope Mini-Camps for Children
- Celebrating Life
- Breaking Through Isolation
- The Power of Caregiving
- Overdose Awareness, Education and Prevention for High-Risk Communities

Brief descriptions of the mini-grant programs awarded in FY 21-22 are provided below, along with program activities, successes, outcomes, and challenges.

#### Healing Through Writing

**Project Description:** The writing workshops were planned to help people to express themselves through the writing process.

**Risk Factors Experienced by the Target Population:** The underserved populations this program reached out to were 1. Those with psycho social impact of trauma of the especially from those now as older adults; 2. Stigma and discrimination experienced due to mental illness, trauma in different times of their lives; 3. Cultural, traditional processes of healing expressed in writing forms. Each of the facilitators were writers and in each session a therapist was present to engage conversation from different backgrounds and age groups.

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** This information was not reported for this program.

**Strategies to Reduce Risk Factors or Strengthen Protective Factors:** This information was not reported for this program.

**Expected Outcomes & Data Collection Strategies:** Our classes were an attempt to help people to express their feelings/ emotions through the writing process. To recognize and deal with their negative feelings. A questionnaire was provided at the beginning of each class. Following the class, a time was set aside for discussion. Results were discussed by the writer/facilitator(s) and counselor as guidance for the next classes.

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** Our success is that there were 64 participants 57 were 80 years and above. The majority of them stated there was no other opportunity to express the trauma of the COVID isolation including depression. The workshops were held in Lakeport, Clearlake and Middletown. The duo team of the project coordination with a counseling background and professional local writers to facilitate the expression of the participant's trauma was very successful. The challenges were that this year we had a decrease of Latino families without the availability of LaVoz Peer Support (Latino population) site in Clearlake. Client satisfaction surveys and increased attendance supports program success.

Challenges were:

1. Last minute changes of the workshop locations and illness of facilitator. We changed the dates, times and location on the flyers for two of the workshops. Extra efforts were made to publicize through community radio the change stating it gave people additional time to attend.
2. People with special needs had difficulties in the groups including those with very low vision, hearing loss and one with oxygen. Another needed an assisted typing computer to write story. Addressed by having one of the facilitators sat with those that had special needs. People were reminded to bring their hearing aids, reading glasses and Covid mask. Locations that could accommodate a wheelchair were also identified.
3. There were a couple who could not drive and wanted to attend a couple of workshops. The project facilitator presented the need for transportation on the community radio and that solved the problem as well.

#### Ye-Ma-Bax Wellness Circle:

**Project Description:** Ye-Ma-Bax Wellness Circle holds gatherings with community members and is focused on serving At Risk- Children, Youth and Young Adult, stigma and discrimination, suicide prevention, those with limited access to mental health and services. The goal is to have a healthy community and be well versed in accessing mental health care and know where to get those services. The program itself is in fact considered a service as individuals can attend cultural wellness classes and attend the talking circles that are a part of these activities. The events occurred at the Scotts Valley Tribal Offices and the Tribe's Traditional Dance Grounds.

**Risk Factors Experienced by the Target Population:** Our target population suffers from historical trauma that is usually not realized by the individual unless they have education about what historical trauma is and how it can affect their life.

- Disparities in Access to Mental Health Services,
- Psycho-Social Impact of Trauma,
- At-Risk Children, Youth, and Young Adult Populations,
- Stigma and Discrimination,
- Suicide Risk and/or Prevention

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** Our program is using a talking circle component that allows individuals to share their struggles and about their life issues, ups and downs as a means of healing. In addition, cultural activities are implemented into the circles to assist with trauma and other issues that one may be having. In Native communities, cultural values and participation in traditional ways assists in helping the individuals to not feel lonely as well as increases their self-esteem and self-worth. These are community/ practice- based standards.

**How the Program creates access and linkage to mental health services:** Our program is under the umbrella of the Scotts Valley Band of Pomo Indian, therefore, we have access to Lake County Tribal Health Behavioral Health Department, Scotts Valley Band of Pomo Indians- Indian Health Services program, Pinoleville Pomo Nation Suicide Prevention Program and has determined that whenever an identified serious mental illness is discovered, they will be referred to proper personnel in the above mentioned programs that are well trained to handle these cases. The way individuals are identified is one, during check ins and two one to one verbal check ins by the group facilitator.

**Expected Outcomes & Data Collection Strategies:**

By providing the activities outlined in our grant, the Tribe aims to improve the wellbeing of attendees, improve coping skills, boost confidence, improve knowledge about mental wellness and trauma and reduce loneliness. Their heritage. As culture is brought back into the tribal community hope is engrained in tribal youth. Traditional ways will be something that each participant will be able to carry with them throughout their lives and in difficult times be able to utilize as coping mechanisms when facing difficult life situations. Reduce local Suicide rates among Native American Youth, reduce alcoholism, reduce drug abuse, reduce family violence in the Native Community. Healing historical trauma through education, awareness, and treatment.

Outcome	Outcome Measures	Data Collection Tools
Reduction in risk factors	Group participation and overall health of the group. Do people share their issues and feel comfortable in the group? % of individuals who answer yes to this question "I feel better after I attend group"	Annual Survey of the Talking Circle
Improved connection / reduced loneliness	% of individuals who agreed with the statement: "this Wellness Circle activity helped me feel closer to my Tribal community"	Annual Survey of the Talking Circle

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** Our program is set up as a talking circle/ dance regalia/ cultural activities program. We held seven activities during the grant period under this grant specifically and a few more that were funded by another resource. We had one crisis that we dealt with by referring them to a program under our umbrella.

Of the 30 surveys handed out 10 were received back and indicated that:

- 100% indicated that they felt better after attending the Ye-M-Bax Wellness Circles



- 100% indicated that they felt closer to their Tribal community after attending the Wellness circles.

A huge success was when the youth taught classes to their peers and even adults. This seemed to give them a sense of pride. One youth was able to teach his older brother to make regalia and about other cultural activities. The youth teacher shared how this made him feel so proud.

One area that was challenging was Covid 19 precaution policies that were set in place. We were not allowed to have indoor activities for a portion of the grant period. We held some events outdoors utilizing safety precautions.

### Harbor Youth Advisory Council

**Project Description:** The overarching goal of the Harbor on Main Youth Resource Center (YRC) is to increase safety, well-being, and self-sufficiency to ensure a successful transition to independent adulthood for transition-age youth (TAY), ages 15-25. We aim to achieve these goals by providing the following key services and activities: Peer Support, Community Outreach and Engagement, and Targeted Support Groups. Services and supports are provided on-site at the Harbor YRC in Lakeport, virtually via Zoom and/or Microsoft Teams, as well as in the community via outreach events at local schools and community college satellite locations around the county.

**Risk Factors Experienced by the Target Population:** There is a myriad of risk factors affecting TAY youth which makes them a greater risk of developing mental illness, including but not limited to:

- Peer rejection
- Stressful events
- Poor academic achievement
- Poverty
- Community-level stressful or traumatic events
- School-level stressful or traumatic events
- Community violence
- Geographical isolation
- Limited technology resources
- Limited access to transportation services
- School violence
- Poverty
- Traumatic event
- School failure
- Parental substance use
- Homelessness
- Divorce
- Intimate Partner Violence

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** The Harbor utilizes a combination of evidence-based practices and promising practices to promote and strengthen protective factors such as:

- Motivational Interviewing

- Collaborative Problem Solving
- Positive Youth Development
- ARISE Life Skills
- Trauma Informed Practice
- Targeted support groups
- Peer Support
- Peer Mentoring

**How the Program creates access and linkage to mental health services:** Persons entering into the resource center are required to fill out a membership application which includes a short screening tool where participants self-report recent or ongoing changes in their life which may be attributed to the onset or persistence of, mental health/substance use related issues. The screening tool provides staff with a snapshot of insight into the unique experiences of our members and opens the door to conversations where we can link individuals to appropriate resources and services. Staff members are trained in the process of referring individuals to treatment and offer intermediary/supplemental guidance in the form of targeted support groups and peer support services. Follow-up on treatment referrals is a challenge as Harbor staff do not have access to lists and treatment plans of individuals; however, youth will self-report their experiences and staff follow up with the referred party if there is a signed Release of Information (ROI).

**How the Program improves timely access to services for underserved populations:** In-house services support the goal of increasing timely access to prevention/early intervention services as well as formal mental health treatment. Targeted support groups offer participants the opportunity to engage with peers with similar life experiences who may or may not receive formal services. The Harbor promotes anti-stigma and discrimination on-site at the center, through social media campaigns and via outreach events. The Harbor strives to educate and empower youth to self-advocate and normalize adverse experiences to increase utilization of mental health services.

**How the program includes strategies that are non-stigmatizing and non-discriminatory:** The Harbor on Main is staffed with Peer Support Specialists (counselors) who have self-reported lived experience navigating systems of care and who may have sustained recovery from a mental or substance use disorder, or both. They assist others entering (or are already in recovery) with reducing the recurrence of symptoms (prevention). Peers model recovery, promote shared understanding, focus on strengths, offer positive coping strategies, and provide information and resources/referrals. The Harbor utilizes Peer Specialists to strengthen engagement in treatment and improve outcomes for individuals who receive these services.

**Expected Outcomes & Data Collection Strategies:** The Harbor intended on achieving several goals within this prevention activity:

- Reduce disparities youth experience in accessing on-site services
- Increase resource reach to at-risk TAY who are geographically isolated to their communities
- Reduce stigma and discrimination about issues affecting youth and mental illness.

Outcome	Outcome Measures	Data Collection Tools
Reduce disparities youth experience in accessing on-site services	<ul style="list-style-type: none"> <li># of youth who returned and attended meetings more frequently</li> <li>Change in # of youth who returned and attended meetings more frequently from the previous FY</li> </ul>	C&F Database, Contact Log Report. Data is entered upon completion of identified activity, and a report is conducted at the end of the FY for the date range (July 01, 2021 through June 30 <sup>th</sup> , 2022).
Increase resource reach to at-risk TAY who are geographically isolated to their communities	<ul style="list-style-type: none"> <li># of youth who attended Youth Advisory Meetings</li> <li>Change in # of youth who attended from the previous FY</li> </ul>	C&F Database, Contact Log Report. Data is entered upon completion of identified activity, and a report is conducted at the end of the FY for the date range (July 01, 2021 through June 30 <sup>th</sup> , 2022).

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** The Harbor provided approximately 4,560 services to 229 individuals and had at least 1,359 visits from children, youth, and adults in Lake County. In regard to the proposed activities of the mini grant, we tracked 362 Youth Advisory services throughout the last fiscal year, reaching 226 duplicated youth, and 48 individuals. The Harbor facilitated a minimum of 24 regular Youth Advisory Board meetings throughout the fiscal year but hosted additional project-focused meetings based on the expressed needs of the youth and upcoming events.

The Harbor intended on achieving several goals within this prevention activity:

- Reduce disparities youth experience in accessing on-site services
- Increase resource reach to at-risk TAY who are geographically isolated to their communities
- Reduce stigma and discrimination about issues affecting youth and mental illness.

During FY 21-22, the program achieved the following outcomes:

- 226 youth returned and attended meetings more frequently
- 154 (n=72) more youth who returned and attended meetings more frequently from the previous FY
- 48 youth attended Youth Advisory Meetings

- 14 (n=34) more youth attended Youth Advisory Meetings from the previous FY
- Of the 7 youth who completed the consumer survey, 100% of youth reported, "I know the early warning signs of depression and anxiety and would feel comfortable seeking help from a trusted someone when needed" at least "most of the time" or "always."

The success of this program is evident in the data, particularly in regard to the number of youths who were able to consistently engage in Youth Advisory Meetings as a result of the hybrid option. Not only were youth more present and engaged in the advisory council meetings, but they were also excited about the opportunity to make change in their communities and within the Harbor YRC. This excitement led to motivation and members of the council elected leadership and established an annual plan for the first time since the COVID-19 pandemic. This annual plan consisted of supply drives, Pride events, cultural activities, anti-stigma campaigns, and so much more. The work of this advisory board has persisted into the next fiscal year and the availability of the Smart Board has enabled youth to collaborate in other virtual settings like Youth Safe Rx and the Lake County Mental Health Advisory Board.

The most significant challenge throughout the grant period was in regard to conducting consumer surveys. At the start of the fiscal year, there was a higher demand for youth to attend meetings virtually. Surveys were sent out via a link in the chat box and we didn't get youth responses. We adjusted our approach and we attempted to use polls during these meeting, but youth struggled to use the poll function, particularly if they were using their phones. As youth became more comfortable attending on-site, we received more responses via paper surveys. We will continue to explore options for receiving consumer feedback from online participants if there continues to be a demand for this function.

### Wings of Hope Mini-Camps for Children

**Project Description:** Four Minicamps, three hours each will be provided in four South County Schools, these Minicamps will provide activities and opportunities to learn and discuss feelings of loss and life transitions. Tools will be offered by professionals and volunteers to assist these children in navigating change and losses. We believe this to be a prevention activity as it will provide life skills that can prevent hopeless and helpless feelings to decrease and empower children to express feelings in healthy and productive ways. This in turn prevents or lessens school absences, illness, depression, acting out and potentially may decrease violence to self and others.

**Risk Factors Experienced by the Target Population:** This information was not reported for this program.

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** This information was not reported for this program.

**How the Program creates access and linkage to mental health services:** This information was not reported for this program.

**How the Program improves timely access to services for underserved populations:** This information was not reported for this program.

**How the program includes strategies that are non-stigmatizing and non-discriminatory:** This information was not reported for this program.

**Expected Outcomes & Data Collection Strategies:** This information was not reported for this program.

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** Due to the Covid 19 epidemic:

2020 Jan – June We were virtually shut out of the Lake County schools. We lost Volunteer involvement and Staffing.

2021 We were intermittently allowed in schools and began to reestablish professional connections with School Counselors and provided some limited small groups and one on one counselling.

2022 School Year thus far we continue to reestablish professional and Student alliances and connections. We are also in process of rebuilding our volunteer staffing for school volunteers to be able to provide services at the Pre Covid level. We currently provide small groups and one to one counselling in approx. 10 Lake County schools.

This detailed information has been an attempt to establish the rationale of our inability to provide these scheduled Minicamps thus far. We fully intend to provide the Mini-Camps as we originally proposed them in 2021 and have plans to be able to complete them before the end of the 2023 fiscal year.

### Celebrating Life

**Project Description:** The scope of the program included working closely with staff, stakeholders and other in the Lake County Tribal community to plan and offer a one-day educational workshop focusing on holding conversations about end of life and processing grief combining local customs and beliefs. Much of the emphasis of the project was developed to be inclusive of the tribal community to create a relevant experience.

**Risk Factors Experienced by the Target Population:** This information was not reported for this program.

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** This information was not reported for this program.

**How the Program creates access and linkage to mental health services:** This information was not reported for this program.

**How the Program improves timely access to services for underserved populations:** This information was not reported for this program.

**How the program includes strategies that are non-stigmatizing and non-discriminatory:** This information was not reported for this program.

**Expected Outcomes & Data Collection Strategies:** This information was not reported for this program.

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** Information about project activities, outcomes, successes, and challenges was not reported.

### Breaking Through Isolation

**Project Description:** Hospice Services of Lake County (HSLC) endeavored to conduct two information campaigns targeting vulnerable seniors, disabled adults, their families and caregivers. Information campaigns coordinated with community partners focused on building awareness and knowledge of community resources available to address health and safety issues that impact the emotional mental health of seniors.

**Risk Factors Experienced by the Target Population:** Isolated Senior Citizens often have limited resources including access to technology, social interactions, economics, and support all leading to potential anxiety and depression.

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** The program was developed based on the premise that isolated seniors will benefit from increased awareness of resources that will keep them safe in the event of a wildfire or Power Outage. The resources provided and engagement with a subject matter expert provided a feeling of well-being and security thus reducing frustration and fear. Additionally, by visiting communities there was a strengthening of relationships among community members indicating by commitments made to assist vulnerable seniors as needed. Materials provided were large print and Know your Zone magnets filled out and explained by AmeriCorps volunteers.

**How the Program improves timely access to services for underserved populations:** In a broad sense considering the larger purpose of this grant, we included distribution of 200 Area Agency on Agency resource directories for households that gave indications needing additional behavioral health resources. However, it was challenging due to the limitations in the community at that time. Households were encouraged to contact HSLC, NCO, seniors' centers & lake County Behavioral Health if more information was needed. We received 23 phones calls after the information campaign.

**Expected Outcomes & Data Collection Strategies:** The Breaking Isolation project was intended to conduct an information "blitz" by engaging multiple services providers and personally contacting multiple at-risk seniors. The project had a chain effect by mobilizing service providers and mobile homeowners/managers around two important topics; access to support services and emergency preparedness followed by an information campaign directly impacting seniors.

Outcome	Outcome Measures	Data Collection Tools
Increased awareness of mental health and other services among vulnerable seniors	<ul style="list-style-type: none"> <li>Anecdotal feedback from seniors/managers/ AmeriCorps team members indicating greater awareness of resources and response to emergencies</li> </ul>	Return visits to senior communities
Increased knowledge of preparing for wildfires/power shutoffs resulting in	<ul style="list-style-type: none"> <li>Anecdotal feedback from seniors/managers/ AmeriCorps team member indicating greater awareness of resources and response to emergencies</li> </ul>	Number of information pieces distributed
Increased awareness among senior communities about resources for seniors	<ul style="list-style-type: none"> <li>Anecdotal feedback from seniors/managers/ AmeriCorps team members</li> <li>indicating greater awareness of resources and response to emergencies</li> </ul>	Focus groups with AmeriCorps team members and logged calls from seniors

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** There were multiple information campaign activities implemented during the program year:



- Seniors Thriving committee members provided insight into messaging for vulnerable seniors with a call to action of getting households prepared in the event of a wildfire or power outage. Community organizations were encouraged to participate and be on standby for contacts by seniors needing resources
- OES was contacted and provided **Know your Zone** magnets and brochures  
AmeriCorps were trained and coached on effective communication techniques while working with vulnerable seniors
- Information visits were conducted with mobile home park and apartment managers educating on Know your Zone information and resources available for vulnerable seniors
- Over 2,000 visits were made over a 2-month period in mobile home parks and a Veterans Outreach event.
- Printed material was distributed including LCBH rack cards
- 23 calls from visits were taken with more information provided concerning senior resources

The Breaking Isolation project was intended to conduct an information “blitz” by engaging multiple services providers and personally contacting multiple at-risk seniors. The project had a chain effect by mobilizing service providers and mobile homeowners/managers around two important topics; access to support services and emergency preparedness followed by an information campaign directly impacting seniors.

The volume and quality of visits to vulnerable seniors with the ability to leave information and provide follow up assistance was successful. The willingness of mobile home park owners and staff to reinforce information presented was positive. The front-end work of identifying senior communities and establishing relationships with staff for future campaigns was valuable. Since Lake County does not have a well-coordinated service delivery system for vulnerable seniors this was a valuable exercise in demonstrating how successful collaborations can be conducted.

Challenges surfaced when the program attempted to create a local brochure/flyer for emergency preparedness. It became problematic to create a piece that would be signed off by all the public safety agencies involved in emergency preparedness. Instead, we collected multiple documents from various agencies that addressed the needs of seniors. We also found ourselves needing and increased amount of Spanish printed materials and translations services. We were able to quickly locate these resources which we attribute to the collaboration among organizations.

### The Power of Caregiving

**Project Description:** Hospice Services of Lake County partnered Redwood Care Resource Center to offer a 2-part workshop for individuals caring for family members or other with dementia or other neurological conditions. The goal was to provide an opportunity to process feelings in a safe and supportive setting and information to help participants feel less alone, cultivate relationships, receive information about resources, increase capacity and understanding.

**Risk Factors Experienced by the Target Population:** The promotion of workshops targeted older adult caregivers which often are isolated with a minimal support system while caring 24-7 for a family member. Support resources are limited in our county and without help accessing services many remain alone in



their efforts to provide quality care. Often patients cannot be easily transported families cannot afford to hire private caregivers and number of qualified caregivers are extremely limited. All these factors lead to risk of exhaustion, depression, substance abuse and not engaging in self-care activities. Many households cannot afford or do not have the confidence to use the technology to engage in therapeutic services.

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** Workshops aimed to reduce risk factors by educating and encouraging awareness of available resources. The facilitator was skilled in organizing the workshop allowing participants to feel safe and open about their individual circumstances. The topics covered were relevant including: stages of dementia/Alzheimer, grieving the losses of their life and the caregivers, understanding the changes in behavior of a loved one with dementia, dealing with feelings of guilt and failure, how to care for ourselves physically, emotionally and spiritually, how to find support and learning to accept the person that he/she is now.

The facilitator is an LCSW with many years of experience in private practice, working as a social worker at Kaiser and workshop facilitator on the topic of caregiving. She cited many best practices in the workshop.

**How the Program improves timely access to services for underserved populations:** The Workshop aimed to help participants become more aware of mental health services in the community by providing resource lists and an explanation of available services. Discussions were facilitated to encourage disclosure and methods to seek support.

**How the program includes strategies that are non-stigmatizing and non-discriminatory:** Throughout the workshops we emphasized the normalcy of seeking services. The structure of the workshop successfully underscored that caregivers are not alone in their efforts to care for a loved one.

**Expected Outcomes & Data Collection Strategies:**

Outcome	Outcome Measures	Data Collection Tools
Increased awareness and acceptance of feelings surrounding care giving.	<ul style="list-style-type: none"> <li>Assessment of group discussions</li> </ul>	Workshop Evaluation
Increased awareness of the importance of healthy self-care practices	<ul style="list-style-type: none"> <li>Participants indicate awareness of information during discussions and accept printed information that is distributed.</li> </ul>	Workshop Evaluation
Increased knowledge of concepts related to effective caregiving.	<ul style="list-style-type: none"> <li>Responses in workshop evaluation indicating increased knowledge and acceptance to information presentation.</li> </ul>	Workshop Evaluation

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** There was one two full day workshops conducted on April 24 and May 2, 2022. Twenty-one participants attended the workshops. Information

packets and Resource directories with distributed and reviewed. Free respite Care and transportation was provided as well as a caregiver booklet. The Redwood Caregiver Resource Center and HSLC provided lunch and snacks for participants.

We received positive feedback anecdotally and on workshop evaluations. Follow up telephone calls indicated that participants connected with community resources.

We are pleased with the overall outcome of the workshop. The collaboration with Redwood Resource Center was excellent. The facilitator was knowledgeable, professional, and engaging. The topic was timely after a challenging time with COVID 19 and attendance was good. We didn't save any specific stories but observing individuals open up about their personal circumstances was powerful followed by incredibly affirming and supportive responses was amazing. We learned that 5 months later, a group of participants are still connected. The other success is that through the promotional effort's awareness was raised about the needs of in hoe caregivers.

There were not many challenges. The most predominant was navigating COVID precautions. Secondary was getting the word out effectively to our targeted population-isolated older adults.

### Overdose Awareness, Education and Prevention for High-Risk Communities

**Project Description:** Any Positive Change Inc. intends to illuminate the issue of preventable overdose death by facilitating community education. Our launch will be August 31, 2021 a day known round the world as International Overdose Awareness Day. Any Positive Change will follow up on International Overdose Awareness Day by providing 4 trainings around the lake, two specifically to the Latinx community. The trainings will provide participants with the knowledge and skills to recognize, respond and reverse an opioid overdose.

**Risk Factors Experienced by the Target Population:** People who use drugs (PWUDs) are Any Positive Change's focus. PWUD as a community experience significant health disparity which often leads to higher rates of poor health and disease for a range of health conditions. PWUDs may internalize and/or anticipate the public stigma attached to their status as a drug user which can lead to maladaptive behaviors leading to poorer health outcomes.

A significant number of PWUDs are unhoused, which in and of itself affects physical and behavioral health. PWUDs who are unhoused suffer:

- Loss of self esteem
- Becoming institutionalized
- Increase in substance misuse
- Loss of ability and will to care for oneself
- Increased danger of abuse and violence
- Increased chance of entering the criminal justice system
- Development of behavioral problems

**How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors:** Any Positive Change Inc. as a drug user health organization uses the model/practice of harm reduction which is an evidence-based practice. We adhere to the principles of harm reduction available on the website of the National Harm Reduction Coalition. We offer radical hospitality and unconditional love to people ostracized from mainstream society. We work to reduce stigma on a myriad of levels, from use of language and empowering PWUDs to exercise their rights to medical care, benefits, social justice, economic justice. We engage with people respectfully and honor people's self-determination, acknowledging that people themselves are the primary agents of change and reducing harm in their own lives. We offer basic need supplies to those living outside, including sleeping bags, warm outerwear, socks, hygiene kits, bathing wipes and food. We train people to recognize overdose and administer naloxone. It is our stance that PWUDs are the true first responders. PWUDs have documented close to 300 peer reversals in Lake County, which is to say that these people are alive today due to the actions of their peers. We offer a low barrier buprenorphine Tele-Health program to those habituated to opiates including fentanyl. We under the auspices of our funder have completed 3 cycles of point in time surveys of PWUDs and paid them for their time. We have a drop-in center in Clearlake, which offers lockers to keep belongings, we allow people to use our PO Box as a mailing address. We provide services to PWUDs that all people are entitled to, but that many PWUDs feel excluded from, due to stigma experienced while seeking services.

**How the Program creates access and linkage to mental health services:** We have assisted several clients with homeless certification and subsequent assessment at the Big Oak Peer Support Center. We connect people with military backgrounds to the Veterans Support Center for assistance with obtaining their DD214, and paving the way for possible service-connected benefits. It is our belief that the Housing First model goes a long way, get a person inside and the rest will work itself out (not always, but often)

**How the Program improves timely access to services for underserved populations:** Any Positive Change Inc. currently operates via a mobile unit, a truck purchased with funding from Sir Elton John. Our truck is in Lucerne on Tuesdays from 1700-2000, except during inclement weather or wildfire. The truck also has a site in Lower Lake on Thursdays from 1400-1700. The demand for syringes is down, due to more smoking. From a medical standpoint, smoking drugs is a less risky route of administration than injection.

We also offer services at our drop-in center which is open Mondays, Wednesdays and Fridays from 10:00 AM- 3:00 PM.

We are ready and able to serve people with mild to moderate behavioral health issues during any of these times and at any of these places. Our phone is answered from 7:00 AM-9:00 PM. We encourage and refer folks to LCBH who have severe behavioral health issues, however they often have the experience that while the popular sound bite is "there is no wrong door" it is difficult for them to break down any of the doors. At many organizations that are designed to serve the most vulnerable the most vulnerable experience judgement, degradation and barriers that prevent them for taking advantage of the services they most need.

**How the program includes strategies that are non-stigmatizing and non-discriminatory:** Any Positive Change welcomes all people. Throughout the many years that this writer has been serving the most disenfranchised residents of Lake County a common refrain has been "you are the only ones who ever

treated me with any respect”. As a society this is nothing short of shameful and scandalous.

We “normalize” behavioral health and explain that at any given time, numerous people have issues that impact their lives and that also can be worked on and worked through. We encourage people to believe that they can get better, be better and do better with as the Beatles said “a little help from your friends”.

#### **Expected Outcomes & Data Collection Strategies:**

Any Positive Change Inc. at all times and in all ways supports PWUDs. Our 27-year history speaks to the trust that people have in us. Harms (yes plural) reduction is in fact reducing risk, safer drug use, encouraging people to recognize the risk factors such as using alone, buying drugs from a new supplier, the risks involved in fentanyl use (even one hit can cause an overdose), getting released from jail, rehab, or hospital as tolerance is down and one is best served by “going low and slow”. We empower PWUDs to claim their human and civil rights and apply for benefits such as health benefits, food benefits, federal benefits, housing etc. We empower PWUDs to fight unjust legal actions such as illegal camping (Martin versus Boise). Our distributed freely matches, list our phone number and encourage readers to “make positive changes as you define them for yourself”. We hold ourselves accountable to combating the forms of racism, stigma, marginalization, and criminalization that place people in harm’s way.

Outcome	Outcome Measures	Data Collection Tools
PWUDs trust and feel connected to Any Positive Change	PWUDs share their story and answer the questions that constitute the PIT. During the time frame of this AODS Prevention grant, there were two separate PITs and at each PIT 15 people were sampled. While it is a small snapshot of the experience of drug users in Lake County, it is then compared with California at large. All the CHRI (California Harm Reduction Initiative) grantees participate in each and every PIT.	Under the auspices of the Harm Reduction Coalition Any Positive Change completes PIT studies and pays PWUDs for their time. The PIT is administered several times a year and each count has consisted of different participants.

**FY 21-22 Project Activities, Outcomes, Successes, and Challenges:** Any Positive Change offered naloxone training at La Voz de Esperanza, at the Redwood Empire Food Bank food distribution in Clearlake, at the 2021 Heroes of Health Care at the Lakeport Fairground at every syringe exchange site and at our drop-in center. All of the training involves naloxone dispensing including face shields (big ask these days to ask humans to breath for another). Any Positive Change Inc. is well represented on social media.

Any Positive Change Inc. presented the award-winning documentary Powerlands made by Ivey Camille Manybeads, a young queer Navajo. Powerlands is an important film that provides insight into the negative impacts that the energy industry has on indigenous communities across three continents, known as resource colonization. Any Positive Change Inc. held two free showings at the Soper Reese, the space

being graciously donated free by the Lake County Arts Council. Ivey Camille was present at both showings to engage with the audience after each showing. Sadly, there was minimal representation of people of color at either showing.

Any Positive Change Inc. offers a drop in space which provides showers, hygiene supplies, use of computers to apply for health and food benefits, assistance with resume writing, ability to utilize phone, serves as a mailing address, referrals to a wide variety of community-based organizations, including a re-entry program for formerly incarcerated individuals, buprenorphine Tele-Health and a myriad of services dictated by client need.

During the time frame of July 1, 2021-June 30, 2022, the program provided:

- 1,406 individuals with harm reduction education.
- 1,484 doses of naloxone (including both nasal and injectable) 2 doses in a box and or 2 vials in a kit
- 79 documentations of peer reversals.
- 151 Fentanyl Test strips provided
- Began offering stimulant safety harm reduction.
- 24 bup inductions.
- Countless snack bags, safer sex supplies, wound care kits, hygiene kits, socks, sleeping bags, hand warmers, warm outerwear and unconditional love given
- Awarded HCV Rapid Test kits by CDPH.
- Hired PWUDs.
- BIPOC and immigrant led organization.

Any Positive Change has been providing overdose prevention and education since 2008. However, saying that it has been difficult to gain entrance to the Latinx community is an understatement. Any Positive Change sought out Latinx churches and their respective pastors. The pastors listened, sometimes attentively however at the end of the session, the ask was “what church do you attend?”. We contacted Spanish language KPFZ radio programmer, speaking at length about the Latinx overdose crisis in Lake, however that person was more interested in touting their own horn. We left messages for bi-lingual educators at both junior colleges in Lake, no response. We translated our materials into Spanish, created T-shirts and bags about naloxone into Spanish, we obtained a video about overdose in Spanish. We hired a Spanish speaking person to translate. We envisioned a champion rising out of the first group of Spanish speaking people we trained. We did in fact train 16 Latinas at La Voz de la Esperanza with the assistance of Richy Ramos who is employed as a client support assistance at LCBH. During that training one of the women exclaimed “oh that is what that is”. She explained that she had received a bag of “goodies” at the October Heroes of Health Care. Upon her return home and in examining her bag, she was completely unaware of the lifesaving potential of the naloxone was and threw it away. Lake County needs to do better, an entire segment of our population that feeds us, cares for us, nurtures our children is at huge risk.

## Access and Linkage to Treatment Programs: Evaluation Report

### Outreach & Engagement

#### Street Outreach: Program Description and Key Activities

The Outreach and Engagement program encompasses the four outreach workers (i.e., prevention specialists) housed at each of the Peer Support Centers as well as the street outreach program. The goal of the Outreach and Engagement program is to spend more time out in the community doing outreach. The program is jointly funded through PEI and CSS. PEI funding is used specifically for the street outreach component, while CSS will fund more general outreach and engagement efforts and activities.

As part of the Outreach and Engagement program, LCBHS has been able to obtain an “outreach van” to go directly out in the community to offer services. There are many underserved population points within the County and going to them to help, provide linkages, and provide resources such as hygiene products, personal care, or cell phone. Additionally, LCBHS is forming an agreement with a company to be able to provide telehealth services, such as therapy and primary care, directly to people in the community. The outreach van will be equipped to provide that service as long as there is cellular connection. The outreach staff also respond to referrals when other first responders, such as law enforcement, identify someone who needs some assistance for their mental health. The van also has the ability to transport someone to a place of assistance if the need presents itself.

#### Outreach & Engagement: Underserved Population(s)

The Outreach & Engagement program aims to serve the following underserved populations: Native American and Latinx communities, TAY, unhoused individuals, and families with children.

#### Outreach and Engagement: Integration of PEI Service Areas

***(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction***

The Outreach and Engagement Program is designed to outreach specifically to underserved populations and link them to appropriate services. This includes assisting with setting appointments for services and providing transportation, if necessary. Additionally, the outreach van has partnered with Bright heart, which offers immediate telehealth for a number of behavioral health services, including substance use disorders. Clients will be able to sit in the van and engage in these services directly through telehealth.

Through both our outreach van and participation at community events, staff engage with community members and talk about the benefits of mental health services and how to access those services, including assisting making telephone contact with the MH screening staff.

The outreach team makes special effort to destigmatize mental health. The van itself has the logo, “People Helping People” with contact information and is displayed at community events and parades. Brochures and literature emphasize the normal human condition of mental health challenges and offer practical solutions. The outreach program is designed to touch all peoples of the community; the van travels to all points of the county and contact anyone willing to engage with the team.



## Outreach & Engagement: PEI Strategies

### Outreach & Engagement: How the program creates access and linkage to mental health services

Through both our outreach van and participation at community events, staff engage with community members and talk about the benefits of mental health services and how to access those services, including assisting making telephone contact with the MH screening staff.

### Outreach & Engagement: Improve timely access to services for underserved populations

The Outreach and Engagement Program is designed to outreach specifically to underserved populations and link them to appropriate services. This includes assisting with setting appointments for services and providing transportation, if necessary. Additionally, the outreach van has partnered with Bright heart, which offers immediate telehealth for a number of behavioral health services, including substance use disorders. Clients will be able to sit in the van and engage in these services directly through telehealth.

### Outreach & Engagement: Includes strategies that are non-stigmatizing and non-discriminatory

The outreach team makes special effort to destigmatize mental health. The van itself has the logo, "People Helping People" with contact information and is displayed at community events and parades. Brochures and literature emphasize the normal human condition of mental health challenges and offer practical solutions. The outreach program is designed to touch all peoples of the community; the van travels to all points of the county and contact anyone willing to engage with the team.

## Outreach & Engagement: FY 21-22 Consumers Served

FY 21-22 Consumers Served
807

## Outreach & Engagement: FY 21-22 Referrals to Mental Health and/or Substance Use Services

Program make referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
Mental Health Services	Mental health services at LCBHS	Not Reported
	Mental health services at another agency	Not Reported
Substance Use Services	Substance use services at LCBHS	Not Reported
	Substance use services at another agency	Not Reported
TOTAL		Not Reported

[Need info about why not implemented]

## Outreach & Engagement: Expected Outcomes & Data Collection Strategies



**Outreach & Engagement: Description of Outcomes the Program Aims to Achieve**

Street Outreach was a new program designed in FY 21-22 and had only just started implemented during the evaluation period. FY 21-22 data were not yet collected for the street outreach component of outreach and engagement. Additionally, outcome data for outreach and engagement efforts are difficult to track given the nature of the outreach events and activities. LCBHS is working with Outreach & Engagement programs to identify expected outcomes for FY23-24. Program successes achieved in FY21-22 are reported below.

**Outreach & Engagement: FY 21-22 Program Outcomes**

During FY 21-22, the Outreach and Engagement program held several outreach and awareness events across Lake County, including:

- **11 Farmers Market Events:** Resource table set up in Library Park in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-shirts and other promotional program items were handed out.
- **2 Know the Signs Sidewalk Talks:** Resource table set up at various sites around Lakeport. Handed out T-Shirts and KTS Resources and held conversations about mental health
- **2 School Campus Lunchtime Events:** Resource tables were set up at Clearlake High School and Kelseyville High School campuses. Mental Health Awareness T-Shirts and other promotional program items were handed out.
- **Vet Stand Down 2-day Event:** Resource table set up at the Fairgrounds Fritz Hall in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-Shirts handed out.
- **Celebrate Recovery:** Resource table at Library Park in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-Shirts and other promotional program items handed out.
- **Heroes for Health and Safety:** Resource table at Fair Grounds in Lakeport. Mental Health Awareness, Stigma Reduction and Suicide Prevention Red Cape backpacks, bubbles and pencils handed out.
- **Candlelight Vigil:** Vigil at Museum Park in Lakeport. Memorial table, memorial board, felt hats, markers and resources. This was a collaboration with Hospice Services of Lake County.
- **2 Vet Connects Events:** Resource table at American Legion Hall in Clearlake. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-Shirts handed out with other promotional program items.
- **Children's Festival:** Resource table at Library Park in Lakeport. Children's Mental Health Awareness Red Cape Backpacks, parent resources, t-shirts and other promotional program items were handed out.
- **Mental Health Matters Month Event:** LCBHS Outreach and Prevention team coordinated this event in collaboration with other agencies at Library Park in Lakeport. Mental Health Awareness Resources were made available.

Other Outreach and Engagement Program Successes include:

- 1200+ contacts with the community

- Linkage for an older, unhoused, gravely ill Veteran that was able to be housed. We were able to collaborate with the VA, Catholic Charities, and Adventist Health to improve his quality of life.
- Outreach services provided during the PIT Count
- Lunches and food provided to families
- Many people have been able to apply for and receive food stamps and Medi-Cal
- Delivery of necessary medications to older adults unable to pick up their prescriptions
- Attendance at community events

## Outreach for Increasing Recognition of Early Warning Signs of Mental Illness Programs: Evaluation Report

### Mental Health First Aid

#### Mental Health First Aid: Program Description and Key Activities

Mental Health First Aid trains behavioral health staff, local law enforcement, teachers, parents, and high school students (grades 10 through 12) on how to identify, understand and respond to signs of mental illness and SUD in youth (ages 6-18).

Adult MHFA is an 8-hour training for adults who work with adults. This training gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care.

Youth MHFA is the 6-hour training that gives adults who work with youth the skills they need to reach out and provide initial support to children and adolescents (ages 6-18) who may be developing a mental health or substance use problem and help connect them to the appropriate care. Youth Mental Health First Aid trains adults to be prepared to help young people facing a crisis.

Teen Mental Health First Aid teaches high school students how to identify, understand and respond to signs of mental illnesses and substance use disorders among their friends and peers. The training gives students the skills to have supportive conversations with their friends and get a responsible and trusted adult to take over as necessary. It is designed to be delivered in schools or community sites in three interactive classroom sessions of 90 minutes each or six sessions of 45 minutes each. Schools and organizations offering the training are required to train at least 10 percent of adult staff in Youth Mental Health First Aid and to train the entire grade level. A critical step in the teen Mental Health First Aid action plan is connecting with a trusted adult.

#### Mental Health First Aid: How the program identifies and engages potential responders in the training

The Prevention Team collaborates with other agencies such as Probation, the Office of Education, Big Valley Rancheria, Sutter Health, the Moose Lodge members, Senior Centers, other local agencies, and the general community to bring Mental Health First Aid to schools, work places, and the community at large.

#### Mental Health First Aid: How the training helps potential responders learn how to identify and respond to signs and symptoms of mental illness

It teaches how to identify, understand and respond to mental health and substance use challenges. It provides information on how to help others connect to appropriate care.

#### Mental Health First Aid: Underserved Population(s)

Mental Health First Aid program aims to serve the following underserved populations: transition-aged youth, the Native American community, and rural populations. It is also provided to people who work with underserved populations such as first responders, teachers, paraprofessionals, administrators, students, and anyone that has a desire to make our rural community healthier, happier, and safer for all.

Information regarding the program is distributed through email, social media, and community events.

### Mental Health First Aid: PEI Strategies

#### **Mental Health First Aid: How the program creates access and linkage to mental health services**

The Mental Health First Aid program increases access and linkage to mental health services by increasing a person's knowledge of signs, symptoms, and risk factors of mental illnesses and addictions. During the presentations local resources for mental health and substance use disorder treatment services is given to the participants.

#### **Mental Health First Aid: Improve timely access to services for underserved populations**

During the presentations, information is shared regarding the local resources and how to access those services. Also, the trainers spend additional time with the participants as needed for additional support and referrals. After a presentation at a local school, it was determined that the students needed additional support. The trainers were able to provide an additional self-awareness group for these students helping to support them during these challenging times and preventing the need for more intensive mental health services.

#### **Mental Health First Aid: Includes strategies that are non-stigmatizing and non-discriminatory**

Participants of the MHFA experience positive contact with an instructor that has experienced mental health problems and recovery themselves. The trainers are competent in their presentation, offering their shared experiences as well as evidenced-based curriculum. The program also emphasizes that it is normal to experience mental health problems and there is hope for recovery.

### Mental Health First Aid: FY 21-22 Consumers Served

FY21-22 Consumers Served
114

### Mental Health First Aid: Potential Responders and Settings Engaged

The Mental Health First Aid program serves adults and youth (both available in English and Spanish), public safety workers, Fire/EMS workers, workplaces, veterans, older adults, rural communities, and higher education. The program also includes a specific Teen Mental Health First Aid component designed for high school students (beginning in 10<sup>th</sup> grade). Providing mental health first aid training to individuals within the same community (e.g., schools, families, and adults who work with youth) increases awareness of information, tools, and strategies to prevent and improve mental health issues, reduce stigma, and create opportunities for communication around these issues.

#### **FY 21-22 Potential Responders and Settings Engaged:**

Potential Responders: Teen Mental Health First Aid program trainings provided to high school 10<sup>th</sup> thru 12<sup>th</sup> grade students served approximately 130-150 individuals. The Youth Mental Health First Aid program trainings provided to the local adult population and educators, approximately 16 individuals.

Settings Engaged: Trainings were conducted at LCBHS Offices (Prevention Training Room), La Voz de Esperanza Peer Support Center, Lake County area schools, and the Hope Center.

## Mental Health First Aid: FY 21-22 Referrals to Mental Health and/or Substance Use Services

**Program make referrals to mental health and/or substance use services:** Yes

If yes, provide the total number of individuals referred to mental health or substance use services at LCBHS or another agency:

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
<b>Mental Health Services</b>	Mental health services at LCBHS	Not reported
	Mental health services at another agency	Not reported
<b>Substance Use Services</b>	Substance use services at LCBHS	Not reported
	Substance use services at another agency	Not reported
<b>TOTAL</b>		<b>Not reported</b>

Staff who provide services for these programs provide resource information at each training. However, the programs do not have the infrastructure to track referrals or resources provided at this time.

## Mental Health First Aid: Expected Outcomes & Data Collection Strategies

### Mental Health First Aid: Description of Outcomes the Program Aims to Achieve

Mental Health First Aid aims to:

- Improve knowledge/awareness about mental health,
- Reduce mental health stigma, and
- Provide resources information for the local youth and adult population in the community.

### Mental Health First Aid: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improve knowledge and awareness about mental health challenges	Number of individuals reporting improved knowledge and awareness about mental health in several areas (e.g., knowledge about suicide, warning signs of suicide, how to ask about suicide, how to get help for someone, local resources for help with suicide)	Pre- and Post-Training Surveys

## Mental Health First Aid: FY 21-22 Program Outcomes

Outcome data were unavailable for the reporting period. Mental Health First Aid uses a curriculum from an external provider that also provides the pre- and post-training surveys. LCBHS is currently working on how to obtain the pre- and post-training data from the provider.

A program success achieved during FY 21-22 was that 10<sup>th</sup> grade student participants from KEC High School College Prep class expressed enjoyment of the Teen Mental Health classes. This particular round of students was very active in the activities and discussion for the program.

## Improve Timely Access to Services for Underserved Populations: Evaluation Report

### Older Adult Outreach and Prevention: Friendly Visitor Program

#### Friendly Visitor Program: Program Description and Key Activities

The Friendly Visitor program recruits and trains volunteers to visit homebound seniors. Friendly Visitors are volunteers over the age of 20 who provide home-based outreach, emotional support, companionship, and referrals to services for seniors over the age of 55. Keeping potentially isolated seniors connected helps increase their independence and gives them something to look forward to on a weekly basis.

#### Friendly Visitor Program: Underserved Population(s) Served

The Friendly Visitor program aims to serve the following underserved populations: older adults, including who identify as Latinx and Native American.

#### Friendly Visitor Program: PEI Strategies

##### Friendly Visitor Program: Creates access and linkage to mental health services

Senior peers provide counseling, important mental health resources, and referrals to homebound older adults as needed, many of whom might otherwise not have access to such resources. During the intake process, the Program Director asks if the individual is seeking counseling or companionship. If the individual is seeking counseling, the individual is referred to the Senior Peer Counseling program (part of Konocti Senior Support and LCBHS). If they say they want companionship rather than counseling, an intake is conducted to match them with one of our volunteers. Some Friendly Visitor clients do have mental health issues and are in treatment, but they are still able to benefit additionally from the weekly companionship and contact with a Friendly Visitor.

##### Friendly Visitor Program: Improves timely access to services for underserved populations

Senior peers provide counseling, important mental health resources, and referrals to homebound older adults as needed, many of whom might otherwise not have access to such resources. Referral to the Senior Peer Counseling program provides rapid access to counseling services for isolated older adults.

##### Friendly Visitor Program: Includes strategies that are non-stigmatizing and non-discriminatory

Senior peers meet older adults where they are, in their homes, to provide support and visitation in a way that best fits their needs. Friendly relaxed conversations at intake and with volunteers put clients at ease and reduce stigma about experiencing mental health challenges and mental illness.

#### Friendly Visitor Program: FY 21-22 Consumers Served

FY21-22 Consumers Served*
182

### Friendly Visitor Program: FY 21-22 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
Mental Health Services	Mental health services at LCBHS	Several Uncounted
	Mental health services at another agency	Not reported
Substance Use Services	Substance use services at LCBHS	1
	Substance use services at another agency	Not reported
TOTAL		1 + Several Uncounted

Currently, referrals are only tracked informally (e.g., checking in with the program director at another agency to see if they got the referral) Konocti Senior Support agency. The program will begin keeping count of the referrals in the future.

### Friendly Visitor Program: Expected Outcomes & Data Collection Strategies

#### Friendly Visitor Program: Description of Outcomes the Program Aims to Achieve

The Friendly Visitor Program aims to:

- Improve connection, and
- Reduce loneliness among isolated older adults

#### Friendly Visitor Program: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved connection/ reduced loneliness	Number and percent of individuals who agree with the statements: "Participating in this program has helped me feel more connected to my community" and "Participating in this program has helped me feel less alone."	Verbal survey of clients at entrance and exit from program, or every year

### Friendly Visitor Program: FY 21-22 Program Outcomes

To track program outcomes, surveys were mailed to approximately 8 clients; however, only 2 replied. To improve response rate and better evaluate program impacts, the program intends to ask clients if they are feeling isolated and lonely at program intake, and then conduct a follow-up survey at year-end or end of services to determine if feelings of isolation and loneliness have improved.

One success story in FY 21-22 is about a volunteer who works with her 90- year-old neighbor who participates in the Friendly Visitor Program. They are both artists, and work on art projects together. The participant recently had a show of her work at a local gallery and was featured in two Record-Bee newspaper articles, one of which focused on the whole Friendly Visitors program. The participant said of



her time with the volunteer, "She gives me a reason to live." The volunteer shared about working with the participant, "Working with [the client] makes me so happy!" Recently we had a Friendly Visitors art-garden party at the volunteers' home. Several of the volunteers shared their art work and their experiences with the program, and we recruited two new volunteers and brain-stormed doing an art group at the senior center.

## Integrated Programs

### Big Oak: Peer Support Recovery Center

#### Big Oak: Program Description and Key Activities

The Big Oak Peer Support Center serves as a center of learning for self-improvement and a link to mental health services for the community of Lake County. The Big Oak Peer Support Center provides a positive and supportive environment for people who may be facing life struggles. The center staff work with community members and agencies on how to achieve both physical and mental wellness. The goal is to support personal growth by expressing compassion and offering a unique perspective to recovery from peer support. The staff teach daily skills, anger management, and education on substance abuse while believing in the person's potential and ability to recover. The center focuses on providing services to those experiencing homelessness, ensuring that their basic needs are met. Staff collaborate with community agencies in assisting community members with applying for benefits/assistance, obtaining housing, medical care, and mental health or substance use treatment services. The center also collaborates with community partners to provide two monthly food giveaways, a clothing closet, and weekly showers to all community members.

#### Big Oak: Integration of PEI Service Areas

**(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction**

#### Big Oak: PEI Strategies

##### **Big Oak: Helps prevent the development of mental illness**

The center provides a warm welcoming environment, the staff are trained in providing resources to participants to improve their quality of life. This support helps to increase the feelings of security while decreasing isolation and depression.

##### **Big Oak: How the program creates access and linkage to mental health services**

The staff are trained in assessing the mental health needs of participants, if needed an appointment is scheduled for an assessment with the Access Team at LCBHS which is conducted at that time over the phone with a CSA or Lead Staff at the center. After the referral is made center staff follow up with the case manager or the client to ensure that an appointment was scheduled and we aid in attending that appointment with bus passes, transportation, or the use of phone/computers.

##### **Big Oak: Improves timely access to services for underserved populations**

The staff are trained in assessing the mental health needs of participants, if needed an appointment is scheduled for an assessment with the Access Team at LCBHS which is conducted at that time over the phone with a CSA or Lead Staff at the center. After the referral is made center staff follow up with the case manager or the client to ensure that an appointment was scheduled and we aid in attending that appointment with bus passes, transportation, or the use of phone/computers.

##### **Big Oak: Includes strategies that are non-stigmatizing and non-discriminatory**

All participants are treated with respect and dignity by the staff at the center, regardless of the person's life situation or personal beliefs. The staff attend cultural competency trainings, peer support trainings, MHFA, and any training that will improve the services that we provide.

### Big Oak: Consumers Served\*

FY 21-22 Consumers Served
6,114

\*Consumers served reflects duplicated consumers within Centers.

### Big Oak: FY 21-22 Referrals to Mental Health and/or Substance Use Services

**Program makes referrals to mental health and/or substance use services:** Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
<b>Mental Health Services</b>	Mental health services at LCBHS	100
	Mental health services at another agency	100
<b>Substance Use Services</b>	Substance use services at LCBHS	150
	Substance use services at another agency	50
<b>TOTAL</b>		<b>400</b>

### Big Oak: Expected Outcomes & Data Collection Strategies

#### Big Oak: Description of Outcomes the Program Aims to Achieve

The program aims to improve mental health and well-being and help preserve culture of the target populations.

#### Big Oak: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved connection to culture	# of activities that preserve and share culture of the target populations	Program administrators at each center will log each activity and totals will be calculated at the end of each fiscal year
Improved mental health and well-being	# peers who report improved mental health and well-being	Peers will complete a self-assessment on the eight dimensions of wellness on annual basis to assess changes in mental health and

Outcome	Outcome Measures	Data Collection Tools
		well-being.

### Big Oak: FY 21-22 Program Outcomes

The program is working on ways to track referral, activity, and outcome data more effectively. The use of the eight dimensions of wellness survey, self-awareness assessment, and other tools will be utilized in the future more consistently. Due to staff turn over the utilization of these surveys has not been consistent.

The operating hours and days have been increased to seven days a week and operating hours are 8 am to 5:30 pm. There was another food give-away day added monthly, this helps to increase food security to the entire community. Increased community collaboration by adding an outreach nurse from Adventist Health that provides vaccinations, COVID testing, wound triage, and referrals to medical care. Other services that are also provided at the center include free phones, haircuts, and ID vouchers. Narcan training and supplies are provided to community members. The center is also an access point for the hub.

There was an individual that utilized our center facilities to start rebuilding their life. They utilized the center for a place to spend their free time to avoid relapsing, used the computer to search for work, and for basic needs. The center provided them a tent, blankets, and warming supplies while the individual lived in a friend's front yard. The individual was able to obtain steady employment at a local grocery store and is now living in a home with a roommate. At Christmas a family of eight were helped to have a happy holiday. The family is living in substandard housing, financial/food insecurities, substance use, and depression.

**Circle of Native Minds Peer Support Center****Circle of Native Minds: Program Description and Key Activities**

The Circle of Native Minds is a wellness center that provides culturally relevant wellness-oriented services to the Native American Community. This wellness center offers outreach and engagement for the local tribal community, training for suicide prevention, and a community meeting place with a tribal history and culture library. The center also offers several talking circles monthly, as well as traditional workshops and trainings. The staff at the center provide a welcoming culturally sensitive environment, allowing community members an opportunity to connect with their elders and begin the road to recovery.

**Circle of Native Minds: Integration of PEI Service Areas**

**(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction**

**Circle of Native Minds: PEI Strategies****Circle of Native Minds: How the program helps prevent the development of mental illness**

Providing access to local resources and services is how the center is helping to prevent the negative possible consequences to a person experiencing homelessness, mental health issues, substance use, and food insecurity. The center also participates in community events, such as food giveaways, mental health awareness, and providing training on suicide prevention. The Circle of Native Minds also provides access to cultural medicines, activities, and peer support.

**Circle of Native Minds: How the program creates access and linkage to mental health services**

Staff are trained how to recognize and assist someone in distress. They will call the access team or crisis to link community members to treatment services. Staff also attend direct care meetings, housing navigator meetings, and provide outreach services within the community.

The center provides cultural activities to improve wellness within the Native American community.

**Circle of Native Minds: Improves timely access to services for underserved populations**

Peer support specialists are trained in culturally appropriate techniques to deescalate situations, assist participants in scheduling appointments, and provide transportation to appointments.

**Circle of Native Minds: Includes strategies that are non-stigmatizing and non-discriminatory**

Staff work on educating the community on severe mental illness, history of the local Pomo Tribe's history in Lake County, substance use disorders, and the importance of good nutrition. We also work with the Lake County Patient's Rights Advocates to ensure that the people we work with are provided equitable services while being respected.

**Circle of Native Minds: Consumers Served\*****FY 21-22 Consumers Served****882**

\*Consumers served reflects duplicated consumers within Centers.

### Circle of Native Minds: FY 21-22 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
Mental Health Services	Mental health services at LCBHS	Unreported
	Mental health services at another agency	Unreported
Substance Use Services	Substance use services at LCBHS	Unreported
	Substance use services at another agency	Unreported
TOTAL		Unreported

The center is working on ways to track referrals more effectively.

### Circle of Native Minds: Expected Outcomes & Data Collection Strategies

#### Circle of Native Minds: Description of Outcomes the Program Aims to Achieve

The program aims to improve mental health and well-being and help preserve culture of the target populations.

#### Circle of Native Minds: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved connection to culture	# of activities that preserve and share culture of the target populations	Program administrators at each center will log each activity and totals will be calculated at the end of each fiscal year
Improved mental health and well-being	# peers who report improved mental health and well-being	Peers will complete a self-assessment on the eight dimensions of wellness on annual basis to assess changes in mental health and well-being.

#### Circle of Native Minds: FY 21-22 Program Outcomes

The program is working on ways to track referral, activity, and outcome data more effectively. The use of the eight dimensions of wellness survey, self-awareness assessment, and other tools will be utilized in the future more consistently. Due to staff turn over the utilization of these surveys has not been consistent.

With approval and support from the Native American Elders the center moved to a new location. The new location provides a more central location, which eases access to the center. Unfortunately, the Cultural Specialist at the center had to retire which has left that position vacant. Data is unavailable regarding other program activities due to staffing challenges.

The relationship with all six bands of the Pomo Tribal Community has been improved by the Cultural Specialist's outreach and the community's willingness to participate in activities and planning



## Harbor on Main Peer Support Center

### Harbor on Main: Program Description and Key Activities

The overarching goal of the Harbor on Main Youth Resource Center (YRC) is to increase safety, well-being, and self-sufficiency to ensure a successful transition to independent adulthood for transition-age youth (TAY), ages 15-25. We aim to achieve these goals by providing the following key services and activities: Peer Support, Community Outreach and Engagement, and Targeted Support Groups. Services and supports are provided on-site at the Harbor YRC in Lakeport, virtually via Zoom and/or Microsoft Teams, as well as in the community via outreach events at local schools and community college satellite locations around the county.

### Harbor on Main: Integration of PEI Service Areas

**(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction**

### Harbor on Main: PEI Strategies

#### Harbor on Main: How the program creates access and linkage to mental health services

The Harbor on Main is staffed with Peer Support Specialists who have self-reported lived experience navigating systems of care and who may have sustained recovery from a mental or substance use disorder, or both. They assist others entering (or are already in recovery) with reducing the recurrence of symptoms (prevention).

#### Harbor on Main: How the program creates access and linkage to mental health services

Persons entering into the resource center are required to fill out a membership application which includes a short screening tool where participants self-report recent or ongoing changes in their life which may be attributed to the onset or persistence of, mental health/substance use related issues. The screening tool provides staff with a snapshot of insight into the unique experiences of our members and opens the door to conversations where we can link individuals to appropriate resources and services. Staff members are trained in the process of referring individuals to treatment and offer intermediary/supplemental guidance in the form of targeted support groups and peer support services. Follow-up on treatment referrals is a challenge as Harbor staff do not have access to lists and treatment plans of individuals; however, youth will self-report their experiences and staff follow up with the referred party if there is a signed Release of Information (ROI).

#### Harbor on Main: Improves timely access to services for underserved populations

In-house services support the goal of increasing timely access to prevention/early intervention services as well as formal mental health treatment. Targeted support groups offer participants the opportunity to engage with peers with similar life experiences who may or may not receive formal services. The Harbor promotes anti-stigma and discrimination on-site at the center, through social media campaigns and via outreach events. The Harbor strives to educate and empower youth to self-advocate and normalize adverse experiences to increase utilization of mental health services.

### Harbor on Main: Includes strategies that are non-stigmatizing and non-discriminatory

Peers model recovery, promote shared understanding, focus on strengths, offer positive coping strategies, and provide information and resources/referrals. The Harbor utilizes Peer Specialists to strengthen engagement in treatment and improve outcomes for individuals who receive these services.

### Harbor on Main: Consumers Served\*

FY 21-22 Consumers Served
218

\*Consumers served reflects duplicated consumers within Centers.

### Harbor on Main: FY 21-22 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
Mental Health Services	Mental health services at LCBHS	Unreported
	Mental health services at another agency	Unreported
Substance Use Services	Substance use services at LCBHS	Unreported
	Substance use services at another agency	Unreported
TOTAL		362+

The Harbor does provide referrals to mental health and substance use disorder services both in-house and to LCBHS. Outcomes of these referrals are not always known unless it is self-reported to staff while the participant is engaging in the resource center. In this last fiscal year, the Harbor has been working with RCS Performance Quality Improvement department to develop a new data tracking system which we hope will capture the number of referrals made for Mental Health and Substance Use Disorder Treatment. Seeing that this data system has been developed in-house, we are still working on figuring out the best way to track services and referrals accurately for reporting. We hope within the next fiscal year we will have data to show, but it may not be for the entire year as this tracking system is still in development and testing. **At this time, we can confidently say that at least 362 individuals came into the Harbor and received some information, a referral, or services related to Mental Health.**

### Harbor on Main: Expected Outcomes & Data Collection Strategies

#### Harbor on Main: Description of Outcomes the Program Aims to Achieve

The Harbor aims to achieve:

- Improved social connections
- Increased concrete support in times of need
- Improved Coping Skills
- Improved Access and Linkage to Services

**Harbor on Main: Outcome Measures & Description of How Outcomes will be Collected**

Outcome	Outcome Measures	Data Collection Tools
Increased Concrete Support in Times of Need	# and % of people who report “When I am feeling emotionally overwhelmed, I turn to others for support and help” at least “most of the time or always.”	Consumer survey utilizing prompts from the 8 Dimensions of Wellness, “Emotional Wellness Self-Assessment” administered quarterly
Improved social connections	# and % of people who report that they are “happy with my friendships and other social connections” at least “most of the time or always.”	Consumer survey utilizing prompts from the 8 Dimensions of Wellness, “Social Wellness Self-Assessment” administered bi-annually
Improved coping skills	# and % of persons who report that, “I am satisfied with the way I handle stress, handling it in health ways, rather than engaging in self-destructive habits to cope” at least “most of the time or always.”	Consumer survey utilizing prompts from the 8 Dimensions of Wellness, “Emotional Wellness Self-Assessment” administered bi-annually
Improved Access and Linkage to Services	# and % of individuals who report that: “Program staff connected me to services or resources that have helped me” at least “most of the time or always.”	Consumer survey administered bi-annually

**Harbor on Main: FY 21-22 Program Outcomes**

27 Harbor consumers complete the Consumer Survey (8 Dimensions of Wellness) conducted bi-annually. Findings from the survey include:

- 96% (n=26) of participants reported that they are, “happy with my friendships and other social connections” most of the time, or always.
- 100% of participants reported that, “when I am feeling emotionally overwhelmed, I turn to others for support and help” most of the time, or always.
- 96% (n=26) of participants reported that, “I am satisfied with the way I handle stress, handling it in healthy ways rather than engaging in self-destructive habits to cope” most of the time, or always.

The Harbor has expanded significantly in the past fiscal year, in a physical aspect as well as programmatically. While many of our most notable successes occurred in the last half of the reporting period, we are proud of all the accomplishments of our youth, particularly within the Harbor’s Youth Advisory Board. Like many other organizations, we have been adjusting to the changes in regulations

regarding the COVID-19 pandemic, and thus have adjusted the way in which we provide resources and services to youth and community at-large. Out most significant successes are the services provided to reduce food insecurity and our youth empowerment programs that promote leadership and life skill development.

One of our most popular life skill workshops is our Budget Baking (Thursday Night Dinner) class. Staff utilize a group instruction process which focuses on planning and preparing meals on a budget. Not only do youth have the opportunity to plan the menu for these courses they learn how to shop on a budget and prepare a healthy meal for their families. At the end of the course, youth are provided with a hot meal and a copy of the recipe to take home. In addition to feeding Harbor youth and their families, we are also able to provide a hot meal to the community including unhoused individuals. We receive a tremendous amount of positive feedback from consumers and the community, including engagement on our social media platform where we share pictures, the recipe used for the meal, and a cost breakdown. One social media user commented, "Thank you for the full recipe. My family loves Broccoli Cheddar soup from the restaurant. They will love this recipe even more."

*"The Harbor has helped me a lot since joining the youth board and going to the LGBTQ support group. Attending these groups have helped me a lot with my social anxiety and figuring out my gender identity. The Harbor is a safe space and I always feel comfortable and welcome there". – Harbor Consumer*

*"I like going to the Harbor because I know I can get help there with anything I might need help with, like homework, personal problems, free clothes, and free food. Since joining the youth board, I have learned a lot about public speaking and have gotten more comfortable talking to others, which was really hard for me before because I hadn't been to school or out and about talking to people since COVID. I love the Harbor and Harbor staff!" – Harbor Consumer*

## La Voz de Esperanza Peer Support Center

### La Voz de Esperanza: Program Description and Key Activities

La Voz de Esperanza (La Voz) La Voz - Latino Wellness Center program has a unique way to effectively increase access & promoting Mental Health services in the Latino community. The program is formally and informally engaging the Latino community as part of the workforce. The program main goal is to provide outreach to link people to services, information, and MH support. At this La Voz has developed ways to engage the Latino community in Lake county. The following implementation methods are been used:

- Latino Stakeholder meetings (grupos comunitarios)
- Facilitating Latino Support Group (Grupos de apoyo)
- Meeting them over coffee (Tomando cafecito)
- Food & Talk (Platicas y comida)

### La Voz – Services/Groups:

- Latina Support Group..... Tue-Thurs 9-10:30pm
- Latino Mental Health Group..... Mon-Wed 9-10:30pm
- Alcoholic Anonymous..... Mon-Fri 7pm – 9pm
- Children Activity Group..... Mo-Thurs 3-4:30pm
- Youth Support Group..... Tue 11-12pm
- Children Support Group..... Wed 11-12pm
- Anger management..... Wed 9-10:30am
- Citizenship Classes.....Mon-Wed 6am – 9pm
- Art for Happiness..... Wed 1-2:30pm
- ESL.....Tue-Thurs 630-8:00pm

### Services:

- Mental Health brief intake screenings & Behavioral Health referrals
- SUDS referrals to Rehab/Detox
- Outreach and Engagement (MH referrals)
- Peer Support

### Youth Outreach and Peer Support is provided in the following locations:

- Lower Lake High School
- Kelseyville High School
- Clearlake High School
- Burns Valley Middle School
- Lake County Jail (As requested)

Students who meet criteria have been referred for service with LCBHS.



### La Voz de Esperanza: Integration of PEI Service Areas

(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction

### La Voz de Esperanza: PEI Strategies

**La Voz de Esperanza: How the program prevents the development of mental illness**

This information was not reported. See summary below.

**La Voz de Esperanza: How the program creates access and linkage to mental health services**

This information was not reported. See summary below.

**La Voz de Esperanza: Improves timely access to services for underserved populations**

This information was not reported. See summary below.

**La Voz de Esperanza: Includes strategies that are non-stigmatizing and non-discriminatory**

This information was not reported. See summary below.

**PEI Strategy Summary:** The Latino Wellness Center Program is mainly serving the underserved Latino community in Latino community. The program is particularly effective in reaching Latinos and other underserved families and individuals. In addition the program can help address multiple barriers to accessing services such as those related to: culture, language, stigma and mistrust. The following strategies are been used to address mental health stigma among the Latino community:

### La Voz de Esperanza: Consumers Served\*

FY 21-22 Consumers Served
3,990

\*Consumers served reflects duplicated consumers within Centers.

### La Voz de Esperanza: FY 21-22 Referrals to Mental Health and/or Substance Use Services

**Program makes referrals to mental health and/or substance use services:** Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
<b>Mental Health Services</b>	Mental health services at LCBHS	7+ for 2021/22
	Mental health services at another agency	40 + for 2021/22
<b>Substance Use Services</b>	Substance use services at LCBHS	3
	Substance use services at another agency	3 +
<b>TOTAL</b>		<b>53+ Referrals</b>

## La Voz de Esperanza: Expected Outcomes & Data Collection Strategies

### La Voz de Esperanza: Description of Outcomes the Program Aims to Achieve

The Implementation of the Latino Wellness Center program has a unique way to effectively increase access & promoting Mental Health services in the Latino community. The program is formally and informally engaging the Latino community as part of the workforce. The main goal is to provide outreach to link people to services, information, and Mental Health Support. At this point the Latino Wellness Center program has developed ways to engage the Latino community in Lake County.

### La Voz de Esperanza: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Reduce mental health stigma among Latino Community	Gaining trust among Latinos is key to deter mental health stigma and promoting mental health services in Spanish is having a big impact among Latinos in Lake County.	WRC tool
Community Education	Mental Health education among Latinos is achieving the goal to bridge peers to mental health services as need it.	WRC tool
Mental Health Involvement	La Voz Centro Latino is currently proving a variety of support groups to Latino clients/peers. We currently have between 15-25 participants per group.	WRC tool
Finding available resources	La Voz Centro Latino is the bridge between client/peer and services in the community.	WRC tool

### La Voz de Esperanza: FY 21-22 Program Outcomes

The program is working on ways to track outcome data more effectively. The use of the eight dimensions of wellness survey, self-awareness assessment, WRC, and other tools will be utilized in the future more consistently.

As part of LCBHS, La Voz Centro Latino is the main resource for all Latino clients; our center receives calls from clients in the daily bases to verify doctor's appointments, crisis, medication request, translations, transportation, food shopping, social security applications, food stamps, medical & clothing. Approximately 25 or more individuals participated in groups and trainings.

La Voz Centro Latino program plays a key role in addressing multiple barriers to accessing services, such those related to transportation, availability, culture, language, stigma, and mistrust. The program is particularly effective at reaching Latinos and others undeserved families & individuals. Promoting mental health services give us the opportunity to formally and informally engage the Latino community as part of the workforce. The Latino O&E provide outreach to link people to services, information and other health support.



## Family Support Center

### Family Support Center: Program Description and Key Activities

The program provides resources, referrals, and support for families involved with the County mental health system or that need more information on available community resources. Some of the groups that we anticipated facilitating included The Parent Café, Art Group, Nurturing Families Groups, and Homework Clubs for youth in the community. The Parent Partner's goal is to provide peer-to-peer understanding, support parents in navigating the services system, and advocate for their needs. The Parent Partner also brings nonclinical insights on how to seek appropriate services and communicate with service providers.

### Family Support Center: Integration of PEI Service Areas

(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction

### Family Support Center: PEI Strategies

#### Family Support Center: How the program helps prevent development of mental illness

The Family Support Center helps to prevent the development of mental illness by offering activities for families, free food, clothing, linkage to other community agencies, and support groups. By offering these services, the center is helping to increase the family's primary needs security which helps to reduce factors that increase mental health conditions.

#### Family Support Center: How the program creates access and linkage to mental health services

Access to mental health treatment is increased by the involvement of staff with the clinical teams at LCBHS. The FSC staff also have consistent contact with the participants at the center, if someone is struggling to access services the staff will assist in scheduling and appointment or providing transportation to the appointment.

#### Family Support Center: Improves timely access to services for underserved populations

The center is located in a location with limited resources for mental health treatment, the location provides the underserved community members easier access to services and support. The staff at the center are also peers that have overcome similar challenges to the people that utilize the center. Their experiences help the participants to feel more comfortable in seeking help.

#### Family Support Center: Includes strategies that are non-stigmatizing and non-discriminatory

The staff at the center are also peers that have overcome similar challenges to the people that utilize the center. Their experiences help the participants to feel more comfortable in seeking help. Staff are also trained in Mental Health First Aid, QPR, and other programs that aim at reducing the stigma around mental illness/substance use. The center also offers support groups and peer to peer support, the goal of these services is to empower our participants so that they can advocate for themselves and educate those around them to the reality of mental illness.

### Family Support Center: Consumers Served\*

FY 21-22 Consumers Served

1,274

\*Consumers served reflects duplicated consumers within Centers.

### Family Support Center: FY 21-22 Referrals to Mental Health and/or Substance Use Services

**Program makes referrals to mental health and/or substance use services:** Yes

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
<b>Mental Health Services</b>	Mental health services at LCBHS	5
	Mental health services at another agency	--
<b>Substance Use Services</b>	Substance use services at LCBHS	3
	Substance use services at another agency	--
<b>TOTAL</b>		<b>8</b>

### Family Support Center: Expected Outcomes & Data Collection Strategies

#### Family Support Center: Description of Outcomes the Program Aims to Achieve

The goals are to reach more families that are in distress; that the parents of youth or adults will feel supported as they access mental health services; developing/improving coping skills; reducing the impact of crisis situations; improving knowledge of mental health and the stages of development; and peer to peer support groups.

#### Family Support Center: Outcome Measures & Description of How Outcomes will be Collected

Specific outcome measures were not reported for this program, but will be reported in the future. The center has utilized the 8 Dimensions of Wellness assessment to evaluate the program, however there is no data available due to lack of staff and participants. LCBHS has hired a parent partner that will be trained on the importance of gathering this data. Over the next year we will be able to evaluate the outcomes of the center.

#### Family Support Center: FY 21-22 Program Outcomes

The program is working on ways to track referral, activity, and outcome data more effectively. The use of the eight dimensions of wellness survey, self-awareness assessment, and other tools will be utilized in the future more consistently. Due to staff turn over the utilization of these surveys has not been consistent.

In FY 22-23, the center was relocated due to a lack of utilization of the services offered. New activities and services will be offered in the coming year. FY 21-22 services included the following:

- Food Giveaways-480
- Clothing-300
- Housing Voucher Application-15
- Transportation to ancillary services
- Peer to peer support-50
- Mental Health Matters Event
- Teen peer support group

- Ameri-Corp Tutoring-12 students
- Backpack Giveaway

A family was able to get clothes for everyone and were able to get some gifts for Christmas. A gentleman completed the housing voucher application after losing his home to a fire. His family consisted of himself, wife, and grandson. He was able to obtain housing and is still housed.

## Statewide, Regional, and Local Projects

### Statewide, Regional, and Local Projects: Program Description and Key Activities

Local projects include several activities as follows:

**Suicide Prevention** includes efforts to address and prevent suicide. Specific activities include Known the Signs; Life is Sacred Alliance (LISA); QPR; Applied Suicide Intervention Skills Training (ASIST); Lake County Suicide and Substance Use Prevention; after hours Warm-Line; Suicide Prevention Hot Line; and the Lake County Suicide Prevention Facebook page.

The Question, Persuade, Refer (QPR) program has different modules for individuals from a variety of social and cultural backgrounds, including high school youth, young adults in college, adults, older adults, veterans, Spanish speakers, and Native Americans. QPR can be taught to adults and youth (beginning in 9<sup>th</sup> grade).

The Know the Signs program modules are for individuals from a variety of social and cultural backgrounds. This program differs slightly from QPR, as this program is intended to be used with 7<sup>th</sup> and 8<sup>th</sup> grade students. There is a module for parents as well.

**Stigma and Discrimination Reduction** events include Each Mind Matters and May is Mental Health Month.

**Student Mental Health Initiative** supports events and activities during Mental Health Awareness Week.

In addition, Lake County contributes a portion of its PEI funds to support the continuation of the Statewide Projects: Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative. Funding to support the regional suicide prevention hotline and local suicide prevention task force is coordinated by CalMHSA.

### Statewide, Regional, and Local Projects: How the Program Changes Knowledge, Attitudes, and Behaviors about Mental Illness and Suicide Prevention

#### Statewide, Regional, and Local Projects: How the Program Changes Attitudes, Knowledge, and Behaviors about Mental Illness

These projects are intended to reduce the stigma of mental health, promote wellness and recovery, reduce the negative consequences of untreated mental illness, including suicide, and inspire others to raise awareness and start important conversations with colleagues, friends, and families about Mental Health Awareness and Suicide Prevention.

#### Statewide, Regional, and Local Projects: How the Program Changes Attitudes, Knowledge, and Behaviors about Suicide Prevention

These projects are intended to reduce the stigma of mental health, promote wellness and recovery, reduce the negative consequences of untreated mental illness, including suicide, and inspire others to raise awareness and start important conversations with colleagues, friends, and families about Mental Health Awareness and Suicide Prevention.

### Statewide, Regional, and Local Projects: Integration of PEI Service Areas

Statewide, Regional, and Local projects integrate the PEI service areas of Stigma and Discrimination Reduction, and Suicide Prevention. The Statewide, Regional, and Local projects address each of the service areas as follows:

**Stigma and Discrimination Reduction:** The programs provide direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.

**Suicide Prevention:** The programs provide organized activities that prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.

### Statewide, Regional, and Local Projects: FY 21-22 Consumers Served

FY 21-22 Consumers Served
1100+

### Statewide, Regional, and Local Projects: Expected Outcomes & Data Collection Strategies

**Program make referrals to mental health and/or substance use services:** Yes

If yes, provide the total number of individuals referred to mental health or substance use services at LCBHS or another agency:

Referral Category	Types of Referrals	# of Clients Referred in FY21-22
Mental Health Services	Mental health services at LCBHS	Not reported
	Mental health services at another agency	Not reported
Substance Use Services	Substance use services at LCBHS	Not reported
	Substance use services at another agency	Not reported
TOTAL		Not reported

Staff who provide services for these programs provide resource information for those in need, or might need mental health services and/or substance use services. However, the programs do not have the infrastructure to track referrals or resources provided at this time.

### Statewide, Regional, and Local Projects: FY 21-22 Outcomes

**Suicide Prevention:** In FY 21-22, the Suicide Prevention hotline supported 45 unduplicated consumers through a total of 134 calls.

**QPR:** Approximately 800 individuals, including local residents, high school youth, and adults became certified QPR gatekeepers. A pre-post survey was administered to participants to assess changes in knowledge, attitudes, and behaviors around suicide prevention. A total of 440 individuals completed the pre-survey, and 102 individuals completed the post-test. Given the substantial drop in participation from the pre-to post-survey, survey findings should be interpreted cautiously. Key findings are reported below:

- There was an increase in knowledge of suicide across all areas (e.g., facts concerning suicide prevention, warning signs of suicide, how to talk someone about suicide, persuading someone to get help, how to get help for someone, and information about local resources)
  - For example, at post-survey, almost two-thirds of participants reported a high level of knowledge of the warning signs of suicide and how to get help for someone (59% and 57%, respectively). At pre-survey, only one-third (29%) of participants reported this level of knowledge for both areas.
  - Overall, at post-survey, over two-thirds (62%) of participants reported a high level of understanding about suicide and suicide prevention, compared to under a quarter (24%) of participants at the pre-survey.
- At the post-survey, over half (55%) of participants reported a high level of knowledge on how to ask someone about suicide, compared to only 20% of participants who reported this level of knowledge at pre-test. Moreover, almost half (45%) of participants reported always being likely to ask someone if they are thinking about suicide, compared to one-third (32%) of participants at the pre-survey.

**Know The Signs:** Approximately 300 students in grades 7 and 8 participated in this suicide prevention, step 1, gatekeeper education training. The program expects to continue to provide this service to individual at this rate or more.

## Appendix F: PEI Program Reflection of MHSA General Standards

### Early Intervention Services

The EIS Program reflects MHSA general standards as follows: (1) Community collaboration: a cornerstone of the program is collaboration with various community partners to address the needs of the clients to support integration into the community, and target disadvantaged and underserved populations; (2) Cultural competence: the team participated in a UC Davis training on Anti-Racist Practices for Mental Health Providers and a training on working with Native American Populations. Seek to hire team members from various cultures and backgrounds; (3 & 4) Client & Family driven: utilize a Strength Based approach, CBT, DBT, MI and Solution Focused Techniques, all of which have foundation in a client centered/client driven approach. Facilitate client/family meetings that focus on the client's progress in treatment, where families and clients are empowered to state their needs and strengths are highlighted. Provide psychoeducation and psychotherapy to clients and their families; (5) Wellness, Recovery & Resilience focused: the EIS model by nature encompasses wellness, recovery and resilience; (6) Integrated services experiences: provide a holistic approach that incorporates client's family/support network, education, vocational skills, psychiatry and care with a general physician.

### Family Stabilization and Well-Being: The Nest

*Community Collaboration:* The NEST regularly engages with community partners to share information, resources and services for TAY youth and their families such as: Sexual Health and Reproduction Education, Sexual Assault and Intimate Partner Violence Crisis Services and Education, Windows Between Worlds Healing Art groups (Lake Family Resource Center); Parenting classes and support groups (Lake County office of Education Healthy Start Program, First Five Lake County, Easter Seals North Bay, Mother Wise, Lake Family Resource Center, Early Head Start, North Coast Opportunities, Sutter Lakeside Hospital); Medically-related Transportation assistance (Partnership Health Plan of California, Sutter Lakeside Care-A-Van); Financial Literacy (Umpqua Bank and Community First Credit Union); as well as connections to eligibility benefits and services like Supplemental Nutrition Assistance Program, Medi-Cal enrollment, Cal Works, TANF, etc. (Lake County Department of Social Services). The NEST is also a proudly sponsored by the non-profit organization Soroptimist International of Clearlake who host welcome home and baby showers, holiday parties, fundraisers, as well as facilitating the recruitment of donations for participants.

*Cultural Competency:* RCS, Inc. policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful. RCS is committed to compliance with all applicable laws providing equal access to services. This commitment applies to all persons involved in RCS operations and prohibits unlawful discrimination by any employee of RCS, including supervisors and coworkers. Services provided by RCS, Inc. and the NEST are designed to effectively engage and retain individuals of diverse ethnic/racial, cultural, and linguistic populations as well as utilizing the strengths and forms of healing that are unique to the individual, the family, and or their



culture/community.

*Client Driven:* The NEST engages participants through an individualized and client-driven approach that emphasizes family involvement and natural, community-based supports. By connecting young families to natural supports and their community, we foster supportive living and the ability to identify resources to meet their needs in the future – we do this using an individualized approach that is centered on each specific family's needs and desires. With staff support, participants develop their own Independent Transitional Living Plans which identifies personal and family goals. These plans are reviewed during Child and Family Team Meetings and updated as needed. Participants are assessed at intake of their knowledge of life skills to understand the level of support individuals and families may need in order to achieve independence and improve child and family wellbeing.

*Family Driven:* The NEST's programming is designed to meet the unique needs of the TAY population and their families by utilizing the "family voice and choice" approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement in the program. Planning is grounded in family members' perspectives and recorded in their personalized independent transitional living plans. The NEST team strives to provide options and choices that reflects family values and preferences while promoting safety, stability and permanency. NEST staff intentionally focus on meeting families where they are at using a strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

*Wellness, Recovery, and Resilience Focused:* Programming and services at the NEST are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and increasing self-determination. A significant number of youths who enter into the program are basic-skills deficient and have minimal knowledge of resources and services available to meet their needs. The NEST hosts a variety of formal workshops and informal support groups that build resiliency and promote wellness in a collaborative and social environment. Groups and workshops are facilitated in-house and within their community. All NEST youth are connected to the local Peer Support Centers and partnering agencies that perform a variety of services to promote permanency, safety and child and family wellbeing.

*Integrated Service Experiences for Clients and their Families:* TAY and their children who participate in the NEST program are frequently concurrently enrolled in inter-agency and community-based programs. The NEST coordinates with county providers such as behavioral health, health care providers, housing programs, substance use programs and other social service agencies to bridge any gaps between the services offered at the NEST which may impact their ability to achieve stability and permanency. Children at the NEST are enrolled in Home Visiting programs through Lake County Tribal Health and Lake Family Resource Centers, which are then connected to service providers such as Easter Seals for assessments and referrals to early education programs. Youth entering into the NEST are connected to social service agencies to ensure that they are receiving all benefits of which they are entitled.

### **Mental Health First Aid**

The Mental Health First Aid program provides education about wellness, recovery, and resiliency with the belief that individuals experiencing mental health challenges can get better and use their strengths to stay

well. The Mental Health First Aid program serves adults and youth (both available in English and Spanish), public safety workers, Fire/EMS workers, workplaces, veterans, older adults, rural communities, and higher education. The program also includes a specific Teen Mental Health First Aid component designed for high school students (beginning in 10th grade). Providing mental health first aid training to individuals within the same community (e.g., schools, families, and adults who work with youth) increases awareness of information, tools, and strategies to prevent and improve mental health issues, reduce stigma, and create opportunities for communication around these issues.

### **Older Adult Outreach and Prevention: Friendly Visitor Program**

The program works closely with Hospice, home care agencies, and wellness centers. The program conducts regular trainings and meetings at wellness outreach centers. The program includes client-driven treatment plans, and includes family at the client's request when they are present. Services are aimed at self-determination and helping clients find their own solutions. Clients and their families are offered information and referrals to all appropriate services available.

### **Outreach and Engagement**

Outreach and Engagement, with the incorporation of an outreach van (purchased with another grant), will largely center from the peer support centers and their mission of outreach. The program will therefore have outreach efforts that reflect the populations targeted to each of the centers, namely, homeless, TAY aged individuals, Latinx, Native American, Youth & Families, and older adults. As with any outreach, it's to meet the those in need where they're at, reaching out to them and their families (as applicable) and offering outreach and peer interventions to those in need before circumstances escalate. Outreach efforts will offer such resources as hygiene and first aid kits, food essentials, prepaid smartphones, as well as telehealth. Telehealth is offered via a MOU with Bright Heart Health who have the capacity to offer telehealth services (physical and behavioral) instantly upon request. The outreach team will work with the community, such as law enforcement dispatch or other referral sources, to seek those in need. The outreach efforts will be non-judgmental, client centered, strengths based and problem-solving focused, including linking to services and resources. Short-term transportation will be offered as necessary.

### **Peer Support Recovery Centers: Big Oak, Circle of Native Minds, Harbor on Main, La Voz de Esperanza, Family Support Center**

#### **Big Oak, Circle of Native Minds, La Voz de Esperanza, Family Support Center**

*Collaboration:* Staff attend numerous meetings with local agencies, including Safe Rx, Direct Care, LCCOC, Healthy Start, Children's Council, PACT, and many others. The center holds events that include many of the community agencies to ensure that the community needs are being met.

*Cultural Competence:* Staff attend cultural competence trainings twice a year, related webinars, and work with their supervisor.

*Client Driven:* Staff attend trainings that prepare them to meet the clients where they are, having lived experience in the areas of focus assist them in letting the person drive their goals.

*Family-Driven:* When appropriate staff work with the family to ensure that there is support from those closest to the person. Staff also make referrals for family members that are experiencing challenges with

substance use, mental health, or anything that is causing them harm.

*Wellness, Recovery, and Resilience Focused:* The center offers several support groups that focus on the person's general wellness, recovery, and their strengths. Staff ensure that the client is making progress on their goals and makes referrals when needed for added support towards those goals.

*Integrated Service Experiences for Clients and their Families:* Staff work with LCBHS case managers as needed to provide support to the people involved in our services and their families. Staff also work with case managers from other agencies in providing support for their clients.

### **Harbor on Main**

*Collaboration:* The Harbor on Main regularly engages with community partners to share information, resources and services for TAY youth and their families such as: Sexual Health and Reproduction Education, Sexual Assault and Intimate Partner Violence Crisis Services and Education (Lake Family Resource Center); Parenting classes and support groups (Lake County office of Education Healthy Start Program, First Five Lake County, Easter Seals North Bay, Mother Wise); Medically-related Transportation assistance (Partnership Health Plan of California, Sutter Lakeside Care-A-Van); Financial Literacy (Umpqua Bank and Community First Credit Union); as well as connections to eligibility benefits and services like Supplemental Nutrition Assistance Program, Medi-Cal enrollment, Cal Works, TANF, etc. (Lake County Department of Social Services).

*Client Driven:* The Harbor is a youth-led, youth-designed resource center with a welcoming environment where youth feel safe, participate in service-learning opportunities, access technology, and find basic resources such as food, clothing, water, and hygiene supplies. The Harbor builds relationships with an average of 53 unduplicated youth monthly using Positive Youth Development (PYD), a framework that is focused around building protective factors to reduce risky behaviors. Harbor activities and programming are developed and determined by consumers in bi-monthly Youth Board meetings, requests to our suggestion boxes, and focus groups.

*Family Driven:* The Harbor's programming is designed to meet the unique needs of the TAY population and their families by utilizing the "family voice and choice" approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement at the wellness center. Planning is grounded in family members' perspectives, and the team strives to provide options and choices that reflects family values and preferences. Harbor staff intentionally focus on meeting families where they are at using strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

*Cultural Competency:* RCS, Inc. policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful. RCS is committed to compliance with all applicable laws providing equal access to services. This commitment

applies to all persons involved in RCS operations and prohibits unlawful discrimination by any employee of RCS, including supervisors and coworkers. Services provided by RCS, Inc. and the Harbor on Main are designed to effectively engage and retain individuals of diverse ethnic/racial, cultural, and linguistic populations as well as utilizing the strengths and forms of healing that are unique to the individual, the family, and or their culture/community.

*Wellness, Recovery, and Resilience Focused:* Programming and services at the TAY center are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and self-determination. A significant number of youths accessing the TAY center are not having their basic needs met. Resources to meet these acute needs (such as food, hygiene supplies, clothing and transit passes) allow consumers the opportunity to look beyond day-to-day survival and focus on healing and progress. When our consumers are fed and clothed appropriately, they are better able to focus on other aspects of their recovery. The Harbor hosts a variety of formal workshops and informal support groups that build resiliency and promote wellness in a collaborative and social environment.

*Integrated Service Experiences for Clients and their Families:* TAY and their families who access the peer support center are frequently concurrently enrolled in other programs or accessing services provided by multiple agencies throughout the county. The Harbor on Main coordinates with behavioral health, health care providers, housing programs, substance use programs and other social service providers to bridge the gap between the services offered at the wellness center and to meet the unique needs of this consumer population. The TAY center also provides “on-the-road” services at local schools and through community events to increase their reach to consumers and their families.

### **Postpartum Depression and Screening Support: Mother-Wise**

Mother-Wise began as an MHSA-funded program, and their model has included the MHSA standards from the beginning by implementing them in their own policies and approaches. Every contact potentially reduces stigma and incidence of Perinatal Mood and Anxiety Disorders (PMADs) in the County. Mother-Wise also offers health professionals an important resource to refer moms who need extra support. The program has always enjoyed strong support and collaboration from the community, which continues to grow with their reputation. Cultural competence is extremely important to maintaining relationships with individuals and the different groups they come from. When Mother-Wise transitioned to a non-profit business, cultural competence was an important factor in selecting their board of directors, and all program decisions consider known cultural factors.

The program's ability to adapt is critical to providing the best possible service to moms. Staff training includes instruction and practice with active listening and non-judgmental support, and team members are encouraged to integrate these skills into their daily practice. As moms themselves, staff can often see potential issues coming. Whenever possible, they poll their clients and encourage feedback and suggestions to understand how to better serve them, changes to make, and why. Although the program is primarily focused on moms and babies, Mother-Wise also supports dads, grandparents, and adoptive and foster parents. The program facilitates discussions on wellness and incorporates models compatible with other peer support groups, so moms in recovery, for example, can use experience from other groups to

enhance their participation at Mother-Wise. Ultimately, the program supports moms to do their jobs as well as possible, leading to better outcomes for themselves, their babies, and their families.

### Prevention Mini-Grants

The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities to conduct prevention activities and projects focused on one or more of the following: (1) disparities in access to mental health services, (2) psycho-social impact of trauma, (3) at-risk children, youth, and young adult populations, (4) stigma and discrimination, and (5) suicide risk and/or prevention. Given the community-based nature of the Prevention Mini Grants, and the diverse range of client and family-driven services the Mini Grants support, this program displays consistency and commitment to all MHSA general standards.

### Statewide, Regional, and Local Projects

LCBHS contracts its services for Statewide, Regional, and Local Projects through California Mental Health Services Authority (CalMHSA) and cannot accurately report on strategies for specific statewide and regional projects. Local projects display a commitment to the MHSA standards in a variety of ways. The Prevention Team collaborates with other agencies such as Probation, the Office of Education, Big Valley Rancheria, Sutter Health, the Moose Lodge members, Senior Centers, other local agencies, and the general community to bring Mental Health & Suicide Prevention workshops and trainings (e.g., Question, Persuade, Refer (QPR), Know The Signs, Self-Care) to schools, work places, and the community at large. The Life Is Sacred Alliance (LISA) suicide awareness taskforce holds quarterly meetings, which are open to partner agencies and community members. Community events provide additional opportunities for collaboration including Mental Health Matters, Heroes of Health and Safety, National Night Out, Recovery Happens, the Silver Seniors, and school campus tabling events.

In addition, programs are client-driven and aim to be inclusive of client's cultures. For example, training needs and the places that want to have trainings provided are identified by stakeholders and all trainings are focused on clients and/or their families. The QPR program has different modules for individuals from a variety of social and cultural backgrounds, including high school youth, young adults in college, adults, older adults, veterans, Spanish speakers, and Native Americans. QPR can be taught to adults and youth (beginning in 9th grade) and was provided to Big Valley Rancheria staff and residents, both youth and adults, for the past two years.