Lake County Mental Health Service Act Annual Update Report Fiscal Year 2019-2020

Prepared by:

Resource Development Associates

October 2019

Lake County Mental Health Services Act (MHSA) Annual Update Report Fiscal Year 2019-2020

Lake County Behavioral Health Services

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This report was developed by Resource Development Associates under contract with Lake County Behavioral Health Services.

About Resource Development Associates

Resource Development Associates (RDA) 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.

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MHSA COUNTY COMPLIANCE CERTIFICATION

County: <u>Lake</u>

☐ **Three-Year Program and Expenditure Plan**
☒ **Annual Update**

County Behavioral Health Director	Program Lead
Name: Todd Metcalf Telephone Number: 707-274-9101 Email: todd.metcalf@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 <u>or</u> 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 _____, 2019.

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.

_____Todd Metcalf_____

Mental Health Director/Designee (PRINT)

_____

Signature   Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: <u>Lake</u>

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

County Behavioral Health Director	**Director of Finance/County Auditor**
Name: Todd Metcalf Telephone Number: 707-274-9101 Email: todd.metcalf@lakecountyca.gov	Name: Cathy Saderlund Telephone Number: 707-263-2312 Email: cathy.saderlund@lakecountyca.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 <u>or</u> 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.

<u>   Todd Metcalf   </u>

Mental Health Director/Designee (PRINT)	Signature	Date

I hereby certify that for the fiscal year ended June 30, 2017, 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, 2018. I further certify that for the fiscal year ended June 30 2018, 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.

<u>   Cathy Saderlund   </u>

County Auditor Controller/City Financial Officer (PRINT)	Signature	Date

I.   Project Overview

Purpose

This is Lake County's Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2019-20. The purposes of the Annual Update are to describe Lake County's Mental Health Services Act (MHSA) Community Program Planning (CPP) inclusive stakeholder process; to present the needs that have been identified and prioritized by the community; and to propose updates to programs and expenditures to support a robust mental health system based in wellness and recovery.

About Lake County

Lake County is located in Northern California, north of the San Francisco Bay Area. It is inland from the Pacific Ocean and is bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yolo counties. Within the County there are two incorporated cities: Clearlake, the largest city, and Lakeport, the county seat. There are also many smaller or unincorporated communities within the county, including : Anderson Springs; Lucerne; Blue Lakes; Middletown; Clearlake Oaks; Nice; Clearlake Park; Clear Lake; Finley; Rivieras (Riveria West, Riveria Heights, and Riveria); Glenhaven; Soda Bay; Hidden Valley Lake; Spring Valley; Kelseyville; Upper Lake; Loch Lomond; Witter Springs; and Lower Lake.

While the County is considered a "small county" with a population of less than 65,000, it spans a large geographic area of over 1,300 square miles.[1,2,3] Poverty, unemployment, and rural and cultural isolation affect many residents of the County. Over a quarter of the County population lives below the poverty line and the rate is notably higher among Latino and Tribal community members.[4]

Lake County has a population of 64,095 individuals who are predominantly White (80%), followed by less than a quarter (19%) who identify as Hispanic/Latino.[5] Five percent of county residents are Native American, and the county is home to eight Tribal Nations and six Pomo tribes.[6,7]

Figure 1. Race/Ethnicity, Lake County

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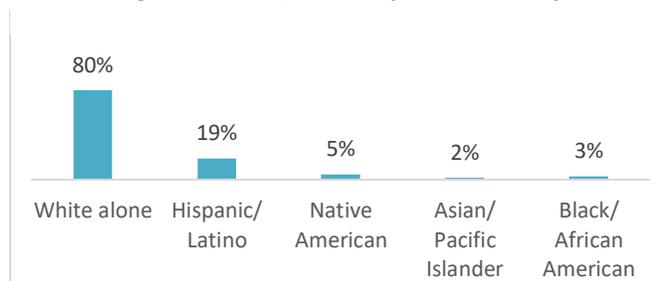
[1] A "small County" is defined as a California county with a population of less than 200,000 (as determined by the most recent census data).

[2] US Census Bureau. (2010). http://quickfacts.census.gov/qfd/states/18/18089.html.

[3] Lake County. (2011). Lake County at a glance. Retrieved from: http://www.lakecounty.com/AboutLC/Glance.htm.

[4] US Census Bureau. (2010). http://quickfacts.census.gov/qfd/states/18/18089.html.

[5] US Census Bureau. (2017). ACS Demographic and Housing Estimates, 2013-2017 5-Year Estimates: Lake County, California. Retrieved from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[6] Lake County. The history of Lake County California. Retrieved from: https://lakecounty.com/explore/history-of-lake-county-california/

[7] County List of Tribal Nations. Retrieved from: https://www.etr.org/ccap/tribal-nations-in-california/county-list-of-tribal-nations/

The County, with its distinct geographic, cultural, and socio-economic characteristics, has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with simultaneous needs for flexible service delivery, cultural competency across groups, and supporting transportation and access to services across a vast territory.

Since 2012, more than 420,000 acres have been burned by devastating wildfires in Lake County.[8] The fire resulted in a number of fatalities and thousands of residential and commercial buildings destroyed. Thousands of residents were evacuated from their homes. In the aftermath of the 2015 fire, approximately 3,000 Lake County residents were left homeless.[9] Fire disasters, like other natural or man-made disasters, can have significant mental health impact on individuals directly and indirectly affected.[10] In the years since, Lake County has been recovering from fire-related physical and emotional damage.

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[8] Los Angeles Times. "More then 50% of this California county has burned since 2012. Some residents say they've had enough." 2018. Retrieved from https://www.latimes.com/local/lanow/la-me-lake-county-fire-epicenter-20180814-story.html

[9] KQED News. "Valley Fire Update: 3,000 Homeless, Cost Likely "Hundreds of Millions.'" 2015. Retrieved from https://ww2.kqed.org/news/2015/09/23/valley-fire-forcing-residents-to-evacuate-injures-firefighters-in-lake-county/

[10] Curr Opin Psychiatry. 2011 Mar;24(2):179. Van de Watt, Gill [corrected to van der Watt, Gillian]. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20844434

II.   Community Program Planning Process and Needs Assessment

MHSA Background in Lake County

This plan is required by Proposition 63 (MHSA), 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 2).

Figure 2. MHSA Values

In 2017, stakeholders convened to develop the *Mental Health Services Act (MHSA): Three-Year Program & Expenditure Plan 2017 – 2020, Lake County*. From the community planning process, five domains emerged as areas of both progress and ongoing need:

- Access to Services
- Staff and Workforce
- Programs and Services for Children, Youth, and Families
- Programs and Services for Transitional Age Youth
- Programs and services for Adults and Older Adults

Key findings from the Three-Year Plan needs assessment and community planning process are summarized in **Table 1**.

Table 1: Programming Strategies by Mental Health Services Act (MHSA) Component as Identified through Community Program Planning Process

MHSA Component	Program Expansion or Modifications
Community Support Services (CSS)	• Enhance the Forensic Mental Health program by including Mental Health Court (new service) • Leverage existing systems coordination efforts to further meet the needs for an improved referral process
Prevention and Early Intervention (PEI)	• Incorporate stigma reduction activities into existing programs • Explore providing parenting workshops as a part of the Peer Recovery Support Center • Explore enhancing the Friendly Visitor Program and Senior Counseling Program • Develop Critical Incident Stress Management Team (new program) • Implement the NEST component of the Family Stabilization and Well-Being Program in partnership with Redwood Community Services
Workforce, Education, and Training (WET)	• Enhance WET impact through increased specialized trainings
Capital Facilities and Technology Needs (CFTN)	• N/A, continue programming as planned

Recent efforts made by Lake County Behavioral Health Services (LCBHS) to deliver programming in support of the priorities of the Three-Year Plan include, among others, full implementation of the Critical Incident Stress Management Team and NEST Component of the Family Stabilization and Well-Being Program.

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. This annual update serves as an opportunity to re-engage community participation in the execution of this plan.

Annual Update Contents

Lake County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Annual Update for FY 2019-20 in February 2019. LCBHS contracted with Resource Development Associates (RDA) to facilitate the Community Program Planning (CPP) activities that culminated in this Annual Update. This Annual Update includes the following sections:

➢ **Overview of the community work session** that took place in Lake County on July 25th, 2019. 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 service, fiscal, demographic, and program data; a county-wide survey; key informant interviews; a community work session; and public comments) to identify the service gaps that will be addressed by Lake County's MHSA programs updates for FY 2017-18.

➢ **Review of LCBHS ideas and activities for the coming year,** including those that are not specific to individual programs.

➢ **Description of Lake County's Mental Health Services Act (MHSA) programs** by component, which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

➢ **An update on Prevention and Early Intervention (PEI)** activities and efforts to comply with newer PEI regulations and reporting requirements.

➢ **Reversion Plan:** Included in this year's Annual Update is the Reversion Plan required by the State. Under MHSA, California counties must make full use of the funding allocations received from the State. The MHSA Fiscal Reversion Policy specifies that funds allocated to a county that have not been spent within the statutory requirements will revert to the state for reallocation.

Annual Update Project Approach & Methodology

The MHSA Planning team was composed of staff from LCBHS and RDA. 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 health care organizations, and representatives of underserved populations. The CPP process consists of four distinct phases: 1) Planning and Discovery; 2) Needs Assessment; 3) Community Engagement; and 4) Program Updates, as detailed in Figure 3.

Figure 3. Community Program Planning (CPP) Process

Phase I: Planning and Discovery	Phase II: Needs Assessment	Phase III: Community Engagement	Phase IV: Program Updates
• Review past MHSA plans and updates • Conduct technical review of MHSOAC instructions and regulations • Request and analyze data and documents • Develop protocols	• Collect and analyze fiscal, program, and demographic data • Conduct Key Informant Interviews and Community Survey • Synthesize stakeholder input	• Facilitate community input meetings • Develop strategies to address mental health needs • Finalize strategy adoption	• Outline and draft Annual Update • Post Annual Update for public commenting • Present draft Annual Update at Public Hearing • Revise and finalize Annual Update • Obtain BOS Approval

Mental Health Needs Assessment

The CPP process was built upon a comprehensive community mental health needs assessment. This needs assessment included the following components:

➢ **Service data collection**: For each MHSA program, RDA collected data from LCBHS on the total number of individuals served. These data were provided to the County through program manager reports, and the County's EHR.

➢ **Demographic data collection:** As available, RDA collected data on the demographics of those served by each MHSA program. These data were also obtained through program manager reports and the County's EHR.

➢ **Fiscal data collection:** LCBHS generated and reported to RDA the total actual program expenditure for each MHSA program in FY 2017-2018. In addition, LCBHS created projected per-program expenditures for the upcoming FY, 2019-2020. Both of these fiscal data points are reported here as the amount spent (or to be spent) per person served. In addition, LCBHS submitted data on funds not expended in their original budget year that, if not expended within statutory time periods, would be subject to reversion. Under the AB114 plan, DHCS has determined that $369,930.00 is at risk for reversion for PEI and $150,000 is at risk for Innovation. Part of the Community Planning Process (CPP) included soliciting stakeholder feedback on outstanding community needs that could be mitigated by unspent and reversion funds. A Reversion Plan was created, based largely on one-time expenditures, which can be found in Appendix I.

➢ **Program updates:** LCBHS has generated an internal data collection tool via the Survey Monkey platform and provides this to MHSA program managers to report, in writing, on program activities,

partnerships, successes, barriers, and upcoming activity plans. RDA reviewed drafts of the data collected several times and provided feedback and clarifying questions to strengthen these responses. As needed, RDA conducted individual interviews with program managers to clarify or add to written data.

➢ **Key informant interviews:** To gather more in-depth understanding of program activities, community impact, perceived service strengths, weaknesses, and outstanding mental health needs, RDA conducted interviews with key informants. LCBHS worked with RDA to generate a list of potential interviewees, using the key stakeholder groups identified in MHSA regulations.[11] RDA conducted outreach for an interview via email to all potential participants, making up to three contact attempts to each individual.

➢ **Countywide survey:** To include input from a wide range of stakeholders, particularly those who would not be able to attend the in-person community planning meetings, RDA designed and administered a community survey. The survey ran from June 18th to July 19th, 2019, and was available in both English and Spanish. This anonymous survey included both closed- and open-text questions to gather data on respondents' demographics and relationships to MHSA services; perceptions of MHSA programs quality, appropriateness for community need, timeliness, accessibility, and staffing; and thoughts regarding outstanding community mental health needs, population-specific needs, service strengths, and service weaknesses or areas for growth. The survey was available online, where most participants responded, and in paper form at various community locations. RDA established and maintained the online survey and related database via a secure online platform, Survey Gizmo, and LCBHS distributed and collected paper surveys from physical locations and submitted them to RDA for data entry and analysis.

➢ **Leadership Discussion.** As this report is retrospective and some former LCBHS employees have since obtained new positions, some desired data was not available at the time this report was written. RDA conducted an in-depth interview with MHSA leadership in Lake County to discuss historical data collection barriers and efforts to improve data collection going forward.

Following this needs assessment, RDA analyzed these data for emerging themes and generated a power point presentation that was first shared with the LCBHS team for review, and then presented at the in-person CPP meeting. The emerging themes from this needs assessment are included later in this report, and the presentation slides are included in Appendix VI.

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[11] Per the MHSOAC, WIC § 5848 states that each Annual Update shall be developed with local stakeholders, including: 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; Other important interests (e.g., individuals served or targeted by Prevention and Early Intervention (PEI) services and individuals expected to benefit from INN projects). CCR § 3300 further includes: Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310; Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity; Clients with serious mental illness and/or serious emotional disturbance, and their family members.

Community Program Planning Meetings

RDA—in collaboration with Lake County Behavioral Health—conducted an in-person community program planning (CPP) meeting, on July 25th, 2019. This meeting took place in order for consumers, family members, staff, and other stakeholders to express their needs and perceptions related to public mental health services in Lake County, to share their experiences with the current system of services, and to provide suggestions for improving MHSA-funded programs and services. LCBHS used an outreach flyer (see Appendix III) sent out via email as well as posted in prominent locations including the courthouse and peer wellness centers, direct outreach, and word of mouth to help recruit stakeholders. Some of the agencies LCBHS reached out to included Adventist Health, Sutter-Lakeside Hospital, the 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. In order to track participation, RDA provided sign-in sheets and anonymous demographic forms at each meeting (see Appendix IV for a sample sign-in sheet). The CPP meetings included mental health services staff, school administrators, family members and consumers, and other community stakeholders as defined in the MHSA.

In the meeting, the planning team reviewed the MHSA Annual Update process, reviewed MHSA values, and provided information on additional opportunities to engage and provide input. During this meeting, stakeholders heard from the planning team about program accomplishments and were encouraged to ask questions about the process and share their thoughts on outstanding needs and programs. The planning team ensured that this community engagement activities: 1) reviewed the needs and program suggestions highlighted by needs assessment participants and 2) expanded and/or captured additional needs and program suggestions. RDA also provided anonymous feedback forms and comment cards to allow participants the opportunity to share thoughts they might not wish to share publicly. Appendix VI includes the PowerPoint used during the community meetings. In addition to reviewing the MHSA Annual Update process, RDA presented on the emerging findings from the mental health needs assessment. The community input meetings then engaged participants in discussion focused on the following questions:

1. Does what we found resonate with your own experiences?
2. Would you modify any findings? How?
3. What do you think we missed?
4. What are the needs we should prioritize this year?

RDA presenters charted key themes from the discussion on whiteboards and flip charts as participants were speaking. Participants were then asked to place dots next to the key themes they felt were the highest priority for the Lake County behavioral health community to address. RDA then led participants through a discussion about the three top-ranked needs, using the following questions:

For each priority need,

1. What, if any, **existing** programs are working well to address some of this need?

2. How would you **change** existing programs to better address this need?
3. What **additional training**, if any, would benefit LCBHS staff and Lake County community members to help address this need?

Participants were informed of next steps in the annual update process prior to leaving the meeting. An RDA staff member took detailed notes throughout these meetings, and all flip charts were photographed and later transcribed to a Microsoft Word file to retain record of discussion notes.

Following this session, RDA worked with LCBHS to consider community feedback and develop strategies to address the identified needs and changes. This discussion included review of current and planned LCBHS activities that may not have emerged in the needs assessment or CPP sessions up to this point, and how these activities overlapped with key themes from the needs assessment and CPP sessions. Notable activities, current and planned, that LCBHS presented in this discussion are reflected in this report. Key themes from the CPP session are also included later in this report.

Stakeholder Participation Characteristics

This section presents the numbers and characteristics of stakeholders who participated in the needs assessment and community program planning activities. Table 2 presents the total number of participants in each activity.

Table 2. Data Collection Activities and Participants

Activity	Date	Total Participants
Key Informant Interviews	June-July, 2019	10 (in 9 interviews)
Community Input Meeting	July 25th, 2019	55
Community Survey	June 18th - July 19th, 2019	91 (29 partial)
Public Comment Period	October 3rd-November 3rd, 2019	TBD
Public Hearing	November 4th, 2019	TBD
Total		TBD

Fifty-five stakeholders attended a community meeting, and 101 participated in the survey or interviews. There were 62 community surveys completed in their entirety, including demographic forms, while nine of the 55 stakeholders who attended the community meetings filled out demographic forms. In addition, 5 stakeholders who completed key informant interviews filled out demographic forms.

Of the stakeholders for which demographic data is available, 71 percent were aged 25-59, 20 percent were aged 60 or older, and 9 percent were 16-24 years of age. Sixty-nine percent of community stakeholders identified as female, 22 percent identified as male, and 9 percent identified as other.

Figure 4. Number of Stakeholders Participating in Needs Assessment and Community Planning by Gender and Age
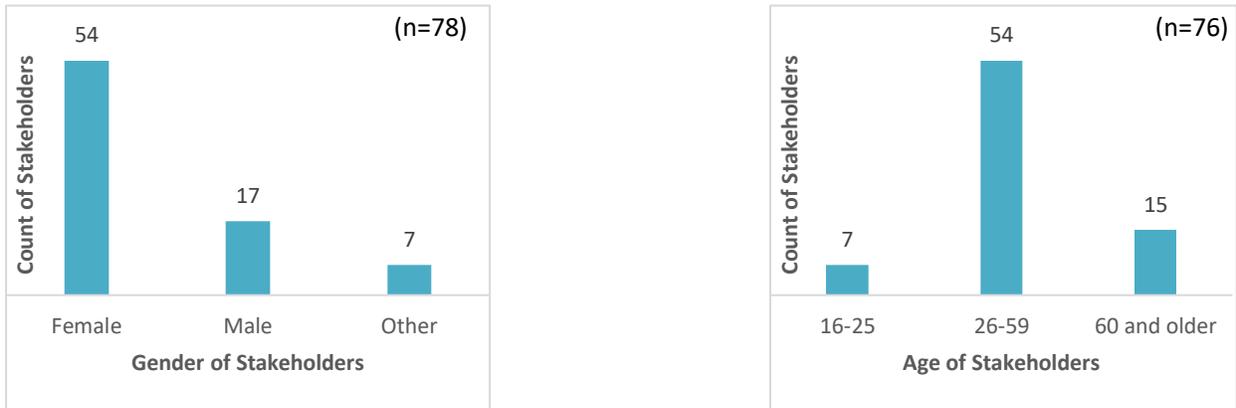
Additionally, 5 percent identified as Hispanic/Latino, 47 percent as White/Caucasian, 13 percent as American Indian or Alaska Native, and 5 percent as Multi-Race. A majority of stakeholders (59%) identified as heterosexual or straight, 36 percent identifying as another sexual orientation, and 5 percent declined to answer. Thirteen percent of stakeholders reported having at least one physical disability.

Figure 5. Number of Stakeholders Participating in Needs Assessment and Community Planning by Race and Ethnicity (N= 91)
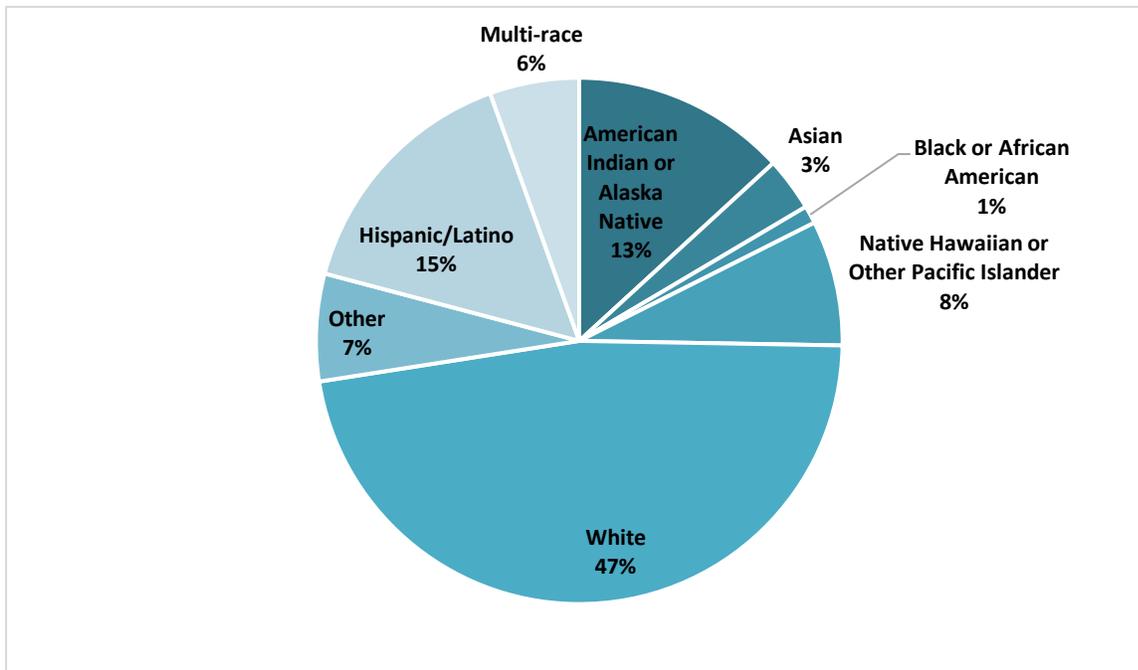
Among the various stakeholder groups represented in the annual update process, the largest group identified as being from the government (including County and State; 34%), followed by 16 percent family

members of consumers of behavioral health services at 16 percent, community members at 12 percent, contracted service providers at 10 percent, and other at 9 percent. Of the participants who filled out a demographic form, 5 percent identified as a mental health services consumer.

Figure 6. Stakeholder Affiliation of Community Participants (N= 128)[12]
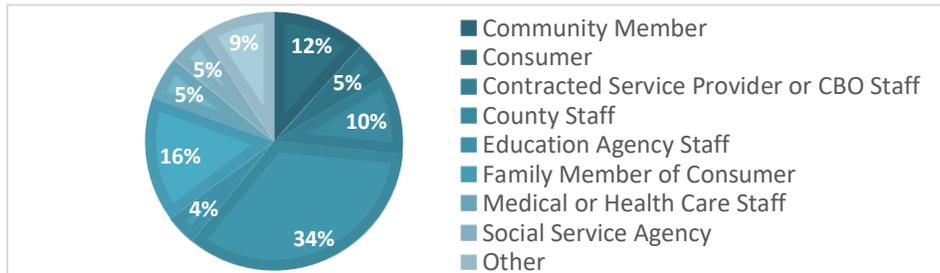
Most needs assessment and community planning participants lived in Clearlake (27), Kelseyville (15) and Lakeport (13).

Local Review Process

Following the CPP sessions, RDA drafted this annual update report and submitted it to LCBHS for review and feedback. RDA then integrated LCBHS feedback, and generated a new draft that could be posted publicly for 30 days for public comment, in accordance with MHSA regulations. The annual update was posted publicly online on October 4th, with hardcopies available at LCBHS service locations, partner agencies, and at every County library. During the 30-day public posting period and public hearing event, community members had the opportunity provide public comment, which is included and responded to in the following section.

Public Comments

During the MHSA 30-day Public Review and Comment Period, the following public comments were received:

[to be filled out upon completion of public posting]

Public Hearing

After a 30-day public comment period, the plan update must be presented at a public hearing convened by the Local Mental Health Board. The Public Hearing was held on November 4th, at LOCATION.

[LIST] presided over this public hearing, and the LCBHS team presented.

[to be filled out upon completion of public hearing]

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[12] County Staff includes LCBHS, Law Enforcement, Social Service, and Veteran Organization Staff.

Board of Supervisors Review

Once all of the community feedback and public comment is received and incorporated into the plan update, the Annual Update is sent to the Lake County Board of Supervisors (BOS) for review and approval. LCBHS presented on the annual update in front of the BOS at LOCATION on November 5th.

[to be filled out upon completion of BOS presentation]

III. Needs Assessment Findings

Data Collection Challenges and Opportunities

Program update data presented in this report contains a number of elements that were missing at the time of data collection in July 2019. RDA conducted an in-depth interview with Lake County MHSA leadership to discuss historical data collection barriers and efforts to improve data collection going forward. This section presents this historical context, as well as strengths, needs, and planned activities of Lake County's MHSA data collection efforts.

Staff Turnover Impacted Data Collection Capacity. From 2012 to 2017, LCBHS experienced significant staff turnover and major transitions in staff roles and responsibilities. This transition period impacted the overall department's capacity to document program updates and comprehensively collect service and fiscal data. More recently, LCBHS has hired additional staff and clarified roles and responsibilities. Staff now receive additional oversight and support to ensure that program updates and data collection are complete. Going forward, LCBHS expects data collection efforts to be more consistent and complete.

Strong Relationships with Community-Based Providers and Centers. Despite staff turnover, LCBHS has been successful in maintaining strong relationships and communications with contracted providers and community-based centers. LCBHS regularly meets with staff and leaders from community-based partners. These partners are essential for collecting data related to contracted services, including evaluation data. LCBHS will continue to leverage these strong relationships to improve data collection and interpretation.

Innovative Solutions to Improve Data Collection. Historically and currently, LCBHS has used Survey Monkey as the main platform to obtain program updates. However, this method did not prove consistently successful during staff transitions. Thus, LCBHS is exploring alternative software programs that may better support program updates and reporting. In addition, LCBHS is exploring ways to improve the Access database system they use to track program attendance and demographic data.

Who Was Served in FY 2017-2018

During FY 2017-18 (July 1, 2017- June 30, 2018), 42,457 people in Lake County received services funded by MHSA, which included Community Services and Supports (CSS) and Prevention and Early Intervention

(PEI) services. [13] It is important to note that service and demographic data were only available for 13 out of 21 total programs active in FY 17-18, so the demographic and service information presented in this report may not reflect the full profile of all individuals served by MHSA program in Lake County in this year. Table 3 outlines which programs within CSS and PEI have available service data.

Table 3. Availability of MHSA Service and Demographic Data

Program	Programs Without Service and Demographic Data	Programs with Service and Demographic data	Total Individuals Served by Programs with Data
CSS	4	6	12,606
PEI	4	7	29,851
Total	**8**	**13**	**42,457**

Of the programs with available data, about 30 percent of consumers received services through CSS programs and the other 70 percent received services through PEI programs.

Demographic data were available for nine out of 21 programs, with a total of 44,609 units of demographic data collected; some consumers were served by more than one program. Of these consumers, 60 percent were children/youth, 8 percent TAY, 8 percent adult, and 24 percent older adult (**Figure 7**). The majority of consumers were white Caucasian/White (48%), followed closely by Hispanic/Latino (36%). A full breakdown of the racial and ethnic breakdown of consumers can be found in **Figure 7**.

Figure 7. Consumer Age; Race and Ethnicity
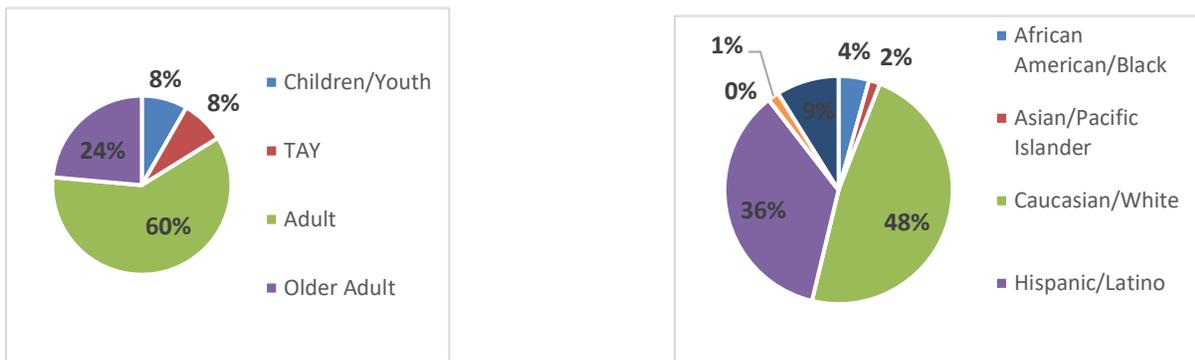
Data on gender was available across six programs for 23,368 individuals. Among clients who reported gender, they identified as female (53%), male (46%), or other gender (<1%). Among the 23,192 clients who reported language spoken, the majority spoke English (58%) and others spoke Spanish (38%) or some other language (4%). Data related to LGBTQ, veteran, and homeless status were limited and only reported by clients in a few programs. Based on available data, MHSA programs served 217 LGBTQ clients, 427 veteran clients, and 4,834 homeless clients.

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[13] This number represents the individuals served by each program and would duplicate consumers who are receiving services from more than one program.

Key Themes from the Needs Assessment and Community Planning Process

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:

- ❖ Service access
- ❖ Services for families
- ❖ Services for children and transition-age youth (TAY)
- ❖ Services for adults and older adults
- ❖ Outreach, engagement, and stigma reduction
- ❖ Behavioral health workforce
- ❖ Basic and co-occurring needs
- ❖ Cultural appropriateness of services

Each domain includes a description of strengths and needs identified by the community, through both the needs assessment and community program planning session, and LCBHS activities or planning related to the domain.

Service Access

LCBHS Strengths: Overall, participants reported the perception that service access and coordination of care have improved over time, although work remains.

Identified Needs: Overall perception of availability of and access to services by survey respondents was low (36% satisfied or very satisfied with availability; 32% satisfied or very satisfied with access). In particular, respondents expressed that planning for service needs at the point of discharge from inpatient care, and at the point of re-entry from incarceration, needs to improve. For those in the general community, appointment wait times have historically been long and remain long, despite some improvement. More service locations in a large rural area, plus more transportation.

System Planning Based on Needs: The County has been increasing its community-based service provision and is looking to continue to grow this modality. Wellness Centers also offer transportation for both clinical and non-clinical services. Further, the County is exploring mobile service options to expand the reach of existing services. In the coming year, the County will look into the feasibility of adding outreach workers to the existing Wellness Centers in the County, who could provide some peer counseling in the community, as well as encourage and facilitate access to services in existing facilities.

The County also continues to address appointment wait times through its Innovation project, which is described in greater detail later in this report.

Services for Families

LCBHS Strengths: Both the NEST and Mother-Wise programs, which serve families, were viewed very positively across all elements of data collection for this report.

Identified Needs: However, participants pointed to outstanding needs for both parents themselves and parents as part of mental health support for children. There is a desire within Lake County for increased capacity to serve families with children, particularly younger and newer mothers.

System Planning Based on Needs: As LCBHS has reviewed its finances it has identified opportunities to expand funding for existing programs based on need and demonstrated program success. It has issued a request for proposals from its program managers and will be reviewing and funding programs for expanded capacity or activities as appropriate. Programs serving families have been encouraged to apply.

Services for Children and Transition-Age Youth

LCBHS Strengths: Overall, participants reported that services for youth in Lake County are of high quality.

Identified Needs: The perceived need for these populations remains high despite existing services, and there is a perception that there are not a sufficient number of child psychiatrists in the County to meet needs. In general, participants expressed particular concern that TAY may not have enough healthy activities to engage with, in lieu of gang activities or substance abuse that might otherwise prove a temptation.

System Planning Based on Needs: The County is, as noted above, interested in increasing its mobile and community-based services, and has noted youth as a population that may need targeted service within the community to support engagement.

Services for Adults and Older Adults

LCBHS Strengths: Forty-six percent of survey respondents were satisfied or very satisfied with the quality of services provided. The Wellness Centers were widely noted as a significant, successful resource added to the community.

Identified Needs: More services are needed for adults with moderate needs, who do not present with acute or pressing concerns. There was a general perception that trauma-informed care needs to expand, across all populations served. Seniors and their caregivers were generally viewed as underserved populations, particularly in the aftermath of the fires that affected the region in recent years.

System Planning Based on Needs: The County is, as noted above, interested in using excess funds to expand existing services for all populations. Also, they have reported a specific intention to increase partnerships between LCBHS and local senior centers to better identify needs and advertise mental health services to seniors. The County also intends to implement better tracking tools, which will allow them the

opportunity to more easily identify consumers—including those with moderate needs—who are not being adequately served.

For adults with more acute needs, the County has expressed interest in using excess funds to support increased availability of board and care facilities and other supportive housing options in the County. This would improve service availability for adults currently residing in the County, and allow for the opportunity to return conserved individuals currently in care out of the area to return home.

Outreach, Engagement, and Stigma Reduction

LCBHS Strengths: LCBHS has been leading community meetings in recent years that have provided a forum for education on mental health and services, and an opportunity to discuss and identify needs.

Identified Needs: Overall, participants reported a desire for more wellness and engagement activities, stigma reduction activities, and increased community-level education on mental health and available services.

System Planning Based on Needs: In addition to the incorporation of the outreach worker role described above, the County is interested in formalizing its prevention activities into a prevention program. This step will provide better system coordination and allow the County greater opportunity to incorporate expanded community education and stigma reduction activities.

Behavioral Health Workforce

LCBHS Strengths: As noted above, 46 percent of survey respondents felt that the quality of services were satisfactory, and 55 percent of respondents were satisfied or very satisfied with the performance of MHSA program staff.

Identified Needs: As has been acknowledged across the mental health field, it can be difficult to find and maintain a well-trained behavioral health workforce anywhere, but particularly in a rural area. Among staff respondents to the survey, wages and physical space for services were not viewed as sufficient. Training needs for staff proposed by respondents included increased training on trauma; client-centered care; specific cultural competencies (e.g. LGBT); co-occurring substance use disorders; and policies and procedures to support care planning and coordination.

System Planning Based on Needs: LCBHS has stabilized a great deal of its internal and program staffing in recent years, following a period of significant turnover. The County is optimistic that stable staffing will allow the County to better serve its residents with mental health needs.

Basic and Co-Occurring Needs

LCBHS Strengths: Survey respondents reported that, where substance use and supportive services existed, they were of high quality.

Identified Needs: Across all needs assessment domains, substance use, homelessness, and basic survival needs were perceived as growing issues within the County, and as significant barriers to engagement in mental health care, as well as mental stressors in and of themselves.

System Planning Based on Needs: The County is exploring using excess funds to build permanent supportive housing for consumers with significant mental health needs. While MHSA cannot be used to support housing needs independent of mental health needs, LCBHS recognizes the scope of burden County residents are currently facing in this area and is looking at ways to incorporate education on housing, food, and other supportive services alongside increased behavioral health service education. LCBHS also works in partnership with the substance use team within the County to design, coordinate, and implement programs in support of individuals with substance use prevention and treatment needs.

Cultural Appropriateness of Services

LCBHS Strengths: Where they exist, programs targeted to specific populations within the County were viewed positively.

Identified Needs: The overall shortage of providers also means a shortage of linguistically competent providers, as well as a shortage of providers who are representative of the communities served. Several communities were highlighted as in particular need of targeted services, including Native Americans, Latino and Black residents, and LGBTQ individuals. Respondents noted that the recent federal public charge rule may be a deterrent to engagement in mental health services for immigrants seeking legal status in the United States.

System Planning Based on Needs: As the County looks to design the outreach worker role described above, it intends to incorporate representatives of communities in need of targeted outreach and services, in both planning and as potential sources of an increased workforce.

Community Planning Session Findings

On July 25th, 2019, RDA presented findings identified most frequently throughout the needs assessment to community members who attended a community planning meeting. After presenting these findings, RDA facilitated a discussion to validate and modify these findings, and to capture any that were not reflected in the needs assessment. Overall, community members affirmed the needs assessment findings and provided further nuances to consider. RDA then asked attendees to vote on priority needs, including both key themes from the needs assessment and needs identified during the community planning meeting. The needs that community members prioritized are summarized in Table 4.

Table 4. Community Planning Process – Prioritized Needs

Need	Description
Housing and shelter options	Community members identified housing as a top priority. More specifically, community members called out the lack of accessible and affordable housing and shelter options in the county as both a mental health stressor and a barrier to initial and sustained engagement in

	mental health treatment. In particular, community members discussed the need for shelters for at-risk populations including youth, transition-age youth, and mothers.
Prenatal and post-partum services and supports	Attendees expressed significant interest in building upon existing successes in perinatal and postpartum mental health by supplementing and increasing the capacity of existing programs supporting mothers in the county. Currently, the Motherwise program offers peer support groups and other support services. However, they are at capacity and need remains.
Transportation and Mobile Services	A perceived lack of accessible, reliable transportation was repeatedly cited as an ongoing barrier for consumers seeking or maintaining engagement in behavioral health services. Although some providers do offer transportation services, community members highlighted a need to expand mobile services and satellite sites to mitigate barriers to access for outlying communities.
Basic needs	Community members spoke of the need to assist consumers in meeting their basic needs (i.e. food security, shelter, clothing, safety) in order to allow them time and energy to then address mental health needs. Individuals who are experiencing mental health challenges compounded with negative socioeconomic factors such as homelessness and economic stressors may have trouble engaging with mental health services because they must prioritize survival needs. Discussion focused on developing a mental health service delivery system that embodies a holistic approach to treatment, including meeting basic needs as a means to promote mental wellness.
Culturally responsive services	Attendees affirmed that increasing culturally responsive services and providers should be a priority in Lake County. Community members not only expressed the need to strategize on how to recruit and retain culturally responsive providers to better serve un/underserved populations but also how to leverage community members with similar, lived experiences as support staff or volunteers. Individuals called out specific needs to address intergenerational trauma among Native communities and linguistic capacity for Spanish-speaking communities.
School-based services	Another area highlighted as a priority was the expansion of school-based services for both children and their families. Individuals shared how offering more services in school could help mitigate barriers (i.e. travel time, missed work and classroom hours) many families experience in accessing services off-site from schools. A family-centered approach to help break the cycle of intergenerational trauma was also suggested as an approach for school-based services that would better serve the community.

IV.   MHSA Program Plan Updates

This report will provide FY 2017-18 program and service updates for the following programs:

Table 5. Summary of Mental Health Services Act (MHSA) Programs by Component

Component	Category	Program
Community Services and Supports (CSS)	General Systems Development (GSD)	Coordinated Care for Co-occurring Behavioral and Physical Health Conditions
	Outreach and Engagement (O/E)	Crisis Access Continuum
	O/E	Forensic Mental Health Partnership
	Full Service Partnerships (FSP)	Full Service Partnerships (including Housing Access)
	O/E	Older Adult Access – Senior Peer Counseling
	O/E	Parent Partner Support
	O/E	Trauma Focused Co-occurring disorder screening and treatment
	CSS	*Peer Support (listed as component of Peer Support Recovery Center)*
	CSS	*Outreach and Engagement (listed as component of Peer Support Recovery Center)*
Prevention and Early Intervention (PEI)	Outreach for Increasing Recognition of Early Signs of Mental Illness	Critical Incident Stress Management Team
	Prevention	Family Stabilization and Well-Being
	Early Intervention	Early Intervention Services
	Early Intervention, Suicide Prevention	Early Student Support
	Prevention, Access and Linkage to Treatment, Stigma and Discrimination Reduction, Improve Timely Access to Services for Underserved Populations	Peer Support Recovery Centers *(including Peer Support and Outreach and Engagement)*
	Improve Timely Access to Services for Underserved Populations	Older Adult Outreach and Prevention: Friendly Visitor Program
	Outreach for Increasing Recognition of Early Signs of Mental Illness	Postpartum Depression Screening and Support: Mother-Wise
	Prevention	Prevention Mini-Grants
	Stigma and Discrimination Reduction, Suicide Prevention	Statewide and Regional Projects
Capital Facilities and Technology Needs (CFTN)		Capital Facilities
		Lake County Electronic Health Record (EHR) Project
Innovation Program (INN)		Full Cycle Referral and Consumer Driven Care Coordination

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

Community Services and Supports (CSS) Programs

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.

Program: Coordinated Care for Co-Occurring Behavioral Health Conditions

CSS Service Category	General System Development			
Status:	☐ New	⊠ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	⊠ Transitional Age Youth Ages 16 – 25	⊠ Adult Ages 26 – 59	⊠ Older Adult Ages 60+

Program Description
Program description/target population: This expanding element in the recovery planning process is a critical compound of comprehensive services and support that has been identified as an obstacle to wellness for consumers experiencing behavioral health difficulties.   **Intended outcomes:** The program intends to provide coordinated resources and treatment options for consumers with complex co-occurring behavioral and physical health disorders.   **Key activities:** The program bridges the gap between behavioral health and primary health creating direct communication channels and establishing in-person meetings to enable real-time communication.

Program Updates
Activities and Outcomes in FY 2017 – 2018   **Key Successes in FY 2017-18**: This program was inactive.   **Program Challenges in FY 2017-18**: This program was inactive.   **Proposed Activities for FY 2019 – 2020**   It is proposed that this program be cancelled as it never got off the ground as a MHSA program. The purposes of this program are accomplished through other means outside of MHSA planning and programing with Mental Health teams and Medical Providers meeting, communicating, and referring back and forth on a regular basis concerning coordinating care.

Service Totals and Expenditures
Number of individuals served in FY 2017-2018: 0   **Cost per person served in FY 2017-2018:** N/A   **Number of individuals to be served in FY 2019-2020:** N/A   **Cost per person to be served in FY 2019-2020:** N/A

Proposed FY 2019-20 Budget: N/A

Program: Crisis Access Continuum

CSS Service Category	Outreach & Engagement		
Status:	☐ New	☒ **Continuing**	☐ Modification
Target Population:	☐ Children Ages 0 – 15	☒ **Transitional Age Youth Ages 16 – 25**	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Program Description

Program description/target population: Crisis Access Continuum connects individuals experiencing mental health challenges to the local crisis hotline, a peer-run warm line, and intervention services to individuals in need. Crisis Access Continuum targets consumers who have recently been hospitalized or released from a crisis evaluation. The program also provides support to individuals in respite in a supported transitional housing setting.

Intended outcomes: Crisis Access Continuum intends to connect individuals to local resources to promote recovery and wellness. The programs works with individuals who have recently experienced crisis to help them during this vulnerable time and engage them in services.

Key activities: The program connects individuals to existing resources. Connections are made by leveraging relationships with emergency departments and law enforcement to identify individuals quickly after experiencing crisis.

Program Updates

Activities and Outcomes in FY 2017 – 2018

Key Successes in FY 2017-18: With additional staffing and increased cohesion as a team, the Crisis Access Continuum program saw success in improving response time to crisis, both in the community at-large and in the emergency room setting. Aiding in this success was partnering with law enforcement and building strong relationships between these agencies.

Program Challenges in FY 2017-18: Barriers included challenging relationships with the emergency departments and the statewide lack of acute psychiatric beds. At times, placement efforts could take several days and the client would remain in the emergency department until that time.

Proposed Activities for FY 2019 – 2020: LCBHS plans to continue to improve relationships with law enforcement and emergency room departments to ensure the best quality of care for clients. LCBHS will continue efforts in reducing stigma among the community and first responders.

Service Totals and Expenditures

Number of individuals served in FY 2017-2018: 46

Cost per person served in FY 2017-2018: $152.63

Number of individuals to be served in FY 2019-2020: 200

Cost per person to be served in FY 2019-2020: $1,467.52

Proposed FY 2019-20 Budget: $293,504.00

Program: Forensic Mental Health Partnership

CSS Service Category	Outreach & Engagement			
Status:	☐ New	☒ **Continuing**		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☒ **Transitional Age Youth Ages 16 – 25**	☒ **Adult Ages 26 – 59**	☒ **Older Adult Ages 60+**

Program Description

Program description/target population: The Forensic Mental Health Partnership (FMHP) provides support for consumers with mental health challenges who encounter legal problems or who are incarcerated in jail or juvenile hall.

Intended outcomes: FMHP intends to connect individuals to treatment and other social services in the community, improve outcomes for offenders with mental illness in the criminal justice system, and promote recovery and wellness for justice-involved individuals.

Key activities: FMHP assists consumers in addressing their mental health needs, navigating the legal process, transition planning, and providing support in the community after release from incarceration through service coordination, clinical services, and into FSP when appropriate.

Program Updates

Activities and Outcomes in FY 2017 – 2018

Key Successes in FY 2017-18: The FMHP saw success in providing mental health services in the jail setting and to clients on probation. Increased cooperation between Lake County Jail and Probation staff that led to better assisting transition of client after incarceration and reengagement in the community, therefore reducing homelessness and hospitalizations. Staff saw improvement in clients' social and emotional stability in the community, as well as reductions in incarceration, homelessness and hospitalization.

Program Challenges in FY 2017-18: The forensic program is one of a number of different programs that work with clients involved in the justice system. Staff are sometimes spread thin to cover the tasks of this program.

Proposed Activities for FY 2019 – 2020: LCBH plans to continue developing a Mental Health Court to further assist individuals transitioning out of jail into FSP. Mental Health Courts are a type of problem-

solving court that combine judicial supervision with community mental health treatment and other support services in order to reduce criminal activity and improve the quality of life of participants. Mental health courts are established to make more effective use of limited criminal justice and mental health resources, to connect individuals to treatment and other social services in the community, to improve outcomes for offenders with mental illness in the criminal justice system, to respond to public safety concerns, and to address jail overcrowding and the disproportionate number of people with mental illness in the criminal justice system. Mental Health Courts help to support accountability for clients in the FMHP program. LCBH plans to place additional emphasis on clients receiving psychiatric appointments following release and work with jail medical staff to ensure the transition to community includes outpatient services and supports.

Service Totals and Expenditures

Number of individuals served in FY 2017-2018: 77

Cost per person served in FY 2017-2018: $1,247.33

Number of individuals to be served in FY 2019-2020: 75

Cost per person to be served in FY 2019-2020: $1,423.05

Proposed FY 2019-20 Budget: $106,729.00

Program: Full Service Partnerships

CSS Service Category	Full Service Partnership		
Status:	☐ New	☒ **Continuing**	☐ Modification
Target Population:	☒ **Children Ages 0 – 15**	☒ **Transitional Age Youth Ages 16 – 25**	☒ **Adult Ages 26 – 59**	☒ **Older Adult Ages 60+**
Program Description			

Program description/target population: Full Service Partnerships (FSP) seek to engage children with serious emotional disorders and individuals with serious mental illness into intensive, team-based, and culturally appropriate services in the community with a low staff to consumer ratio. The FSP program includes Housing Access, which provides resources and linkages to MHSA-subsidized housing for FSP consumers in need of housing assistance. Housing Access also provides one-time funding for consumers at risk of losing their housing or needing assistance securing housing.

Intended outcomes: FSP provides a "whatever it takes" approach to promote recovery and increased quality of life; decrease negative outcomes such as hospitalization, incarceration, and homelessness; and increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports.

Key activities: FSP provides a full range of clinical and non-clinical services, including:

Clinical Services:

- Mental health treatment, including alternative and culturally specific treatments
- Peer support
- Wellness Centers
- Needs Assessment
- ISSP development
- Crisis intervention/stabilization services

Non-clinical:

- Supportive services to obtain employment, housing, education, and health care (treatment for co-occurring conditions)
- Family education services
- Case management
- Respite care

Program Updates

Activities and Outcomes in FY 2017 – 2018

Key Successes in FY 2017-18: In FY17-18, LCBHS provided services to 1,195 FSP clients and saw successes across the target populations in providing support services to reducing hospitalizations. LCBHS saw success in preventing children and teens from becoming homeless through providing additional supports to build resiliency, in turn preventing decompensation and reducing hospitalizations. Additionally, LCBHS was successful at linking the older adult population to supportive services, including medication and case management, as well as therapeutic services to prevent decompensating and hospitalizations.

Program Challenges in FY 2017-18: During FY17-18, the FSP program experienced challenges in finding permanent housing for clients. An additional challenge was mitigating the life circumstances of transitional age youth clients, such as not having credit or living in generational poverty.

Proposed Activities for FY 2019 – 2020

In an effort to promote build housing vendor and client relationships, Housing Access staff plan to attend housing vendor meetings and presentations to promote mental health awareness and improve client success in finding suitable permanent housing.

LCBH plans to continue to implement FSP with a few modifications. The largest change will be the creation of a system to bring back to the community as many as possible of those clients who have been placed in psychiatric placement outside the county. These clients, who are eligible for FSP services once engaged, will be brought back to a transitional home and increased LCBHS discharge team will work with them in rehabilitation and housing activities.

Additionally, additional cars for staff to visit clients in the community will be explored.

Service Totals and Expenditures

Number of individuals served in FY 2017-2018: 82

Cost per person served in FY 2017-2018: $10,201.04

Number of individuals to be served in FY 2019-2020: 110

Cost per person to be served in FY 2019-2020: $18,181.82

Proposed FY 2019-20 Budget: $2,000,000

Program: Older Adult Access

CSS Service Category	Outreach & Engagement			
Status:	☐ New	⊠ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☐ Transitional Age Youth Ages 16 – 25	☐ Adult Ages 26 – 59	⊠ Older Adult Ages 60+

Program Description

Program description/target population: Older Adult Access provides outreach and engagement services, linkage to resources, mental health interventions, and FSP services to seniors who may be experiencing mental health challenges. One component of Older Adult Access is the Senior Peer Counseling program, which provides peer-aged volunteer support to older adults who may be isolated or experiencing mild mental health concerns.

Intended outcomes: Older Adult Access intends to outreach to seniors who may be experiencing mental health challenges and connect these individuals to needed resources.

Key activities: Older Adult Access provides clinically supervised, peer counseling services to the older adult population. Trained Peer Counselors outreach and engaged seniors in mental health treatment, including FSP services, when appropriate.

Program Updates

Activities and Outcomes in FY 2017 – 2018
Key Successes in FY 2017-18: During FY17-18, seven clients were seen in-home and received mental health support. The main success of this program is connecting with home-bound seniors and providing mental health support.

Program Challenges in FY 2017-18: Some of the challenges in FY17-18 include transportation to and from appointments, volunteer capacity, and mental health needs that are more severe than the scope of this program. To mitigate transportation challenges, staff have coordinated with a local program that provides reimbursement for mileage if a friend or family member is willing to help transport a client. Additionally, program staff have worked with clients to request assistance from their support system, including friends, family, and other in-home supportive services. As Lake County is geographically distributed, it can be difficult to find volunteers for all areas of the County. Program staff have attempted to mitigate this challenge by offering meetings in venues across the lake to outreach this program, as well as offering prospective volunteers with opportunities to speak with program staff and volunteers.

Proposed Activities for FY 2019 – 2020: To assist in the attraction and retention of volunteers, the Senior Peer Counseling program will have an enhancement of providing stipends for volunteers as well as iPad to assist with their visits. It is hoped this will the volunteer pool to grow to 20 volunteers.

Older Adult Access will continue services described, including:

- Provide clinical supervision at sites around the county and recruit volunteers county wide
- Develop outcome measures for these programs
- Expand culturally competent services into the Latino and Native American communities by targeting this population
- Train volunteers who are bi-lingual/bi-cultural and provide targeted outreach to seniors in these communities in the delivery of senior peer counseling services

Service Totals and Expenditures

Number of individuals served in FY 2017-2018: 234

Cost per person served in FY 2017-2018: $1,015.39

Number of individuals to be served in FY 2019-2020: 240

Cost per person to be served in FY 2019-2020: $509.03

Proposed FY 2019-20 Budget: $122,166.00

Program: Parent Partner Support

CSS Service Category	Outreach & Engagement			
Status:	☐ New	☒ Continuing		☐ Modification
Target Population:	☐ Children Ages 0 – 15	☒ Transitional Age Youth Ages 16 – 25	☒ Adult Ages 26 – 59	☒ Older Adult Ages 60+

Program Description

Program description/target population: The Parent Partner Support is a crucial strategy that provides support and help for families involved with the County mental health system. Parent Partners provide peer-to-peer understanding, help parents navigate the services system, and advocate for their needs. The Parent Partner brings "lived experience" of the service system and can provide families with non-clinical insights on how to seek appropriate services and communicate with service providers.

Intended outcomes: Parent Partner Support intends to support families navigating the County mental health system to support their recovery and wellness.

Key activities: A parent partner with "lived experience" as a family member assists families with navigating the system, service coordination, and group support. The Parent Partner Support program also provides an FSP team member to assist the family through the FSP process as applicable.

Program Updates

Activities and Outcomes in FY 2017 – 2018

Key Successes in FY 2017-18: Although there was not a parent partner on staff, LCBHS did support mental health family therapy and the growth of perinatal care through LCBHS' substance abuse treatment program.

Program Challenges in FY 2017-18: LCBHS was unable to hire a replacement for the vacant parent partner position. Lack of a parent partner limited formal activity for this program, despite the related successes noted above.

Proposed Activities for FY 2019 – 2020: LCBHS is hiring a parent partner for this year, already having advertised and interviewed for the position. Additionally, LCBH is developing a fifth Peer Support Center in the city of Middletown with a target population of parents and families. The Peer Support Center would provide services and support to local families and those involved with community mental health. The Parent-Partner will be the lead in the new center. The wildfires of 2015 and beyond have drastically affected the cities of Middletown, Hidden Valley, and Cobb and effects of these fires can be seen in the growing numbers of children and adults being diagnosed with Post Traumatic Stress Disorder (PTSD). As the need for services for families increase, LCBH will increase services and support to families as necessary.

Service Totals and Expenditures

Number of individuals served in FY 2017-2018: 0

Cost per person served in FY 2017-2018: 0

Number of individuals to be served in FY 2019-2020: 50

Cost per person to be served in FY 2019-2020: $2,561.48

Proposed FY 2019-20 Budget: $128,074.00

Program: Trauma Focused Co-occurring Disorder Screening and Treatment

CSS Service Category	Outreach & Engagement		
Status:	☐ New	☒ **Continuing**	☐ Modification
Target Population:	☐ Children Ages 0 – 15	☒ **Transitional Age Youth Ages 16 – 25**	☒ **Adult Ages 26 – 59** / ☒ **Older Adult Ages 60+**
Program Description			

Program description/target population: This program provides coordinated resources and treatment options for consumer with complex co-occurring behavioral and physical health disorders. Developed through collaboration between LCBHS, primary care, and Alcohol and Other Drugs (AODS) provider clients receiving care are screened for trauma and co-occurring disorders and providers meet to develop a coordinated care plan.

Intended outcomes: Unrecognized, unaddressed trauma symptoms can lead to poor engagement in treatment, premature termination of treatment, greater risk for relapse of psychological symptoms or

substance use, and worse outcomes.[14] This program intends sensitively identify clients who have/are experiencing trauma and/or co-occurring disorders in order to develop a tailored service plan that would increase treatment adherence and promote recovery and wellness.

Key activities: This expanding element in the recovery planning process is a critical component of comprehensive services and supports that has been identified as an obstacle to wellness for consumers experiencing behavioral health difficulties. This program provides screening, coordination between providers, and individual and group psychotherapy.

Program Updates

Activities and Outcomes in FY 2017 – 2018

Key Successes in FY 2017-18: The program continues to collaborate with LCBHS substance abuse treatment program for screening and treatment of trauma and co-occurring disorders through individual and group psychotherapy.

Program Challenges in FY 2017-18: Turnover among treatment staff has affected the program's ability to remain consistent.

Proposed Activities for FY 2019 – 2020: In addition to utilizing specific screening tools to better identify clients, the program will continue to provide:

- Co-occurring groups and individual mental health treatment in both sides of the county, including at school sites at the southern end of the county, which has been largely impacted by wildfires in the past few years;
- One-on-one counseling; and
- Trauma informed groups.

Service Totals and Expenditures

Number of individuals served in FY 2017-2018: 16

Cost per person served in FY 2017-2018: $1,677.56

Number of individuals to be served in FY 2019-2020: 18

Cost per person to be served in FY 2019-2020: $5,222.50

Proposed FY 2019-20 Budget: $95,766.00

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14 https://www.ncbi.nlm.nih.gov/books/NBK207188/

Prevention and Early Intervention (PEI)

Overview

Through MHSA, Lake County LCBHS funds a variety of Prevention and Early Intervention (PEI) programs and services during FY 2017-18. With a focus on underserved communities, the primary goals of PEI programs and services 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, ethnic-specific cultural centers and health providers). Below, we include brief program updates for all PEI programs.

Prevention and Early Intervention: Programs, Methods, Outcomes, and Indicators

Lake County now is engaging in efforts to align Prevention and Early Intervention (PEI) programming with newer Mental Health Services Act (MHSA) regulations, while maintaining the trust and rapport they have established with the local community through these programs. As a small county with limited staffing and significant turnover in recent years, it has been challenging to have capacity to update PEI programming and data collection to align with newer regulations. However, conversations and planning efforts to come into compliance are underway within LCBHS to determine which of the program component designations under the new regulations are appropriate for existing programs; what standards and outcome indicators to select for these programs; and, how to develop internal infrastructure to routinely and accurately track, analyze, and report program outcomes. See Table 6 for current assignment of PEI programs to components under current regulations.

Table 6. Description of PEI Components

Prevention	Reduce risk for developing a potentially SMI and to build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing SMI.
	Lake County Programs/Strategies: *Family Stabilization and Well-Being*
Early Intervention	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.
	Lake County Programs/Strategies: *Early Intervention Services, Early Student Support, Peer Support Recovery Centers, Prevention Mini-Grants*
Improve Timely Access to Services for Underserved Populations	Track and evaluate access and referrals for services specific to populations identified as underserved.
	Lake County Programs/Strategies: *Peer Support Recovery Centers, The Friendly Visitor Program*
Outreach for Increasing Recognition of Early Signs of Mental Illness	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.
	Lake County Programs/Strategies: *Critical Incident Stress Management Team, Mother-Wise*
Access and Linkage to Treatment	Activities to connect children, adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment.
	Lake County Programs/Strategies: *Peer Support Recovery Centers*
Stigma and Discrimination Reduction	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.
	Lake County Programs/Strategies: *Peer Support Recovery Centers, Statewide and Regional Projects*
Suicide Prevention	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.
	Lake County Programs/Strategies: *Early Student Support, Statewide and Regional Projects*

Current Compliance Activities

LCBHS is currently integrating expanded PEI demographic data collection categories into its standard Program Progress Reporting template and is seeking a client-friendly model for implementing collection of these data from consumers who visit the wellness centers. The County has been tracking outcomes measures for these programs for several years (e.g., Eight Aspects of Wellness measures are used at local wellness centers; pre- and post- training testing is routinely administered), and expects reporting on these measures to improve now that staffing within programs and LCBHS has stabilized and can support capacity for routine collection and analysis of PEI data.

LCBHS will seek guidance from the Mental Health Services Oversight and Accountability Commission (MHSOAC) as needed and expects to make significant progress toward compliance within the 2019-2020 Fiscal Year.

Critical Incident Stress Management Team			
Status:	☐New	☒**Continuing**	☐Modified
Priority Population:	☐Children Ages 0 – 17	☒**Transitional Age Youth Ages 16 – 24**	☒**Adult Ages 24 – 59** ☒**Older Adult Ages 60+**
PEI Service Area:	☐ Prevention ☐ Early Intervention ☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention ☒ **Outreach for Increasing Recognition of Early Signs of Mental Illness** ☐ Improve Timely Access to Services for Underserved Populations		
Program Description			
Program description/target population: Critical Incident Stress Management (CISM) is a system of education, prevention, and mitigation of the effects from exposure to highly stressful critical incidents.[15] It is handled most effectively by specially-trained individuals, such as crisis intervention specialists, first responders, law enforcement officers, and mental health workers. The purpose of CISM is to provide members and employees involved in a critical incident with initial and follow-up support. **Intended outcomes:** The goals of CISM include: • Providing the critical incident stress management and educational support necessary to ensure optimal functioning of Lake County's emergency service workers and their primary support systems • Promoting job retention capabilities for emergency services personnel and reducing turnover rates • Enhancing the quality of response for persons in Lake County needing emergency services • Reducing the negative consequences of exposure to highly stressful incidents among first responders, including Post Traumatic Stress Disorder and substance use			

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15 https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html

Further, establishing a multidisciplinary Critical Incident Stress Management Team (CIRT) within the CISM allows LCBHS to provide a county-wide response to the psychological and emotional needs of emergency services personnel impacted by disasters/critical incidents.[16]

Key activities: CISM interventions focus on three stages of crisis: pre-crisis, acute crisis, and post-crisis. This is to address preparing for an incident, the reactions that immediately follow an incident, and the possible long-term effects from experiencing a critical incident.[17]

FY 2017 – 2018 Activities and Outcomes

Key Successes: Program was inactive

Program Challenges: A similar, County-run program is already in place among the County's first responders. Therefore, in practice, this program has been found to be redundant.

Number served in FY 2017-18:	0	Total costs in FY 2017-18:	0

Proposed Activities for FY 2019-20

Proposed Activities: It is proposed that due to inactivity, the program be cancelled.

Number to be served FY 2019-20: N/A	Proposed Budget FY 2019-20: N/A	Cost per Person FY 2019-20: N/A

Family Stabilization and Well-Being			
Status:	☐New ☒**Continuing** ☐Modified		
Priority Population:	☒**Children Ages 0 – 17**	☒**Transitional Age Youth Ages 16 – 24**	☒**Adult Ages 24 – 59** ☒**Older Adult Ages 60+**
PEI Service Area:	☒ **Prevention** ☐ Early Intervention ☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Improve Timely Access to Services for Underserved Populations		
Program Description			

Program description/target population: Family Stabilization and Well-Being is designed to address the most pressing needs of families to reduce the psychosocial impacts of trauma in at-risk children, youth, and young adult populations. The program intendeds for children and youth in stressed families who are at risk of school failure, homelessness, and juvenile justice involvement. The program uses a whole-family approach to improve family functioning. The Family Stabilization and Well-Being program has two components:

- **The NEST** provides short-term transitional housing (up to 15 months) for pregnant women or young parents ages 18-21. During this time, families will work with a three-person team

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16 https://www.dshs.texas.gov/mhsa-disaster/cism/

17 http://www.aana.com/resources2/professionalpractice/Documents/Guidelines%20for%20Critical%20Incident%20Stress%20Management.pdf

(Program Supervisor, Home Specialist, and Child Development Specialist) in a youth-driven process to reduce risk factors, and increase self-sufficiency.
- **Family Wrap Component** provides short-term, intensive intervention services. Program enrollment period is 90-120 days. During this time families will work with a three-person team (Care Coordinator, Family Specialist, and Parent Partner) in a family voice, family choice process to reduce risk factors identified by referral agency.

MHSA PEI funds will be used to support the NEST component of this program.

Intended outcomes: The program intends to 1) increase or maintain the safety of families, 2) increase the well-being of children and families by increasing protective factors, and 3) improve family self-sufficiency by developing healthy problem solving skills.

Key activities: Services provided include:
- Facilitation of child and family team meetings
- Resource connection
- Direct parenting support
- Skill building
- Child and Adolescent Needs and Strengths (CANS) assessment for any youth wherein mental health may be a concern
- Therapeutic intervention as determined by medical necessity

FY 2017 – 2018 Activities and Outcomes

Key Successes
The NEST component of Family Stabilization and Well-Being was able to successfully reduce some of the disparities in accessing Mental Health Services in Lake County due to the ability to provide in-house specialty mental health services to families enrolled in the program. Though voluntary, 100% of eligible youth have been enrolled and engaged in mental health treatment since these services became available. In addition to increased access to mental health services, NEST youth are connected to community resource agencies such as First Five Lake County, Lake Family Resource Center, North Coast Opportunities, Mother-Wise, and other valuable networks that meet the unique needs of trauma exposed individuals. The NEST program excels at addressing some of the needs of at-risk youth populations through unique programming and ease of access to local youth resource centers.

Program Challenges The NEST program needs to replace and improve program operating assets such as an outdoor play structure, a technology center for clients, replacement of furniture, and more reliable transportation. Therefore, additional funding will be allocated for these improvements and operating costs. [18]

Number served in FY 2017-18:	663	**Total costs in FY 2017-18:**	$141,696.00
FY 2019 – 2020			

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[18] Included in Reversion Plan, Appendix I

Proposed Activities for FY 2019-20: In addition to funding upgrades in program infrastructure to better serve clients, additionally will fund the NEST's proposal to fully fund a year's worth of services. The NEST will continue to assist young parents with the new responsibility of raising a young child as well as assisting in the goal of self-sufficiency.					
Number to be served FY 2019-20:	*30*	**Proposed Budget FY 2019-20:**	$274,098	**Cost per Person FY 2019-20:**	*$6,769.93*

Early Intervention Services

Status:	☐New	☒**Continuing**		☐Modified	
Priority Population:	☒**Children Ages 0 – 17**	☒**Transitional Age Youth Ages 16 – 24**		☐Adult Ages 24 – 59	☐Older Adult Ages 60+
PEI Service Area:	☐ Prevention ☒ **Early Intervention** ☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Improve Timely Access to Services for Underserved Populations				

Program Description

Program description/target population: Most serious mental health problems (i.e., schizophrenia, bipolar disorder, major depression) are most likely to present in late adolescence and/or early adulthood. PEI regulations require that counties develop an early intervention program for youth who are beginning to show signs or symptoms of a serious mental illness. LCBHS provides the equivalent of one full-time Licensed/registered Therapist to provide direct early intervention services and supports to those consumers and families who experience the first onset of a serious emotional disturbance or serious mental illness. Early Intervention Services (EIS) include a variety of clinical and other supportive services at home, clinic, and community based settings and provide evidence based interventions to address emerging symptoms and to support the youth to stay on track developmentally.

Intended outcomes: The goal of EIS is to identify anyone who may be at risk of developing a serious mental health problem and connect them to prevention program and services to build wellness sand resiliency and/or to appropriate clinical services to promote recovery and related outcomes for a mental illness early in emergence. In addition EIS connects consumers' families to support services so that they can better support loved ones' recovery as well as address the stressors of lived experience.

Key activities: Key activities of EIS will support outcomes around interrupting or mitigating early signs of mental illness or emotional disturbance by:
- Providing age appropriate mental health services in the community, clinic, and at home.
- Provide clinical interventions to mitigate early onsite of mental health issues.
- Promoting pro-social activities, including creative or artistic expression as related to self-care

FY 2017 – 2018 Activities and Outcomes

Key Successes: During FY2017-18, LCBHS, including staff from the Early Intervention Services program, experienced success in refining and improving upon staff's diagnostic skills to recognize early signs of psychosis and intervene appropriately. LCBHS had several success cases with young clients who were

experiencing first break and were caught early and treated early. The outcomes were positive, and these individuals were able to return to school and work.

Program Challenges: No challenges were reported.

Number served in FY 2017-18:	14	Total costs in FY 2017-18:	$69,068.72	
Proposed Activities for FY 2019-20				
During FY 2019-20, Early Intervention Services plans to identify opportunities to integrate assessment skills and tools more into the schools and community colleges to increase opportunities for early and preventive intervention.				
Number to be served FY 2019-20:	*14*	Proposed Budget FY 2019-20:	*$70,560.00*	Cost per Person FY 2019-20:	*$5,040*

Early Student Support			
Status:	☐New ☒**Continuing** ☐Modified		
Priority Population:	☒**Children Ages 0 – 17**	☒**Transitional Age Youth Ages 16 – 24**	☐Adult Ages 24 – 59 ☒Older Adult Ages 60+
PEI Service Area:	☐ Prevention ☒ **Early Intervention** ☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☒ **Suicide Prevention** ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Improve Timely Access to Services for Underserved Populations		
Program Description			
Program description/target population: Early Student Support (ESS) places clinical staff in schools to provide K-5 student with direct mental health services. In addition to direct services, ESS works to train all school staff in QPR (Question, Persuade, Refer), an early intervention technique often used in suicide prevention to guide clients in addressing their challenges and seeking appropriate supports. **Intended outcomes:** ESS intends to increase the likelihood of school retention, prevent the development of severe emotional disturbance or serious mental illness, and reduce the likelihood of negative consequences, including suicide. **Key activities:** Clinical staff provide age appropriate mental health services, including: • Clinical interventions to mitigate early onsite of mental health issues • Pro-social activities, including creative or artistic expression as related to self-care • Referrals to outside resources as necessary			
FY 2017 – 2018 Activities and Outcomes			
Key Successes: The ESS clinician was successful in maintaining regular and clear communication between home and school, which assisted consistent messaging to the students from parents, clinician, and teachers. During FY 2017-18, four students were able to transition back to their home school.			

Program Challenges: Regular student attendance was a challenge for ESS program participants, and at this time, the school system does not have an effective way to address the irregular attendance of ESS program participants.

Number served in FY 2017-18:	166	Total costs in FY 2017-18:	$24,803.94

FY 2019 - 20					

Proposed Activities: ESS will continue its services and work to increase the success rate of students so that the majority of participants can re-enter the traditional school setting. In response to a CPP identified need to increase prevention services for youth, LCBH will explore enhancing partnerships with schools to extend school based mental health services.

Number to be served FY 2019-20:	*160*	Proposed Budget FY 2019-20:	*$70,560.00*	Cost per Person FY 2019-20:	*$441.00*

Peer Support Recovery Centers			
Status:	☐New	☒**Continuing**	☐Modified
Priority Population:	☒**Children** **Ages 0 – 17**	☒**Transitional Age Youth** **Ages 16 – 24**	☒**Adult** **Ages 24 – 59**	☒**Older Adult** **Ages 60+**
PEI Service Area:	☒ **Prevention** ☐ Early Intervention ☒ **Access and Linkage to Treatment** ☒ **Stigma and Discrimination Reduction** ☐ Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ **Improve Timely Access to Services for Underserved Populations**			

Program Description			

Program description/target population: Peer Support Recovery Centers operate four peer support centers throughout Lake County. The Bridge Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center, and La Esperanza Centro Latino (La Voz). 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 has split funding from CSS and PEI. CSS funds are used to support the Centers' Peer Support and Community Outreach and Engagement services and PEI funds are used to support the Centers' prevention and support services.*

Intended outcomes: Each of these centers serve niche populations, promote cultural competency through program design, and allow access to resources and linkages to needed services. These centers are intended to reduce disparities in access to mental health services to the identified priority population and provide peer employment opportunities. The centers also serve as a safe and easily-accessible community-based location for residents to connect to behavioral health services.

Key activities: The Peer Support Recovery Centers provide the following key services and activities:

- Peer Support supports staffing to serve both transition age youth and adult consumers in the TAY and Adult Peer Support Centers. Programs provide access to clinical services, peer support, socialization, and companionship to these two age groups.
- Community Outreach and Engagement: Community Outreach and Engagement serves the Tribal and Latino communities in the corresponding Peer Support Centers (Circle of Native Minds and La Voz, respectively). These programs play a key role in addressing the multiple barriers that these communities face accessing services.
- Targeted Support Groups provide formal (e.g., Alcoholics Anonymous) and informal (e.g., Latino Support Group, Native American Veterans Support Group) opportunities for community members to engage in conversation and seek support for wellness, recovery, and resilience.

FY 2017 – 2018 Activities and Outcomes

Adult Wellness Center – The Bridge Peer Support Center: During FY 2017-18, Bridge staff partnered with community partners to link program participants, "peers", to food, shelter, clinical services, substance abuse services, and housing assistance, including family reunification. Additionally, the Bridge has linked peers to employment opportunities in the community. The Bridge will be relocating to a new building and will be offering additional programs geared toward peers working towards success and wellness in their lives. Individuals attempting to enter the Bridge while under the influence has remained a challenge; during FY 2017-18 drug paraphernalia was found on the premises and was safely disposed of.

Latino Wellness Center - La Voz de la Esperanza: The Latino Wellness Center program plays a key role in addressing multiple barriers within the Latino community to accessing services, including addressing infrastructure challenges, such as transportation, availability of services, and language availability, as well as addressing the cultural stigma of accessing services and mistrust of institutions. The Latino O&E program is particularly effective at reaching Latinos and others undeserved families and individuals by educating and providing mental health education to children and youth. The program has seen major success working with the Latino community to provide education around stigma reduction and suicide prevention and reducing the negative consequences of mental illness. The Latino Wellness Center program has experienced challenges in not being able to connect uninsured individuals to services. Additionally, immigration status can be a barrier in accessing services.

Circle of Native Minds Cultural Center: This program has experienced challenges in making contact with the target community.

TAY Wellness Center – The Harbor on the Main: The Harbor has been working diligently on reducing mental health stigma and discrimination, as well various community and social issues that directly and often negatively impact youth attending the TAY resource center. The Harbor has been focusing on bringing awareness to and reducing stigma associated with nationally and locally recognized social issues. In FY 2017-18, the Harbor integrated specialty mental health services at the Harbor, including an improved screening and referral process. This has proven to be a helpful tool, both when first engaging youth, as well as throughout their time at the center. This process reduced some of the disparities in accessing mental health services and enhanced the opportunity to provide valuable and necessary resources to trauma exposed individuals.

One of the challenges the Harbor continues to face is the ability to connect with underserved, Spanish-speaking and indigenous youth populations within the County. One of the ways the Harbor has been working on mitigating this challenge is by employing a bilingual Youth Development Specialist and by connecting with local tribal communities during a tribal youth summit. The Harbor (in collaboration with other Recovery Support

Center programs) engaged in the planning and implementation of activities throughout the youth summit which has opened new doors for collaboration with the indigenous community.

Number served in FY 2017-18:	*Total*	**11,083**	Total Costs FY 2017-18:	*Total*	**$551,602.37**
	Peer Support Recovery Center	10,095		*PEI: Peer Support Recovery Center*	$97,493.55
	Outreach & Engagement	988		*CSS: Outreach & Engagement*	$137,460.90
				CSS: Peer Support	$316,647.92

FY 2019 – 2020

Proposed Activities All services will continue with the following proposed activities:

- **Family Hope and Wellness Center:** Will open in Middletown with the Parent Partner as the lead and will be staffed by two permanent part-time Client Support Associates (CSA). The center will be focusing on peer support to parents and families with children.
- **Increased Outreach Efforts:** During the CPP, stakeholders expressed a need for increased community outreach to consumers who do not necessarily visit the peer support centers. To enhance outreach efforts, LCBHS plans to hire an outreach specialist for each center. The outreach specialists will focus on both outreach efforts for the center populations and also prevention activities as a team. To support these outreach efforts and increase client transportation support, additional cars will be purchased for workers to go into the community.
- **Improvement of Peer Support Centers:** To better serve consumers, besides the establishment of the new center in Middletown, the other centers are in need of transportation, technological, and infrastructure updates. These include new transport vans, replacement of flooring and painting, upgraded furniture, and technological needs such as computers, a new check in system, and smartboards for groups to use as well as interconnectivity between the centers.[19]

Number to be served FY 2019-20:	*Total*	*3,574*	Proposed Budget FY 2019-20:	*Total*	*$969,420.00*
	Peer Support Recovery Center	*3,200*		*PEI: Peer Support Recovery Center*	*$520,000*
	Outreach & Engagement	*50*		*CSS: Outreach & Engagement*	*$350,000*
	Peer Support	324		*CSS: Peer Support*	*$149,420.00*
Cost per Person FY 2019-20:	*Peer Support Recovery Center*	*$162.50*			
	Outreach & Engagement	*$6,000*			
	Peer Support	*$461.17*			

Older Adult Outreach and Prevention: Friendly Visitor Program			
Status:	☐New ☒**Continuing** ☐Modified		
Priority Population:	☐Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☒**Adult Ages 24 – 59** ☒**Older Adult Ages 60+**

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[19] Included in Reversion Plan, Appendix I

PEI Service Area:	☐ Prevention ☐ Early Intervention ☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☒ **Improve Timely Access to Services for Underserved Populations**

Program Description	

Program description/target population: The Friendly Visitor Program provides companionship, support, and engagement to the vulnerable population of homebound older adults who may be isolated, at risk of crisis, or at risk of losing their independence.

Intended outcomes: Socialization, provided through the Friendly Visitor Program, among older adults is intended to prevent isolation and depression and improve overall well-being.

Activities: Friendly Visitors are volunteers over the age of 55 who provide home-based outreach, support, and visitation to the senior population in the county.

FY 2017 – 2018 Activities and Outcomes	

Key Successes
One success of the Friendly Visitor program is seeing the improvement of consumer after their visits with the friendly visitor volunteers. Consumers benefit from the social connectedness that visitors provide, and often exhibit reduced signs of isolation.

Program Challenges
The challenge facing the program continues to be a slowing in the number of volunteer recruits. The slowdown in volunteer recruitment reflects a trend reported by many local volunteer agencies. To mitigate this challenge, the agency has been implementing improvements and incentives to recruit and retain volunteers.

Number served in FY 2017-18:	2,891	Total costs in FY 2017-18:	$33,459.42

FY 2019 – 2020			

Proposed Activities The Friendly Visitor Program will continue to increase its reach among the older adults in the community including:
- *Recruit volunteers and conduct volunteer training*
- *Provide outreach to seniors in the community about the availability of services*

Number to be served FY 2019-20:	30	Proposed Budget FY 2019-20:	$45,000	Cost per Person FY 2019-20:	$1,500

Postpartum Depression Screening and Support: Mother-Wise			
Status:	☐New	☒**Continuing**	☐Modified
Priority Population:	☐Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☒**Adult Ages 24 – 59**	☒**Older Adult Ages 60+**
PEI Service Area:	☐ Prevention ☐ Early Intervention ☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention		

	☒ **Outreach for Increasing Recognition of Early Signs of Mental Illness** ☐ Improve Timely Access to Services for Underserved Populations

Program Description

Program description/target population: Mother-Wise offers consistent opportunities for social support to new and expecting mothers in an effort to prevent, or limit the severity of, Perinatal Mood and Anxiety Disorders (PMAD). Mothers receive support through:

- Weekly home visits with a trained "Saathi" volunteer
- In-person and online mothers' group
- Tangible items through the "Mom-to-Mom Closet" of donated supplies
- Connection to a network of local resources

While any mother can develop a PMAD, certain factors increase risk. Screening early and often identifies mothers at risk while providing helpful clues about complicating factors. Routine screening is often the first introduction to Mother-Wise that gives mothers access to supports before they feel depressed or anxious. Access to Mother-Wise is available to all pregnant women and new mothers in Lake County with babies under 12 months, free of charge.

Intended outcomes:

- **Increased utilization of supports:** Targeted outreach and education reduces stigma and raises awareness in moms, volunteers, health service professionals, and the larger community, leading to an increased use of program activities and better outcomes for participants.
- Improved scores on Edinburgh Postnatal Depression Scale (EPDS), a validated screening tool for depression and anxiety in the perinatal period - PMAD screenings are conducted regularly within the program and by trained professionals at key locations. Screening leads to early detection and access to best-practice services for moms experiencing a PMAD. Repeated screenings allow comparison over time and indicate where support can be further optimized, both individually and program-wide.
- Individuals report feeling better supported after connecting with Mother-Wise - Everything about Mother-Wise is intended to make moms feel welcome and supported, with the intention of making them comfortable enough to seek and receive help if, and when, they need it. Program activities also model and enable a culture of motherhood where moms support and uplift each other with genuine companionship that can outlast their time in the program.

Key activities:

- PMAD Screening and Early Identification through the use of the Edinburgh Postnatal Depression Scale (EPDS)
- PMAD Awareness and Training for health professions, volunteers, and new staff
- In-Home Visits, conducted by trained Saathi to provide support and screen mothers for depression using the EPDS
- **In-Person Social Support for Mothers:** Mother-Wise hosts weekly groups for moms and their babies, led by a trained facilitator.
- Mom-to-Mom Closet, which provides donated maternity and baby items, including diapers, formula, clothes, toys and more.
- Outreach and engagement through social media

FY 2017 – 2018 Activities and Outcomes

Key Successes: Mother-Wise collaborated with Sutter Lakeside Hospital's monthly Safe Sleep Class, where program staff gave a presentation on PMAD. Additionally, Mother-Wise contracted with a new Group Facilitator and trained and transitioned this individual into lead role for the Lakeport group.

The agency has become more mature in its diagnostic skills in recognizing early signs of psychosis or first break (withdrawal, hygiene issues, grade dropping and other negative symptoms and is able to begin treatment earlier), regardless of which department or access point the client entered the agency. There is opportunity for improvement such as getting assessment skills and tools more into the schools and community colleges to get more early and preventive intervention.

Program Challenges: The program is very dependent on financial backing of other agencies to serve its clients. As such, the program lacks a number of resources – including staffing – that could better support the program.

Number served in FY 2017-18:	25	Total costs in FY 2017-18:	$55,251.61		
FY 2019 – 2020					
In the upcoming Fiscal Year, Mother-Wise plans to add a second site in Clearlake to expand services to meet growing demand. New computers and furniture for the offices and additional staff will be obtained, including a bilingual staff member and a group facilitator.					
Number to be served FY 2019-20:	*450*	Proposed Budget FY 2019-20:	*$184,862.15*	Cost per Person FY 2019-20:	*$410.80*

Prevention Mini-Grants			
Status:	☐New ☒**Continuing** ☐Modified		
Priority Population:	☐Children Ages 0 – 17	☒**Transitional Age Youth Ages 16 – 24**	☒**Adult Ages 24 – 59** ☒**Older Adult Ages 60+**
PEI Service Area:	☒ **Prevention** ☐ Early Intervention ☐ Access and Linkage to Treatment ☐ Stigma and Discrimination Reduction ☐ Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Improve Timely Access to Services for Underserved Populations		
Program Description			
Program description/target population: The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities of $1,500 to $2,500 to conduct prevention activities and projects. **Intended outcomes:** 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.			

Key activities:

Approved projects must be prevention-oriented as well as culturally competent for the targeted or intended audience. Proposals must focus on one or more of the following:

- 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

FY 2017 – 2018 Activities and Outcomes

Successes: The 2017-2018 mini-grants had 25 applications submitted and 18 applications were approved by the review panel. In total, $21,514.40 in MHSA funds were distributed throughout the community to conduct prevention activities and projects.

Some of the grant funded activities include:

- **Family Socialization Project**
- **You Matter friendship**
- **Overdose Awareness, Ed, and Prevention**
- **Sistas Club**
- **Dancing Away From Suicide**
- **Caregiver Education and Support**
- **Saturday Art/Mourning to Joy**
- **Understanding Suicide Grief and Loss**
- **Wings of Hope Camp**
- **Connected Life Coaching at local schools**
- **Restorative Arts for Fire Victims**

Challenges: There is more demand for projects than there is allocated funds and organizations are gaining experience about what is allowed to be funded. In future plans, the amount of mini-grant funds will be reviewed for an increase.

Number served in FY 2017-18:	1,094	Total costs in FY 2017-18:	$25,363.26		
Proposed Activities for FY 2019 – 2020					
In **FY 2019-20** LCBHS will again have another round of mini-grants, starting in April of 2020. The community has shown appreciation for these opportunities to have one time funding for an event or other project to address mental health wellness.					
Number to be served FY 2019-20:	*100*	Proposed Budget FY 2019-20:	*$25,000*	Cost per Person FY 2019-20:	*$250*

Statewide, Regional and Local Projects			
Status:	☐New ☒**Continuing** ☐Modified		
Priority Population:	☒**Children** **Ages 0 – 17**	☒**Transitional Age Youth** **Ages 16 – 24**	☒**Adult** **Ages 24 – 59**	☒**Older Adult** **Ages 60+**
PEI Service Area:	☒ **Prevention** ☐ Early Intervention ☐ Access and Linkage to Treatment ☒ **Stigma and Discrimination Reduction** ☒ **Suicide Prevention** ☒ **Outreach for Increasing Recognition of Early Signs of Mental Illness** ☐ Improve Timely Access to Services for Underserved Populations		

Program Description

Program description/target population: 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 coordinated by CalMHSA.

Additionally, Lake County also performs similar functions locally with specialized staff who go into the community. Therefore, this section is renamed to include "Local."

Intended outcomes: These projects are intended to reduce the stigma of mental health, promote wellness and recovery, and reduce the negative consequences of untreated mental illness, including suicide.

Key Activities: Statewide and Regional Projects funds the following services and activities:
- Suicide Prevention includes several efforts to address and prevent suicide. Specific activities include Known the Signs; Life is Sacred Alliance (LISA); Question, Persuade, Refer (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.
- 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.

Key Activities: Local PEI funds include the following services:
- Mental Health First Aid for Youth, Adult, Teen, and First Responders
- Recognition, awareness events for Suicide Prevention Month

FY 2017 – 2018 Activities and Outcomes			
No successes or challenges were reported for this program for FY 2017-18.			
Number served in FY 2017-18:	Number served was not available at the time of data collection.	**Total costs in FY 2017-18:**	$30,687.26

FY 2019 – 2020

In FY 2019-20, Statewide, Regional and Local Projects plans to continue with the above activities, events, and opportunities to promote mental health wellness. Lake County was awarded to be one of only 40 locations across the country to pilot the Mental Health First Aid for Teens. The goal is to train every sophomore in Middletown High School Mental Health First Aid. From that experience, the goal is to then train every high

school sophomore in the county annually. It is hoped this will have a significant positive impact on residents' mental health for years to come.[20]

Number to be served FY 2019-20:		Proposed Budget FY 2019-20:	$30,000 (for State/Regional) $30,000 (local efforts)	Cost per Person FY 2019-20:	

Capital Facilities and Technology Needs (CFTN)

MHSA Capital Facilities and Technology Needs (CFTN) address the operations and infrastructure of behavioral health departments. CFTN plan the creation of MHSA services facilities to house services and administrative offices as well as develop technological infrastructure to facilitate efficient and quality services.

Capital Facilities

Status:	☐New	☒**Continuing**	☐Modified

Program Description
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.

FY 2017 – 2018 Activities and Outcomes
Funds were not utilized during FY 2017-18 and will be carried forward for next year.

Total Costs in FY 2017-18: $0

Proposed Activities for FY 2019 – 20
For FY 2019-20, LCBHS intends to plan the creation of MHSA services facilities to house services and administrative offices. Additional infrastructure needs include developing the technological infrastructure to facilitate efficient and quality services. One such planned project is the South Shore clinic remodel. In the first phase of remodel, LCBHS plans to repair the roof of the building, with implementation beginning in fall of 2019. During that construction, the microwave system for electronic data transfer will be replaced by a more reliable direct cable connection. Another part of the remodel will be landscaping the exterior and painting the exterior, providing new signage, and creating confidential space within the interior. Impacts of the remodel would be more professional and up-to-date environment, increased space for staff, and increased privacy. Additionally, a

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[20] Included in Reversion Plan, Appendix I

generator will be added to be utilized when there are expected electrical blackouts in fire danger conditions.

Approved Lake County MHSA Plans (FYs 2014-2017 and 2017-2020) called for the transfer of a total of $1,051,000.00 to CFTN. These funds have not been utilized due to large wild fires impacting the county from 2015-2018. During this four year period, construction resources were needed (and prioritized) elsewhere across the county. However, with "first-in-first-out" approach to MHSA spending, the funds for FY 2014-15 and FY 2015-16 have already been utilized in CSS spending in subsequent years. Therefore, only funds from MHSA plans of FY 2016-17, FY 2017-18, FY 2018-19, and FY 2019-20 can utilized, which had amounted to $125,000 per year.

Proposed Budget FY 2019-20:	$450,000

Lake County Electronic Health Record Project			
Status:	☐New	☒**Continuing**	☐Modified
Program Description			
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.			
FY 2017 – 2018 Activities and Outcomes			
Successes: The EHR used is considered one of the top EHRs for Behavioral Health, purchased many years ago with CFTN funds. It has since been bought by Cerner. **Challenges:** The electronic health record fell behind in its promotions and therefore, problems arose that led to problems in billing, tracking data efficiently, and overall performance of the EHR.			
Total costs in FY 2017-18: $0			
Proposed Activities for FY 2019 – 20			
Cerner will be migrating the EHR from Anasazi to Millennium the next fiscal year. This major project will reportedly add enhancements for better functionality and user friendliness. MHSA funds will be applied to the purchase and tech support for the transition, though funding is not required for this year.			
Proposed Budget FY 2019-20:	$50,000		

Innovation Program (INN)

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.

Full Cycle Referral and Consumer Driven Care Coordination

To more adequately address the mental health needs of the community, LCBHS created an MHSA Innovation project that builds upon the existing Network of Care patient health records system technology using two new components: Closed Loop Referral System and Virtual Care Coordination. The Innovation Project is an online interactive web portal that supports successful referrals and increased interagency collaboration by providing a platform for secure communication and care coordination between all agencies involved in a consumer's recovery plan.

For activities, service, and financial data from FY 2017-2018 on this program, please see *Lake County Behavioral Health's Innovation Project MHSA Annual Innovation Project Report, Fiscal Year 2017-2018.*

Workforce Education and Technology (WET)

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			
Status:	☐New	☒Continuing	☐Modified

Program Description

Program description: The Workforce Education and Training 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.

Intended outcomes: The program is meant to support staff, promote mental health career pathways, and bolster the public mental health workforce.

Key activities: Workforce Education and Training has three key components:
- Training and Staff Development provides specialized trainings for LCBHS staff, contracted providers, and consumers and family members.
- Financial Incentives Program offers financial incentives to individuals interested in pursuing education *and* making a commitment to provide mental health services in Lake County.
- Career Pathways Program supports the public mental health workforce through establishing entry-level employment opportunities; identifying career pathway opportunities; establishing work experiences to provide job training; providing comprehensive benefits planning to consumers considering employment; and providing stipends for consumer and family member participation in trainings and events.

FY 2017 – 2018 Activities and Outcomes

As separate WET monies have been discontinued as an MHSA allocation, LCBHS does not currently have a WET coordinator. However, as per our plan, LCBHS held staff training on topics such as Wellness, Recovery, and Resiliency; Cultural Competency/Diversity; Evidence-Based Practices to address dominant diagnostic categories and issues; and Leadership.

Lake County has been a contributing member of the Superior Region Workforce Education and Training Collaborative since 2008. This 16-county partnership, in conjunction with institutions of higher education in the region, is focused on the development of career pathways in public mental health.

Total Costs in FY 2017-18: $53,766.34

FY 2019 – 2020

Proposed Activities Similar to CFTN, the last two Lake County approved MHSA plans had transferred a total of $504,000 from CSS to WET. Again, these funds were underutilized and with the "first-in-first-out" approach to MHSA spending, the funds for FY 2015-16 have already been utilized in CSS spending in subsequent years. Therefore, only planned funds from MHSA plans of FY 2016-17 and FY 2019-20 can utilized, which had amounted to $329,000.00 Therefore, in addition to the types of utilization described above, Lake County would like to add the additions of:

- A training room with computers and utilities to provide training for new staff for orientation as well as ongoing staff for continued training activities.
- Reestablish the WET Coordinator position as was created in earlier Lake County MHSA Plans. The WET Coordinator would track and follow the training of staff, promote staff development, including a career track for mental health positions, and seek additional resources and opportunities for training.
- Assess and obtain an electronic learning platform that would provide digital trainings, track trainings, and be able to upload trainings created by LCHBS. This would be utilized by mental health staff and contract providers to further training and staff development.

Proposed Budget: $329,000.00

V.   MHSA Program Expenditure Updates

The documents enclosed in the following section are submitted in compliance with the Mental Health Services Oversight and Accountability Commission's (MHSOAC) *FY 2019-20 MHSA Annual Update Program and Expenditure Plan Submittals* (www.mhsoac.ca.gov) instructions for documenting the expenditure of the proposed MHSA programs.

Funding Summary

Community Services and Supports (CSS) Component Worksheet

Prevention and Early Intervention (PEI) Component Worksheet

Capital Facilities/Technological Needs (CFTN) Component Worksheet

Innovation Program (INN) Component Worksheet

[To be added   after public posting. Projected expenditures are included alongside program updates.]

VI. Appendices

Appendix I. Reversion Plan and Prudent Reserve

Table 7: Reversion Plan

Item	Purpose	Estimated Reversion Expenditure	Reference in MSHA Update	Program Name
Outdoor play structure, technology center for clients, furniture, transportation	Upgrade program infrastructure to better serve	$61,400	Page 39	PEI – Family Stabilization and Well Being – The NEST
Unfunded program costs	Fund portion of operating budget from original proposal projection that was not funded	$71,000	Page 39	PEI – Family Stabilization and Well Being – The NEST
Five vehicles (one Paratransit/handicapped accessible) for each center	Transport consumers (experiencing limited mobility) and community members to BHS programs and services.	Under $200,000	Page 43	PEI – Peer Support Recovery Centers
Community-wide campaigns; clothing, hygiene, food for clients; computers, multi-media equipment; curriculum and supplies; washer/dryer	Enhance program offerings through added equipment and features.	$22,600	Page 43	PEI – Peer Support Recovery Centers – The Harbor on Main
Teen Mental Health First Aid	Training and materials	Under $18,000	Page 48-49	PEI – Statewide, Regional, and Local Prevention Projects
Repair and update the Clearlake clinic including painting, new furniture, landscaping, and other modifications to make the clinic more welcoming.	As this money was older Innovation money, it will be applied to the older Innovation Project which was to make the Clearlake Clinic welcoming to consumers.	$150,000	See Innovation Report.	INN

Additional Reversion and Prudent Reserve Planning

Mental Health Substance Use Disorders Services (MHSUDS) Information Notice 19-037 redefined that the maximum amount that can be in the Prudent Reserve cannot exceed 33 percent of the average community services and support (CSS) revenue received for the Local Mental Health Services Fund in the preceding five years. By this new calculation, Lake County's Prudent Reserve is $361,273.26 over the limit and must be transferred out by June 30, 2020.

Additionally, as previously described, under AB114, DHCS had determined what previous Lake County MHSA funds were reversible and the plan that was made to utilize them before the end of the FY 19-20. However, there are other funds that DHCS has also identified as subject to reversion. Below is a table that indicates funds susceptible to reversion, including AB114:

Department of Health Care Services Estimated Funds to be Remitted to DHCS
(MHSA funding FY 2005-06 through FY 2014-15)

Lake

Component	Total Reverted Funds	Total Funds Included in Plan	Funds to be Remitted to DHCS
	A	B	C = (A-B) or $0
CSS	$ -	$ -	$ -
PEI	$ 835,383.15	$ 369,930.00	$ 465,453.15
INN	$ 211,822.27	$ 150,000.00	$ 61,822.27
WET	$ -	$ -	$ -
CFTN	$ 184,530.00	$ -	$ 184,530.00
		Grand Total	$ 711,805.42

The Grand Total, $711,805.42, is the amount subject to reversion to the State. In Column C, $465,453.15 in PEI money, parts of it date back to distributions of FYs 2009-11. In 2012, LCBHS dedicated $369,049 to the prudent reserve. These funds were part of the $465,453.15 PEI money subject to reversion.

Therefore, in compliance with MHSUDS Information Notice 19-037, $370,000 will be moved from of the Prudent Reserve.

Appendix II.   Permanent and Supportive Housing

MHSA Housing Program

The Mental Health Services Act (MHSA) Housing Program, jointly launched by California Department of Mental Health (precursor to DHCS) and the California Housing Finance Agency (CalHFA) in August 2007, provides funding to support capital development and capitalized operating subsidies for supportive housing for individuals with serious mental illness and their families who are homeless. Each county was allocated MHSA funds dedicated to housing assistance, deposited with CalHFA. Lake County has of yet to utilize this opportunity and the current balance with CalFHA, including interest, is:

$982,537.34

No Place Like Home Program

In 2016, the California Legislature created the No Place Like Home (NPLH) program to further fulfill what is believed was an original intent of the MHSA program: to build and rehabilitate housing for those with mental illness who are homeless or at-risk of becoming homeless. Proposition 2 on the November 2018 California ballot reinforced the program, allowing the funding to proceed. The California Department of Housing and Community Development (HCD) will manage the program, in consultation with the Mental Health Services Oversight and Accountability Commission and the No Place Like Home Program Advisory Committee which includes legislative, other state and local representatives and political appointees. NPLH funding will be distributed among eligible counties both by a noncompetitive allocation and through a competitive process over several rounds among similarly-sized counties. Lake County's noncompetitive allocation, as of HCD's most recent memo dated 10-30-18, is:

$557,845.00

One of the threshold requirements counties must meet to access funding under the No Place Like Home program is to submit a plan specifying goals, strategies and activities both in process or to be initiated to reduce homelessness and make it non-recurring. Projects counties propose under NPLH must be connected to the goals and strategies counties identify in these plans.

Planning and Stakeholder Input

A housing plan was formulated through homeless data, housing surveys, interviews with homeless encampment occupants and stakeholder meetings. A specific community housing meeting held January 31, 2019. A wide range of organizations and agencies were represented, who work with housing and homeless services. Data was presented and goals and possible strategies were discussed, focused on a developing a project or projects.   The general consensus was to build permanent, supportive housing for Lake County residents with serious mental illness, particularly for homeless or risk of homelessness individuals. Specifically, it was proposed that the funds described above be used to build multiple single units on county property in the city of Nice.   A similar, smaller project was done in Lakeport in 2005 that

has been successful. As was done in the 2005 Lakeport project, LCBHS would partner with an agency that could use these funds as seed money to leverage other funds to complete the project. It is also expected said agency would property manage the site once completed.

This project plan has also been vetted through the Lake County Continuum of Care as well as the quarterly MHSA stakeholder meetings, receiving support from both bodies. The Lake County Continuum of Care has previously homeless individuals as members and the MHSA stakeholder meetings include mental health consumers.

The housing plan was submitted and approved by the Lake County Board of Supervisors this past summer.

Appendix III.   MHSA Community Program Planning Process Flyers

Appendix IV. MHSA Community Program Planning Process Sign-in Sheet

Lake County Behavioral Health Services
MHSA Annual Updates 2018-2020: Sign in Sheet

Sign-In Sheet: Community Meeting, Circle of Native Minds Cultural Center

Name	Email	Department/Affiliation	Telephone #

Appendix V. Community Program Planning Process Feedback Form

Lake County Behavioral Health Services
MHSA Annual Updates 2018-2020

MHSA Community Program Planning Process Feedback Form

Thank you for your involvement in the Community Program Planning Process for Lake County's Mental Health Services Act Annual Update. We would like to hear about your experience with the planning process. Your feedback will help us understand what we did well and what we can improve upon in the future. Please help us by taking a few minutes to fill out this anonymous feedback form.

Based on your experience please mark to what extent you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The needs assessment accurately captures the mental health needs in Lake County.				
2. The proposed updates reflect my opinions/ideas about how to improve mental health services.				
3. The proposed updates will strengthen mental health services in Lake County.				
4. The proposed updates are in alignment with MHSA values.				
5. The community planning process is in alignment with MHSA values.				
	Poor	Fair	Good	Excellent
6. Overall, how would you rate the quality of facilitation throughout this planning process?				

7. Please share any comments you have about the proposed plan or the community program planning process:

Thank you!

R D A

| 1

Appendix VI.   Slides for MHSA Community Program Planning Process Meetings

LAKE COUNTY BEHAVIORAL HEALTH SERVICES
Mental Health Services Act Annual Update
FY 2019-2020: Community Planning

July 25, 2019

Valerie Kirby
Lupe Garcia
Jacqueline Chan

R D A   Prepared by Resource Development Associates

Welcome!

2

□ Lake County Behavioral Health Services Welcome

□ Resource Development Associates (RDA) Welcome

R D A
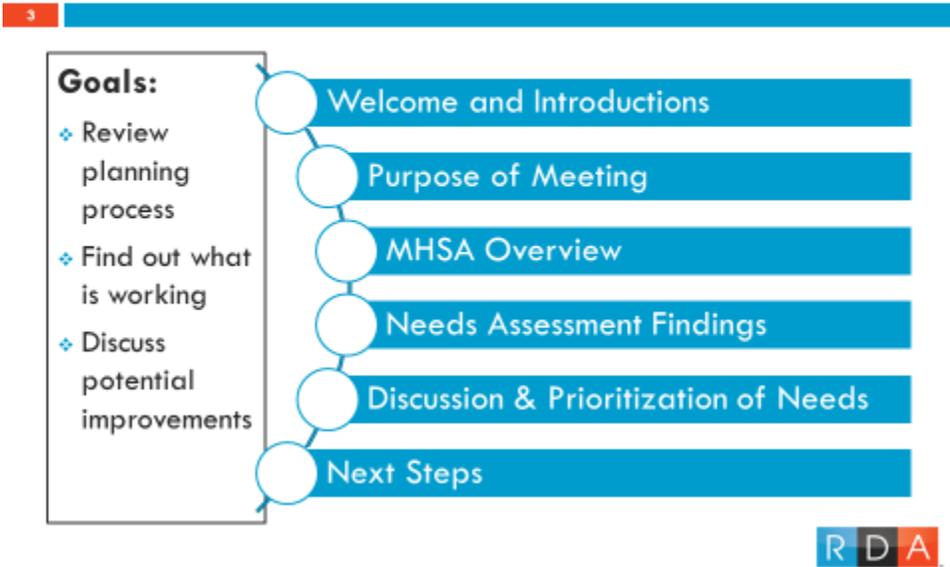
Introductions

4

☐ Please share:

▪ Your name

▪ One thing you hope to get out of today's meeting

RDA

Why we are here...

5

☐ To come together as a community to:

▪ Review Mental Health Services Act (MHSA) programs in Lake County

▪ Discuss results of a behavioral health needs assessment

▪ Collaboratively strategize on how to improve MHSA services in the next year

RDA

Ground Rules

- Respect all persons and opinions
- One conversation at a time
- Maintain confidentiality
- Response is voluntary
- Speak up/Let others talk
- Stay engaged: Phones silent, away
- Parking lot items
- Other agreements?

R D A

Mental Health Services Act (MHSA) Annual Update Background Information

R D A

Mental Health Services Act (MHSA)

- ☐ Proposition 63 passed November 2, 2004
- ☐ 1% tax on income over $1 million
- ☐ GOAL: To **expand and transform** mental health services in California
- ☐ Program size:
  - ◘ Lake County Total MHSA Expenditures for FY 17/18: $3,324,239.34

Purpose of the Annual Update

`10`

- In 2017, LCBHS stakeholders identified service gaps and developed strategies to address them in the County's MHSA Three-Year Program Plan for FYs 2017-2020
- An update report is required for each year of the Program Plan to identify progress made, challenges, and changes to service provision

RDA

Where will community input go?

`11`

- Community stakeholders are an essential part of the Annual Update process!
- Feedback gathered in the needs assessment and during this meeting will inform MHSA program *refinement* for the coming year
- Feedback gathered next Spring will be used in the 2020-2023 Three-Year Plan, which may include *larger changes* and new or different MHSA programs (Please come! We need you!)

RDA

| 12 | MHSA FY 17-20 Plan Refresher |

RDA

Three-Year Plan Recap: 2017-2020

☐ During the MHSA Three-Year Program Plan for FY 2017-2020 planning process, stakeholders identified the following needs and changes...

RDA

Recap: Three-Year Plan Needs Assessment Key Findings

14

Key Strengths

- LCBHS has worked to increase access to services, particularly through consumer-centered care coordination and culturally-responsive services
- LCBHS staff are a key strength and are dedicated to helping the community, innovating, and doing whatever it takes to serve consumers of mental health services

Key Needs

- Lake County faces challenges similar to other rural and small communities:
  - Difficulty retaining staff leads to reduced staff capacity
  - Transportation challenges
  - Stigma and anonymity
  - Challenges of growing up in a small, rural county
- Lake County also faces unique needs that speak to the issues the community has faced recently, including a designated team to respond to critical incidents in the community

Recap: Three-Year Plan Program Modifications

15

Community Services & Supports (CSS)	Prevention & Early Intervention (PEI)	Innovation (INN)	Workforce Education & Training (WET)
• **NEW**: Enhance the Forensic Mental Health program by including Mental Health Court • Leverage existing systems coordination efforts to further meet the needs for an improved referral process	• **NEW**: Develop Critical Incident Stress Management Team • **NEW**: Implement the NEST component of the Family Stabilization and Well-Being Program • Incorporate stigma reduction activities into existing programs • Explore providing parenting workshops as a part of Peer Recovery Support Center • Explore enhancing the Friendly Visitor Program and Senior Counseling Program	• Continue implementation of Phase I (developing the Closed Loop Referral System) • LCBHS will continue designing and begin piloting specific stages of Phase II: Virtual Care Coordination	• Enhance WET impact through increased specialized trainings

Capital Facilities & Technology Needs (CFTN)
• None

16 | **What MHSA Services Do**

RDA

MHSA Programs for FY 2017-2020

17

Community Services and Supports (CSS)

Provide a full array of recovery-oriented services for adults experiencing severe mental illness and children experiencing serious emotional disturbance

☐ Example) <u>Full Service Partnerships</u>

Engage children with serious emotional disorders and individuals with serious mental illness into intensive, team-based, and culturally appropriate services in the community with a low staff to consumer ratio.

RDA

RDA

MHSA Programs for FY 2017-2020

`18`

Prevention and Early Intervention (PEI)

Promote wellness and engage individuals prior to development of serious mental illness or emotional disturbance

☐ Example: <u>Peer Support Wellness and Recovery Centers</u>

Four peer support centers throughout Lake County offer a variety of education, prevention, and early intervention service, programs, and activities. PEI funds are used to support the Centers' prevention and support services.

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MHSA Programs for FY 2017-2020

`19`

Innovation (INN)

Provide exciting opportunities to learn something new that has the potential to transform the behavioral health system

☐ Example) <u>Closed Loop Referral System</u>

An online information portal provides consumers with accessible tools, facilitates continuous and consistent consumer-provider communication, increases interagency communication, and provides service information.

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MHSA Programs for FY 2017-2020

20

Capital Facilities and Technology Needs (CFTN)

☐ Plan the creation of MHSA services facilities to house services and administrative offices

☐ Develop technological infrastructure to facilitate efficient and quality services

☐ Example) Capital Facilities

Funding for building projects used for delivery of mental health services for individuals and their families, including administrative buildings and both development and renovation.

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21 LCBHS: Ideas & Plans for FY 19-20

Lay of the Land

Opportunities

Ideas for Now and Later

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Lay of the Land

22

- Finishing up Fiscal Years18-19 and19-20 and looking ahead to our next 3-year plan
- Caught up on Revenue and Expense Reports and recognize we have a surplus of funds in CSS and PEI that are available and needed to be spent to avoid reversion back to the state
- Previous transfers from CSS to WET and CFTN that were in current and the previous plans have not happened
- Prudent Reserve is $361,273.26 over, based on new PR requirements
- Creation of another Wellness Center in Middletown

Opportunities

23

- $982,537.34 in CalHFA; $557,845 in NPLH grant
- Unspent MHSA Funds, not including interest as of FY17-18: CSS: $5,353,867.57; PEI: $1903,996.77; INN: $587,053.11
- *Lake County FY 18-19 distribution: $3,303,242.06 (CSS: $2,510,463.97; PEI: $627615.99; INN: $165,162.10)*
- Estimated Lake County FY 19-20 distribution: $4,193,678.30 (CSS: $3,187,195.51; PEI: $796,798.88; INN: $209,683.92)
- Funds to be transferred from Prudent Reserve to CSS by 6/30/20: $361,273.26

Ideas for Now and the Future

24

- □ Transfer $400,000 from Prudent Reserve to CSS
- □ Complete transfers from CSS into WET
- □ Complete transfers from CSS into CFTN
- □ Expand what we already have
  - □ Programs
  - □ Bring conserved clients back to county
- □ Build Permanent Supportive Housing
- □ Create Prevention Program
- □ Increase Partnerships with Senior Centers
- □ Develop an e-learning system
- □ Utilize better tracking tools

RDA

25 | Current Needs Assessment Findings

RDA

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Outline of Findings

26

- ☐ Data Collection Methods
- ☐ Service Strengths and Needs
  - ☐ Service Access & Utilization
  - ☐ Cultural Competence of Services
  - ☐ Services for Children and Transition-Age Youth (TAY)
  - ☐ Services for Families
  - ☐ Services for Adults and Seniors
  - ☐ Collaboration & Referral
  - ☐ Workforce & Providers
  - ☐ Other Findings
- ☐ Major Themes of the Findings

Data Collection

Data Source	Activity		Total
Key Informant Interviews	Phone interviews with stakeholder groups:		10
	• Family members • Law enforcement • Education	• Service providers • Veterans • LCBH staff	
MHSA Program Service Data	Written data:		N/A
	• Program descriptions • Activities & successes • Challenges	• Populations served • Plans for upcoming year	
Survey	Paper and Online Administration		85 (56 fully complete)
	• Most respondents: staff, family, community members, consumers		

Service Strengths and Needs:
Service Access & Utilization

28

- □ Transportation is a barrier to access in a large, rural county
  - □ Helpful when clinics provide it
  - □ More service locations would help
- □ Increased service education and navigation needed
  - □ Insurance and eligibility qualifications can present barriers
- □ Long wait times experienced across the system
- □ Perceived or anticipated stigma can limit access
  - □ Stigma includes: race/ethnicity, behavioral health, LGBT status
  - □ Fear of deportation

Service Strengths and Needs:
Cultural Competence of Services

29

- □ Workforce need for culturally reflective, linguistically competent providers
  - □ Especially for Latinos, Native Americans, African Americans
- □ LGBTQ cultural competence, particularly transgender cultural competence, is an emerging need
- □ Trauma-informed care is a significant need
  - □ Cultural trauma knowledge specific to populations (veterans, homeless, substance users, youth)

Service Strengths and Needs:
Services for Children and Transition-Age Youth (TAY)

30

- Children and TAY were viewed as having highest need for mental health services by survey respondents
- Substance use prevention services viewed well and there is desire for them to grow
- Desire for increased wellness and engagement activities
- Need for youth mental health services is greater than capacity
- Crisis: desire for earlier identification of emerging needs and earlier involvement of mental health services, as opposed to law enforcement

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Service Strengths and Needs:
Services for Families

31

- Family screening/prevention efforts are working well
- Need increased support for parents as a part of holistic help for children
- Need more support for young mothers, including post-partum services
  - Current funding for post-partum services not viewed as sufficient for need

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Service Strengths and Needs:
Services for Adults and Seniors

`32`

- ☐ General impression that services do help
- ☐ Prevention (suicide, substance use) services have grown and improved
- ☐ Wellness Centers are viewed very positively
- ☐ More services for moderate needs are desired
- ☐ Seniors facing isolation, health issues, low mobility
  - ◻ Caregivers in need of emotional support
- ☐ Greater socialization and engagement activities desired (all ages)

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Service Strengths and Needs:
Collaboration & Referral

`33`

- ☐ Care coordination and communication has improved but needs to continue to grow
  - ◻ Particular need to improve discharge/release planning and follow-up
- ☐ Interagency knowledge and referral rated well among staff, and in need of improvement within the community

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Service Strengths and Needs:
Workforce & Providers

□ Long wait times attributed to workforce shortages
  ■ Wellness centers help mitigate this
□ Staff/providers face turnover, burnout, crowded spaces
  ■ Perception that higher wages would support retention and higher skill levels
□ Community meetings and forums help workforce/community connection and learning
□ Increased training needed on trauma, client-centered care, specific cultural competencies (e.g. LGBT), co-occurring substance use disorders, and policies and procedures

Service Strengths and Needs:
Other Findings

□ Wildfires had a significant impact on mental health
  ■ Response, planning, and resilience efforts needed
□ Housing stressors/instability high, worsened by wildfires
□ Perceived high substance use issues in the county
□ Broad-based empathy training and/or stigma reduction training could improve mental health awareness and compassion, as well as improve service knowledge and access
  ■ May need to be tailored to populations

What stands out this year?

36

- ☐ Transportation remains a need
- ☐ Cultural competence/stigma reduction training and education to improve services and service access
- ☐ Fire-related trauma and prevention
- ☐ Trauma-informed care and training needed, tailored to groups
- ☐ Workforce growth needed to improve appointment wait times
- ☐ Engagement and socialization/wellness activities are desired

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Needs Prioritization Discussion

37

- ☐ Does what we found resonate with your own experiences?

- ☐ Would you modify any findings? How?

- ☐ What do you think we missed?

- ☐ What are the needs we should prioritize this year?

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38	Break

Place a dot next to your TOP two priority needs!

RDA

Brainstorming

39

For each priority need…

1. What, if any, **existing** programs are working well to address some of this need?

2. How would you **change** existing programs to better address this need?

3. What **additional training**, if any, would benefit LCBHS staff and Lake County community members to help address this need?

RDA

Next Steps

40

- ☐ Draft Annual Update (August-September)
- ☐ Public Posting & Comment (September 16th – October 17th)
- ☐ Public Hearing (<u>TBD</u>: around October 17th)
  - ◻ Please come! This is another chance to provide input.
- ☐ Plan Finalization & Submission to Board of Supervisors (October 22nd)

R D A

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41   Thank you!

Please sign in if you haven't already!

Please consider filling out:

- A feedback form, to improve these meetings;
- A comment card, with any additional thoughts; and
- An anonymous demographics form, so we can show which stakeholder groups participated!

R D A

Appendix VII.   Notes from MHSA Community Planning Meetings

RDA Lake County Behavioral Health Services
Community Input Meeting Notes

Circle of Native Minds Community Meeting- Prioritization Activity

Resonates

Theme	Count
Transportation remains a barrier	7
Culturally responsive behavioral health services specifically for Native population. Emphasis on prevention and wellness services	5
Need for more school-based behavioral health services including family support services to break the cycle of intergenerational trauma	5
Increase community education and awareness of behavioral health to reduce stigma	3
Family centered services and supports	2
Services for individuals with co-occurring needs; moderate needs	1
Fires exacerbated challenges	0

Modifications

Theme	Count
Housing need includes shelters especially for at-risk homeless mothers and youth/ TAY	12
Expand Services and supports for mothers including bilingual services (Spanish), support groups, NEST	9
Increase capacity of wellness centers (FTE)	2
Leverage community member expertise	

Missed

Theme	Count
Food insecurity and food as wellness (cannot address bh needs without addressing survival needs first)	5
Peer support groups for all ages. Consider making them mobile	3
Many community-based services are partially funded- figure out how to fully fund	2
Increase outreach and engagement efforts (ex: social media)	0

Modifications [B]

* Wellness center capacity ②
    - ↑ FTE
* Motherwise: Pre-natal ●●●●
    ↓ ⑨   - Wellness center ●●●
@ ↑ funding 2 bring back groups
    - Need! bilingual (spanish) speaking staff ●●
* Strong need to continue → (Nest too) - home visits
* Housing
    ●●●● - Shelters thru out county
    ① + ⑨ = ② ②

→ Peer counselors
    • Invest in professional development, support them w/ $$
    • leverage community members/expertise

RESONATES [A]

⑤. School aged children, family supports
    ●● (need for more) school site bh svcs.
    - trauma, breaking cycles of generational
* fires heightened challenges + providers
●●● * CULTURAL-specific bh svcs. specifically
    for native american pop
    - prevention
●● * CO-OCCURRING; moderate needs
* TRANSPORTATION = barrier ●●●●●● ④
●● * family centered svcs/supports ●
    ex: support groups 4 developmental,
    activities specific 4 special needs
* increase community education/awareness +
●● decrease stigma

TOP PRIORITIES

1) Housing options across the spectrum + basic needs
    - transitional, emergency, affordable

2) services for mothers

3) Transportation as a barrier

PRIORITIES

• Invest, support them development, w/ $$
• leverage community members/expertise

Missed C
    ● * - food insecurity
    - food = wellness
⑥ - support svcs → basic needs
    ex: food drives ●●●●
- outreach efforts to engage pops (billing issues)
    - native american   ex: food incentives
    - ex: social media efforts wellness
                          community building
③ support groups (all ages) ●
    → anxiety → mobile groups
    → anger mgmt
- need: mobile svcs for outlying pops ●
●● additional funding: many are partially funded
- coverage/unify svcs to improve communication
                          + coordination
* Homeless youth + TAY
●●●● ↑ need: shelter/housing first
●● - at-risk homelessness w/ bh needs
* Homeless mothers + at-risk
* Training for pre-natal svc providers

Appendix VIII.   Participant Comments on Open-ended Questions from the Community Survey

4. Please explain or elaborate on your level of satisfaction in these areas.

ResponseID	Response
5	appointments were far out. referrals got lost and staff did not follow-up.
10	Takes too long for an appointment for Mental Health or AODS especially if the person is ready for rehab right then or is suicidal there is no follow up pre or post especially for suicide
12	I work for LCBH therefore my responses will reflect that of an employee.
19	It takes too long to be seen by a provider.
20	I wish there were more services offered.
28	No comment
30	The availability of the services in a timely fashion was not at all satisfactory. There should be more people allowed services through the county. When someone is referred to another provider, Behavioral Health should make the appointment. I was not at all satisfied with the services that were or should I say, not provided to my family. Also, there is a lack of follow up.
36	I am very please with the services that are rendered from LCBH. Much improvement from last year.
39	Our patients need more availability to mental health services. Our community is also in need of a pediatric psychiatrist
42	Limited services for Older Adults and Caregivers; lack of participation in developing outreach and assistance services needed in coping with disaster preparedness and response capacity building for emotionally stressed Older Adults and Caregivers.
44	I have not sought nor received BH services and therefore have no experience with this.
48	At the time very satisfied.

ResponseID	Response
51	I personally have not sought or participate in services. I provide services to our community.
53	Neither myself or anyone close to me has ever tried to access Mental health services through lake county behavioral health.
56	I only know what I see with the people I work with. There needs to be more counselors/clinicians available to serve the needs of our clients without getting burned out with over burdened caseloads. We need more offices spread out over Lake County as some people have trouble getting transportation to the offices in Clearlake or Lucerne.
60	everything was satisfactory or above.
64	takes too long to engage services....
67	I am satisfied for the most part in access, quality and helpfulness. as these categories meet the basic standard needed for services, however more staffing may help in getting client's the assistance they need in a timely manner.
70	Clinician was very knowledgeable and made my family member feel safe and comfortable accessing services
72	N/A
76	I have not sought services, am an employee.
83	It took several weeks to get an appointment. Follow up appointments were quick but the initial appointment took weeks.
86	I know people who have been unable to get services when they need them. However, staff is friendly and helpful otherwise.
88	I was very satisfied with LCBH
89	6 months is too long to wait for an appointment, poor follow up after crisis seen in ER, and no support. Poor location of offices.
92	Excellent!

6. Please explain or elaborate on your selection.

ResponseID	Response
12	Children and adolescents are a high risk group and could benefit from ongoing treatment.

ResponseID	Response
14	I don't believe you can pin point one specific group of people. Mental Health is an issue across the board.
19	Everyone needs helps sometimes. There are a lot of different situations.
24	Some of this group seems harder to reach due to inactivity, or 'falling' through the cracks.' They are not seen in public as much as the other groups. Veterans were not on this list and should definitely be included as there are many!!
25	I see a immediate gap in the care for children
28	There are many youth ages 5 to 24 that are suffering in this county. I see this first hand and work with many of these students. The fact of the matter is that LCBH needs to get the parents of these youth's in question help. This is a very difficult task.
30	We live in a rural area with a large lake in the middle of the county.
32	All people need better access to services and supports
34	I don't know.
36	The majority of the children in our county have been impacted by Adverse Childhood Experiences as well as environmental adversity. Poverty, fires, drug culture
42	General population of Lake County has experienced 4 years of high-stress disasters, struggles to adapt to ill-planned disaster response and relief processes, lack of engagement with most vulnerable (access and functional needs of disabled).
44	In my opinion, all people are susceptible to abusing substances. This disorder easily 'infects' anyone.
46	All the above are people in need of services from LCBH.
48	My child had encephalitis
51	There are needs in all these categories. We do not have enough therapists at our agency.
53	This is a rural community and a lot of people seem to have difficulty with transportation to and from appointments due to living in way out of the way areas in relation to their appointment locations. There are also very few Spanish speaking clinicians available for those clients who are non English speaking only.
56	LGBTQ community members often need help but many are reluctant to try and get help. I see clients of all ages in our services.
57	Lake County has a high population of individuals in need of mental health services and it is a rural, underserved community.

ResponseID	Response
58	These are specifically the ages of people I know who are in need of services.
60	All populations should have access to services.
66	School age children are having such a difficult time in school with bulling and general behavior issues, there needs to be more resources available to these children
67	Recent fires, floods and other natural disasters have heighten the need for mental health due to the trauma caused by these events. The economical situation in Lake County also plays a part in the increase of need of services as poverty plays a role in people meeting basic needs such as housing.
70	Spanish speaking community members and children in preschool and kinder
72	Many residents, regardless of age, are in need of mental health services not only in Lake County, but everywhere. We are in very stressful times.
76	Very rural area, many people have no transportation.
78	The youth today grows up in a very adult world and feel it can affect them largely down the road. With age we all may receive mental health issues and feel that it should always be a priority.
83	Young adults and adults seem to struggle with identification of self in a community that does not offer resources and opportunities.
85	Great need for services geared to youth, adult and families because of the high rate of substance abuse in our county,
86	There is a high need in Lake County across all groups.
87	ALL

7. In your opinion, which behavioral health services are working well in Lake County? Why?

ResponseID	Response
5	it is easier to get in to see a SUDS counselor.
10	No comment
12	School based services have worked well for children due to the collaboration between parents, staff, and teachers.

ResponseID	Response
15	yes
19	I can't think of any. We have far too many providers and it makes receiving services really hard.
20	Medication and therapy for those who get it seems to help.
21	services are working to the best ability of the staff available, however staffing appears to be an issue as there are more clients then there are staff to serve them. LCBH needs more Case Managers and more therapist.
22	Peer support centers. Just having a place to go to and interact with people who can relate to helps a little bit.
23	unsure
24	All are doing a great job.
25	SUD has come a long way...much better availability.
27	Prevention services bringing information to the community in a proactive manner is empowering.
28	The Prevention team is working very well. They are currently involved in 6 Lake County Schools providing services in drug and suicide prevention. The problem being that they need to be in all schools providing these services.
29	Not very may
30	I enjoyed that there have been drug prevention education in the schools. Also, I have enjoyed suicide prevention trainings in the community.
31	SUD services are excellent quality, but there could be a need to have more.
32	Wellness/Peer Support Centers
35	LCBH has psychiatry services that one does not have to wait for months for, unlike other agencies.
36	I absolutely love the wellness centers for the Accessibility and immediate response. Can't wait for sites to open in Upper Lake, Middletown and Cobb
37	School age children

ResponseID	Response
42	Apparently, the programs serving the "severely mentally ill" and "severely emotionally disturbed" population are effective. At the same time, the level of zombified young and middle aged adults flourishes on the mean streets of Lucerne and parts of Clearlake; homelessness abounds, lawlessness rules. Sanity scarce, as a shared community resource -- and zero response to legally requested "Issue Resolution Process" complaint from 2017 (still, in my area of concern, pending and 2 YEARS overdue); with all due respect and affection for the people in the Lake County Behavioral Health Department, that is simply rude, to say the least.
44	I am very impressed with the LCBH program as it is currently run with clients coming for drug testing, group sessions, and one-on-one sessions.
48	crisis
51	In my opinion most all services are working.
53	I have no opinion on this because I have no experience in accessing mental health services through this agency.
56	I haven't been here long enough to see how well they are working.
57	Crisis response and medication management work well.
59	All
60	SUDS- increase in successful completions
64	Prevention
66	There really isn't any services that are working all that well. there are more people needing services then what is available
67	Wellness Recovery Centers work well because there is no waiting for a scheduled appointment and most stressors can be addressed at these centers as they provide a safe environment for client while they wait for LCBH services and appointments. Clinical Services play a key role regarding case management and treatment planning along with FSP assistance which is vital in promoting clients meeting their basic needs.
70	the wellness centers. Location and non stigma when walking in for services
71	Medication services at LCBH.
72	Substance Use Disorder Services works very well and has a high rate of client recovery because their program is well presented to each client by impassioned, caring clinicians.
73	They do their best.
74	Mental health and SUDS services.

ResponseID	Response
75	not sure
76	Across the board, it seems services are working well.
77	we need more
78	People services and the Behavioral mental health is very helpful to our community with the dedicated employees who care for the patients.
83	Children's teams providing mental health services. Quick response and wide variety of ability to provide services to all children who have mental health disorders.
84	Behavioral Health Substance abuse services
85	Youth Services DUI Services coordination of services with Lake County Probation Prevention services in our schools Dependency Drug Court Services
86	Seems like the services are good once you can get in.
88	Drug/DUI program are a big help in this county. I really appreciate LCBH
89	None, there is little therapy only situational management and most are not getting better.
92	All of them

3. In your opinion, which behavioral health services should be improved? Why?

ResponseID	Response
5	psychiatric services - access. Children's mental health services - access.
10	Crisis
12	Rehab services across the spectrum. Teaching skills have proven to help clients build positive self-image and helps them work towards independence.
14	Availability of MH Clinicians and Psychologists. Clientele should be able to schedule appointments as early as possible.
15	there is always room for improvement
19	We need more support for people with mild to moderate behavioral health issues. We also need more providers who are trained in perinatal mental health to address the need in our community.

ResponseID	Response
20	More activities and engagement for clients. I believe Clearlake needs a new peer support center.
21	Case Management, and individual rehab service would benefit the clients from repeated hospitalization
22	Housing: it seemed that anyone can get housing from LCBH. There should be stricter rules as to who gets housing and how long they get to stay.
23	all
24	N/A
25	More access to children
27	crisis
28	Treatment services needs to be improved. Treatment does not seem to be specific to all of the peoples needs. Each individual client is different and deals with their addiction in different ways. LCBH needs to deal with these clients on a case by case basis instead of herding them all into one service that is at their discretion. Services seem to be agency driven and client driven.
29	all of them
30	There should be more available options in the mental health services and more help and options of services in AOD. I hope that there will also be more education for the county as a whole. How is Behavioral Health helping address the expanding needs of the county's people, when it comes to mental health and addiction? Will there be more education and resources?
31	I think integrated better into satellite sites in schools, clinics, etc. could be increased.
32	Improved collaboration between contracted organizations and the county behavioral health department.
35	There needs to be more therapist in the county.
36	Prevention! More SUDS prevention in all schools
37	LGBT Older population Support for parents of adult children
41	MHSA Mini-Grant funding is not adequate and needs to at least double in size. Mother Wise and postpartum resources need there own specifically dedicated funding.

ResponseID	Response
42	Known needs for crisis stabilization facilities, co-habitation safe housing, and disaster planning have been identified for YEARS but there is no action plan. No accountability for spending of MHSA funding or any LCBHD outcomes and performances required by law to ensure best management practices as adjusted with program participant advisors (Mental Health Advisory Board, recommendations to Board of Supervisors, approval of "plans" and "budgets" for state/federal funding and local implementation with required community feedback). Co-occurring conditions impacting Older Adults lack attention due to bureaucratic separations of responsibilities (medical, mental, legal, social services); increasingly complicated processes for accessing basic care beginning to alienate the oldest generation with no computer systems or practical skills, lack of mobility, and other means to overcome the extremely complicated front-end care processes. Have a heart, willya? (That is, give the receptionists some clues as to how much help an older/disabled individual might need and have a social worker on hand to assist during enrollment as well as navigation of consequent payment systems. A lot of older people are already confused and depressed, sometimes isolated and friendless -- finding support to get to the doctor and pick up medications and monitor treatment responses by themselves when you can no longer "get around" [if you ever did in the first place] means greater propensity for suicide. Suicide "prevention" efforts not reaching these folks, despite best attempts at coordinating services among multiple agencies, and "public events" handing little green ribbons and saying "each mind matters." And then what?)
44	Better accommodations for staff - larger building, more offices - would be a great improvement. Currently there are not enough computers, desks, offices to allow each staff to have a place to call their own. Offices must be shared, somewhat resembling a 'musical chair' game. Not at all conducive to developing a calm, stable environment for clients who are already struggling.
48	no comment
51	In my opinion, housing our client's needs improvement. We need more resources that would include the severely mentally ill that don't fit RCRC but mental health services are not enough.
53	SUDS services could be improved by having more appointments available for clients to engage in treatment services. currently, we are booked out several weeks at some times.
56	I haven't been here long enough to see how well they are working.
57	Groups are needed.
58	We are in need of co-occurring groups that is more inclusive of moderate mental health/substance use issues. Also, I often hear of individuals calling to set up appointments for evaluation and being told they do not have a big enough problem to receive care from LCBH. Everyone should be entitled to evaluations where they can get appropriate referrals. It should not be up to the case manager who answers the phone. People are walking away without the help they need, and that is not right.
59	There is always room for improvement

ResponseID	Response
60	Easier access to SUDS and MH services equally
64	treatment services should be better coordinated between agencies...
66	All of the services should be improved, and the services that are available are not utilized and needs to work together as a team
67	There is always room for improvement at all levels of care LCBH provides. More staff is needed to fill the demand of MH services and number of clients in Lake County.
70	Wellness centers in each community
71	A decrease in turn over and timeliness of getting an initial appointment.
72	Training of support staff is in great need of improvement.
73	All of them.
74	Outreach, homeless services, and prevention
75	all
76	SUDS and suicide prevention outreach, seems non-existent.
77	we need more
78	Drug and alcohol programs. These two things are a huge need in our county
83	Adult mental health services. Only severe cases are provided services. Referrals to outside entities take to long. Adult Substance Abuse treatment services. Services need to be located in Lakeport and throughout the county. Would like to see more services available in the evening.
84	We need more counselors
85	Adult, children and youth services. Number 1 problem in Lake County is the substance abuse issue. Methamphetamines, opiates, marijuana and alcohol. Generational addiction is highly prevalent in our community.
86	Just being able to get in. They need more people.
89	Services to non severe cases should be addressed. Follow up after evaluation should include support in some way.
92	None (good)

9. What suggestions do you have for improving behavioral health services in Lake County?

ResponseID	Response
10	Improve communication starting from the top. Improving moral, treating employees as if they matter and with that happy employees will be better employees. Offer a living wage for staff.
12	Cosmetic changes can go a long way. There is already a stigma around the topic of mental health. Therefore we should be striving to have a more comfortable and welcoming environment.
15	more staff and a office in lakeport
20	Provide more individualized care for SMI clients who are not at risk for homelessness, or acute hospitalization, but need help with daily living.
21	Higher more case managers and therapist. Increase wages for employees so that they are retained.
22	More get together or events that helps the community
23	need more services available to commuity
24	Possibly work on more transitional housing for MH clients so that they aren't homeless or kept in hotels for too long of a time.
25	more access
27	formulate policies and procedures that are published to the community so staff is held accountable for their outcomes.
28	I believe that the office in Lucerne and the office in Clearlake should be combined. This would save money by not having both buildings and this money could in turn be used for client transportation. The largest obstacle in this county is the ability to circumvent the lake. Many people in this county do not have reliable transportation.
29	More staff for the people that come for help, there is not enough case managers and way to many supervisors
30	I am firm believer in prevention. There needs to be more prevention education efforts from Behavioral Health. I also think that the mini-grants that are awarded from Behavioral Health should have more money budgeted.
31	Better program alignment and regular presence in the community (outside of special events).
32	Increased housing for individuals experiencing mental health related issues. Increased funding for wellness/peer support centers in addition to housing programs.

ResponseID	Response
35	More staff.
36	Improve salaries to retain and recruit providers
42	Read my lips: Provide support for the crisis intervention services/centers; provide co-habitable safe housing facilities; address mental health needs of older/homeless populations where they ARE; provide accountability in previously specified ways (MHSA IRP, MHAB, actual service productivity reports); outreach to extensive caregiver population, especially IHSS workers.
44	Please see my response to #8.
51	We need more housing for our severely mentally ill client's.
53	More clinicians need to be hired and more appointments need to be made available to clients.
56	More counselors/clinicians are needed.
57	Obtaining highly qualified staff to perform the services.
58	More people to do MH evaluations in order to get those people the help they need.
60	Appointments made with a shorter time frame.
64	better service facilities, presence in isolated communities, Middletown, Spring Valley, Hidden Valley...
66	We are supposed to work together to make these services work for our community and unfortunately, peer support should be utilized more then it is by the case managers
67	More staff, smaller case loads, improved wages will assist in employee retention and a improvement in overall morale. This will improve the success rate of the clients who will recover as the clients are more comfortable working with the same staff vs. staff constantly changing and the clients have to tell their story over and over to new faces all the time. This is one of the biggest complaints I have heard clients throughout my ten years here.
70	better pay for clinicians so to reduce turnover
71	More staff.
72	The administrative/support duties are completed only after a great deal of frustration due to the lack of foresight of those above the support level of administration.
76	More outreach (billboards etc.). Better pay to retain staff. More fully staffed (crisis needs two per shift).

ResponseID	Response
77	more workers out in the community
78	It's hard for me to say exactly since I have just started working with the Behavioral Health Accounting dept.
83	More locations to provide services. Expansion of co-occurring services. Substance Treatment throughout the county
84	big building to serve more of the community
85	expansion of services into the City of Lakeport, the hub of where community agencies that address the addiction problem reside....DSS, Lake County Superior Court, local hospital and health clinics, community out patient support services
86	More staff. More Spanish Speaking staff. Helping people get to services if transportation is an issue.
89	Create a crisis response team that would house a peer support at the emergency rooms, this person would help support them in seeking treatment.
92	none
93	More advertizment, ads

10. What additional training, if any, would benefit Lake County BHS staff?

ResponseID	Response
7	de-escalation
10	Ongoing trainings especially when they are free through the state, make them mandatory even if they are uncomfortable for some folks. Working in BHS staff all should be clear of the laws and ethic and rules of HIPPA follow up with clients in person face time. Treat the person and not the diagnosis.
12	Trainings around behavioral techniques to engage and motivate clients. Trainings on diagnoses and trauma for case managers.
21	trainings are not an issue
22	Training on rules and regulations regarding the process of buying food for the client, buying inventory (they have to use flex funds), and housing.
23	SUDS and mental health need to coexist

ResponseID	Response
24	Any training benefits staff. Suicidal workshops, listening skills.
27	interpersonal skills, morale refresh
28	Unknown
29	There needs to be a level of Life experience that goes with the book knowledge, you would have a better outcome from people if they could relate to the people that are helping them or working with them
30	Suicide Prevention and Mental Health Awareness trainings.
31	Technology/software, systems change.
32	LGBTQI trainings, cultural competency
36	Trauma Training, not only clinicians but support staff as well
42	Geriatric neuropsychology, inter-agency coordination with senior centers, participatory communications, production of meaningful reports for appraisals of performance (based on but not exclusively consisting of "evidence based" numbers in percentages or money spent as the "result" of the program efforts).
44	I have not been with LCBH long enough to have a comment on this.
51	Compassion fatigue.
53	Front office staff is not trained to deal with clients in crisis and could benefit from some training in this area due to the need to address phone calls that come into the offices.
56	The 'trainings' that I have participated in have been, in my opinion, a joke. Waste of time and not enough information disseminated in a proper manner for newbies to grasp.
57	Regular clinical training in a variety of therapeutic approaches and techniques would be beneficial.
58	How to deal with mental health patients from a substance abuse counselor perspective. And more collaboration between MH/SUDS. A large portion SUDS clients are truly trying to medicate themselves.
60	More SUDS related trainings
64	Customer Service, most are good people, need to have consistent message ...
67	Stress reduction training for the employees would help as the work we do is extremely stressful.
70	trauma informed training

71	Trauma training.
72	I would like to see Standard Operating Procedures written for each function that is performed in the County. That way, each employee would be relieved from having to devise their own way to accomplish tasks. A Procedural Manual is desperately needed for each task, no matter how miniscule or how grand. The confusion that lack of instructions/procedures creates is a condition of chaos.
73	FSP, ASSIST, QPU, Crisis response
76	Empathy training
77	homeless
78	I feel any kind of training to help you benefit from your job and make it better and easier is always needed.
83	Confidentiality for treatment information How to handle substance use information and files
84	Need more cultural competence training
85	CFR 42 Treatment planning Title XXII ASAM Dapper Screening tool Suicide Prevention Pharmacology Community Resources
86	There are not enough therapists who do EMDR.
89	Suicide prevention, deescalation of crisis, people skills, time management.
92	they all (staff) are doing a friendly excellent job
93	Letting Lake Co people know there is a problem of sexual assult and rape

Appendix IX.   MHSA Community Program Planning Process Demographic Form

Lake County Behavioral Health Services
MHSA Annual Updates 2018-2020

Demographic Form

The questions are voluntary and anonymous. Thank you for your time!

1. Do you identify yourself as a consumer or a family member of a consumer of mental health services?
   ☐ No
   ☐ Consumer
   ☐ Family Member

2. What is your stakeholder affiliation?
   ☐ Government agency, City or County
   ☐ Government agency, State
   ☐ Community-based organization
   ☐ Law Enforcement
   ☐ Education agency
   ☐ Social service agency
   ☐ Veterans or Veterans Organizations
   ☐ Provider of mental health services
   ☐ Provider of alcohol and other drug services
   ☐ Medical or health care organization
   ☐ Other:_____

3. Are you a veteran?
   ☐ Yes, I am a veteran
   ☐ No, I am not a veteran
   ☐ Decline to answer

4. Please indicate your age range:
   ☐ Under 16
   ☐ 16-24
   ☐ 25-59
   ☐ 60 and older

5. How do you define your race?
   (check all that apply)

   ☐ American Indian/ Native Alaskan
   ☐ African American/Black
   ☐ Asian
   ☐ Hispanic or Latino/a/x
   ☐ Native Hawaiian or other Pacific Islander
   ☐ White/ Caucasian
   ☐ Other:_____
   ☐ Decline to answer

6. How do you define your ethnicity?
   (check all that apply)

   Hispanic Ethnicity:

   ☐ Caribbean
   ☐ Central American:_____
   ☐ Mexican/Mexican-American/Chicano/a/x
   ☐ Puerto Rican
   ☐ El Salvadorian
   ☐ South American:_____

   Non-Hispanic Ethnicity:

   ☐ African
   ☐ Asian Indian/ South Asian
   ☐ Cambodian
   ☐ Chinese
   ☐ Eastern European
   ☐ European
   ☐ Filipino
   ☐ Middle Eastern
   ☐ Vietnamese
   ☐ Japanese
   ☐ Korean
   ☐ Russian
   ☐ Other:_____
   ☐ Decline to answer

7. What is your assigned sex at birth?
   ☐ Male
   ☐ Female
   ☐ Intersex
   ☐ Decline to answer

Lake County Behavioral Health Services
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8. What is your current gender identity?

☐ Cisgender Man
☐ Cisgender Woman
☐ Trans Man
☐ Trans Woman
☐ Genderqueer
☐ Questioning or unsure of gender identity
☐ Another gender identity:_____
☐ Decline to answer

9. How do you identify your sexual orientation?
☐ Gay or Lesbian
☐ Heterosexual or Straight
☐ Bisexual
☐ Questioning or unsure of sexual orientation
☐ Pansexual
☐ Asexual
☐ Two-spirited
☐ Another sexual orientation:_____
☐ Decline to answer

10. Do you have any of the following disabilities or health conditions? *(check all that apply)*

A disability is defined as a physical or mental impairment or medical condition lasting at least six months that <u>substantially</u> limits a major life activity, which is not the result of a severe mental illness.

☐ Difficulty seeing
☐ Difficulty hearing, or having speech understood
☐ Other communication challenges:_____
☐ Limited physical mobility
☐ Learning disability
☐ Developmental disability
☐ Dementia
☐ Chronic health condition
☐ Other disability or health condition:_____
☐ None
☐ Decline to answer

11. In which part of Yolo County do you live?
☐ Blue Lakes
☐ Clearlake
☐ Clearlake Oaks
☐ Clearlake Park
☐ Clearlake Rivera
☐ Cobb
☐ Finley
☐ Glenhaven
☐ Hidden Valley Lake
☐ Kelseyville
☐ Lakeport
☐ Loch Lomond
☐ Lower Lake
☐ Lucerne
☐ Middletown
☐ Nice
☐ Spring Valley
☐ Upper Lake
☐ Whispering Pines
☐ Witter Springs
☐ Other:_____

Appendix X.Summary of Qualitative Analysis from Interviews and Open-Text Survey Fields

Need	Working Well	Quotes	Needs Improvement	Quotes
Families	• County doing mental health screenings for mothers. • NEST program is very helpful		• **Need increased support for parents** as a part of holistic help for children • Need services to support housing for families • **Need more support for young mothers inc post-partum.** Current funding viewed as not sufficient for need.	• *But we struggle with trying to get mothers connected to mental health service providers quick enough.* • *Need to deal with trauma first where they came from in order change any of that.*
TAY			• **Viewed as highest need by 85% of survey respondents** • **Wellness centers/community activities for TAY** • More support for TAY for housing and mental health and substance use services.	• *Young adults and adults seem to struggle with identification of self in a community that does not offer resources and opportunities.* • *Not enough support and housing for TAY. With no rental history, a lot of the youth can't get into housing. And then they are unstably housed and homeless, and then start using substances. We are setting up our TAY youth to have even harder lives.* • *We need more activities and places for the youth to go and hang out.*
Children	○ Youth SU prevention efforts are useful (wish they were bigger)	○ *The Prevention team is working very well. They are currently involved in 6 Lake County Schools providing services in drug and suicide prevention. The problem being that they need to be in all schools providing these services.* ○ *Children's teams providing mental health services. Quick response and wide variety*	• **No child psychiatry services** in the county • **Viewed as second-highest need by 79% of survey respondents** ○ Especially adolescents and very young children. • Better support for youth crisis – behavioral vs. mental health	• *For young children, we've seen an increase in children with crazy wild behavior, very anxious and unfocused, and sometimes aggressive. It becomes a safety issue for the other students and sometimes teacher. Kindergarteners have thrown chairs or gone after kids with scissors. It's not taken seriously because of the age of the child. We ask the parent to pick up the child, but it*

Need	Working Well	Quotes	Needs Improvement	Quotes
		of ability to provide services to all children who have mental health disorders. o *Se ems like the services are good once you can get in.*	o Reaction is parenting or police, not services • Need for more trauma-informed care for children and youth. • Need for more mental health services specific to children and youth.	*doesn't address a possible issue. This is where it is a barrier if families don't understand trauma. It would be helpful to have a licensed professional be able to differentiate between a child having a mental health issue or just that they don't want to be at kindergarten.* • *I've seen a lot of self harm talk is with Latino kids, especially Latino kids from domestic violence or substance abuse in home, as well as new immigrants (both legal and illegal). Adolescent children think they are abnormal and blame themselves for the trauma they experience at home.* • *Adolescence is a tough time. This is compounded by their family environment with substance use and poverty.* • *If they're not getting that positive guidance and they don't have those good role models in their lives and people who treat them with love , kindness, and acceptance, then they're more likely to end up feeling lost in life. Then that accumulates over the years as they get older.* • *From what I've noticed, the Harbor has a lot of homeless youth that are really judged and separated with everyone else. They come in with nowhere to go. There's no place for them to go to to get help. They're just straggling along. Seems like they need more resources and we need more awareness.*
Adults	• Generally improved	• *I am very please[d] with the services that are rendered from LCBH. Much improvement from last year.*	• **More services for moderate folks**	• *Would be nice to expand services to include more for adult population and not just severe. For some moderate pop-*

Need	Working Well	Quotes	Needs Improvement	Quotes
	• General impression that services do help • Prevention (suicide, SU) services have grown and improved • **Wellness Centers**	• *Clinician was very knowledgeable and made my family member feel safe and comfortable accessing services* • *LCBH has psychiatry services that one does not have to wait for months for, unlike other agencies.* • *I absolutely love the wellness centers for the Accessibility and immediate response. Can't wait for sites to open in Upper Lake , Middle town and Cobb* • *Wellness Recovery Centers work well because there is no waiting for a scheduled appointment and most stressors can be addressed at these centers as they provide a safe environment for client while they wait for LCBH services and appointments.*	• **Appointment wait times are reported to be long** – may depend on where • **Follow up after appointments/referrals not robust** • **Need for trauma-informed care.** • Need more wellness and socialization/engagement activities • Need more of a meet-someone-where-they're-at approach	• *It took several weeks to get an appointment. Follow up appointments were quick but the initial appointment took weeks.* • *I know people who have been unable to get services when they need them. However, staff is friendly and helpful otherwise.*
Seniors			• Seniors were identified as an **underserved population** with high needs due to isolation, home boundness and chronic health issues. • Their **caregivers also need more support** • Specific concern around emotional support for disaster preparedness for seniors and caregivers	• *High percentage of seniors that are lower income and just surviving on minimal benefits. Mostly relying on SS and not enough there is no one else meeting these needs. In the last year or so home nurses are helping they come to the attention of our services. They don't have much support-Senior Peer Counseling* • *As they age, they are significantly more isolated or restricted (e.g., fixed income) and have very little support and can't afford supportive living and becoming more dependent with less people around to support them.*

Need	Working Well	Quotes	Needs Improvement	Quotes
Schools	• Perception of good collaboration between schools, children, families, providers	• *School based services have worked well for children due to the collaboration between parents, staff, and teachers.*	• **General concern about bullying** and need for support for school-aged youth	• *The very impoverished or neglected kids tend to get bullied more. Also kids who are underweight or overweight. Kids who speak a different language or who have speech impairment or physical disability. Kids who look different from normal (i.e., blond skinny). Kids with sexual identity issues, especially in Latino community. Latino community finds that kids who may be gay or sexually unsure are an abomination.* • *One big reason they get bullied is if their parent is in jail. Right now, there's a lot of bullying going on to immigrant kids. When kids come through seeking asylum, the parents have ankle monitors and kids think they have ankle monitors because they are criminals.*
Outreach and engagement	• Peer support centers supplement community engagement efforts and are generally well utilized by community members	• *The peer support centers and we are out there on a regular basis doing Suicide Prevention classes. Its about the people out there reaching the ppl building thee relationships ppl feeling like they are being helped.-* Suicide Prevention • *The wellness center is good for ppl to feel welcomed and not outcast. It gives ppl with severe mental health socialize meet other people get linked with other programs things like that be part of the community –* Private Practice	• Need for more wellness programs and activities like art classes to alleviate isolation • Need for more activities and recreational areas for youth. • Need more ads	• *There is not an awful amount happening in the county. People not living in a livable wages. Something productive. Very little of that around here. Appropriate for kids and adults. There are a lot of things like that are missing. Some communities are isolated. –* Senior Peer Counseling • *I think we need more prevention and preventative efforts. The more prevention the less need for other services-* Suicide Prevention
Agency Collaboration	• General sentiment that **collaboration**	• *I think they are very collaborative leadership changed a few years ago good improvement. Involved in community*	• Need to improve **discharge planning and coordination** and communication	• *Area of improvement is communication with patients in crisis include us in the aftercare. Ill call the crisis team and let them know*

Need	Working Well	Quotes	Needs Improvement	Quotes
and Referrals	**and coordination in the county has improved** over the past few years due to a change in leadership • LCBH screenings and triaging efforts are helping to setting clients up for referral to community programs. • Referral system is good now	*meetings. … Leadership staff is more accessible now. The whole culture is greatly improved – Mendocino Health Clinic* • *LCBH is pretty aware of what is going on in the county and tries to participate in everything else. Their promotion of mini grants and services are well shared out.* • *When our clients come in, they've been assessed and have goals. We already know where to start with them and what their needs are and what to expect.* • *Overall referrals is pretty easy and has been good. We do warm handoffs to our other community partners.*	• Suggestion that LCBH make the appointment with an external provider if a referral is made • Need for cross-sector collaborations between mental health and schools and justice system/police so youth have appropriate responses to mental health crisis situations. • Strengthen coordination with the justice system to improve reentry • Involving police in response to youth • Services for homeless coming out of jail	*whats going on but I don't hear back from them I only hear from my patient afterwards. Patients are not opposed to communicating with us. – Mendocino Health Clinic* • *Our strength is collaborative effort with all of the county agencies. We are slowly leveraging and building resources. This is huge and strength-based.* • *Continued collaboration and partnership between LCBH and law enforcement is huge. Law enforcement staff are able to recognize mental health and crisis, then there could be less incarceration (which can be extremely traumatizing and detrimental especially for young people). Youth may act out if they have mental health issues (which come out as conduct behaviors).* • *The word "collaboration" is used a ton, and I think it's not always good collaboration.*
Stigma Reduction			• High need to reduce stigma across the county especially among the general population (i.e. homelessness, SU, people in crisis) • Need to address stigma associated with culture or age groups. • **Need more behavioral health education, community-wide**	• *The community blames LCBH everything partially stigma (get this person away don't understand these ppl are suffering)- Senior Peer Counseling* • *In Latino families, mental health is considered imaginary.* • *Alcoholism in Latino community is sometimes seen as not a problem.* • *Among TAY, when they hear the word therapy, it oftentimes feels scary because of the stigma. So sometimes we have to adjust the language to say counseling.*

Need	Working Well	Quotes	Needs Improvement	Quotes

Work force	• Wellness centers have helped address some capacity gaps, where they are seen immediately rather than having to wait for LCBH appointment.
	• LCBH trainings and committee meetings and community planning meetings have been helpful.
		• *Services are working to the best ability of the staff available , however staffing appears to be an issue as there are more clients then there are staff to serve them. LCBH needs more Case Managers and more therapist.*
		• *We work a lot of with Latino families, and sending them to a wellness center provides them immediate response and care (since LCBH is heavily impacted although they do have bilingual services but not always available and sometimes takes a while to get a person seen in order to even get triaged)*
		• *Small trainings are always good and helpful. (e.g., cultural competency, suicide response, ASSIST, QPR, screening). Right now, these trainings are from LCBH.*
		• *"The community forums and meetings held by LCBH are helpful and informative."*
			• Increase understanding and empathy of substance use among staff
			• **Need to increase overall number of providers, decrease burnout/turnover**
			     o Above capacity need in children's services
			     o **Wages low for retention**
			• **Physical space is not sufficient** for workforce, leading to a more crowded/chaotic space for clients when they access services
			• **Increase training on trauma, client-centered care, specific cultural competencies (e.g. LGBT), co-occurring SUD, and policies and procedures**
				• *Some more training of that. Removing stigma of drug abuse. "Those people" improving understanding and level of empathy-* Mendocino Health Clinic
				• *It's frustrating for families to go to LCBH and they can't do anything on the spot. They'll get an appointment later on, but that wait affects the family (even if it's later that week or following week) because the need is now. LCBH may not always have the capacity to see them right away. So the family will go on to the emergency room or clinic, and they may get lost in the shuffle. The family's perception is that LCBH can't help them, even if an appointment is scheduled, because they perceive their need as immediate*
				• *Staff turnover is always present. I don't think we're paying behavioral health staff enough here and neighboring counties that pay more is more attractive. We need to be able to attract enough clinicians all the time.*
				• *Trainings coordination and communication could improve. For example, recently two important trainings were held at the same time. We are too small to divide us.*
				• *We're asking people in crisis or near-crisis to wait a long time for services.*
				• *There's been a lot of turnover in staff at LCBH, which has contributed to a lot of these issues (i.e., lapses of long time periods where*

Need	Working Well	Quotes	Needs Improvement	Quotes
				I wouldn't find out about important updates or new leaders) but things are getting better. • Just being able to get in. They need more people.
Higher levels of care / crisis	o Three respondents noted **crisis services as working well**		• **Timeliness of response** • **Post-crisis follow-up** – esp homeless • Crisis response team with peer support at EDs suggested • Suicide prevention and de-escalation trainings suggested	
Substance Use / co-occurring issues		• *it is easier to get in to see a SUDS counselor.* • ***SUD service s are excellent quality, but there could be a need to have more.*** • *Drug /DUI program are a big help in this county.*	• There are limited services/programs that focus on **early intervention/ prevention among youth substance use** • Timeliness of response when someone is ready to enter rehab • **General belief that substance use is high** – impacts are being felt in a variety of ways; child welfare cases; intergenerational trauma • Difficulty qualifying for services • Substance youth is a big issue. • Need to address SUDs clients who don't qualify for services	• *Substance abuse; a lot of drug use (meth) and we have a higher than the state average of child abuse. If there is one thing that can be highlighted is the need for prevention and protection for youth intercepting some of the stuff earlier-* Mendocino Health Clinic • *I've talked to many families who have never been through this, and all of a sudden the father starts using. This causes homelessness and poverty. This wasn't ever a previous issue for these families. These were previously productive thriving members of the community and all of a sudden they start using and falling into poverty.* • *For substance use clients, it tends to be harder because qualifications and eligibility are determined by the County. This ends up limiting substance use resources that we can refer clients to.*

Need	Working Well	Quotes	Needs Improvement	Quotes
			Need for more different levels of care for SU such as: • medical detox options in the county (currently none in the county)	•
Homelessness			• **Significant population that is either homeless or underhoused and in need of more services.** • **Housing is an overwhelmingly high need in the county (all levels)** This includes transitional housing, emergency housing and housing assistance. Other services to consider include: ○ Case management/ linkage services • Need to address mental health needs of homeless people and break the cycle. • Need to provide transition services to homeless people coming out of hospital or jail. • Need more support for homeless youth.	• *Housing with all the fires. Lost a lot of housing people are charging too much right now. –Private practice* • *I think being unstably housed can be a huge trigger for someone who might be approaching an onset of mental health illness. If they don't have safety and security, then that can lead to so many more issues.* • *There's no permanent housing. We have a transitional living program, but there are such limited resources that make it difficult to get them connected to permanent housing once they complete our program. There should be outpatient services to continue supporting them after a program. There is no longer an outpatient facility for substance use. Like a step-down program.* • *From what I've noticed, the Harbor has a lot of homeless youth that are really judged and separated with everyone else. They come in with nowhere to go. There's no place for them to go to get help. They're just straggling along. Seems like they need more resources and we need more awareness.* • *If they had more facilities for homeless, there could be someone who can oversee*

Need	Working Well	Quotes	Needs Improvement	Quotes
				their medication and provide on-site services.

Culturally appropriate services	• Specialized programs are an asset	• *A lot of programs working with specific groups is really important.*	• Shortage of providers means **shortage of culturally reflective/ linguistic providers:**
			  o Spanish-speaking
			  o Native American/ indigenous
			• Language and cultural barriers
			• Need for bilingual services
			• Need to address needs of African American community
			• **Transgender** is identified as an emerging population
			  o Need greater support for engagement for LGBTQ
			• **Trauma-informed care**
			  o Sympathy for homeless folks
			  o Substance users
			  o Latino, native American, immigrant populations
			• Need increased support for veterans
			• Need increased numbers of Spanish-speaking clinicians
			• **Stigm**a:
			  o Latino
			  o TAY
			  o LGBTQ
				• *We don't have enough bilingual clinicians*
				• *That's the most important thing for any service provider to have true compassion for others and understand what you're struggling through.*
				• *Language can be a barrier for immigrants, and they don't know the system.*
				• *Racism is a barrier. Natives who don't want to work with white people, and vice versa. Same thing for Latino community.*
				• *Veterans were not on this list and should definitely be included as there are many!!*

Access	• Some services like Mendocino Health Clinic provide	• *MHSA grant-funded PEI programs are very helpful to make sure youth do not fall through cracks.*	• **Availability/access survey rating is low satisfied/disatisfied** • **Public charge/immigration status fears limit access**	• *It is because folks don't want to work in lake county harder for the county to hire and recruit. A lot of difficulty filing positions and turnover.* - Mendocino Health Clinic

Need	Working Well	Quotes	Needs Improvement	Quotes
	transportation services to get to and from appointments • Once you are connected to a mental health program, you have access to knowledge and awareness about existing services. Otherwise, it is very difficult trying to find information about existing services and connect with them. • "The community forums and meetings held by LCBH are helpful and informative."		• **General limited service capacity** due to staffing issues specifically recruiting and retaining staff for county services. Identified services include: 　○ Counseling/ therapy for **lower-moderate levels** • Non-tradition hours for wellness centers • Access barriers of immigrant population • Need to address population that do not meet qualification threshold to receive services. 　○ Insurance based 　○ Income 　○ Populations 　　▪ Gender 　　▪ Homeless 　　▪ Substance • **Awareness of services and entry requirements** • Interagency knowledge is low of other services • **Need more service locations total, and with a wider geographic spread**	• *Shortage of personnel across the county. There are not enough services staff capacity/ more crisis outreach more services available but its difficult being in a rural area- Senior Peer Counseling* • *The community in whole sometimes is frustrated that there are not enough MH services but looking at the adult population we have a lot of moderate- severe if you don't meet that criteria you are referred out. And trying to find local resources is challenges - Suicide Prevention* • *Would love to see more non-traditional hours for centers (past 6pm) because there's a lot of families that work and can't afford to take off from work to get services.* • *If anybody needs help, they should be able to receive services and shouldn't be based on criteria and threshold. Mental health services should be available to anyone at anytime.* • *There are a lot of people who don't qualify for the requirement and seek help but aren't able to get it. A lot of people are just surviving here.* • *Make services more accessible regardless of your income limits or health insurance or other specific requirements (e.g., women, substance use, homeless). We should stop putting people in boxes. You can only get the support if you fit in all these boxes.*

Need	Working Well	Quotes	Needs Improvement	Quotes
				• *Individual appointment therapy is really needed but access is difficult.* • *They tell people at border not to receive any services who have a temporary stay. If they don't understand the difference between public assistance and wellness/prevention assistance, they're not going to take it and would rather live with it if they can't afford to pay.*
			• Access is a challenge due to **geographic spread** • Access needs for disabled individuals are not yet fully addressed o Some service providers may provide transportation	• *Challenges is accessing those services. Like assessments would only happen in 2 sites. There are no freeways to across the lake. One site for assessment and the other for treatment the public transportation is very limited. 2 miles from the bus stop for a lot of people… accessing services is the biggest challenge-* Mendocino Health Clinic • *We have a big lake in the middle of us so it makes it hard for ppl to get to services due to lack of transportation and money to get that transportation.-* Suicide Prevention
Rurality			• Compounded isolation and high poverty rates contribute to mh challenges in the county • Transportation to provide services can be difficult for the workforce; need offices in more locations to support work. • **Emotional impacts of fires are high** • **Transportation barriers**	• *It is very rural and geographically isolated high poverty level extremely low health literacy. Very bad health outcomes. The older population is retirement, which tripled. The rate of suicides 2nd highest for the last decade.* - Mendocino Health Clinic • *We always want to see here in prevention team we want to see prevention centers different take on it geared towards what we do with prevention throughout the county and smaller harder to reach populations-* Suicide Prevention

Need	Working Well	Quotes	Needs Improvement	Quotes
				• *It's such a huge county and transportation has always been an issue and will always be an issue. Having wellness centers in nooks and crannies in the counties would be amazing.* • *People with extreme mental illness are not equipped to figure out the system. I would like to see those initial services in every city so they don't have to travel across the County in order to even get access to services.* • *We need more planned parenting facilities and clinics. They used to be close to high schools and now they've all been closed. Young people can't get medication for STDs or birth control because they don't have MediCal.* • *Communities impacted by fires, which resulted in PTSD. I can't even think about moving out of the house because there's no way I can find housing I can afford anymore, which was not the case even five years. These fires have devastated our communities. People are moving away to stay away from the fires.*

Appendix XI.   Notice of Public Comment Period & Notice of Public Hearing

[To be added after public posting]

Appendix XII.   Public Comment Form

[to be added after public posting]

Appendix XIII.   Public Comments

[To be added after public posting.]

Appendix XIV.   Slides for Public Hearing to the County Board of Supervisors

[To be added after public posting.]