
Lake County Mental Health Services Act Annual Update Fiscal Year 2024-2025



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June 2024





Lake County Mental Health Services Act (MHSA) Annual Update Fiscal Year 2024-2025

Lake County Behavioral Health Services

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

RDA Consulting, 2024

About RDA Consulting, SPC

RDA Consulting is a mission-driven, employee-owned, majority women-managed social purpose consulting firm. While based in Oakland, California, RDA serves government and nonprofit organizations across the United States. RDA's mission is to work toward a just and equitable society by partnering with diverse stakeholders in addressing barriers to individual, organizational, and community well-being. We work at the strategic intersection of applied research, planning and implementation, assessment and evaluation, and grant-services to help our clients achieve their equity-based goals.

Message from Elise Jones, LCBHS Director

Lake County Behavioral Health Services is pleased to present the annual update to our current three-year Mental Health Services Act (MHSA) Plan (FY23-26). This plan represents our seventh since 2004.

Since the original MHSA plan was finalized, we have seen overwhelming and monumental changes to the Behavioral Health system. These changes are largely the result of the California Advancing and Innovating Medi-Cal (Cal-AIM) initiative developed by the California Department of Healthcare Services. One of the goals of Cal-AIM, which is a constellation of related initiatives impacting healthcare, is to modernize the behavioral healthcare system and improve the patient experience. The changes brought about by Cal-AIM to the Behavioral Health system include:

- Expanding the criteria for Specialty Mental Health Services (SMHS) for youth
- Documentation redesign to reduce clinician burden
- Standardized Screening and Transition Tools
- Payment Reform
- Behavioral Health Administrative Integration for the SMHS and Substance Use Disorder Treatment (SUDT) Services Programs

While these initiatives do not directly impact the MHSA Plan, the impacts of these changes are so global that the entire system becomes involved, if only indirectly. Additionally, here in Lake County, we embarked on an implementation of the Organized Delivery System for Drug Medi-Cal with a planned go-live date of July 1, 2024. We are excited about the expansion of services this will offer our beneficiaries.

The passage of Prop 1, which includes Senate Bill 326, will dramatically change the shape of MHSA services with the goal of modernization. Significantly, this will change the name of this Plan to the Behavioral Health Services Act (BHSA) in future years. This means that individuals receiving services from our SUDT program may now benefit from this Plan, including Full-Service Partnership benefits.

The passage of Prop 1 will not impact the current plan for at least a year. We are also exploring a rural exemption from the housing-specific requirements of the BHSA. We are committed to ensuring that the community and stakeholder process continues to be integral to the development of this plan. We do not forecast any changes to the services described and presented in this annual update at this time.

Since the finalization of the original FY 2023-26 plan, we have made some progress around issues previously identified. These issues were: Equity, Outreach and Engagement, Crisis Response, Housing, Youth and Families, and Older Adults. Specifically, Lake launched a Mobile Crisis Response program on January 1, 2024. This program offers crisis intervention services and supports for a wide range of behavioral health crises, not just limited to suicidality, to individuals experiencing either a mental health or substance use disorder challenge. This service is available 24/7/365. Additionally, we have expanded our Outreach and Engagement efforts by hiring a full-time analyst who serves as a community liaison. We continuously work on breaking down silos and building relationships in our community.

In summation, I am proud to report that Lake County is, in many ways, leading the way in behavioral health innovation in California. We look forward to continuing to improve our service to the community through MHSA program and services, and in beginning the journey of transition to the BHSA.

Very Truly Yours,

Elise Jones, MA

Director

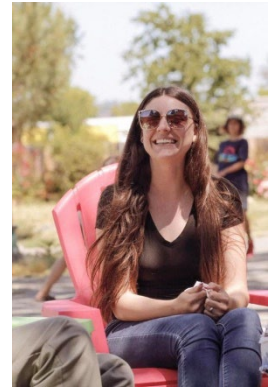


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List of Acronyms

Adult Protective Services (APS)	Homeless Management Information System (HMIS)
American Indian/Alaska Native (AI/AN)	Innovation (INN)
Adult Needs and Strengths Assessment (ANSA)	Konocti Senior Support (KSS)
Behavioral Health Continuum Infrastructure Program (BHCIP)	Lake County Behavioral Health Services (LCBHS)
Behavioral Health Services Act (BHSA)	Middletown Art Center (MAC)
Board of Supervisors (BOS)	Mental Health Services Act (MHSA)
California Advancing and Innovating Medi-Cal (CalAIM)	Mental Health Services Oversight & Accountability Commission (MHSOAC)
California Mental Health Services Authority (CalMHSA)	Mental Health First Aid (MHFA)
Capital Facilities and Technology Needs (CFTN)	Middletown Unified School District (MUSD)
Child and Adolescent Needs and Strengths (CANS)	No Place Like Home (NPLH)
Clinically High Risk (CHR)	Nurturing Education and Skills Training (NEST)
Cognitive Behavioral Therapy (CBT)	Outreach and Prevention Team (OPS)
Cognitive Behavioral Therapy for Psychosis (CBTp)	Prevention and Early Intervention (PEI)
Community Health Needs Assessment (CHNA)	The Question, Persuade, Refer (QPR)
Community Program Planning Process (CPPP)	Redwood Community Services (RCS)
Community Services and Supports (CSS)	Release of Information (ROI)
Coordinated Specialty Care (CSC)	Request for Proposal (RFP)
Early Intervention Services (EIS)	Rural Communities Housing Development Corporation (RCHDC)
Electronic health record (EHR)	Serious mental illness (SMI)
Fiscal year (FY)	Substance Use Disorder (SUD)
Forensic Mental Health Partnership (FMHP)	Transitional Age Youth (TAY)
Full Service Partnerships (FSP)	Welfare and Institutions Code (WIC)
	Workforce Education and Training (WET)



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Lake

Three-Year Program and Expenditure Plan

Annual Update

County Behavioral Interim Health Director	Program Lead
Name: Elise Jones Telephone Number: 707-274-9101 Email: elise.jones@lakecountyca.gov	Name: Scott Abbott Telephone Number: 707-274-9101 Email: scott.abbott@lakecountyca.gov
County Behavioral Health Mailing Address: Lake County Behavioral Health Services PO Box 1024 Lucerne, CA 95458	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update and expenditure plan, attached hereto, was adopted by the county Board of Supervisors on June 25, 2024.

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.

Elise Jones
Mental Health Director/Designee (PRINT)

[X] _____
Signature Date



MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

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

County: Lake

County Behavioral Health Director	Director of Finance/County Auditor
Elise Jones Telephone Number: 707-274-9101 Email: elise.jones@lakecountyca.gov	Name: Jenavive Herrington Telephone Number: 707-263-2312 Email: jenavive.herrington@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 or Annual Revenue and Expenditure Report is true and correct and that the county has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Elise Jones
Mental Health Director/Designee (PRINT)

[X] _____
Signature Date

I hereby certify that for the fiscal year ended June 30, 2023, 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, 2023. I further certify that for the fiscal year ended June 30, 2023, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the county/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

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

[X] _____
Signature Date

I. Lake County Overview

Lake County is a small county¹ located in Northern California, bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yolo Counties. The County spans 1,300 square feet and includes two incorporated cities – Clearlake, the largest city, and Lakeport, the county seat – and many smaller or unincorporated communities. Lake County has a population of 68,191 individuals who are predominantly White (86%), followed by about a quarter (24%) who identify as Hispanic/Latino. About 5% of county residents are Native American, and the county is home to eight Tribal Nations and six Pomo tribes. Almost one quarter (23%) of the population is 65 years or older.²



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

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

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

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

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

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

⁴ County of Lake, Public Health. (2022). *Lake County 2022 Community Health Needs Assessment*.

II. Project Overview

MHSA Background

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

Annual Plan Contents

In 2023, Lake County developed the MHSA Three-Year Program and Expenditure Plan for FY 2023-2026, outlining Lake County’s proposed programs and strategies to address mental health service gaps and better meet the community’s needs. The purpose of the Annual Update is to provide updates to the adopted MHSA Three-Year Program and Expenditure Plan for FY 2023-2026. This includes program status updates and accomplishments in FY 2022-2023, and program changes beginning in FY 2024-2025 based upon a community needs assessment and stakeholder input provided during a Community Program Planning Process (CPPP). Lake County Behavioral Health Services (LCBHS) contracted with RDA Consulting (RDA) to facilitate CPPP activities and synthesize information for this update.

The Annual Update includes the following sections:

- **Overview of the community program planning process** that took place in Lake County between January and June 2024. Lake County’s CPPP 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** identifies both strengths and opportunities to improve the public mental health service system in Lake County. The needs assessment used multiple data sources, including community meetings with stakeholder discussion, a stakeholder survey, feedback forms, and public comments, to identify the service gaps that LCBHS aims to address for FY 2024-2025.

Figure 1. MHSA Core Values



- **Description of Lake County’s MHSAs programs** by component, which includes a detailed explanation of each program, program target population(s), the mental health needs the program addresses, the goals, and objectives of the program as well as the program’s outcome indicators. This section of the plan provides information on program status and service accomplishments, proposed program plans and/or program changes beginning in FY 2024-2025 along with identified outcome indicators to assess program impact.
- **Summary of the FY 2024-2025 MHSAs Annual Expenditure Plan** that outlines estimated funding and expenditures for the next fiscal year. Estimated funding and expenditures are included for all MHSAs program areas and their individual programs.

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

Prevention and Early Intervention Annual Update Report

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

The PEI Annual Report provides an overview of PEI programs’ key activities, MHSAs strategies, intended impacts, and the indicators and evaluation methodology to track outcomes. Some PEI programs also report on outcomes achieved during the reporting period, FY 2022-2023; however, for several PEI programs, outcome information is not yet available. The report includes a description of the challenges the county experienced with data collection and reporting, and a plan to support compliance moving forward.

Mental Health Program and Services Capacity Assessment Report

In FY 2022-2023, LCBHS implemented a Cultural Awareness Committee and adopted a Capacity Assessment Policy, which includes a Cultural and Linguistic Competence Plan. The Cultural and Linguistic Competence Plan: 1) assesses the cultural and linguistic composition and LCBHS workforce and delivery of culturally competent services, 2) examines utilization patterns and highlights disparities among different demographic and cultural groups, 3) shares key findings from the staff and client cultural competence survey, 4) provides a list of cultural competence staff trainings, and 5) highlights program goals for the next three years to improve access to underserved populations, enhance the delivery of culturally sensitive services, and create a culturally responsive work environment. The Cultural and Linguistic Competence Plan for 2022-23 is in *Appendix G*.

III. Community Program Planning

Community Program Planning Overview

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

LCBHS engages and involves stakeholders across these core areas through ongoing and regular MHTA stakeholder meetings as well as through additional and focused activities annually that specifically align with the MHTA Annual Update or Three-Year planning process. LCBHS convenes quarterly MHTA stakeholder meetings, Innovation (INN) steering committee meetings, and Quality Improvement Committee meetings. These meetings create a forum to provide updates about MHTA programs, review program participation, share program outcomes and evaluation findings, and provide input on program implementation and quality improvement where possible. Additionally, as a part of the Annual Update or Three-Year planning process, LCBHS convenes a series of community engagement meetings, surveys, and/or focus groups and interviews to further inform program planning efforts and budget allocations made by the county.

For the MHTA FY 2024-2025 Annual Update, LCBHS focused engagement efforts to educate and engage community stakeholders in each of the CPPP core activity areas. This engagement in the CPPP included convening and facilitating two community planning meetings, wherein stakeholders could join community meetings virtually via Zoom, or in-person at any of the five LCBHS Peer Support Centers where the meeting was live-streamed through the smartboard's setup at each center. To further support the Annual Update and expand stakeholder engagement options, LCBHS also supported a survey. The community survey was available electronically as well as hard copy at Peer Support Centers in both English and Spanish. Finally, LCBHS supports a public hearing at the end of the public comment period to further provide outreach, education, and engagement to community stakeholders. This public hearing is also provided in a hybrid format, like the community planning meetings.

Detailed information about the LCBHS CPPP process for the FY 2024-2025 Annual Update is provided in the following sections—including CPPP methodology, CPPP activities, the Annual Update review process, and stakeholder participation.

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

Community Program Planning Methodology

In January 2024, LCBHS initiated the planning process for the FY 2024-2025 Annual Update. The MHSA Planning Team was led by the LCBHS Director, Elise Jones; LCBHS MHSA Program Manager, Scott Abbott; LCBHS MHSA Analyst, Patricia Russell; MHSA Team Lead, Carrie Manning; LCBHS Supervising Behavioral Health Clinical Specialist, Kendra Boyce; LCBHS Deputy Director of Administration, Christine Andrus; and RDA Consulting, a consulting firm with behavioral health planning expertise.

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

- 1) Planning and Discovery
- 2) Program Planning: Needs Assessment
- 3) Program Planning: Identifying Opportunities for Improvement
- 4) Plan Development & Sharing

Figure 2. Community Program Planning Process & Plan Development

Phase I Planning and Discovery	Phase II Program Planning Needs Assessment	Phase III Program Planning Opportunities for Improvement	Phase IV Plan Development & Sharing
<ul style="list-style-type: none"> Review past MHSA Three-Year Plan Conduct technical review of MHSOAC instructions and regulations Collect and analyze data and documents Develop Stakeholder engagement tools 	<ul style="list-style-type: none"> Collect and analyze fiscal and program data Launch community survey, conduct community meeting #1 (hosted virtually & at community Peer Support Centers) 	<ul style="list-style-type: none"> Synthesize stakeholder input on needs and services Conduct community meeting #2, share needs assessment findings, and engage stakeholders to identify possible strategies to meet the needs 	<ul style="list-style-type: none"> Develop Annual Update Post Annual Update draft for public comment period Present draft of Annual Update at Public Hearing Finalize Annual Update Obtain BOS Approval

As part of the planning process, the MHSA Planning Team will present the MHSA FY 2024-2025 Annual Update to the Lake County BOS for feedback and approval. All BOS meetings are open to the public.

Community Program Planning Process Activities

The MHSA Planning Team carried out community meetings and a community survey to engage stakeholders in all stages of the CPPP and to ensure that the Annual Update reflects stakeholders’ experiences and suggestions. Table 1 lists all CPPP activities, activity dates, and number of participants.

Table 1. MHSA CPPP Activities

Activity	Date	Participants
Community Survey	January 15 th – February 20 th , 2024	114
Community Meetings (2)	January 25 th & March 28 th , 2024	104
30-Day Review Period	May 7 th – June 5 th , 2024	--
Public Hearing	June 6 th , 2024	33
TOTAL PARTICIPANTS⁶		251

Community Survey

To include input from a wide range of stakeholders, particularly those unable to attend the community planning meetings, the MHSA Planning team designed and administered a countywide community survey. The survey was open from January – February 2024 and was available in both English and Spanish. This anonymous survey included both Likert-scale and open-text questions regarding respondents’ experiences with MHSA services in Lake County, particularly how well LCBHS’ MHSA-funded programs, services, and activities meet the community’s mental health needs, and identify opportunities to strengthen LCBHS’ MHSA-funded programming. The survey also included questions regarding respondent demographic characteristics and relationship to MHSA services to track and characterize stakeholder engagement. The survey was available online through the survey platform, Alchemer, and in paper form at the Peer Support Centers. The survey was posted on LCBHS’ website and Facebook, emailed to the MHSA stakeholder listserv, shared during community meetings, and posted at Peer Support Centers, and at the front- desks at the Lucerne and Clearlake main offices.

Community Meetings

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

Meeting Format

The community meetings were held virtually using Zoom with the goal of reaching as many stakeholders as possible and providing a flexible meeting format to accommodate preferences and schedules. Participants had the option to join the meeting either: 1) virtually through web link or call-in to the meeting, and 2) in-person at the Peer Support Centers by joining the meetings through the virtual smartboard setup at the centers. Designated providers on-site at the Peer Support Centers were provided with a facilitation guide, which provided details about their role in facilitating the community meeting

⁶ Total participants represent duplicated individuals as some individuals participated in more than one activity.

discussions. In addition, multiple paper copies of the following documents were made available in both English and Spanish to participants who joined the meeting in-person at the Peer Support Centers:

- Sign-in Sheets
- Demographic Survey
- Meeting Feedback Survey
- Peer Support Center on-site facilitation guide
- Meeting slide deck

Meeting attendance was tracked through the number of Zoom participants and sign-in sheets at the Peer Support Centers. Participants joining Zoom were also asked to “sign in” by sharing their name and affiliation in the chat box. Demographic information was collected through a brief, online Demographic Survey as well as physical copies that were completed by participants at the Peer Support Centers. The survey link was shared several times throughout the meeting—both verbally and through the meeting chat feature. Toward the end of the meeting, a link to the Meeting Feedback Survey was also shared and physical copies were available to participants at the Peer Support Centers. The Meeting Feedback Survey provided an opportunity to stakeholders to provide feedback on the meeting and suggest ways to improve future community meetings.

Meeting Outreach & Dissemination

Flyers promoting the meetings were available in both English and Spanish. In addition, there were flyers that also included a schedule of activities that listed all the CPPP-related events – those upcoming and those that have passed – such as the meetings, the community survey, the public comment period, and the public hearing. Flyers were also posted on the LCBHS website and attached to the meeting calendar invitations, which were distributed to stakeholders through an email listserv. LCBHS also conducted targeted outreach to consumers and underserved communities who utilize the Peer Support Centers—such as tribal communities, Hispanic/Latinx communities, unhoused individuals, older adults, and transition-aged youth (TAY)—to better engage these populations.

Meeting Activities

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

MHSA Training: Each community meeting began with MHSA training, wherein the MHSA planning team provided context and background information about MHSA and the CPPP—including information about the MHSA legislation, MHSA funding components and core values, objectives of the Annual Update and the CPPP, and stakeholder engagement opportunities. A Likert-scale poll (virtual Zoom poll and a show of

hands at the Peer Support Centers) was conducted at the end of the MHSA training with a question that stated, “Rate your level of agreement with the following question: Do you feel that you have a relatively good understanding of the Mental Health Services Act and Lake County’s Annual Update and community planning process for FY 24-25?”. A majority of the participants said that they agreed that they had a good understanding of MHSA and LCBHS’ CPPP. For those that disagreed, there was time set aside for attendees to ask questions at the end of the training and attendees were encouraged to use the Zoom chat to ask questions as well. See Table 2 for the results of the poll at both the first and second community meetings.

Table 2. MHSA Training Poll Results

	Community Meeting #1 (n=16)	Community Meeting #2 (n=25)
Strongly Agree	6 (35%)	14 (56%)
Agree	8 (53%)	9 (36%)
Neutral	2 (12%)	0 (0%)
Disagree	0%	2 (8%)
Strongly Disagree	0%	0 (0%)

Meeting 1: At the first community meeting a representative from each MHSA program provided an update on program activities. Prior communications were shared with programs to help them plan the information to highlight during their updates, with the following questions used to guide these preparations:

- What is one success the program accomplished in the last year?
- What was the one biggest challenge the program encountered in the last year?
- What is new? What is the program working on right now?

With this information, RDA developed a PowerPoint presentation that reflected the programs and their unique updates. Following program updates, participants were randomly assigned to three virtual “breakout rooms” to participate in facilitated small group discussions about the community’s needs, with the following questions used to guide discussion:

- What are some strengths of Lake County’s behavioral health system? What aspects have been most successful in meeting the community’s needs?
- Based on what you heard from the programs, what gaps in programs/services still exist? What populations are underserved or most in need?
- Where are there opportunities to improve existing MHSA programs to better meet the community’s needs in FY24-25?

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

Meeting 2: At the second planning meeting, the MHA planning team presented the key findings from the community needs assessment conducted. In addition, LCBHS provided status updates about planned program modifications to any programs previously outlined in the FY 2023-2026 Three-Year Plan. For the FY2024-2024 Annual Update, LCBHS shared about ongoing efforts to strengthen existing services to meet identified community's needs. Following the needs assessment report-out, participants were asked to reflect on the identified needs to ensure they included the most salient behavioral health needs and challenges experienced by community members and to share any additional suggestions, with the following questions used to guide discussion:

- What about the needs assessment themes and findings stood out to you?
 - Are there any community needs that you think should be highlighted, but are not?
 - Is there additional context or detail you would add to any of the themes or findings that were shared?
- What community needs or noted opportunities for improvement do you feel are the most urgent for FY24-25?

The discussion was facilitated in two small breakout groups, followed by a brief full group report-back at the meeting's conclusion. Following this session, the LCBHS MHA planning team reviewed notes from the small breakout discussions and further refined the key findings of the community needs assessment according to the feedback received during the second community meeting.

Program, Demographic, and Fiscal Data Collection

CSS and PEI Data Collection Technical Assistance

Over the last few years, LCBHS and RDA have taken steps to support all programs to develop the capacity, expertise, and resources to collect and report on the MHA reporting requirements. In FY 2021-2022, LCBHS and RDA redesigned reporting tools – including a new survey in SurveyMonkey to collect numbers served and demographics and a structured Google Doc to collect program narratives and outcomes. In FY 2022-2023, Lake County MHA leadership and RDA worked with program representatives and LCBHS staff to further streamline the data reporting process for MHA-funded Community Services and Supports (CSS) and PEI programs. Namely, RDA and LCBHS updated the program reporting form on Google Docs based upon program feedback and updated the outcome reporting sections to better align with LCBHS and MHA outcome reporting requirements. These tools, including the updated reporting form, were used to report on data from FY 2022-2023 and anticipated activities for FY 2024-2025 for this Annual Update.

Opportunities to Strengthen Data Collection

The program data presented in this report contains some elements that were missing at the time of data collection in FY 2022-2023, particularly outcomes for some PEI programs. These gaps are due to staff capacity and infrastructure limitations, as well as staff turnover within some MHA-funded programs, which resulted in a loss of institutional knowledge and disruptions in data collection continuity. Additionally, in FY 2023-2024, LCBHS changed electronic health record (EHR) systems, with the new system tracking and reporting data differently. Due to the recent change in HER systems, some data was unable to be extracted for this Annual Update, including some demographic and outcome information for some LCBHS programs. LCBHS is working to address this issue to extract programmatic information.

Lake County MHSA leadership, RDA, and program representatives continue to explore barriers and strategies to improve reporting efforts going forward. As part of the new reporting forms, programs were asked to identify outcome metrics and indicators for their programs, with the intention to begin collecting and reporting on outcomes in FY 2023-2024. LCBHS and RDA will continue to work with MHSA programs to develop internal infrastructure to routinely track and report program outcomes.

Local Review Process

Public Posting, Hearing, and Comments

Following the CPPP, LCBHS and RDA drafted this MHSA Annual Update for Fiscal Year 2024-2025. The Annual Update was posted publicly for 30 days for public comment, in accordance with MHSA regulations. The Annual Update was posted publicly online from May 7, 2024 through June 5, 2024 with digital copies sent out to the MHSA stakeholder listserv. Additionally, a link to the plan was published in the local online newspaper, with hard copies made available at the Peer Support Centers, and other LCBHS service locations. During the 30-day public posting period, community members had the opportunity to provide public comments.

After the public comment period, the Annual Update was presented by the LCBHS team at a public hearing convened by the Local behavioral Health Board on June 6, 2024 at 10am. Individuals had the opportunity to attend in-person at the Peer Support Centers, where the presentation was streamed virtually. Public Hearing materials were made available in both English and Spanish (See *Appendix B* for PowerPoint slides from the public hearing). Community members had the opportunity to provide public comment during the 30-day public posting period as well as at the public hearing meeting.

Public Comments

No comments were received during the 30-day public posting period; however, comments were made during the Public Hearing on June 6th, 2024. Comments about community needs and LCBHS programming were focused on the needs of underserved populations, primarily the justice-involved and Native American populations, and how to improve services. There were some comments voicing funding concerns associated with new policy changes and how those changes would potentially impact LCBHS programming in the coming years. LCBHS responded that they are being prudent in program spending and are also exploring additional funding sources to maintain current programming. As part of the FY 2025-2026 Community Program Planning Process, LCBHS plans to further solicit community input about applying for the Small Counties Exemption to Proposition 1 (if Lake County is deemed eligible to do so). No corrections, updates, or modifications to FY 2024-2025 MHSA Annual Plan were necessary or made based on public comment and feedback – both stemming from the 30-day comment period and public hearing. All comments received – those both directly and indirectly related to LCBHS MHSA programming are summarized in *Appendix C*.

Board of Supervisors Review

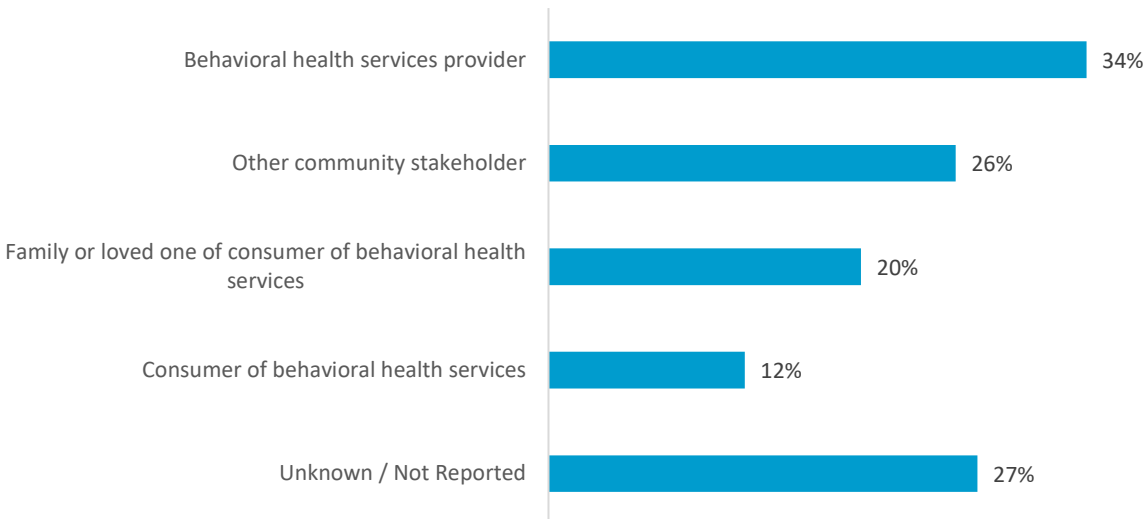
Following the close of the public posting period and the public hearing, the MHSA planning team incorporated public comments and responses. The MHSA FY 2024-2025 Annual Update was then presented by LCBHS to the Lake County BOS for review and approval on June 25th, 2024.

CPPP Stakeholder Participation & Demographic Characteristics

A total of 218 stakeholders participated in the needs assessment and CPPP activities, including the community survey and the two community planning meetings. Several stakeholders participated in more than one activity. Participants were asked to fill out an anonymous demographic survey, which was partially or fully completed by 65% (n=141) of all participants.

The MHSa Planning Team engaged a wide range of stakeholder groups (see Figure 3). One-third of stakeholders (32%) identified as consumers of behavioral health services and/or family members or loved ones of behavioral health consumers. Another one-third of stakeholders (34%) were behavioral health service providers, including LCBHS providers and LCBHS-contracted service providers. One-quarter (26%) were other community stakeholders, representing non-behavioral health service providers, county or community-based agencies, and other community groups—including education providers, medical and health service providers, social services providers, law enforcement agencies and legal/justice system agencies, consumer advocates, and other interested community members. Stakeholder affiliation was not reported by 27% of CPPP participants, resulting in the underreporting of some stakeholder groups.

Figure 3: CPPP Participant Stakeholder Affiliation (N=218 stakeholders)



Demographic categories with fewer than 11 consumers were grouped into “Other” or are not reported to protect stakeholder anonymity. Of the 141 participants who partially or fully completed the demographic form, most (73%) were between the ages of 26 and 59, followed by older adults ages 60 and older (15%), and youth (<16) or TAY 16-25 (8%). Age was not specified for 4% of participants who preferred not to answer. Most participants identified as female (76%) and 13% identified as male. Eleven percent (11%) identified as non-binary, agender, or another gender or preferred not to answer.

Over half of participants identified their race as White/Caucasian (60%), 9% identified as American Indian or Alaska Native, Black or African American, or Asian. A small portion of participants (6%) identified as another race and 11% identified as multiple races. Race was reported for all participants who partially or fully completed the demographic form (n=141). About two-thirds of participants (62%) identified their ethnicity as non-Hispanic or non-Latino, including African, Eastern European, European, Filipino, another ethnicity, or multiple ethnicities. Eight percent (8%) of participants identified their ethnicity as

Hispanic/Latino, most of whom identified as Mexican, Mexican-American, or Chicano. One third (33%) preferred not to answer or did not respond to questions about ethnicity. Almost all of participants (91%) reported English as their primary language. About ten percent (10%) of participants reported their primary language as Spanish, another language, or preferred not to answer.

About half of participants identified as heterosexual (59%), 16% identified as Bisexual, and 9% identified with another sexual orientation such as Gay or Lesbian, Queer, Asexual, Questioning, or another sexual orientation. Sixteen percent (16%) of participants reported they preferred not to answer sexual orientation questions. More than one-third of participants (39%) reported having a disability. Among those reporting having a disability, almost half reported multiple disabilities (48%) with the most common being a chronic health condition (41%) and mental disability (i.e., learning disability, dementia) (36%). A small number of stakeholders (4%) reported being a veteran of the US military. Lastly, about one third of participants reported residing in Lakeport (31%), followed by Clearlake (16%) and Kelseyville (13%). Zip code was unknown or not reported by 12% of participants.

IV. Community Program Planning Findings

As mentioned in the Community Program Planning section, the CPPP and needs assessment focused on understanding service delivery and the community's changing needs. Given the present uncertainty associated with MHA policy updates and impacts to future funding, stakeholders were asked to reflect on how existing community resources could be leveraged and how programs could be adapted and strengthened.

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

- Mental Health Service Demand & Underserved Populations
- Service Awareness, Outreach, & Access
- Service Experience & Quality

Qualitative Data Collection & Analysis

The community survey and community meetings provided a wealth of information from stakeholders that identified gaps to address, strengths to leverage, and opportunities to improve programs. The community survey included 13 Likert-scale questions, where participants were asked to rate how true various statements were regarding participants' experiences with MHA services in Lake County. Likert-scale responses included Very true, Mostly true, A little bit true, Not at all true, or Do not know / not applicable. In addition, responses to the Likert-scale questions were examined across three stakeholder groups: consumers and family members, behavioral health providers, and other stakeholders.

The survey also included four open-ended questions asking which programs and services are the most helpful, what can be improved in the existing system of care, what the greatest unmet needs are, and which populations are most in need. The data from the open-ended survey questions were analyzed as qualitative data for key themes along with information gathered through the breakout group discussions at both community meetings, as well as the meeting feedback survey.

Key Themes from Community Program Planning Process

Quantitative Findings

Before delving into the specific strengths, needs, and opportunities presented by stakeholders through the qualitative data, it is imperative to first review the survey results to have a baseline understanding of how stakeholders feel about aspects of the behavioral health system, including the services provided, the ease of access of those services, and consumers' experiences receiving care.

A total of 114 individuals participated in the community survey.⁷ Overall, there is a theme wherein there are strengths and challenges in each area, and the service experience and perceptions of experience

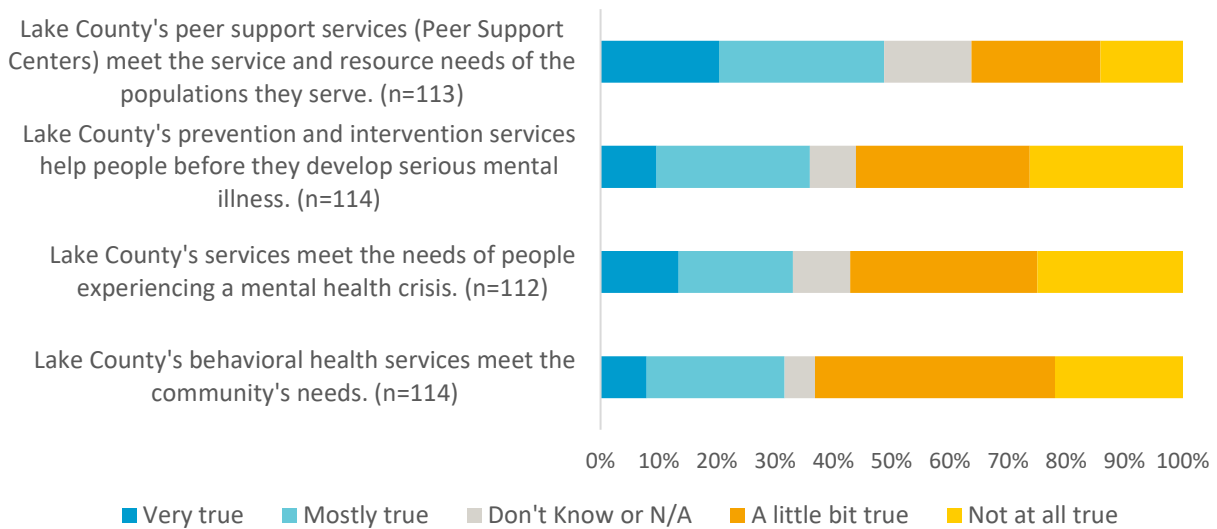
⁷ Not all individuals who completed the survey completed all questions, so the number of respondents varies for each question.

seems to differ across stakeholder groups. Notably, service providers were more likely to rate LCBHS programs and services favorably, with most reporting that statements concerning service sufficiency, accessibility, and service experience as ‘very’ or ‘mostly true.’ Conversely, consumers and family members were more likely to have negative perceptions, with most rating statements as only a ‘little bit true’ or ‘not at all true.’ Other stakeholders had more mixed responses, although generally more positive than consumers and other family members but less positive than providers. Other stakeholders were also more likely than providers and consumers or family members to report they “did not know” about topic areas.

LCBHS Services Provided

With the exception of peer support services, most consumers and family members (75-80%) and other stakeholders (55-60%) did not feel like LCBHS programs and services meet community needs, the needs of those experiencing a crisis, or help those before they develop serious mental illness (Figure 4). Only about 15-30% of consumers, family, and other stakeholders felt LCBHS programs and services meet the community's needs in these areas. Providers tended to feel more positive about services, with roughly half (46-55%) feeling that LCBHS programs and services are meeting the community's needs in these areas.

Figure 4: Community Survey Responses about LCBHS Services Provided

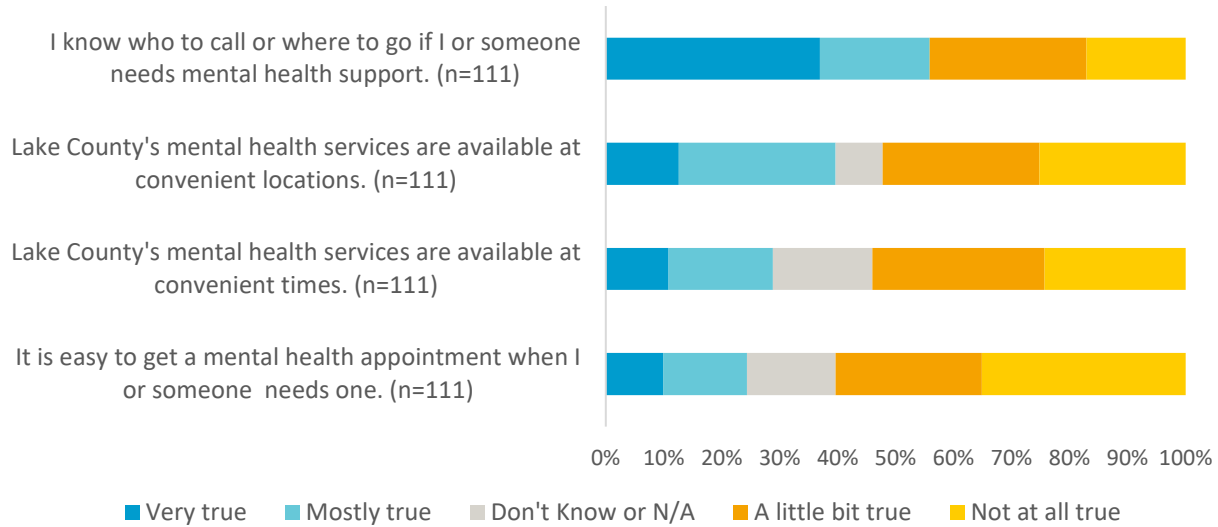


Access to LCBHS Services

Overall, over half of participants (56%) felt they knew who to call or where to go for mental health services but when accessing services, about 50% of participants felt that services are not available at convenient locations (52%) or convenient times (54%) and two-thirds (60%) felt that it is difficult to get an appointment (Figure 5). However, there were differences across stakeholder groups. While most providers (70%) and other stakeholders (55%) felt they knew who to call or where to go for mental health services, most consumers and family members felt the opposite, with 58% reporting they did not know who to call or where to go. Moreover, participants who identified as consumers or family members were

more likely than providers to express that services are not conveniently available and that it is difficult to get an appointment.

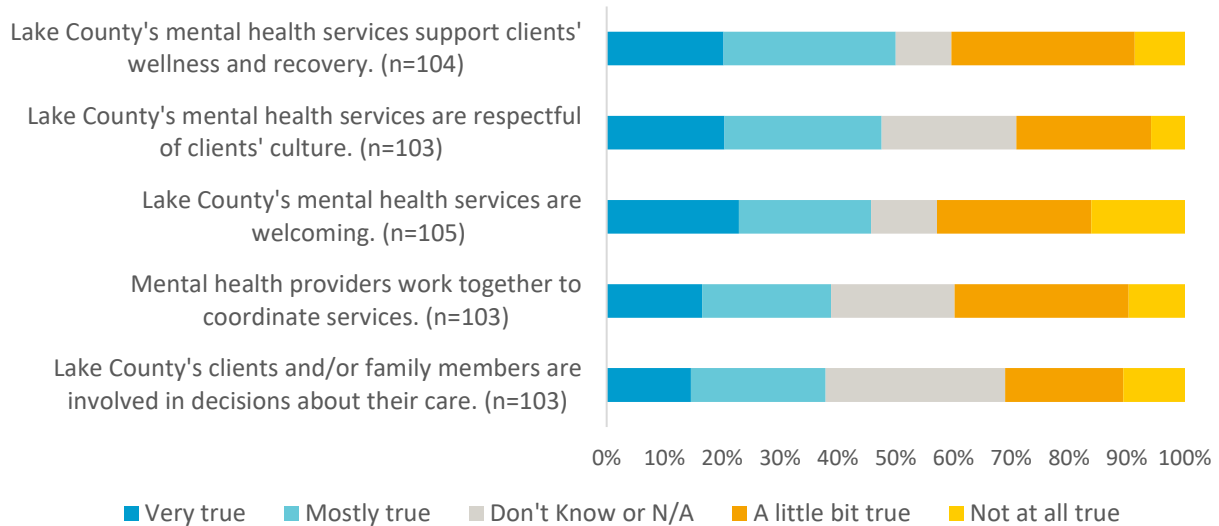
Figure 5: Community Survey Responses about Access to LCBHS Services



Experience with LCBHS Services

Almost half (48%) of participants felt that it was 'mostly' or 'very true' that Lake County’s mental health services are respectful of clients’ culture. For other indicators, survey participants had split or differing perceptions of LCBHS service experiences. For example, about half of participants felt that Lake County’s mental health services are welcoming (46%) and support clients’ wellness and recovery (50%). However, about 40% of participants did not feel this way (43% and 40%), reporting that these statements are ‘a little bit’ or ‘not at all true’ (Figure 6). This split or difference in perceptions was also the case when participants were asked about client and/or family involvement in care decisions, in which slightly more than one-third (38%) felt that this was true, and another one-third (31%) did not feel this way. Moreover, as with the other sections prior, there was a trend across responses by stakeholder group. Consumers and/or family members tended to respond negatively ('little bit' or 'not at all true') about their experience and behavioral health providers responded more positively ('mostly' or 'very true').

Figure 6: Community Responses about the Experience with LCBHS Services



Qualitative Findings

To expand on the results from the Likert-scale questions, the qualitative data (gathered from the open-ended responses from the survey, the small group discussions at the community meetings, and input from the meeting feedback survey) provided rich context that increases understanding of the community’s needs. Community needs, strengths, and opportunities for improvement were identified as a priority if discussed by multiple stakeholders and were seen as factors that impacted a large portion of the community. The following are summaries of the priorities brought forward by stakeholders throughout the CPPP activities.

Mental Health Service Demand & Underserved Populations

Strengths: All programs and services currently provided by LCBHS are seen as very important and helpful. However, there are some programs that are especially well received by the community and have been identified as key services within the behavioral health system, including Peer Support Centers, Full Service Partnerships (FSP), housing supports, as well as outreach, outpatient, and crisis services. In the past few years, there has been a lot of momentum around behavioral health across providers, partners, and the community that has embraced and implemented new, innovative services and programs. This has resulted in a wider variety of available services compared to a few years ago, which signals the progress and growth of the county’s behavioral health system.

“I am really impressed with the energy that is in the county around behavioral health interventions, impressed with the team and progress that is being made.”

- CPPP Meeting #1 Participant

Needs: Although there has been great progress over the past few years in expanding the behavioral health system, there are not enough services available to fully meet the needs of the community and its many diverse sub-groups, as discussed in the survey findings. Namely, there is a lack of prevention and crisis services in the county. As said previously, these services, particularly crisis services, are seen by the

“When reaching out for preventative services, people are turned away for not being a critical enough situation. If you can't get services until you're in severe crisis, there's no prevention happening. Even when in critical crisis, getting services seems impossible.”

- Survey Participant

community as crucial in addressing mental health and there is a need for more of these services in addition to what is currently available. There is a need to improve the responsiveness and timeliness of services, especially for those experiencing a mental health crisis. There are also concerns around eligibility for prevention services, where services can be unavailable to clients who do not qualify based on the severity of their situation. This can then delay care until the client is close to experiencing a crisis. Moreover, many

prevention services currently available are geared towards adolescents and there is a need for more prevention services for infants and children ages 0-5. In addition to prevention and crisis services, there are other needs voiced by the community, such as implementing more Peer Support Centers and expanding medication assisted treatment (MAT), detox centers, and other related services.

There were several populations identified for increased focus and at current risk of not being adequately served and/or experiencing barriers to care. Namely, those experiencing homelessness are one of the populations most in need as the housing crisis continues in the county and the state, thereby making affordable, safe, and clean housing sparse. This ultimately has an impact on mental health and creates a bi-directional relationship in which housing status can worsen mental health and vice versa. It is important to note that LCBHS has done well at providing emergency housing. However, the need for permanent or long-term housing is on the rise. In addition, serving this population requires quick and timely services to meet clients where they are and currently, linkages to services are not happening fast enough to meet the needs of these individuals. Lastly, stakeholders also noted that there is a need to support those transitioning into permanent housing once housing is secured. Notably, there is a need for transitional housing for mothers aged 25 and older who do not otherwise qualify for current transitional housing services based on their age.

Another population identified as needing more support is the older adult population. This population can be challenging to reach, especially older adults who are homebound, have a disability, or do not have familial support. In addition, stakeholders have acknowledged that there are structural issues reducing or minimizing services for older adults, such as decreased funding and reduced support for Adult Protective Services, Public Guardian, and other agencies. Notably, there is also a lack of services for caregivers, which is an important population crucial for the care and support of older adults in the county.

“Needs for older adults, caregivers, and service providers [are] completely lacking. Partly due to system structure, but also due to [the] ‘disconnect’ with advocates and organizations serving older/disabled adults.”

- Survey Participant

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

- The LGBTQ+ population does not have an adequate number of resources available.
- People transitioning from incarceration do not have enough resources available upon release, which leads to increased vulnerability to experiencing a behavioral health crisis.

- There are not enough programs or service options available to adult males in comparison to other groups, such as women and mothers.
- Foster youth and TAY were also named by stakeholders as populations with unmet needs.

Opportunities for Improvement: To improve existing programs, LCBHS is proposing to integrate the Forensic Mental Health Partnership and Older Adult Access Program into FSP programming. This would strengthen the services available to those transitioning from incarceration and older adults, which are two priority populations identified for increased service needs. In addition, to address the needs for more timely and responsive crisis services, LCBHS can continue leveraging the new mobile crisis unit that is now responding to behavioral health crises through dispatch and providing services where the crisis is taking place. Lastly, stakeholders recommended improving collaboration and communication across providers and partners to effectively meet the demand for services and address the needs of the most vulnerable populations.

Service Awareness, Outreach, & Access

Strengths: The programs noted previously as well received by the community – Peer Support Centers, FSPs, housing supports, outreach, outpatient, and crisis services – are most helpful because they are accessible, consistent, and meet clients where they are at. Stakeholders value these program aspects and see them as important because they encourage people to reach out for help and seek out services. An example of services being accessible, consistent, and meeting clients where they are is the availability of both in-person and virtual service options. Stakeholders noted that having both options is very helpful and increases accessibility of services.

Needs: As seen through the survey findings, stakeholders felt that services are not as accessible as they could be, agreeing that it is difficult to get an appointment when needed and that services are often available at inconvenient locations and inconvenient times. Currently, programs are short-staffed and underfunded, which has been a contributing factor to reduced service accessibility. Being short-staffed has led to current staff being overwhelmed, which has brought about frequent staff turnover and as a result, reduced service availability. Reduced service availability has impacted delivery of care in several ways, including long wait times and limited services available after regular working hours, such as at night, on the weekends, and during holidays. In addition, stakeholders noted that transportation in the county is not sufficient, which creates an additional barrier for community members to access care.

“My patients are hanging out in the wind. Our volume has increased, and services are limited.”

- Survey Participant

Opportunities for Improvement: LCBHS has already begun to improve service access through the new ACCESS program. The ACCESS program has recently undergone several changes, including onboarding new staff and new contracted providers. The program is actively working to address barriers to accessing services, such as reducing wait times, with some clients now being seen for same-day appointments. Other opportunities to improve the accessibility and awareness of services include offering later appointment times and getting more information out to the community on what services are available, as well as where and how they can be accessed using available benefits and other services. Notably, the county’s managed care plan, Partnership HealthPlan of California, provides transportation to Medi-Cal

members that need transportation to appointments. Benefits such as this help alleviate challenges associated with transportation and access but must be made known to the community at large.

Service Experience & Quality

Strengths: Overall, one of the biggest strengths of LCBHS services is the staff, who are characterized as caring and dedicated – working hard to serve their clients. There is also a strong appreciation for LCBHS leadership and the work they are doing to fill gaps and support those needing services. The staff and leadership of LCBHS contribute positively to the service experience of clients and improve the quality of services being provided.

“[I have] even greater appreciation for excellence in leadership; completely sympathetic toward all the humans who keep this ship afloat...”

- Survey Participant

Needs: Similarly to the survey findings discussed prior, there are differing perceptions of service experience among stakeholders. Although many have positive experiences with LCBHS services and staff, some expressed that the current strain on programs and being short-staffed has possibly impacted staff interactions with clients. This points back to the survey results finding that a large portion of stakeholders did not feel that Lake County’s mental health services are welcoming.

Stakeholders also noted that there is a need for more inclusion of family members and/or support persons in care to foster resiliency of clients. Based on the survey, there are split differences when it comes to family involvement in care decisions, but it has been made clear that this is an area of need for LCBHS clients and their loved ones. Most notably, there is a need for more sober living environments for families, the inclusion of family support throughout substance use treatment, and the presence of family members/support persons when someone is transitioning from incarceration. In addition, there is also a need for supportive services for family members so they can prioritize their own wellbeing and offer the best support to their loved one receiving care.

Opportunities for Improvement: To address the needs described above, stakeholders recommended opportunities for improvement that focus primarily on supporting LCBHS staff. This is a testament to the value of LCBHS staff and that stakeholders recognize the impact staff can have in the service experience and outcomes of clients. Firstly, it is recommended to support programs that are currently under-staffed. This would prevent overwhelm and burnout of current staff and possibly improve staff interactions with clients, making services more welcoming. Next, employees should be provided with more training opportunities and given adequate time to engage in those trainings. With some services being understaffed, stakeholders noted that training is often bypassed because of the lack of capacity to provide needed services. Lastly, stakeholders would like to see more diverse leadership and management to foster a culture of inclusion and diversity at the leadership level, which will ultimately influence the culture of direct care staff and services.

“Diverse leadership is real inclusion.”

-Survey Participant

V. Annual Update

Overview

Lake County's Three-Year Plan for FY 2023-2026 was developed with the vision to strengthen and improve the LCBHS system of care. The primary focus of the Three-Year Plan is to continue expanding outreach and prevention efforts, meeting stakeholders where they are, and better reaching and serving underserved communities. In this first Annual Update to the Three-Year Plan, LCBHS aims to continue to strengthen existing services to meet the needs prioritized by the community, while also planning for potential fiscal and programmatic changes and their impacts in future years from the Behavioral Health Services Act (Proposition 1) passed by California voters in March 2024. For FY 2024-2025, LCBHS is focused on the continued implementation of new or expanded programming identified in the Three-Year Plan (i.e., implementing a second outreach van, establishing Native American Peer Counseling) and looking at modifications to some existing programming to better meet community needs.

Program Updates

As part of the FY 2023-2026 planning process, LCBHS and the community identified the following program changes: 1) strengthen the Crisis Access Continuum with the addition of a mobile crisis unit, 2) expand mobile outreach services through the addition of a second Street Outreach van, and 3) develop the new Native American Peer Counseling program to provide more culturally proficient services to the Native American community. During the first year of the FY 2023-2026 Three-Year Plan (FY 2023-2024), LCBHS added the mobile crisis unit, which has received positive feedback from community stakeholders. During the upcoming year (FY 2024-2025), LCBHS aims to implement the second Street Outreach van and will continue working with Pathfinders (a group of Native American elders) to design and implement the Native American Peer Counseling program.

In addition to advancing programming identified during the three-year planning process, LCBHS proposes additional program modifications to FSP programming during FY 2024-2025 to better support underserved populations identified by the community. LCBHS plans to increase FSP programming with the addition of a forensic FSP team for justice-involved individuals and expanding the existing older adult FSP team. To support the additional FSP teams, LCBHS will integrate some programming and resources from the Forensic Mental Health Partnership and LCBHS Older Adult Access program into FSP.

In FY 2024-2025, LCBHS will also continue other efforts to improve awareness of and access to services. Some of LCBHS' key actions include recently hiring a community liaison to increase community awareness, expanding LCBHS' presence at community events such as Lakeport Concerts in the Park, and examining and modifying LCBHS Access line procedures to improve the efficiency and timeliness of LCBHS services. LCBHS is also exploring a new INN project aimed at establishing a Multi-County WET Collaborative.

The following is a consolidated report that includes both the Annual Update and PEI Annual Update. This report reflects on program activities, successes, and challenges during FY 2022-2023 and provides program updates and anticipated activities in FY 2024-2025 for the programs listed below in Table 3:

Table 3. Proposed FY 24-25 Lake County MSHA Programs

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

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

Community Services and Supports

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

Table 4. Lake County CSS Programs⁸

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

Through the CPPP, stakeholders supported all current CSS programs. The MHSA Planning Team proposes the continuation of current programs, with modifications to FSP, Forensic Mental Health Partnership, and Older Adult Access. LCBHS plans to increase FSP programming with the addition of a forensic FSP team for justice-involved individuals and expanding the existing older adult FSP team. To support the additional FSP teams, LCBHS will integrate some programming and resources from the Forensic Mental Health Partnership and LCBHS Older Adult Access program into FSP.

CSS Programs: Consumer Demographic and Service Data

During FY 2022-2023, 872 individuals⁹ received CSS services across four MHSA-funded programs—Crisis Access Continuum, Forensic Mental Health Partnership, FSP, and Older Adult Access (including Senior Peer Counseling and the LCBHS System of Care Older Adult Access).¹⁰ Of these individuals, 742 duplicated individuals were served by the Crisis Access Continuum. Demographic data were available for 206 consumers (demographic data were unavailable for 666 Crisis Access Continuum consumers).

Data Challenges and Limitations: In FY 2023-2024, LCBHS changed EHR systems, with the new system tracking and reporting data differently. Due to the recent change in EHR systems, some data was unable to be extracted for this Annual Update, including demographic information for several LCBHS programs. Unavailable demographic data includes language, sexual orientation, disability status, veteran status, and

⁸Lake County’s Peer Support Centers and Outreach and Engagement programs received a combination of CSS and PEI funds and are reported only in the PEI section. Similarly, the Parent Partner Support position is housed at the Family Support Center, therefore consumer data for that program is also reported under Peer Support Services in the PEI section.

⁹ This number represents the unique individuals served by each program; however, the total number of consumers may be duplicated if any consumers receive services from more than one program.

¹⁰ This number represents programs that received only CSS funds from MHSA. Lake County’s Peer Support Centers program and Outreach and Engagement received a combination of CSS and PEI funds and is reported only in the PEI section. The Parent Partner Support position is housed at the Family Support Center, therefore consumer data for that program is also reported under Peer Support Services in the PEI section.

more detailed ethnicity data. LCBHS is working to address this challenge to extract programmatic information.

Additionally, data was not available across all demographics for every program. Therefore, the information presented in this section does not reflect the complete profile of all individuals served by CSS programs. Key demographic information for each program is also presented in the program overviews below. Race categories with fewer than 11 consumers were grouped into “Another race” to protect consumer anonymity. Among individuals for which data was available, consumers represented the following demographics:

Table 5. Demographic Characteristics of CSS Program Consumers, FY 2022-2023 (N=206)

Demographic Characteristic	Consumer N	% of Consumers
Age		
Children/Youth (0-15)	14	7%
Transition Age Youth (16-25)	27	13%
Adult (26-59)	93	45%
Older Adult (60+)	72	35%
Unknown / Not Reported	--	--
Current Gender Identity		
Female	119	42%
Male	87	58%
Unknown / Not Reported	--	--
Race		
White / Caucasian	123	60%
Another Race ¹¹	30	14%
Unknown / Not Reported	54	26%
Ethnicity		
Hispanic / Latino	25	12%
Not Hispanic / Latino	130	63%
Unknown / Not Reported	51	25%
TOTAL	206	100%

¹¹ Race categories with fewer than 11 consumers were grouped into “Another race” to protect consumer anonymity. Another race includes Black / African American, American Indian / Alaska Native, Two or More races, and Other.

CSS Program Overviews

Crisis Access Continuum

FY 2022 – 2023 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement			
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59	<input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Individuals experiencing/who recently experienced a mental health crisis				
Number served: 742 (duplicated)		Total MHSA Funds: \$24,523		
FY 2024-2025 Program Projections				
Number to be Served: 750 (duplicated)	Proposed MHSA Budget: \$300,000		Cost per Person: \$400	

Crisis Access Continuum: Program Description and Key Activities

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

The Crisis Access Continuum spans across the crisis event, from preventative interventions, de-escalation interventions, and follow-up post crisis event. This program assists all levels except involuntary hospitalization (5150). Mobile crisis was added to the crisis continuum in FY 2023-2024 based on community feedback as a new Medi-Cal Transformation (CalAIM) requirement from the California Department of Health Care Services.

The Crisis Access Continuum connects individuals experiencing mental health challenges to the local crisis hotline, a peer-run warm line, and intervention services. LCBHS Crisis team is made up of four crisis workers, one case manager, and one supervisor. The Crisis Team is responsible for all 5150 evaluations within Lake County. These can be self-referrals by presenting to one of the two emergency rooms within the county, by law enforcement encounters or other community partners. The program also provides

outreach and engagement services to consumers who have recently been hospitalized for mental health reasons or released from a 5150-crisis evaluation and provides support to individuals in respite in a supported transitional housing setting. The program focuses on connecting individuals to existing resources in the agency and community. Additionally, the program has built relationships with local police to provide joint crisis response with law enforcement where appropriate. The goal of the Crisis Team is to help resolve the crisis with the least restrictive method of treatment, with psychiatric hospitalization being the last resort. The target population is anyone who is in crisis.

Underserved Populations Reached by the Program:

The Crisis Team aims to serve those experiencing any form of mental illness in which certain aspects of their lives have been impacted and/or those experiencing a mental health crisis. This is accomplished using 5150 Assessments/Risk assessments, crisis outreach and linking individuals to services.

There are many populations within Lake County that are hard to serve or underserved. These populations include the homeless of Lake County and the indigenous people that call Lake County home. These populations have a hard time asking a “government”-type agency for help and often they would just go without. The team is trained to meet the client at their level and to use active listening skills to help determine what the needs are.

Crisis Access Continuum: Consumer Demographic Information (N=742) ¹²

Demographic data were available for 76 consumers served by the Crisis Access Continuum.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	16%	White / Caucasian	39%
Transition Age Youth (16-25)	18%	Hispanic / Latino	11%
Adult (26-59)	45%	Black / African American	3%
Older Adult (60+)	21%	American Indian / Alaska Native	7%
Unknown / Not Reported	--	Two or More Races	5%
Current Gender Identity		Another Race	4%
Female	54%	Unknown / Not Reported	45%
Male	46%	TOTAL	76 (100%)
Unknown / Not Reported	--		
TOTAL	76 (100%)		

¹² Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

Crisis Access Continuum: FY 22-23 Program Outcomes, Successes & Challenges

FY 22-23 Program Activities:

There were minimal changes to the program, most of which revolved around adapting to a new EHR at the beginning of the year. There were also changes in the crisis protocol and the way that the Crisis Team responds to calls in the community, prioritizing helping people stabilize in the community (i.e., rather than taking individuals to the hospital) when it is safe and appropriate to do so.

The other change involves the way that our placement process works. Prior to the Crisis Team's use of the new referral program, calls would be made to accepting inpatient psychiatric facilities to determine bed availability; if a bed was available, a fax with all relevant documents was sent for review. The process has now been expedited with facilities having immediate access to any referrals sent to them with the capability of communicating via text through the program.

In FY 2022-2023, the Crisis Team conducted 742 assessments and placed 254 5150 holds (not including re-assessments). These numbers do not include outreach completed or resources offered. Every time an individual is seen in a crisis, whether or not they are placed on a 5150 hold, they are offered and connected with several resources as this is often part of the safety plan. It is difficult to determine the number and type of resources offered as there is no easy way to track this.

FY 22-23 Program Successes & Outcomes:

Another success has been the program's ability to overcome the many obstacles they have faced and provide the services they can to those who otherwise may not have known services were available. A recent success story involves their response to a meditation center. The Crisis Team responded and were able to connect with the owner of the center who was under the impression that there was no option other than contacting law enforcement. The Crisis Team explained their role and function in the community and were able to assist in the situation that they were experiencing.

As mentioned, in FY 2022-2023, the Crisis Team conducted 742 assessments and placed 254 5150 holds. Of the remaining individuals not placed on a hold, 254 were referred to LCBHS and 234 were not placed on a hold and remained in the community.

FY 22-23 Challenges:

Although the Crisis Team is not directly involved in the certification hearings (i.e., hearing in which it is determined if an involuntarily detained individual meets criteria for intensive treatment), this was something that required changes in the way that the program's reassessment process worked. The Crisis Team is currently planning on improving communication between LCBH, the Hospital where the client resides on the 5150 hold, and the Patient's Rights Advocates.

The new EHR (SmartCare) has also been an obstacle. The new EHR did not transfer relevant information that is sometimes needed when the Crisis Team is assessing a client—such as previous services, diagnosis, whether or not they are engaging in services as well as past crisis interventions. SmartCare also required

the Crisis Team to learn the ins and outs of the system, with everyone learning it at the same time making it difficult to seek resolutions to issues that would arise when documenting.

Transportation of clients placed on a 5150 hold has also been an obstacle. There have been several incidents as well as a shortage of staff to complete the transportation of clients to psychiatric facilities. The current plan is to determine whether transportation by cage car is appropriate on a case-by-case status.

Crisis Access Continuum: Anticipated Activities & Numbers Served for FY 24-25

FY 24-25 Anticipated Program Activities: In FY 2024-2025, there will be several changes in the way that the program responds to crisis calls. The development of the Mobile Crisis Team will likely involve changes in the way that the program responds to the community although it is difficult to predict what these changes will entail. The program anticipates there will be more availability/capability to respond to crisis calls throughout the county.

FY 24-25 Anticipated Numbers Served: In FY 2024-2025, the program anticipates serving anywhere from 750 to 1000 people. As mentioned, with the Mobile Crisis Response Team being created, we anticipate the number may be greater.

Forensic Mental Health Partnership

FY 2022 – 2023 Program Overview		
Status:	<input type="checkbox"/> New	<input type="checkbox"/> Continuing <input checked="" type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Full-Service Partnership <i>(will become FSP beginning in FY24-25 as noted below)</i> <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement	
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15 <input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25 <input checked="" type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+	
Underserved Population(s): Individuals involved in the justice system with mental health needs		
Number served: 11	Total MHSA Cost: \$147,516	
FY 2024-2025 Program Projections		
Number to be Served: 20	Proposed MHSA Budget: N/A (Forensic Mental Health Partnership is included in FSP budget)	Cost per Person: N/A

Forensic Mental Health Partnership: Program Description and Key Activities

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

Forensic Mental Health Partnership: Consumer Demographic Information (N=11)¹³

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	--	White / Caucasian	55%
Transition Age Youth (16-25)	9%	Hispanic / Latino	9%
Adult (26-59)	82%	Black / African American	--
Older Adult (60+)	9%	American Indian / Alaska Native	--
Unknown / Not Reported	--	Two or More Races	--
Current Gender Identity		Another Race	--
Female	18%	Unknown / Not Reported	36%
Male	82%	TOTAL	11 (100%)
Unknown / Not Reported	--		
TOTAL	11 (100%)		

Forensic Mental Health Partnership: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities: In FY 2022-2023, Forensic Mental Health Partnership implemented the program as described and served 11 individuals. The program also started a group with the forensic population, but the group is open to anyone with co-occurring needs. Program activities included individual therapy services, groups, and medication services.

FY 22-23 Program Successes & Outcomes: During FY 2022-2023, the Forensic Mental Health Partnership team continued to build positive relationships and collaboration with the Superior Court system, lawyers, and the Lake County Department of Probation. Consumers continue to benefit from the program, and we have been able to maintain and improve the number of successful completions of probation and Mental Health Diversion participants. In FY 2022-2023, and the success rate for completing diversion increased.

FY 22-23 Program Challenges: The team continues to struggle with being understaffed, which created challenges in providing needed services at the end of FY 2022-2023. LCBHS hired a contracted provider to provide more individual therapy services and we are on track to be able to hire an analyst and a clinical specialist to improve the program’s ability to provide services to justice-involved populations.

Forensic Mental Health Partnership: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Program Activities: The Forensic Mental Health Partnership will be integrated with the FSP program to create a forensic FSP team for justice-involved individuals.

FY 24-25 Anticipated Numbers Served: In FY 2024-2025, the program aims to serve at least 20 individuals.

¹³Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

Full-Service Partnerships

FY 2022 – 2023 Program Overview		
Status:	<input type="checkbox"/> New	<input type="checkbox"/> Continuing <input checked="" type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input type="checkbox"/> Outreach & Engagement	
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15 <input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25 <input checked="" type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+	
Underserved Population(s): Individuals with SMI and co-occurring disorders		
Number served: 77	Total MHSA Cost: \$623,152	
FY 2024-2025 Program Projections		
Number to be Served: 60	Proposed MHSA Budget: \$2,500,000	Cost per Person: \$41,667

Full-Service Partnerships: Program Description and Key Activities

The FSP program is designed for adults who have been diagnosed with a severe mental illness or co-occurring mental health and substance abuse disorder and would benefit from an intensive service program. The program also serves youth (up to age 25) as needed. In particular, the FSP program serves people from different socioeconomic backgrounds and those that are marginalized. In particular, the program serves individuals from low-income, rural communities. The foundation of the FSP program is doing “whatever it takes” to help individuals on their path to recovery and wellness. The program’s objective is to promote mental wellness by using evidence-based therapeutic techniques. Consumers receive individual rehabilitation, which teaches them how to not only live on their own but gives them healthy ways to cope with their mental health symptoms. Consumers also receive case management services along with a treatment team to address their individualized recovery goals.

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

Clinical Services

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

- Linkages to co-occurring substance use disorder (SUD) treatment

Non-Clinical Services

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

Underserved Populations Reached by the Program:

The FSP program aims to serve the most vulnerable individuals at risk of hospitalization, multiple hospitalizations, homelessness, at risk of homelessness, or at risk of conservatorship. The program utilizes the “no wrong door” approach to service access. They serve those recently discharged from psychiatric hospitals to ensure continued care is provided and they work with outside agencies to identify potential consumers in need of assistance and make contact to determine if they meet criteria for FSP services. The program meets consumers in the community to provide services when possible.

Full-Service Partnerships: Consumer Demographic Information

Table 4. FSP Consumer Demographics, Fiscal Year 2022-2023 (N=77)

Demographic Characteristic ¹⁴	Number Served	Percent
Age		
Children/Youth (0-15)	2	3%
Transition Age Youth (16-25)	12	16%
Adult (26-59)	49	64%
Older Adult (60+)	14	18%
Race/Ethnicity		
Caucasian/White	52	68%
Black / African American	6	8%
Another Race	7	8%
Unknown/ Unreported	12	16%
Ethnicity		
Non-Hispanic/Latino	15	66%
Hispanic/Latino	15	19%
Unknown/Unreported	12	15%
Language		
English	--	--

¹⁴ To protect consumer privacy, demographic characteristics with fewer than five individuals were grouped into the “Other” category. “Another race” includes individuals reporting American Indian/Alaskan Native, Two or More races, and Other.

Demographic Characteristic ¹⁴	Number Served	Percent
Another Language	--	--
Unknown/Unreported	77	100%
Current Gender Identity		
Male	24	44%
Female	43	56%
Disability Status		
Have a Disability	--	--
Do Not Have a Disability	--	--
Unknown/ Unreported	77	100%
Total	77	100%

Full-Service Partnerships: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities:

In FY 2022-2023, there were minor changes to the program, such as serving clients while determining criteria for the FSP program. LCBHS also worked with an outside agency to assist in building clear and concise criteria and workflows for the FSP program. The program has provided multiple trainings to staff to improve knowledge and criteria for FSP program.

In FY 2022-2023, the FSP program served 77 individuals. The FSP team created and began new group services throughout the past fiscal year—including an art group and a coping skills group which have regular attendance and have positive responses from consumers attending. The FSP program works with the Crisis Team when needed to reduce hospitalization of clients or to have crisis assessments completed when needed. Clients have been provided with initial assessments to determine criteria and have monthly to bimonthly FSP meetings to continue assessing criteria and appropriateness for the FSP program.

Case management services and individual rehab services were provided to clients to assist in linking to resources in the community and obtaining services through the Department of Social Services for food stamps, Medi-Cal, and linkage to free phones to schedule appointments and keep in contact with friends and family to build natural support systems. Each client is seen at least once per week but typically more often dependent on the consumers’ needs and their individualized treatment goals.

FY 22-23 Program Successes & Outcomes:

The FSP program aims to reduce homelessness, reduce psychiatric hospitalizations, improve coping skills, and build and improve natural support systems. Outcome data showed success in reducing and preventing psychiatric hospitalizations as well as assisting clients in maintaining stability in the community while addressing their medication and individual rehabilitation needs. Among the 34 clients for whom data was available:

- **Psychiatric hospitalizations:** Three clients experienced 71 psychiatric hospitalization days in the year prior to FSP engagement compared to one client who experienced 19 psychiatric

hospitalization days while in the FSP program. This represents two fewer individuals who experienced psychiatric hospitalizations during FSP enrollment, and 52 fewer psychiatric hospitalization days compared to the year prior to enrollment.

- **Behavioral health crises/emergencies:** One client experienced one mental health or substance use emergency while in the FSP program, compared to 13 clients who experienced 30 emergencies in the year prior to FSP engagement. This represents 12 fewer individuals who experienced a mental health or substance use emergency and 29 fewer mental health or substance use emergencies during FSP engagement compared to the year prior to enrollment.
- **Arrests:** Two clients experienced three arrests in the year prior to FSP engagement compared to one client who experienced one arrest during FSP engagement. Overall, arrests before and during FSP enrollment were low, however, the data show one fewer individual who experienced arrest during FSP engagement and two fewer arrests compared to the year prior to enrollment.
- **Housing/homelessness:** Housing outcomes improved overall, and eight clients were accepted and placed in low-income housing. Four clients experienced a total of 1,394 days unsheltered or homeless in the year prior to FSP engagement compared to three clients who experienced 558 total unsheltered or homeless days during FSP engagement. Although FSP clients continued to experience some homelessness, the number of days homeless was dramatically reduced during FSP engagement (a reduction of 836 homeless days).
- **Other outcomes:** Clients reported improved ability to manage symptoms and use coping skills effectively. Several clients reported improved relationships with family members (three clients came off conservatorship and two clients were able to move back in with their families due to improved relationships and communication). Additionally, five FSP clients graduated from the FSP program and were able to be stepped down to a lower level of services without an increase in symptoms or re-engagement in a higher level of care.

Another important program success achieved during FY 2022-2023 was obtaining multiple low-income apartment settings for FSP clients. This provided clients with lower rent, which helped create financial stability and led to the completion and graduation from FSP services. Case managers worked with clients to fill out apartment applications, advocate for those in highest need, gather documents, and transport clients to appointments to complete tasks needed to obtain and secure low-income housing. One client stated, “I have never had an apartment or home in my name, and this feels like the most amazing accomplishment”.

FY 22-23 Program Challenges:

Data demonstrate there has been a decrease in the numbers served for this program. This trend began with the pandemic and has not recovered since. Staffing challenges, changes in payment reform, new Electronic Health Record, and a more standardized eligibility criteria (resulting from the recent Innovation project) may have also contributed.

A large challenge the FSP program regularly faces is access to low-income housing. Typically, the waitlist for low-income housing is very long, and if the client has a history of incarceration, it creates an additional

barrier to obtaining low income and affordable housing options. LCBHS and FSP staff have been building relationships with low-income apartment managers, including rental companies and landlords, to provide transitional housing options while working towards low-income housing.

Another challenge has been working with clients in budgeting for their bills and food resources. The inflation of food costs has made it challenging for consumers to secure food resources needed to obtain healthy and nutritional options. FSP staff are linking individuals to the Department of Social Services to apply for food stamps. In addition, staff are keeping updated lists of community food giveaways so that clients can go to food banks to meet their basic needs and staff are informing clients of which locations and days these food banks are so that they can access on their own if able.

Full-Service Partnerships: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Program Activities: Overall, the FSP program will be implemented as described above. The program will be adding more group services to meet consumers’ needs and will be requesting allocations for additional staff members to be able to provide services to consumers. Additionally, peer services will be included more into FSP teams, utilizing the peer support centers as natural supports.

To increase numbers served, the eligibility decision process will be decentralized allowing any licensed/waivered clinician to determine eligibility. It is thought that by removing a perceived bottleneck more people will be found eligible for services. Additionally, LCBHS plans to increase FSP programming by transitioning the existing forensic services and older adult treatment as FSP programs. This will better recognize that those programs have already been meeting the FSP criteria.

FY 24-25 Anticipated Numbers Served: The FSP program anticipates serving up to 60 individuals throughout the next fiscal year.

Consumers	Population
--	Children & Youth (0-15)
10	Transition Aged Youth (16-25)
40	Adults (ages 26-59)
10	Older Adults (ages 60+)
60	TOTAL

Native American Peer Counseling

FY 2022 – 2023 Program Overview*			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement		
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Native American populations experiencing or at risk of experiencing mental health disorders			
Number served: N/A		Total MHSA Cost: N/A	
FY 2024 – 2025 Program Projections			
Number to be Served: 30	Proposed MHSA Budget: \$50,000		Cost per Person: \$1,667

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

Native American Peer Counseling: Program Description and Key Activities

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

Native American Peer Counseling: FY 22-23 Consumer Demographic Information

Native American Peer Counseling is a new program. Demographic information will be collected for participants upon implementation in FY 2023-2024.

Native American Peer Counseling: FY 22-23 Outcomes, Successes & Challenges

Program outcomes, successes, and challenges will be reported after implementation in FY 2023-2024.

Native American Peer Counseling: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Program Activities: Native American Peer Counseling is a new program being implemented with the support of the Pathfinders. The Pathfinders are a group of Native American Elders that meet twice a month to discuss challenges in their community and solutions to those challenges. LCBHS and the Pathfinders are designing and developing a plan to implement the Native American Peer Counseling program.

FY 24-25 Anticipated Numbers Served: In FY 2024-2025, the program anticipates serving at least 30 individuals.

Older Adult Access

FY 2022 – 2023 Program Overview		
Status:	<input type="checkbox"/> New	<input type="checkbox"/> Continuing <input checked="" type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement	
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15 <input type="checkbox"/> Transitional Age Youth Age 16 – 25 <input type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+	
Underserved Population(s): Older adults, including Latinx and Native American communities		
Number served: 42	Total MHSA Cost: \$25,527	
FY 2024-2025 Program Projections		
Number to be Served: 30 Senior Peer Counseling: 30 Older Adult Access: 15*	Proposed MHSA Budget – Senior Peer Counseling: \$100,000 (*Budget reflects Senior Peer Counseling only. Older Adult Access is in Full Service Partnership)	Cost per Person – Senior Peer Counseling: \$3,333

Older Adult Access: Program Description and Key Activities

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

Konocti Senior Support – Senior Peer Counseling:

LCBHS recognizes that the older adult population is underserved and therefore has decided to increase support to this group by providing mental health services for older adults with moderate to severe mental illness through the Full Services Partnership (see that section). Therefore, this program will now only consist of peer services provided to older adults through a community-based provider, Konocti Senior Support (KSS) for older adults with mild mental health issues. The program objectives are to provide mental health services to seniors in their home such as reduce isolation, improve social connections, and reduce mental health symptoms affecting their daily lives. The program components are described in greater detail below:

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

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

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

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

Senior Peer Counseling: Consumer Demographic Information (N=30)¹⁵

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	--	White / Caucasian	90%
Transition Age Youth (16-25)	--	Hispanic / Latino	--
Adult (26-59)	--	Black / African American	3%
Older Adult (60+)	100%	American Indian / Alaska Native	7%
Unknown / Not Reported	--	Two or More Races	--
Current Gender Identity		Another Race	--
Female	83%	Unknown / Not Reported	36%
Male	17%	TOTAL	30 (100%)
Unknown / Not Reported	--		
TOTAL	30 (100%)		

Senior Peer Counseling: FY 22-23 Outcomes, Successes & Challenges

¹⁵Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

FY 22-23 Program Activities:

Changes in FY 22-23: With shutdowns from the Covid-19 pandemic, there has been more opportunity to receive and respond to community agencies who identify seniors in need of our program. Senior Centers have been important, although their hours are limited. Our training and supervision of peer counselors was no longer done by Zoom, although on occasion we offered that option. Some clients prefer their weekly sessions by telephone; however, clients can be seen in person at their request and the counselor training group continues to meet weekly in person. The pandemic intensified the challenges of aging; for example, anxiety and depression were likely to be increased overall. These effects have continued even after safe community access now exists.

FY 22-23 Activities: In FY 2022-2023, the program served 30 individuals. On average three clients per month are referred to the Senior Peer Counseling program, often following hospitalization and referred by home health social workers. Referrals have come from Adult Protective Services Meals on Wheels programs and from family members. Other referrals have centered around issues following loss of a loved one, conflict with caregivers, risks of losing housing, loss of caregivers.

The Senior Peer Counseling program added three new counselors, each bringing experience working with seniors. Because of the need for more counselors, the program has offered specialized training for new counselors as well as the ongoing weekly training and supervision group. The program offered an 8-week Senior Peer counselor training program. Although 10 volunteers attended the training, enrollment dwindled to four new volunteers. All who attended found the training very helpful; however, most who dropped out did so because of the time commitment involved.

Senior peer counselors provided at least 11 behavioral health referrals, including four to LCBHS, five to mental health services with another agency, and two referrals to non-LCBHS substance use services. Counselors have also been resourceful with linking clients to county transportation services like Lake Links and to food giveaways offered throughout the county. There is a great need for these and often clients are struggling and do not know where to turn for help. We also provide names of groups offering financial support services as our clients may struggle with paying their bills, particularly when they have medical concerns. Outreach activities occur through visits to senior centers, meals on wheels coordinators, and behavioral health programs. These include peer community services who offer help to underserved senior populations in the Latino and Native Americans communities. Efforts are made for the program to address county volunteer organizations to share information about our services and ways they can assist seniors in need.

The program was also awarded an MHSa mini grant whose purpose was to reach out to older adults who had vision loss concerns. Events were held at three libraries around the county, and resource people from the Earle Baum Center of the Blind in Santa Rosa provided teaching expertise. There has been an ongoing vision support group offered through the Lakeport Library since the mini grant ended.

FY 22-23 Program Successes & Outcomes:

The Senior Peer Counseling program aims to improve client wellbeing, improve awareness of mental health symptoms and addictive behavior, improve coping mechanisms, and reduce isolation and

loneliness. Information about client outcomes was gathered through client interviews, observation, and client self-report. Outcomes achieved include:

- 100% of clients were satisfied with counseling services
- Clients showed improvement in anxiety and depression
- Clients reported feeling less alone
- Clients benefitted from help from other local agencies

Some success stories include:

- Some clients reported improved coping mechanisms. One client expressed appreciation for their counselor reminding them of “what makes me feel better”, referencing coping mechanisms the client had learned, while another became more aware of their triggers and credits the counselor for helping learn ways to cope and calm down.
- Several clients have experienced improving living situations and/or living more independently. One client was able to move out from a stressful living situation to live independently in low-income housing. Another client was able to take action when a new landlord did not clean up the living environment and was able to clean the environment on their own even while legally blind.
- Several clients were able to access medical appointments and/or improve their physical health. Some clients were able to access transportation for medical appointments. Another client overcame the fear of seeing a doctor and made the necessary medical appointments. Another client began to eat more and gain weight that the client lost.
- One client was able to accept help from an outside agency when her caregiver let her down. This came with PC building a close bond and then bringing in needed outside support. When living on her own became impossible a client could reach out to family for help and move to another county. Her PC continues to keep in contact with her.

FY 22-23 Program Challenges: Challenges occurred because our potential clients need many resources. The program had a high number of referrals from Adult Protective Services. Seniors are at risk not only for needed mental health services, but they need food, transportation, housing, and medical support. Establishing a connection of trust with a client can mean helping them with these other needs that take priority in their lives. We are witnessing a great deal of poverty during these times in the county.

Senior Peer Counseling: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Program Activities: It has been a challenging time to find volunteers. We continue to focus on outreach in South County as we now have two volunteers in Hidden Valley Lake. We would like to recruit 2 more volunteer counselors and establish another training group in that area. So far outreach efforts through the Middletown Senior Center have not resulted in gaining new volunteers or clients. We want to set up regular dates at all senior centers to share program benefits.

The program also hopes to expand offerings to include facilitating group meetings at senior centers, sharing about ways to respond to mental health needs. Facilitating groups at senior centers may also bring more isolated seniors to visit the senior centers. The program would also like to coordinate with LCBHS



to determine the feasibility of having some of these “mental wellness” meetings at some of the Peer Support Centers. We hope that the new Senior Services Directory will be published this year. Providing this to all seniors is invaluable and can be an effective mechanism for alerting the community to our senior peer program.

FY 24-25 Anticipated Numbers Served: The program anticipates serving 30 clients throughout FY 2024-2025.

Parent Partner Support

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

FY 2022 – 2023 Program Overview			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement		
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59
			<input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Families, parents and caretakers with children and TAY, grandparents			
Number served: N/A		Total MHSA Cost: \$27,337	
FY 2024 – 2025 Program Projections			
Number to be Served: N/A		Proposed MHSA Budget: \$100,000	Cost per Person: N/A

Parent Partner Support: Program Description and Key Activities

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

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

Parent Partner Support: Consumer Demographic Information

Demographic information is not reported as the program did not serve any consumers in FY 2022-2023.

Parent Partner Support: Outcomes, Successes & Challenges

In FY 2022-2023, there was also staff turnover, and the Parent Partner position was vacant. LCBHS hired a new parent partner in FY 2023-2024 (January 2024), and program activities, outcomes, successes, and challenges will be reported in the next Annual Update.



Parent Partner Support: Anticipated Activities for FY 24-25

LCBHS filled the vacant Parent Partner position in FY 2023-2024 (January 2024). In FY 2024-2025, LCBHS intends that the parent partner will: work with LCBHS clinical team to support parents/families of youth that are being served, conduct a support group for parents, conduct home visits, attend community events to raise awareness of available services, work with the Street Outreach Team to work with unhoused or substandard-housed families, and work with the Outreach Prevention Team to provide Mental Health First Aid training.

Trauma-Focus Co-Occurring Disorder

FY 2020 – 2021 Program Overview		
Status:	<input type="checkbox"/> New	<input type="checkbox"/> Continuing <input checked="" type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Full-Service Partnership <input type="checkbox"/> General System Development <input checked="" type="checkbox"/> Outreach & Engagement	
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15 <input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25 <input checked="" type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+	
Underserved Population(s): Individuals with co-occurring mental health and substance use disorders		
Number served: 0	Total MHSA Cost: \$0	
FY 2024-2025 Program Projections		
Number to be Served: 30	Proposed MHSA Budget: \$85,000	Cost per Person: \$2,833

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

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

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

Trauma-Focus Co-Occurring Disorder: Consumer Demographic Information

Demographic information is not reported as the program did not serve any consumers in FY 2022-2023.

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

The program did not serve any consumers in FY2022-2023. A challenge has been a lack of staff who possessed the specialized training and experience to provide these services. Therefore, despite a strong

desire for the success of this program and the value it offers to those it would benefit, the program has not taken off in several years.

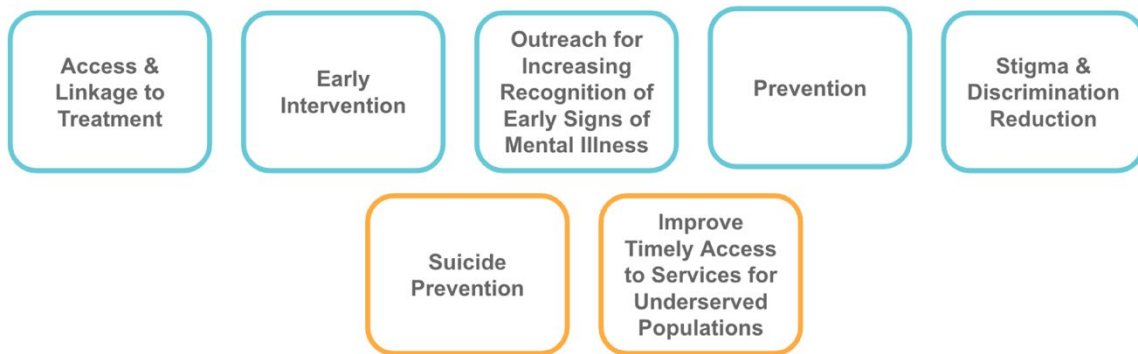
Trauma-Focus Co-Occurring Disorder: Anticipated Activities for FY 24-25

With Medi-Cal payment reform (CalAIM) and accompanying new rate schedule, the Trauma-Focused Co-Occurring Disorder treatment program is much more able to succeed without MHSA support as it begins the process of renewing itself. That, and due to the limited functioning of the program over the last three years, this program will be reduced in FY 2023-2026. Some of the funding previously allocated to the Trauma-Focused Co-Occurring Disorder treatment program will be used to strengthen and expand other MHSA programs across the continuum, specifically, the Crisis Access Continuum.

Prevention and Early Intervention

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

Figure 7. PEI Service Areas



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

Table 5. Lake County PEI Programs

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

Program	Service Area(s)	Status
Prevention Mini Grants	Prevention	Continuing
Statewide, Regional, and Local Projects	Stigma & Discrimination Reduction; Suicide Prevention	Continuing

Reporting Requirements

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

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

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

Community Engagement

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

Community Program Planning Meetings

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

PEI Data Collection Technical Assistance

Over the last few years, LCBHS and RDA have taken steps to ensure all programs have the capacity, expertise, and resources to collect and report on the MHSA reporting requirements. In FY 2022-2023, Lake County MHSA leadership and RDA worked with program representatives and LCBHS staff to further

streamline the data reporting process for MHS-funded CSS and PEI programs. In FY 2021-2022, the technical assistance team redesigned reporting tools – including a new survey in SurveyMonkey to collect numbers served and demographics and a Google Doc to collect program narratives and outcomes. In FY 2022-2023, the technical assistance team updated the program reporting form (Google Doc) based upon program feedback, and updated the outcome reporting sections to better align with LCBHS and MHS outcome reporting requirements. The technical assistance team also updated or developed supporting resources (e.g., a list of frequently asked questions, descriptions of reporting requirements, examples of outcome indicators, examples of data collection tools and methodology, etc.), which were shared at an information session for all CSS and PEI programs. The technical assistance team then provided follow-up support with programs as needed to address provider questions. Moving forward, LCBHS and RDA aim to continue providing technical assistance to support programs to select appropriate outcome indicators as well as develop or identify appropriate outcome reporting tools in order to demonstrate program impact.

Data Collection Barriers and Opportunities

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

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

PEI Annual Evaluation Report

This Annual Update also incorporates the Prevention and Early Intervention (PEI) Annual Evaluation Report in *Appendix E*. The PEI Annual Evaluation Report provides an overview of PEI programs’ key activities, MHS strategies, intended impacts, and the indicators and evaluation methodology to track outcomes. Some PEI programs also report on outcomes achieved during the reporting period, FY 2022-2023; however, for several PEI programs outcome information is not yet available. The report includes a description of the challenges the county experienced with data collection and reporting, and a plan to support compliance moving forward.

PEI Program Consumer Demographic and Service Data

During FY 2022-2023, at least 26,435 duplicated individuals¹⁶ received PEI services across eleven MHS-funded programs, including Early Intervention Services, Family Stabilization and Well-Being: The NEST,

¹⁶ This number represents the individuals served by each program and duplicate consumers who are receiving services from more than one program. Outreach and Engagement numbers are reported as part of the Peer Support Centers; beginning in FY 22-23, Outreach and Engagement RDAconsulting.com

Mental Health First Aid, Older Adult Outreach and Prevention: Friendly Visitor Program, Outreach and Engagement, four Peer Support Recovery Centers, Postpartum Depression Screening and Support: Mother-Wise, and Statewide Regional and Local Projects. Demographic data were available for 25,072 consumers. Demographic data was unavailable for Mental Health First Aid, while numbers served and demographic data were unavailable for Prevention Mini-Grants.

Data Challenges and Limitations: Numbers served and demographic data were only available for *duplicated* individuals for several programs, including three of the Peer Support Centers (Big Oak, Circle of Native Minds, and La Voz de la Esperanza – i.e., La Voz), Outreach and Engagement programs, and Mother-Wise. Consumers may also have participated in more than one PEI program within a given year, potentially resulting in duplicated consumers across programs.

The LCBHS-operated Peer Support Centers (Big Oak, Circle of Native Minds, and La Voz) do not yet have the data infrastructure to identify unduplicated numbers of consumers and are reporting on duplicated consumers served, resulting in an inflated number of PEI consumers. Given this overestimation, consumers served by Big Oak, Circle of Native Minds, and La Voz de la Esperanza currently account for 76% of all duplicated PEI consumers. Key demographic information was also missing for a large proportion of consumers served by Big Oak, Circle of Native Minds, and La Voz (range: 35-68% missing information). The large proportion of Big Oak, Circle of Native Minds, and La Voz consumers (and large proportion of missing information) greatly influences trends in demographic characteristics across PEI consumers overall. Given the data limitations, demographic information from Big Oak, Circle of Native Minds, and La Voz are excluded in the PEI program demographic information. However, demographic information for these programs is reported in the PEI program updates in the following section. LCBHS is working to address the data issue at the LCBHS-operated Peer Support Centers and strengthen data collection.

Additionally, several programs reported Hispanic/Latino ethnicity as part of a combined race and ethnicity question. The demographic data presented for PEI consumers therefore also includes Hispanic/Latino as part of race and ethnicity. Race categories with fewer than 11 consumers were grouped into “Another race” to protect consumer anonymity. Lastly, data was not available across all demographics for every program and the information presented in this section does not reflect the complete profile of all PEI consumers served in FY 2022-2023.

numbers will be reported separately. Data for Peer Support Centers and Outreach and Engagement represent duplicated numbers served by those programs.

Demographic data are presented for the 4,921 PEI consumers with demographic information available.¹⁷

Table 6. Demographic Characteristics of PEI Program Consumers, FY 2022-23 (N=4,921)

Demographic Characteristic	Consumer N	% of Consumers
Age		
Children/Youth (0-15)	500	10%
Transition Age Youth (16-25)	433	9%
Adult (26-59)	3,405	69%
Older Adult (60+)	468	10%
Unknown / Not Reported	137	12%
Current Gender Identity		
Female	2,871	58%
Male	1,641	33%
Another Gender	12	<1%
Unknown / Not Reported	380	8%
Race / Ethnicity		
White / Caucasian	1,299	26%
Hispanic / Latino	308	3%
Black / African American	42	1%
American Indian / Alaska Native	142	3%
Two or More Races	321	7%
Another Race ¹⁸	51	1%
Unknown / Not Reported	2,758	56%
Primary Language		
English	2,047	42%
Spanish	59	1%
Unknown / Not Reported	2,765	56%
TOTAL	4,921	100%

Sexual orientation, disability status, and U.S. Veteran status were unknown or not reported for 99% of PEI consumers and is therefore not reported in the table above.

¹⁷ Demographic data reflects FY 22-23 consumers who participated in Early Intervention Services, Family Stabilization and Wellbeing: The NEST, Older Adult Outreach: The Friendly Visitor Program, Outreach and Engagement: Street Outreach Van, Harbor on Main Peer Support Center, Postpartum Depression & Screening: Mother-Wise, Statewide Regional and Local Projects (Suicide Prevention Hotline, QPR Training, Know the Signs Training). Demographic data was excluded from the LCBHS-operated Peer Support Centers (Big Oak, Circle of Native Minds, La Voz de la Esperanza) due to challenges with data quality. Demographic data was unavailable for Mental Health First Aid and Prevention Mini-Grants.

¹⁸ Another race includes Asian / Pacific Islander and Other.



PEI Program Overviews

Early Intervention Services

FY 2022 – 2023 Program Overview			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input type="checkbox"/> Adult Age 26 – 59 <input type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Youth who are involved in the foster care or criminal justice systems, who identify as a person of color, and/or who are LGBTQ+			
Number served: 61		Total MHSA Cost: \$97,994	
FY 2024-2025 Program Projections			
Number to be Served: 30	Proposed MHSA Budget: \$235,000	Cost per Person: \$7,833	

Early Intervention Services: Program Description and Key Activities

The Early Intervention Services (EIS) program targets individuals from ages 15 to 25 that are clinically high risk (CHR) for developing psychosis or have experienced their first episode within the last two years. The program’s vision is to build a sense of community for individuals and their family by bridging gaps that would be considered barriers. The EIS program uses the Coordinated Specialty Care (CSC) model to wrap services around the individual and their family. The CSC model brings psychiatrists, clinicians, case managers, care coordinators, employment specialists, and peer support to the forefront of the individual’s treatment. The CSC model allows the individuals served to have a seamless connection with the individuals on their team. The main activities in the EIS program include case management, therapy, psychiatry, employment support as well as peer support. What makes the EIS program unique is our team is trained in evidenced-based practices that treat individuals experiencing psychosis. Our training includes theoretical framework such as Cognitive Behavioral Therapy (CBT) and CBTp. Our assessment tools include COMPASS, MINI SIPS, SCID, as well as a range of other evidence-based tools that identify our target population.

Early Intervention Services: FY 22-23 Consumer Demographic Information (N=61)¹⁹

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	8%	White / Caucasian	57%
Transition Age Youth (16-25)	92%	Hispanic / Latino	28%
Adult (26-59)	--	Black / African American	2%
Older Adult (60+)	--	American Indian / Alaska Native	7%
Unknown / Not Reported	--	Two or More Races	8%
Current Gender Identity		Another Race	10%
Female	67%	Unknown / Not Reported	16%
Male	33%	TOTAL	61 (100%)
Unknown / Not Reported	--		
TOTAL	61 (100%)		

Early Intervention Services: FY22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities: In the last year, the program had new leadership and hired a SEE coordinator to help individuals with employment goals. The program served 61 individuals and provided groups, individual rehab, case management, medication support, monthly EIS meeting and welcome sessions. We have screened individuals using the mini sips and CBT, to address trauma, as well as access to housing.

FY 22-23 Program Successes & Outcomes: While data is being tracked in Beehive, there is not a current system in place to easily pull aggregate data for this report. The program is working to address this issue to improve outcome reporting in the following fiscal year.

Other program successes achieved during FY 2022-2023 included a decrease in hospitalizations for individuals enrolled in the program, with some individuals never re-entering a hospital. In one case, the individual and their family both struggled with mental health symptoms, but with collaboration between the individual, their family, and the treatment team, the individual was able to find sustainable low-income housing.

FY 22-23 Program Challenges: Staff turnover has been the biggest challenge. Staff turnover among supervisors has been particularly challenging, creating inconsistency and loss of program knowledge and guidance.

Early Intervention Services: Anticipated Activities FY 24-25

FY 24-25 Anticipated Activities: In the next fiscal year, the program aims to provide more groups, create a more structured enrollment system, and add a tele therapist. Otherwise, program activities will be conducted as described above.

¹⁹Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.



FY 24-25 Anticipated Numbers Served:

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

Family Stabilization and Well-Being: The NEST

FY 2022 – 2023 Program Overview			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59 <input type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Young parents, individuals who identify as Latinx and Native American.			
Number served: 24		Total MHSA Cost: \$184,167	
FY 2024-2025 Program Projections			
Number to be Served: 24 ²⁰		Proposed MHSA Budget: \$250,000	Cost per Person: \$10,417

The NEST: Program Description and Key Activities

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

Key activities included:

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

²⁰ The NEST anticipates serving approximately 12 families or at least 24 individuals throughout the next fiscal year. Because the NEST is a 15-month program, it is possible that we would not see a high turnover in a single year. Some participants enter into the program pregnant and some enter in during the reunification process with Child Welfare. Depending on their length of stay, unique situation, and family size, numbers of participants can vary greatly from year to year.

- Therapeutic intervention as determined by medical necessity
- Evidence-Based Life Skill Programming
- Residential and Community-based Intensive Case Management

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

The Nest: FY 22-23 Consumer Demographic Information (N=24)²¹

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	58%	White / Caucasian	63%
Transition Age Youth (16-25)	42%	Hispanic / Latino	8%
Adult (26-59)	--	Black / African American	8%
Older Adult (60+)	--	American Indian / Alaska Native	13%
Unknown / Not Reported	--	Two or More Races	--
Current Gender Identity		Another Race	--
Female	67%	Unknown / Not Reported	--
Male	33%	TOTAL	24 (100%)
Unknown / Not Reported	--		
TOTAL	24 (100%)		

The NEST: FY 23-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities: In FY 22-23, the NEST served 24 individuals and families, and the program conducted the following activities:

- Facilitation of child and family team meetings (**minimum 1x monthly**)
- Facilitation of House Meetings (**1 x weekly**)
- Resource connection (coordinated linkage services) – (**as needed based on individual/family**)
- Direct parenting support via observational assessment and training programs (**2x week, and as available/offered through LCOE Nurturing Parenting Courses**)
- Skill building such as Money Management/Budgeting and Cooking Classes (**1-2x week, monthly, and as needed**)

²¹Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

- Screening tools: GAD 7 (anxiety scale), PHQ 9 (depression scale) and the ANSA for any adult wherein mental health may be a concern (**Upon intake and re-evaluated at 6 months and annually depending on need**)
- Therapeutic intervention as determined by medical necessity (**as determined by treatment plan**)
- Evidence-Based Life Skill Programming (**weekly and as needed**)
- Residential and Community-based Intensive Case Management (**ongoing, as needed**)

FY 22-23 Program Successes & Outcomes:

A majority of the successes are those made by our NEST participants during their time in program. Some of their accomplishments throughout FY 2022-2023 were:

- In May of 2023, the NEST relocated to a new residence which has made access to community resources and supports more accessible for our participants.
- A client successfully completed a drug inpatient program, obtained employment, and graduated from the NEST program.
- Two participants successfully moved into their own home.
- One client got married to their long-term partner.
- One participant started the reunification process with one of her children.
- NEST staff were involved in the Lake County community on behalf of RCS with both the 100 Women Strong and Soroptimist International of Clearlake, and another staff members was part of the California 100-day challenge with the goal to house 60 individuals.

Additionally, during FY 2022-2023, 52 monthly consumer surveys were administered. Of the survey responses:

- 83% (n=42) of participants strongly agreed, “I believe that I have the skills and knowledge to maintain positive relationships with my peers and other adults”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).
- 67% (n=35) of participants strongly agreed, “I believe I have the skills and knowledge to manage my positive and negative emotions”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).
- 71% (n=37) of participants strongly agreed, “I feel I have a natural support system with my family and/or outside community resources”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).
- 69% (n=36) of participants strongly agreed, “I feel I have a natural support system with my family and/or outside community resources”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).

FY 22-23 Program Challenges: The biggest challenge was finding affordable housing for our clients as they came to the end of their 15-month stay. Though NEST staff assisted them in filling out/turning in low-income housing applications at the beginning of their stay, budgeting for application fees, and worked with them on applying to the property management companies, housing in Lake County is scarce.

The NEST: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Activities: There are no significant changes to programming at the NEST. With the PEI mini grant that has been awarded, we anticipate engaging clients and their youth in more social activities and family-focused groups.

FY 24-25 Anticipated Numbers Served:

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

Mental Health First Aid

FY 2022 – 2023 Program Overview				
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input checked="" type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input type="checkbox"/> Adult Age 26 – 59	<input type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Transition-age youth and rural populations				
Number served: 150		Total MHSA Cost: \$27,296		
FY 2024-2025 Program Projections				
Number to be Served: 200	Proposed MHSA Budget: \$20,000		Cost per Person: \$100	

Mental Health First Aid: Program Description and Key Activities

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

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

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

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

Mental Health First Aid: FY 22-23 Consumer Demographic Information

Demographic information was not available for this reporting period.

Mental Health First Aid: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities: Certified MHFA staff offered seven (7) training course opportunities during the 2022-2023 fiscal year. Approximately 150 adults and youth participated in the program activities. Approximately 50 people participated in the MHFA (adult & youth) training courses, including those who work in and with the adult populations and youth populations, to become a certified Mental Health First Aider. Approximately 100 high school students (10th – 12th grade) participated in the teen MHFA to become a certified Teen Mental Health First Aider.

These trainings were conducted at high school campuses, Peer Support Centers and/or at partner agency training rooms.

FY 22-23 Program Successes & Outcomes: Outcome data were unavailable for the reporting period. MHFA uses a curriculum from an external provider that also provides the pre- and post-training surveys. LCBHS is currently working on how to obtain the pre- and post-training data from the provider.

A key success with the MHFA program during the 2022-2023 fiscal year was the continued training at the local high school campuses and plans to expand into all the local school districts.

FY 22-23 Program Challenges: A key challenge for this program (and any program like it) is having people show up and complete the adult and youth MHFA training.

Additionally, reestablishing consistent and consecutive training days for students was a challenge. Some of this was due to lingering effects of COVID-19, as well as the amount of curriculum teachers must complete in their classrooms.

Mental Health First Aid: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Activities: MHFA will continue to be implemented as described above. The program also aims to add more certified program instructors to reach more local community members to provide education and training.

FY 24-25 Anticipated Numbers Served: The program aims to serve approximately 200 individuals.



Older Adult Outreach and Prevention: Friendly Visitor Program

FY 2022 – 2023 Program Overview			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations		
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input type="checkbox"/> Transitional Age Youth Age 16 – 25	<input type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Older adults, including who identify as Latinx and Native American.			
Number served: 19		Total MHSA Cost: \$94,171	
FY 2023-2024 Program Projections			
Number to be Served: 20	Proposed MHSA Budget: \$50,000		Cost per Person: \$2500

Friendly Visitor Program: Program Description and Key Activities

The Friendly Visitors program recruits and trains volunteers to visit isolated seniors. Keeping isolated seniors connected helps increase their independence and reduce possible depression and possible suicidal thoughts. Our target population is homebound and/or isolated older adults. During the COVID-19 pandemic, we have expanded our definition of "isolated," as many older people have been afraid to mingle with others in public situations. Our volunteers provide companionship and life enrichment to the clients in activities such as heart-to-heart talks, walks, and shared hobbies and artistic activities. Services are provided all over Lake County, mostly in client homes, sometimes in community settings such as libraries or parks, etc., and sometimes on the phone.

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

Friendly Visitor Program: FY 22-23 Consumer Demographic Information (N=19)²²

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	--	White / Caucasian	100%
Transition Age Youth (16-25)	--	Hispanic / Latino	--
Adult (26-59)	--	Black / African American	--
Older Adult (60+)	100%	American Indian / Alaska Native	--
Unknown / Not Reported	--	Two or More Races	--
Current Gender Identity		Another Race	--
Female	95%	Unknown / Not Reported	--
Male	5%	TOTAL	19 (100%)
Unknown / Not Reported	--		
TOTAL	19 (100%)		

Friendly Visitor Program: Outcomes, Successes, & Challenges

FY 22-23 Program Activities:

During FY2022-2023, the Friendly Visitor program conducted the following activities:

- Fifty (50) calls responded to with referrals to community resources such as senior centers, housing, home care agencies, etc. Some callers were referred to the Senior Peer Counseling Program of Konocti Senior Support (KSS).
- Monthly training meetings with Friendly Visitor volunteers, as well as one initial training with each volunteer. A training manual is given for reference and monthly phone consultations are done as needed. Training includes information on community resources; working with older adults; empathy, grieving, and depression; coping skills for depression and anxiety; legal issues such as confidentiality, etc. Sixteen volunteers were trained over the year and four withdrew for health reasons, moving out of the county, etc.
- Home/phone visits by program director: 12 home visits and 12 follow-up phone visits to clients for initial evaluation.
- Home/phone visits by volunteers: Approximately 10-12 volunteers (numbers varied over the year) provided one-hour home or phone visits per week to approximately one client each. Some visits were longer or occurred less frequently (less than weekly), depending on the volunteer-client agreement.
- Outreach events: Attendance at Vet Connect and Mental Health fairs, as well as outreach through the community radio station, newspaper, senior centers, Meals on Wheels, etc.

²²Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

FY 22-23 Program Successes & Outcomes:

Of 19 clients served during FY 2022-2023, a phone survey was conducted with 14 participants to evaluate program outcomes. Of the 14 clients surveyed:

- 12 (85%) strongly felt that the program improved community connection and reduced loneliness

One success story from FY 2022-2023 was about a client referred to the program by a social worker after going to the emergency room. The individual received services from the Senior Peer Counselors and then the Friendly Visitors Program. When the Friendly Visitor moved out of the county, the client decided she was ready to graduate from the program and was asked the exit survey questions. The client replied, *"I would not have been able to function if it had not been for your program. I have nothing but praises for [Friendly Visitor volunteers and staff]....I am now trying to see if I can stand on my own....I think you guys are the best!"* The client also stated, *"[The Friendly Visitor Program / Senior Peer Counseling] is [the] most positive thing I have been exposed to in this county....You guys are the best!"*

FY 22-23 Program Challenges: The program has begun to experience financial challenges, as the current grant allotment does not cover rising costs. For example, we are no longer able to pay gas mileage for four home visits a month and have asked volunteers to substitute phone visits for home visits twice a month if they need mileage re-imbusement.

Friendly Visitor Program: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Activities: The program aims to expand by conducting a weekly outreach group at a senior center to broaden Friendly Visitor Program activities.

FY 24-25 Anticipated Numbers Served: The program aims to continue serving 15-20 clients. Numbers stay at the same level, but individuals vary, as clients and volunteers enter and leave the program. Except for the new weekly group at the senior center which currently serves 4-6 community members and may serve more, the program does not expect a large change in numbers.



Outreach and Engagement

FY 2022 – 2023 Program Overview	
Status:	<input type="checkbox"/> New <input type="checkbox"/> Continuing <input checked="" type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations
Target Population(s):	<input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Transitional Age Youth <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Older Adult Age 0 – 15 Age 16 – 25 Age 26 – 59 Age 60+
Underserved Population(s): Native American and Latinx communities, TAY, unhoused individuals, and families with children	
Number served: 3,267 (duplicated)	Total MHSA Cost: \$11,442
FY 2024-2025 Program Projections	
Number to be Served: 3,300 (duplicated)	Proposed MHSA Budget: \$225,000 PEI: \$75,000 CSS: \$150,000
Cost per Person: \$68	

Outreach and Engagement: Program Description and Key Activities

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

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

Since the launch of the outreach van, LCBHS staff have been able to develop relationships with most of the community. Based on the needs of our community, the department has decided to purchase another outreach van. The purpose of the new van is to support the Outreach and Prevention Team (OPS Team)

to provide more outreach services to the schools, older adults, and agriculture workers and have a wider reach in the community.

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

Outreach and Engagement: FY 22-23 Consumer Demographic Information (N=2,195)

Demographic information reflects duplicated consumers served by the Street Outreach Van. Race and ethnicity data were unavailable. The location of services provided by the van is reported.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Location	
Children/Youth (0-15)	5%	Clearlake	35%
Transition Age Youth (16-25)	8%	Clearlake Oaks	4%
Adult (26-59)	67%	Kelseyville	6%
Older Adult (60+)	19%	Lakeport	15%
Unknown / Not Reported	2%	Lower Lake	5%
Current Gender Identity		Lucerne	20%
Female	36%	Nice	7%
Male	61%	Upper Lake	7%
Unknown / Not Reported	3%	Robinson Rancheria	<1%
TOTAL	2,195 (100%)	Woodland College – Lake Campus	1%
		TOTAL	2,195 (100%)

Outreach and Engagement: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities: During FY 2022-2023, the Street Outreach van served 2,195 duplicated consumers and operated in the community two days each week (Wednesdays in Upper Lake County, and Thursdays in Lower Lake County). Other Outreach and Engagement activities served 1,072 duplicated individuals through several outreach and awareness events across Lake County, including:

- **Farmers Market Events:** Resource table set up in Library Park in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-shirts and other promotional program items were handed out.
- **Know the Signs Sidewalk Talks:** Resource table set up at various sites around Lakeport that handed out T-shirts and KTS Resources and held conversations about mental health.

- **School Campus Lunchtime Events:** Resource tables were set up at Clearlake High School and Kelseyville High School campuses. Mental Health Awareness T-shirts and other promotional program items were handed out.
- **Vet Stand Down 2-day Event:** Resource table set up at the Fairgrounds Fritz Hall in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-shirts were handed out.
- **Celebrate Recovery:** Resource table at Library Park in Lakeport. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-shirts and other promotional program items were handed out.
- **Heroes for Health and Safety:** Resource table at the Fair Grounds in Lakeport. Mental Health Awareness, Stigma Reduction and Suicide Prevention Red Cape backpacks, bubbles and pencils were handed out.
- **Candlelight Vigil:** Vigil at Museum Park in Lakeport. A memorial table was set up with a memorial board, felt heats, markers, and resources. This was a collaboration with Hospice Services of Lake County.
- **Vet Connects Events:** Resource table at American Legion Hall in Clearlake. Suicide Prevention, Stigma Reduction and Mental Health Awareness T-shirts were handed out with other promotional program items.
- **Children's Festival:** Resource table at Library Park in Lakeport. Children's Mental Health Awareness Red Cape Backpacks, parent resources, T-shirts and other promotional program items were handed out.
- **Mental Health Matters Month Event:** The LCBHS OPS team coordinated this event in collaboration with other agencies at Library Park in Lakeport. Mental Health Awareness Resources were made available.

FY 22-23 Program Successes & Outcomes: As mentioned, the program participated in several community events. The outreach van has also been well-received by the community. Other successes include:

- 2,000+ contacts with the community
- Outreach services provided during the Point-in-Time Count
- Provided resources such as phones, lunch and food, hygiene products, environmental protection (e.g., tents, tarps, cooling blankets)
- Helped individuals connect to local shelters
- Many people have been able to apply for and receive food stamps and Medi-Cal
- Delivery of necessary medications to older adults unable to pick up their prescriptions

FY 22-23 Program Challenges: Staffing the outreach van has been a challenge, which has limited operating hours. LCBHS aims to operate the outreach van seven days a week, but due to staffing, the van has only been able to operate two days a week.

Outreach and Engagement: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Activities: Program activities will be implemented as described above. Additionally, LCBHS is planning to add a second outreach van to better meet the community need for outreach services. LCBHS also recently hired a community liaison to increase awareness of LCBHS services.



FY 24-25 Anticipated Numbers Served: The Outreach & Engagement programs aim to continue serving approximately 3,300 duplicated individuals through Street Outreach and Outreach & Engagement community events.



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

FY 2022 – 2023 Program Overview		
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations	
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15 <input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25 <input checked="" type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+	
Underserved Population(s): Native American and Latinx populations; unhoused individuals; TAY youth and families, including those who identify as LGBTQ+		
*Number served: ~19,400 (duplicated consumers)		Total MHSA Cost: \$944,830
FY 2024-2025 Program Projections		
*Number to be Served: Total: 2,040 (unduplicated consumers) Youth (0-25): 770 Adults (26-59): 650 Seniors (60+): 620	Proposed MHSA Budget: \$1,070,000 PEI: \$270,000 CSS: \$800,000	Cost per Person: \$525

*Numbers served in FY 2022-2023 reflect duplicated numbers, while the number to be served in FY 2024-2025 is based on unduplicated individuals across Peer Support Centers. The duplicated number served in FY 2022-2023 is likely overestimated due to challenges and redundancies in data tracking. LCBHS is working to address this data issue and strengthen data collection.

Peer Support Recovery Centers: Program Description and Key Activities

Peer Support Recovery Centers currently operate five Peer Support Centers throughout Lake County. Big Oak Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center, La Voz de Esperanza, and the Family Support Center in Middletown. All centers are managed by LCBHS, with the exception of Harbor on Main, which is overseen by a community-based provider. A variety of education, prevention, and early intervention services, programs, and activities are run through the centers. The concepts of wellness, recovery, and resiliency are embedded in the programming in all locations. Peer Support Recovery Centers have split funding from CSS and PEI. PEI funds are used to support the Centers’ prevention and support services and CSS funds are used to support the Centers’ peer support. The Peer Support Centers have also previously used CSS funding for outreach and engagement. Although outreach and engagement will still be provided through the Centers and the



outreach workers will be based at each Center, Outreach and Engagement will now be funded independently as its own program. LCBHS also added four new outreach workers housed at the Peer Support Recovery Centers, whose target populations align with those of the corresponding centers, the Native American, Latinx, TAY, parents and families, and unhoused populations. These outreach workers are funded through the Outreach and Engagement program.

Big Oak Peer Support Center

Big Oak: Program Description and Key Activities

The Big Oak Peer Support Center serves as a center of learning for self-improvement and a link to mental health services for the community of Lake County. The Big Oak Peer Support Center provides a positive and supportive environment for people who may be facing life struggles. The center staff work with community members and agencies on how to achieve both physical and mental wellness. The goal is to support personal growth by expressing compassion and offering a unique perspective to recovery from peer support. The staff teach daily skills, anger management, and education on substance abuse while believing in the person’s potential and ability to recover. The center focuses on providing services to those experiencing homelessness, ensuring that their basic needs are met. Staff collaborate with community agencies in assisting community members with applying for benefits/assistance, obtaining housing, medical care, and mental health or substance use treatment services. The center also collaborates with community partners to provide two monthly food giveaways, a clothing closet, and weekly showers to all community members.

Big Oak: FY 22-23 Consumer Demographic Information (N=11,856) ²³

Data reflects duplicated consumers. Additionally, the number served may be overestimated due to challenges and redundancies in data tracking. LCBHS is working to address this data issue and strengthen data collection.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	<1%	White / Caucasian	19%
Transition Age Youth (16-25)	1%	Hispanic / Latino	10%
Adult (26-59)	37%	Black / African American	1%
Older Adult (60+)	3%	American Indian / Alaska Native	1%
Unknown / Not Reported	58%	Two or More Races	18%
Current Gender Identity		Another Race	1%
Female	37%	Unknown / Not Reported	49%
Male	36%	TOTAL	11,856 (100%)
Unknown / Not Reported	27%		
TOTAL	11,856 (100%)		

²³Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

Big Oak: FY 22-23 Outcomes, Successes & Challenges:

FY 22-23 Program Activities:

Program activities conducted at Big Oak during FY 2022-2023 included:

- Daily Meals at the center
- Weekly Shower Trailer Event
- Weekly free phone tent
- Weekly benefits assistance
- Two monthly food giveaways
- Weekly art group
- Free clothes
- Daily peer support check-in
- Monthly community meals
- Bus passes for appointments

FY 22-23 Program Successes & Outcomes: During FY 2022-2023, Big Oak provided at least 100 referrals to mental health and substance use services. Across Big Oak, Circle of Native Minds, and La Voz, 174 consumers completed the peer services survey. Of these respondents, 55% reported that they received useful resources and 49% reported their recovery needs were met. Please note, these responses are not limited to Big Oak, but represent surveys across three Peer Support Centers as the surveys are all entered into the same system. Moving forward, LCBHS will work to identify responses from each Center.

One success story during FY 2022-2023 was that staff at the center partnered with La Voz Peer Support Center in assisting a peer in getting her green card and citizen status resolved. The outcome was that the peer can now work and remain in the USA for at least the next two years.

FY 22-23 Program Challenges: Challenges include not enough staff to run at full potential and be open seven days a week from 8:00 am to 5:30 pm. As a result, the center could only be open five full days a week and some weekends were reduced to half days due to being short staffed.

Big Oak: Anticipated Activities for FY 24-25

FY 24-25 Anticipated Activities: Big Oak intends to implement programs as described. In the coming year, the program aims to also implement the following changes and activities:

- A suggestion box
- Field trips around the lake
- Community garden
- Monthly bus passes
- Collaboration with career point to assist participants in employment
- Department of Rehab presentations
- More groups, including a palliative group and a survivor group



The Big Oak Peer Support Center will also expand to the unit next door and will have the ability to host more community partners and provide more services. The program anticipates staffing issues will be resolved, and the center will be open seven days a week 8:00 am to 5:30 pm every day.

FY 24-25 Anticipated Numbers Served:

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

Circle of Native Minds Peer Support Center

Circle of Native Minds: Program Description and Key Activities

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

Circle of Native Minds: FY 22-23 Consumer Demographic Information (N=4,221)²⁴

Data reflects duplicated consumers. Additionally, the number served may be overestimated due to challenges and redundancies in data tracking. LCBHS is working to address this data issue and strengthen data collection.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	<1%	White / Caucasian	3%
Transition Age Youth (16-25)	1%	Hispanic / Latino	1%
Adult (26-59)	9%	Black / African American	--
Older Adult (60+)	2%	American Indian / Alaska Native	8%
Unknown / Not Reported	88%	Two or More Races	--
Current Gender Identity		Another Race	--
Female	7%	Unknown / Not Reported	88%
Male	5%	TOTAL	4,221 (100%)
Unknown / Not Reported	88%		
TOTAL	4,221 (100%)		

Circle of Native Minds: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities:

New groups and services are being added to the center, including a clothing closet, a community resources group, and meals provided daily for the unhoused community or anyone that is hungry. Staff have also helped with transporting guests to and from the shelter. During transportation, relationships are being developed with those guests to empower them to make healthier choices in their lives. A paint-and-sip self-awareness class was also offered, providing participants with an opportunity to develop healthy coping skills, socialize with their peers, and express themselves through art. The center is also an access point for the Homeless Management Information System (HMIS) Coordinated Entry System (CES) program.

²⁴Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

The types of activities and resources provided during FY22-23 include:

- Food giveaways
- Daily meals
- Transportation to appointments
- Bus passes
- Clothing
- Referrals to HMIS
- Referrals to community resources
- Peer support
- Linkage to SUD services and mental health treatment
- Free phone tent
- Benefits application assistance

The peer advisory group, the Pathfinders Elders' group, was very active in determining how to address the generational trauma needs of the tribal community. It was determined that youth are significantly at risk, particularly for drug overdose and suicide. The Pathfinders have concluded that youth have lost their way and connection with their culture heritage, which could empower them and help in the healing process from the generational trauma brought by colonization, past atrocities, and dissolution of culture. The Pathfinders advised that these issues need to be addressed for the well-being of the tribal community, particularly for the youth, and have proposed peer mentoring from older members to younger ones. It was also determined that more cultural competency education is needed for those who work with tribal youth.

In recognition of the higher proportion of tribal people being homeless in Lake County, new groups and services were added to the center, including a clothing closet, a community resources group, and meals provided daily for the unhoused community or anyone that is hungry. Staff have also helped with transporting guests to and from the shelter. During transportation, relationships are being developed with those guests to empower them to make healthier choices in their lives. A paint-and-sip self-awareness class was also offered, providing participants with an opportunity to develop healthy coping skills, socialize with their peers, and express themselves through art. The center is also an access point for the Homeless Management Information System (HMIS) Coordinated Entry System (CES) program.

FY 22-23 Program Successes & Outcomes: During FY 2022-2023, the program provided 45 referrals to mental health and substance use services at LCBHS. Additionally, across Big Oak, Circle of Native Minds, and La Voz, 174 consumers completed the peer services survey. Of these respondents, 55% reported that they received useful resources and 49% reported their recovery needs were met. Please note, these responses are not limited to the Circle of Native Minds but represent surveys across three Peer Support Centers as the surveys are all entered.

One success story during FY 2022-2023 was that a 40-year-old female who was unhoused and unemployed was able to gain part-time employment and is currently renting a room to live in. She visited the center daily to maintain her sobriety, gather resources, and to develop healthier coping skills. She also attends 12-Step meetings regularly. She has utilized transportation assistance to attend her appointments and to get to work. She reports that her relationship with her children has been more consistent, which is helping to build stronger bonds.

FY 22-23 Program Challenges: The main challenge continued to be not having a lead peer support specialist and not having adequate staffing.

Circle of Native Minds: Anticipated Activities FY 24-25

FY 24-25 Anticipated Activities: The Circle of Native Minds intends to implement programs as described.

The Circle of Native Minds intends to continue to implement programs that are beneficial to the mental health of the Native American community. These include groups and education at the center, such as a basket weaving class, recovery and support talking circles, native arts, math tutoring, and victim’s services advocacy. Housing support will continue to be emphasized.

The Pathfinders Elders’ Advisory Group has taken on a number of big projects: 1) The Native American Peer Counseling project (please refer to that project for more information). 2) Sponsoring a Tribal Youth Summit for those that work with tribal youth such as educators in cooperation with the Department of Social Services ICWA foster care, probation, and the Office of Education. 3) Participating in different committees associated with LCBHS including the Mental Health Advisory Board, the Cultural Awareness Committee, and the Opioid Settlement Committee. Also included will be reaching out to each of the tribes to both educate what the Circle can offer as well as solicit feedback for desired services.

FY 24-25 Anticipated Numbers Served:

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

Harbor on Main Peer Support Center

Harbor on Main: Program Description and Key Activities

The Harbor is a Youth Resource Center — a drop-in center for TAY ages 15-25. The Harbor is a space where youth can complete tasks towards being successful in school, employment, social-emotional development, and other areas that improve quality of life and mental health. The Harbor provides support with these tasks as well as with Peer Support, Community Outreach and Engagement, and Targeted Support Groups. Services and supports are provided on-site at The Harbor Youth Resource Center in Lakeport, virtually via Zoom and/or Microsoft Teams, as well as in the community via outreach events at local schools and community college satellite locations around the county. We serve TAY ages 15-25 inside, but in addition to this, we provide door-based services for persons above this age range where they can access meals, clothing, hygiene products and linkage support to additional services. The Harbor is a free space for youth, which includes free access to our learning lab, music studio, clothing closet, and meals.

Harbor on Main: FY 22-23 Consumer Demographic Information (N=313)²⁵

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	3%	White / Caucasian	38%
Transition Age Youth (16-25)	23%	Hispanic / Latino	16%
Adult (26-59)	58%	Black / African American	1%
Older Adult (60+)	11%	American Indian / Alaska Native	6%
Unknown / Not Reported	5%	Two or More Races	12%
Current Gender Identity		Another Race	7%
Female	43%	Unknown / Not Reported	3%
Male	47%	TOTAL	313 (100%)
Unknown / Not Reported	10%		
TOTAL	313 (100%)		

Harbor on Main: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities:

During FY 2022-2023, The Harbor provided 5,694 services to approximately 313 unduplicated individuals (3,992 duplicated). Below are some of the different services offered and the amounts that were provided:

- 3,603 services were for food
- 652 services were for a safe space to socialize
- 458 services were for accessing the clothing closet
- 441 services were for peer support
- 422 services were for the technology center

²⁵Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

- 176 services were for hygiene supplies
- 166 services were for bus passes
- 102 services were for accessing life skills support
- 93 services were for art activities
- 62 services were for the Youth Advisory Board
- 56 services for volunteering
- 54 services were for being CES support
- 50 services were for LGBTQ+ support
- 38 services were for homeless services assistance
- 35 services were for employment support
- 23 services were for referrals to other programs

During FY 2022-2023, the Harbor also hosted their first ever Pride Prom and began an EPI/SEES program in connection with LCBHS.

FY 22-23 Program Successes & Outcomes: A total of 40 consumers at The Harbor completed the Consumer Survey conducted annually at the end of the fiscal year. Findings from the survey include:

- 85% (n=34) of participants reported that “staff have connected me to services or resources that have helped me” most of the time or all of the time.
- 93% (n=37) of participants reported that “I have improved my coping skills this year” as very or mostly true.
- 90% (n=23) of participants reported that “I am handling stress in a healthier way” most of the time or all of the time.
- 85% (n=34) of participants reported that “I have a greater sense of social support” as very or mostly true.
- 90% (n=23) of participants reported that “I turn to others for support when feeling emotionally overwhelmed” most of the time or all of the time.

Another success during FY 2022-2023 was The Harbor was able to successfully create Lake County’s first ever Pride Prom. This event was designed to provide a safe and inviting space to LGBTQIA2S+ youth and their allies, fostering an environment that promotes relationship building with like-minded peers which will enhance their social engagement and experiences as well as provide support for adverse mental health experiences due to their gender or sexual identities. Clients reported having an enjoyable experience that was both inclusive and fun.

Another success for The Harbor was their Thursday night budget cooking class. They invited TAY and their children to learn how to cook nutritious meals that are budget friendly and delicious. The recipe is reviewed as a group and the youth participate in meal prep and cooking as they are guided by a staff. After the meal is done, everyone sits down at the table and enjoys it together, discussing variations or ingredient alternatives the families would enjoy. The remaining food is served to The Harbor’s clients and the community who look forward to these weekly meals. Clients who participated in this group reported back on making the meal and how easy it is to make while tending to their children as well.

FY 22-23 Program Challenges: This past year, The Harbor struggled to meet the needs of their unhoused door service clients who had no protection from the elements. The door service clients struggled with finding dry shelter during the daytime and would linger around The Harbor and the side of the building to keep from the elements. While The Harbor understood the need to be in a covered area, it is not permitted for clients to ‘loiter’ on Harbor premises. We were able to link most clients to other resources where they could congregate peacefully and find housing resources, job resources, and other agencies that could help meet their needs. The Harbor anticipates that this may be a reoccurring incident as it starts to rain more, and staff are prepared to offer supportive services and assist them in finding safer, more appropriate, dry areas.

Harbor on Main: Anticipated Activities & Numbers Served for FY 24-25

FY 24-25 Anticipated Activities: The Harbor plans to continue implementing the program as described and does not foresee any changes.

FY 24-25 Anticipated Numbers Served:

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

La Voz de Esperanza Peer Support Center

La Voz de Esperanza: Program Description and Key Activities

La Voz de la Esperanza (The Voice of Hope), is a wellness center that provides culturally relevant wellness-oriented services to community members. The focus of the center is to provide education and prevention services to the Latino community of Lake County. The center staff link the Latino community with the available resources to improve their overall health. All members of the community are welcome at the center. The center offers English classes, Latina support groups, mental health support groups, and youth groups. The center helps break the language barrier that often prevents people from seeking help and offer referrals for mental health services when appropriate or requested.

La Voz: FY 22-23 Consumer Demographic Information (N=4,074) ²⁶

Data reflects duplicated consumers. Additionally, the number served may be overestimated due to challenges and redundancies in data tracking. LCBHS is working to address this data issue and strengthen data collection.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	6%	White / Caucasian	21%
Transition Age Youth (16-25)	2%	Hispanic / Latino	72%
Adult (26-59)	85%	Black / African American	--
Older Adult (60+)	--	American Indian / Alaska Native	2%
Unknown / Not Reported	6%	Two or More Races	--
Current Gender Identity		Another Race	--
Female	60%	Unknown / Not Reported	3%
Male	38%	TOTAL	4,074 (100%)
Unknown / Not Reported	2%		
TOTAL	4,074 (100%)		

La Voz de Esperanza: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities:

La Voz conducted the following activities during FY 2022-2023:

- Monthly food giveaway
- Clothing Closet
- Transportation to out-of-county appointments for families served
- One-on-one support for families to educate on mental health wellness
- Latina support groups
- Self-awareness groups

²⁶Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

- Paint and snack groups
- Art group
- Crocheting and knitting support group

FY 22-23 Program Successes & Outcomes:

During FY 2022-2023, the program provided 45 referrals to mental health and substance use services at LCBHS. Additionally, across Big Oak, Circle of Native Minds, and La Voz, 174 consumers completed the peer services survey. Of these respondents, 55% reported that they received useful resources and 49% reported their recovery needs were met. Please note, these responses are not limited to La Voz, but represent surveys across three Peer Support Centers as the surveys are all entered into the same system. Moving forward, LCBHS will work to identify responses from each Center.

As a notable success story, there was a youth who tried to die by suicide, and staff at the center wrapped the family and youth with support. Staff provided information on what mental health issues are and had numerous conversations to reduce the stigma the family felt around seeking treatment. Eventually, the family was able to seek treatment services for the youth and family.

Another success story includes a mono-lingual homeless gentleman with untreated mental illness who became housed. He was homeless and on the streets for seven years. He is currently housed, receiving treatment, and is now looking for a job. He is a participant in the FSP program at LCBHS.

FY 22-23 Program Challenges: Challenges include the center being shut down due to safety concerns and being short staffed. The center is sometimes closed during the day due to not having staff to cover when other staff is out of the office.

La Voz de Esperanza: Anticipated Activities & Numbers Served for FY 24-25

FY 24-25 Anticipated Activities: Activities at La Voz will continue as described above.

FY 24-25 Anticipated Numbers Served:

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

Family Support Center

Family Support Center: Program Description and Key Activities

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

Family Support Center: FY 22-23 Consumer Demographic Information (N=0)²⁷

Demographic information is not reported as the program did not serve any consumers in FY 2022-2023.

Family Support Center: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities: Program activities are not reported as the program did not serve any consumers in FY 2022-2023.

FY 22-23 Program Successes & Outcomes: Program successes and outcomes are not reported as the program did not serve any consumers in FY 2022-2023.

FY 22-23 Program Challenges: The main challenge is that the position of Parent Partner has been vacant. The program did hire for the position; however, this did not work out and they had to recruit for the position again. LCBHS hired a new Parent Partner in FY 2023-2024 (January 2024), and program activities, outcomes, successes, and challenges will be reported in the next Annual Update.

Family Support Center: Anticipated Activities & Numbers Served for FY 24-25

FY 24-25 Anticipated Activities: LCBHS filled the vacant Parent Partner position in FY 2023-2024 (January 2024). In FY 2024-2025, LCBHS intends that the parent partner will: work with the LCBHS clinical team to support parents/families of youth that are being served, conduct a support group for parents, conduct home visits, attend community events to raise awareness of available services, work with the Street Outreach Team to work with unhoused or substandard-housed families, and work with the OPS Team to provide MHFA training.

FY 24-25 Anticipated Numbers Served:

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

²⁷ Includes duplicated consumers.



Postpartum Depression Screening and Support: Mother-Wise

FY 2022-23 Program Overview			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15	<input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25	<input checked="" type="checkbox"/> Adult Age 26 – 59 <input type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Perinatal participants (maternal mental health screening, support, and services are highly limited in Lake County)			
Number served: 2,050 (duplicated consumers)		Total MHSA Cost: \$104,167	
FY 2024-2025 Program Projections			
Number to be Served: 1,800 (duplicated consumers)	Proposed MHSA Budget: \$140,000		Cost per Person: \$78

Mother-Wise: Program Description and Key Activities

The purpose of Mother-Wise is to provide respectful, judgment-free support, information, and resources to pregnant and perinatal mothers and caregivers in Lake County so that maternal mental health issues are destigmatized, and all aspects of motherhood are honored. Mother-Wise does this through two programmatic departments: community engagement and peer support. Their community engagement department includes a widely used donations closet, a car seat program (funded through First 5 Lake), and community events where mothers can benefit from making a connection to Mother-Wise and their work (Children’s Festival, Heroes of Health & Safety, etc.). Their peer support department includes in-person support groups, a virtual support group, 1:1 check-ins with perinatal moms, and special events including Wave of Light and the Angel Tree. The bulk of their services are provided in Lakeport and the Clearlake area, as well as online.

Mother-Wise: FY 22-23 Consumer Demographic Information (N=2,050) ²⁸

Data reflects duplicated consumers.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	15%	White / Caucasian	51%
Transition Age Youth (16-25)	--	Hispanic / Latino	9%
Adult (26-59)	85%	Black / African American	1%
Older Adult (60+)	--	American Indian / Alaska Native	4%
Unknown / Not Reported	--	Two or More Races	14%
Current Gender Identity		Another Race	--
Female	85%	Unknown / Not Reported	--
Male	15%	TOTAL	2,050 (100%)
Unknown / Not Reported	--		
TOTAL	2,050 (100%)		

Mother-Wise: FY 22-23 Outcomes, Successes & Challenges

FY 22-23 Program Activities:

During the middle of the fiscal year, staffing and Human Resources issues took center stage for the organization. Due to staff turnover, including the Executive Director and other staff members, much of the organization’s in-person group programming was put on hold as they prioritized individual outreach to perinatal moms. The numbers for this Annual Update, therefore, are either down significantly from previous years or nonexistent. However, their programming has since been on an incredible rise, with exciting updates to share in the next Annual Update.

In-person groups were changed as well in the spring of 2023, moving from a weekly in-office model that was built around a purchased curriculum to a model that the organization believes is better at meeting moms where they are. In-person groups now consist of craft activities, outdoor activities like berry picking, and events designed to bring a larger cross-section of moms together. The bulk of this was done after the end of the fiscal year, so it will be discussed in the next Annual Update.

An outside consultant was hired in January 2023 who had experience as Executive Director of a national non-profit based in Oakland. Subsequently, a plan was created to mend partner relationships, bring Mother-Wise into more community spaces, and create sustainable systems within Mother-Wise operations.

²⁸Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

Key activities conducted during the 2022-2023 fiscal year include:

Community Engagement Department:

Car Seat Program: While this program did not officially kick off until September 2023, the grant was awarded, and staff put forth many hours and effort in crafting it during FY 2022-2023. This same staff member also ran the donations closet at the time (Mother-Wise has since hired a part-time community engagement specialist who coordinates the donations closet).

Donations closet (“mom-to-mom closet” in the scope of services): Resources provided through the donations closet include 0-5T clothing, maternity clothing, and baby-related items (strollers, diapers, bottle feeding supplies, and the like). At least 200 moms received items from the donations closet, with actual items provided numbering in the several thousand. We provided approximately 40 “larger ticket” items (strollers, cribs, bed frames, etc.) throughout the fiscal year.



Peer Support Department:

Virtual support group (“social media” in the scope of services): As of the end of the fiscal year, Mother-Wise had 2,700 members in their virtual support group.

In-person support groups (“moms’ groups” and “mixers” in the scope of services): Mother-Wise held eight in-person group activities. Approximately 80 moms and 40 children ages 0-5 attended these groups. The bulk of those numbers come from events held in the community rather than in LCBHS offices, confirming an assumption that overall reach will be greater when the organization holds group events at parks and at various agricultural spaces around the county.

1:1 Perinatal check-ins (“referrals” and “screenings” in the scope of services): Mother-wise received 109 outside referrals and made 59 referrals to outside agencies. However, the current database does not adequately capture the number of referrals received from outside agencies, or the number of referrals made out to other agencies.

Special events: On October 15, 2022, Mother-Wise co-sponsored the annual “Wave of Light” celebration with Lake County Hospice and Adventist Health. This celebration is in honor of Pregnancy and Early Infant Loss Awareness Month and is an international candle-lighting ceremony at 7pm local time (thus creating a “wave of light” to honor the babies lost in the year prior). Approximately 40 attendees joined together to share stories and comfort one another.



FY 22-23 Program Successes & Outcomes: Mother-Wise had a change in leadership at the Board- and staff-level, leading to a cohesive team that is committed to a deep, intentional examination of and adjustments to the organization’s work and processes. Mother-Wise identified a significant need in the community (lack of access to child passenger safety systems), then obtained funding for and created an entirely new program (the “Car Seat Program”). During the fiscal year, they were awarded the grant from First 5, adjusted staffing in order to properly structure the program, sent a staff member to a Child Passenger Safety training course to become certified, and prepared all systems to launch the program in September 2023.

FY 22-23 Program Challenges: As indicated above, there was significant staff turnover during FY 2022-2023, and the organization has had a challenging time recruiting and retaining bilingual staff. The staffing issues have stymied much of their programmatic work this past fiscal year. For half of the reporting period, Mother-Wise had one staff person at 20 hours per week doing all the peer support work (in-person groups, events, 1:1 perinatal check-in, and virtual support group), which is neither efficient nor sustainable. Mother-Wise continues to exist because of this staff member, and they are forever grateful to her.

Mother-Wise is thrilled to report that an independent consultant with nearly a decade of experience running nonprofit organizations was hired as an Interim Executive Director beginning January 31, 2023. All job descriptions were updated, and plans were laid to adjust staffing responsibilities and programmatic departments. Mother-Wise is looking forward to sharing more of their solutions to the challenges at the end of this calendar year.

Mother-Wise: Anticipated Activities & Numbers Served for FY 24-25

FY 24-25 Anticipated Activities: While Mother-Wise is open to expansion of and changes to programs, their primary goal in the next fiscal year is to assess their current programming and operations, with an eye on the following questions:



- Do we have the right programmatic structure and staffing in place to achieve our intended outcomes?
- How can we better collect data so that we are able to more fully understand the needs of our community and more effectively tell our story to funders and donors?

FY 24-25 Anticipated Numbers Served:

Consumers	Population
50	Children & Youth (0-15)
200	Transition Aged Youth (16-25)
1,500	Adults (ages 26-59)
50	Seniors (ages 60+)
1,800	TOTAL

Prevention Mini Grants

FY 2022-23 Program Overview	
Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified
Service Area:	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations
Target Population(s):	<input checked="" type="checkbox"/> Children Age 0 – 15 <input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25 <input checked="" type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): Native American, Latinx, individuals who have a disability, older adults	
Number served: N/A	Total MHSA Cost: \$17,500
FY 2023-2024 Program Projections	
Number to be Served: N/A	Proposed MHSA Budget: \$30,000
Cost per Person: N/A	

Prevention Mini Grants: Program Description and Key Activities

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

LCBHS awarded 11 mini-grants in FY 2022-2023; the recipients are briefly described below. Additional information about mini grant programs is available in *Appendix E*.

- Middletown Art Center - Art & Identify:** Middletown Art Center (MAC) offered a series of Character Design workshops to teens ages 12-18. Students participated in 1.5- and 3-hour workshops at MAC. Workshops were led by MAC credentialed art teachers and by young Native Artist Kilak Malicay who was mentored by the teaching artists. The project is focused on identity with exposure to work from various cultures from the onset. Likewise, work at the MAC gallery includes artists from diverse cultures. Students worked together and shared their deepest selves, fears, fetishes, loves, gender confusions and peculiarities with one another through drawing as they built a small artistic community and cultivated a sense of belonging. Malicay also utilized music during work to encourage bonding across race, gender, and abilities. Making and sharing art in community was a uniting force.
- RCS – Behavioral Health Curriculum & Resources:** Redwood Community Services (RCS) will purchase curriculum, workbooks, and resources needed for intervention that are age-appropriate and supportive of evidence-based practices. RCS staff members, including clinicians, mental

health rehab providers, and case managers, will utilize purchased items to enhance offered mental health services to Lake County Medi-Cal beneficiaries receiving Specialty Mental Health Services.

- **Culture is Medicine:** The Scotts Valley Band of Pomo Indians plans to hold cultural gatherings that include eating together, praying, and a cultural activity such as regalia making, beading, sewing, traditional dancing, basket weaving, or seaweed gathering. Educational resources and referrals to mental health services will be made available at these gatherings and an educational component regarding mental health issues and where to get help will also be included.
- **Historical Trauma & Resilience of Native Americans:** The program is planning a workshop for providers of mental health and social services. The workshop will include education in the form of a PowerPoint presentation, a panel of experts, and resources to support the Native American community as it battles poverty, mental health issues, suicide, domestic violence, incarceration (often from a young age), and mental health service gaps and disparities caused by historical trauma. The program will provide handouts and explain how implementing ceremony and culture will aid in one's path to recovery from symptomology surrounding historical trauma. The workshop will provide all the necessary information and resources to help providers assist their clients with historical trauma among the Native American population they serve.
- **Kelseyville High School Community Groups:** The program will be an exploration of how trauma affects overall mental health and functioning, interpersonal relationships, impulse control, and brain functioning. The program will teach healthy coping skills to combat the effect of trauma and chronic stress on the individual. The program will conduct weekly sessions with a counselor or a school psychologist in small group settings (10-12 students), focusing on daily application of skills taught.
- **Queer Prom:** For many lesbian, gay, bisexual, transgender, queer/questioning students, and TAY, the excitement of prom season may be overwhelmed by concerns that they may not feel welcome, or worse, might be actively excluded from prom. Prom is meant to be a joyous occasion and remains an important rite of passage for students all over the country. The Harbor's "Queer Prom" will provide a space for individuals to feel comfortable and secure at prom while still expressing their individuality and creativity. This event will closely mirror traditional prom gatherings; however, at this event, the participating students are allies or members of the LGBTQIA2S+ community.
- **Senior Low Vision Support:** Through the partnership with KSS, up to Ten (10) senior clients will be identified who have reported vision loss preventing their ability to lead productive independent lives. Vision loss increases the risk of further mental health challenges, presents a high likelihood of falls, and can lead to greater social isolation leading to stigma, depression, and suicide risk. The CDC reports that early detection of eye conditions is efficacious and cost effective. Respondents to the National Eye Health Education with their "attitudes and practices survey" consider the loss of eyesight as the greatest impact on seniors' day-to-day life.

- **Supporting McKinney Vento Students:** The program is aimed at helping students and families succeed. The program supports the needs of the students that are faced with homelessness, as well as foster children. The program eliminates barriers that make it difficult to attend school on a regular basis and provides parents of school-age children with needed resources. Some of the things advocates and McKinney-Vento Liaisons will help with include transportation, school supplies, clothing, food, hygiene products, and temporary housing. These services are provided at school, at homes, shelters and throughout the community.
- **Transforming Power of Caregiving:** Hospice of Lake County will provide two consecutive 5-hour workshops/groups for up to 22 individuals, focusing on caring for a loved one with dementia/Alzheimer's disease. Topics that will be covered include: the three stages of dementia/Alzheimer's disease; grieving the losses in the caregiver's life and the patients who are experiencing a debilitating condition; tools for dealing when an unexpected side of an individual comes out, awareness of when it feels like the individual is struggling with denial, feelings of failure and guilt; handling frustration and anger; how to emotionally and spiritually care for oneself while caring for someone else; finding support; learning to accept the person that he/she is now; and acknowledging the courage and sacrifice being made as a caregiver.
- **Writing While Recovering:** Writing While Recovering was an interactive series of writing classes specifically designed to help those individuals struggling with depression, recovery, or other mental health stress-related issues. A series of eight (8), two (2) hour classes happened over a two-month period in Lakeport, Clearlake, and Middletown. The locations included the MAC in Middletown, The Circle of Native Minds in Lakeport, The Lake County Arts Council in Lakeport, and the Clearlake Senior Center. By offering these classes at various locations, people from all over the lake were given the opportunity to attend.
- **Young Life Mentorship:** Trained leaders walk alongside kids building authentic friendships with an emphasis on listening. Young Life Mentorship has fun activities and adventures at Club (WyldLife CLUB met at the Lower Lake Park utilizing the Community Action Group room). Leaders and kids meet in Connection groups (various locations, such as Austin Park, private home, etc.) to have deeper conversations in safe environments. Leaders also take kids to summer and winter camps. Club and Connection groups meet twice monthly. Winter Camp is in November and Summer Camp is in June/July. Contact work (mentoring) is ongoing. During the summer, Young Life Mentorship also does an 8-hour day camp for Grades 5-8 at Mandala Wellness Center on Cobb Mt. In January, Young Life Mentorship did a field trip activity to the Epicenter in Santa Rosa. The target population has been for youth grades 5-8 for CLUB and Connections and Grades 9-12 for Connections. Young Life Mentorship is all-inclusive, inviting all ethnicities.

Prevention Mini Grants: FY 22-23 Consumer Demographic Information

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

Prevention Mini Grants: FY 22-23 Activities, Outcomes, Successes, & Challenges

Key activities, successes, outcomes, and challenges for mini-grants awarded in FY 2022-2023 are briefly described below. This information was unavailable for 4 of the programs, including: Culture is Medicine,

Historical Trauma & Resilience of Native Americans, Kelseyville High School Community Groups, and Transforming Power of Caregiving. Additional information about each program is available in *Appendix E*.

Middletown Art Center – Art & Identify: Activities, Successes, and Challenges

MAC offered a series of Character Design workshops to teens ages 12-18 and served 31 teens. Students participated in 1.5- and 3-hour workshops at MAC. Workshops were led by MAC credentialed art teachers and by young Native Artist Kilak Malicay who was mentored by the teaching artists.

Students engaged in writing and drawing activities including:

- Responses to art in the gallery including how it spoke to them, what meaning they interpreted.
- “I am” poem exploring aspects of their own identities.
- Self-portraits – Internal/External divided self
- Character design and development: traits, characteristics, and identity of character. These reflect different aspects of them as well.
- Students felt reinforced in their skills which strengthened self-esteem.
- Students practiced using the arts as a tool for lifelong self-care.
- Students engaged in building a sense of self-identity and self-worth by expressing different parts of themselves, particularly their strengths and resilience that help address obstacles as they are becoming unique individuals.
- Students also experienced pride in having their work hung on the wall during class and in a section of the MAC gallery.



RCS – Behavioral Health Curriculum & Resources: Activities, Successes, and Challenges

Throughout the grant period, November 14, 2022, to June 30, 2023, RCS served 110 children, youth, and young adults and provided 2,943 number of therapeutic services including therapy and individual/group rehabilitation.

Through this Mini Grant, RCS was able to buy several supplies/curricula in each of the following categories: therapeutic games, sand play items, workbooks and curriculum, and art/craft supplies. Supplies purchased include, but are not limited to:

- Mindfulmazing Mega Emotions Bundle
- Ungame Families
- Character Building Card Game
- CBT Toolbox for Children
- Lego Brick Set
- Classic Sand and Play Sand for Sandbox
- Train Your Angry Dragon
- The Social Game of Self-Esteem

- Crayons, Colored Pencils
- Internal Family Systems Therapy
- DBT Workbook for Teens
- Teens Workbook to Self-Regulate
- Fidget/Sensory Items
- Mad Dragon: An Anger Control Game
- Therapy Games for Teens
- Stop, Relax, & Think
- Sand Tray Play Therapy Starter Kit
- Handholder Tray for Playing Cards
- Brief, Creative and Practical Art Therapy Techniques
- Social Skills games and Therapy Games
- Sand Tray Multicultural Family Dolls
- Kinetic Sand
- Conversation Cards for Families
- Playing CBT- Therapy Games for Kids
- Stacking Game promoting Self-Care
- A Little SPOT of feelings
- Modeling Clay
- Thumball
- Conversation Cubes
- Sand Tray Inclusive Doll Set
- Relationship Skills Gard Game
- Essential Conversation Cards
- Sand Tray Career Figures
- Play Dough

Among the 48 individuals for whom Child and Adolescent Needs and Strengths (CANS) Assessment and ANSA data were available to assess outcomes, just over 80% of the clients served who received at least two standardized assessments showed a reduction in symptomology and symptom improvement and/or stability of symptoms.

Key successes include the ability to offer varied interventions and have resources to aid children in expressing themselves, their thoughts, their feelings, and their trauma histories in an evidence-based manner. The following is a testament of a Mental Health Rehabilitation Specialist of the success she saw using the supplies with a client:

I have a five-year-old client on the spectrum. He struggles with emotional regulation, and he also has a hard time with free-form play. His deep need to follow the rules goes so deep that previously when playing games, for example, Connect Four, he will not play the game but demand that we recreate the pattern on the box cover. He has been unable to deviate without an emotional meltdown.

I introduced one of our new therapeutic intervention games, "Stop, Relax & Think." Because the rules of the game are about processing emotions and finding replacement behaviors, he has been not only willing but increasingly more adept at identifying a handful of emotional states and also carrying over that information into how others may feel. After the first time, he told me, "You have to bring this every time."

Because of this new intervention, I now have his whole family engaged and helping him identify his emotions.

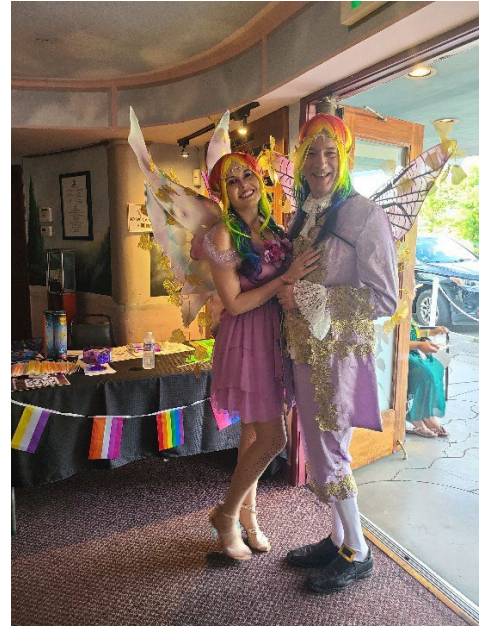
In addition, our therapist has been utilizing the new sand tray toys in multiple therapy sessions and expressed, "The children are loving being able to choose characters that look like them, and the bridge object is especially insightful as the children can describe a linkage between different scenes."

RCS did not encounter any challenges during the implementation of this grant project.



Queer Prom: Activities, Successes, and Challenges

The Harbor hosted (in collaboration with Middletown Unified School District) seven Queer Prom Planning Meetings where participants worked together to identify a prom theme, venue, entertainment, refreshments, and decorations for the event. Once details had been determined, youth came to The Harbor site an additional four times and assisted in preparing items such as decorating the chair which was used in the photo booth, assembling popcorn and cotton candy machines, and assisted in preparing the venue the day before the event took place. The Harbor team also made sure interested youth had access to formal wear for the event by promoting their Prom Project resources which included access to free clothing and accessories. The queer prom hosted approximately 35 youth, with 20 chaperones and two therapy dogs to ensure that there was enough oversight and support throughout the entire event.



Of the participants, 34 individuals completed the consumer survey:

- 100% responded reported “This event promoted a safe and inclusive environment” at least “most of the time or always.”
- 100% responded reported “This event promoted positive social connections” at least “most of the time or always.”
- 100% responded reported “I was treated with respect and dignity by staff” at least “most of the time or always.”

One notable success of the implementation of Queer Prom was the connection made with a Middletown Unified School District (MUSD) faculty member. The faculty member provided ongoing support and collaboration with Harbor staff in the planning process of Queer Prom. The faculty member was also integral in connecting MUSD students to The Harbor and Queer Prom by hosting hybrid planning sessions during Gay Straight Alliance meetings. Furthermore, the faculty member also introduced The Harbor to a colleague who donated an additional \$1,000 to the event, which was doubled by their employer, The Chan Zuckerberg Foundation, for a total of \$3,000.00 to supplement additional needs and supplies for Queer Prom.





During the Queer Prom event, a youth reported to The Harbor supervisor that they felt seen and were able to utilize this event as an opportunity to outwardly express their gender identity and participate in “fun things” with other LGBTQ+ identified peers.

Staff members from various Lake County school districts and Lake County entities volunteered as chaperones for the Queer Prom event. Their presence provided youth with a safe environment, as well as provided Harbor staff with support in overall oversight of the event. We successfully built relationships with community members and local businesses that will allow us to further provide inclusive and dignifying services, activities, and projects to LGBTQIA2S+ youth.

One challenge we faced was providing this opportunity to all of Lake County LGBT youth. With the lack of transportation services, it proved difficult for youth from around the Lake to attend the event. Another challenge we faced was staying within the identified budget while attempting to meet the needs and ideas of the youth involved in the planning process. Thankfully, we were awarded an additional donation from a community member which was matched by their employer and ultimately mitigated this issue allowing us to provide a wonderful event with entertainment, food that met all dietary restrictions, and a beautiful, well decorated venue. Additional challenges included discrimination from community members who alleged that the Queer Prom was an event promoting pedophilia and sexual misconduct. There were fears from staff and youth about safety of the event and concerns that there would be protests from the community. Fortunately, the Lakeport Police Department was an excellent supporter of this event and assured us they would monitor the scene and be available if issues were to arise. Furthermore, The Harbor staff developed a flyer informing the community of the safety protocols in place as well as for the purpose of educating the community about the intentions of the project.

Senior Low Vision Support: Activities, Successes, and Challenges:

The program conducted the following activities:

- Two (2) events for isolated older persons: Group education provided for support groups by rehab specialist from the Earl Baum Center of Santa Rosa. Senior Peer Support Counseling staff were present at these events.
- Peer Mentorship: Utilizing the established KSS Peer connections for support and shared learning experiences to prevent greater vision loss. Mentorship sites were held at the LCBHS Peer Support Centers, Kelseyville and Middletown Senior Center, and Lakeport Library. Project is continuing after grant funding at the Lakeport Library.
- Outreach and education: Outreach, Education and Mentorship sites were held at the LCBHS Peer Support Centers (4 in attendance), Kelseyville Senior (2 in attendance), Middletown Senior Center (4 in attendance), and Lakeport Library (8 in attendance) This is continuing after grant funding at Lakeport Library.

During the program, all participants were introduced to existing resources (i.e., Earl Baum Center and the KSS staff and other volunteers) to have ongoing linkage and support. Additionally, at least 80% of participants were able to identify mental health services locations and other related services for vision impairment.

A key success of the project was that the outreach, awareness, and education for seniors with low vision impairment was initiated in Lake County for the first time. The partnership with KSS and Sunrise Special Services enhances both organizations' services. The activities for this project will continue as part of the ongoing collaboration between KSS, Lake County Library, and Sunrise Special Services.

Supporting McKinney Vento Students: *Activities, Successes, and Challenges:*

Some of the services provided and outcomes achieved during the 2022-23 school year include:

- There was 40% increase in attendance among families working with student and family advocates.
- Two families were temporarily housed at the Skylark Hotel for a total of six nights and six families received housing assistance.
- Provided transportation for the duration of the school year for four families that were experiencing homelessness and had a housing placement out of the school district. Also provided rides, bus passes, and ways of transportation for families needing to get to school, back home, to doctor appointments, and/or social service appointments.
- Provided 20+ students with school supplies and backpacks.
- Provided other resources for multiple students, including four students who received eyeglasses and eight students who received FAFSA assistance.
- Provided transportation for eight students to medical appointments.



Other successes achieved during the grant period included: helping many homeless students make it to school on regular bases; helping support these students with meals both in the home as well as on campus; helping students with school supplies, clothing, and transportation to and from school for them to be successful in the classroom; and helping students and their families find housing who are facing hardship.

Success Story 1: There was a family of three (mom and two elementary students) that needed assistance to enroll the students into school. The program helped place this family both in a hotel, and a homeless

shelter that led to a rental unit. They then provided these children with school supplies, clothing, and transportation when needed and got them signed up for food assistance and cash aide.

Success Story 2: Staff identified a homeless single mom of three children, two of which were school-age children who had never attended any kind of schooling before. The two school-age children were in the 3rd grade. The program helped this family with enrollment, transportation, clothing, school supplies, food, and other resources when they arose. This mom was able to have time to find a job and find a reliable way of transportation to get her children to and from school daily.



Some challenges faced during the grant period were that although the program provided support daily to the families in need, sometimes the families would not return calls, making it difficult to stay in contact to provide consistent support. Sometimes their living conditions were tough, and if the students were too tired to attend school on that day, they would sleep in and miss the transportation provided. Other times, students/parents' phone numbers would be disconnected or changed, and staff would not get an updated number for a period, along with their housing situation changing, which made it difficult to stay in contact to support them.

The program addressed these challenges by continuously building rapport with the family and letting them know to just stay in communication with staff at the school, even if they needed to miss school due to their circumstances. Staff wanted to stay in consistent contact so that when the families were faced with difficult days, weeks, or months, they knew they had the program to help support them along the way and find resources for them. Often, staff would bring schoolwork to their home, find new ways of transportation by collaborating with other school districts, and again reassure them that as long as they stay in touch with schools and programs, staff will do all we can to support them.

Writing While Recovering: Activities, Successes, and Challenges

There were five classes taught in total. In those classes, there were 37 people altogether, however some people came to more than one class. There were food resources given out with the various food pantries, as well as transportation flyers from Lake Links. In addition, people were given the opportunity to discuss any events they knew in their neighborhood. By sharing the events in their neighborhood, events from Cobb, Kelseyville, and even Clearlake Oaks were brought up. Many people mentioned they had never heard of certain events. Among the 35 people, four people needed to access a mental health professional for help. The mental health professional helped individuals center themselves, talk things out, and simply have a neutral perspective on what they needed to talk about.

Outcome data was not collected for FY 2022-2023. In the future, clients will be asked for personal information if they are willing to give it, and with that contact information, they will receive a phone call or email to check-in. The check-in will assess if they are still writing and if they need to be connected to other community resources.

One program success achieved during the fiscal year was teaching individuals the importance of writing for mental health. The writing classes helped individuals express themselves in a way they most likely have never done before. Trauma has affected all of us, so knowing they felt comfortable enough to express their feelings was a huge success. Every class began with a different theme of wellness such as ‘joy’ and ‘resilience’. By using universal themes, every piece of writing was different, but everyone felt heard by sharing their piece.

Another huge success was the partnership between the teachers and the Circle of Native Minds. Historically in Lake County, the writing of stories and expression of trauma rarely happens. Having classes at their resource hub gave people the opportunity to express themselves in a safe environment they have never had.

“Letting individuals express themselves was a huge joy for me. As someone who has their own mental health struggles, teaching was a different kind of healing. I can’t wait to do it again next year.”—Teacher

“The way that Jordan taught us was so helpful. She meets you where you are at and makes a safe space for you.”—Student

The only challenge that came up had to do with the sharing of the individual’s pieces. Since this class was aimed at writing for mental health wellness and overcoming challenges, there were moments when individuals found themselves triggered or agitated by what they wrote about. When that happened, the mental professional that was at every class was there to talk with them and ensure their safety. This made it so everyone felt safe to speak up if they wanted and feel okay. By having the mental health professional present, the amount of people who shared increased and the uneasy feeling decreased.

Young Life Mentorship: Activities, Successes, and Challenges

Lake County Young Life Activities conducted from January – May 2023 include:

- Epicenter Event in Santa Rosa WyldLife:
 - 22 grade 5-8 attendees, four grade 9-12 leaders, one adult helper
- WyldLife CLUB – Bimonthly meetings on 1st and 3rd Tuesdays with food, games, and club talk and group meetings
 - Eight regular CLUB meetings: 70 attendees
 - One special Family CLUB meeting: 52 attendees
- Connections WyldLife girls met bimonthly starting with food, group study/talk, games
 - Seven meetings: 35 attendees
- Young Life Connections:
 - Five sessions: 30 attendees
 - Young Life Summer Camp – two youth and three leaders
- WyldLife Summer Camp:
 - 10 youth and four leaders

Prevention Mini Grants: Anticipated Activities & Numbers Served for FY 24-25

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



Statewide, Regional, and Local Projects

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

FY 2022-23 Program Overview	
Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified
Service Area:	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access & Linkage to Treatment <input checked="" type="checkbox"/> Stigma and Discrimination Reduction <input checked="" type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations
Target Population(s):	<input type="checkbox"/> Children Age 0 – 15 <input checked="" type="checkbox"/> Transitional Age Youth Age 16 – 25 <input checked="" type="checkbox"/> Adult Age 26 – 59 <input checked="" type="checkbox"/> Older Adult Age 60+
Underserved Population(s): N/A ²⁹	
Number served: 400	Total MHSA Cost: \$52,309
FY 2024-2025 Program Projections	
Number to be Served: 500	Proposed Total MHSA Budget: \$55,000 Suicide Prevention: \$30,000 Statewide, Regional, and Local Projects: \$25,000
	Cost per Person: \$110

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

Local projects include several activities as follows:

Suicide Prevention includes efforts to address and prevent suicide. Specific activities include Know the Signs; Life is Sacred Alliance; The Question, Persuade, Refer (QPR) program; Applied Suicide Intervention Skills Training; Lake County Suicide and Substance Use Prevention; after hours Warm-Line; Suicide Prevention Hot Line; and the Lake County Suicide Prevention Facebook page.

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

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

²⁹ Local, Regional, and Statewide projects serve a variety of consumers, including many underserved populations.



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

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

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

Statewide, Regional, and Local Projects: FY 22-23 Consumer Demographic Information³⁰

Suicide Prevention Hotline: FY 22-23 Consumer Demographic Information (N=75)

Data reflect demographic information for unduplicated Lake County residents calling the Suicide Prevention hotline.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	--	White / Caucasian	9%
Transition Age Youth (16-25)	--	Hispanic / Latino	--
Adult (26-59)	--	Black / African American	--
Older Adult (60+)	--	American Indian / Alaska Native	--
Unknown / Not Reported	100%	Two or More Races	--
Current Gender Identity		Another Race	--
Female	51%	Unknown / Not Reported	91%
Male	49%	TOTAL	75 (100%)
Unknown / Not Reported	--		
TOTAL	75 (100%)		

³⁰Race/ethnicity may add up to greater than 100% if individuals reported Hispanic / Latino and another race.

QPR Training: FY 22-23 Consumer Demographic Information (N=134)

Data reflect demographic information for 134 unduplicated participants in QPR trainings who completed the training pre-survey.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	95%	White / Caucasian	42%
Transition Age Youth (16-25)	--	Hispanic / Latino	32%
Adult (26-59)	5%	Black / African American	8%
Older Adult (60+)	--	American Indian / Alaska Native	11%
Unknown / Not Reported	--	Two or More Races	--
Current Gender Identity		Another Race	7%
Female	53%	Unknown / Not Reported	--
Male	42%	TOTAL	134 (100%)
Unknown / Not Reported	5%		
TOTAL	134 (100%)		

Know the Signs Training: FY 22-23 Consumer Demographic Information (N=50)

Data reflect demographic information for 50 unduplicated participants in Know the Signs trainings who completed the training pre-survey.

Demographic Characteristic	% of Consumers	Demographic Characteristic	% of Consumers
Age		Race / Ethnicity	
Children/Youth (0-15)	100%	White / Caucasian	26%
Transition Age Youth (16-25)	--	Hispanic / Latino	26%
Adult (26-59)	--	Black / African American	6%
Older Adult (60+)	--	American Indian / Alaska Native	20%
Unknown / Not Reported	--	Two or More Races	--
Current Gender Identity		Another Race	22%
Female	36%	Unknown / Not Reported	--
Male	48%	TOTAL	50 (100%)
Another gender	16%		
Unknown / Not Reported	--		
TOTAL	50 (100%)		

Statewide, Regional, and Local Projects: FY 22-23 Outcomes, Successes & Challenges

Suicide Prevention: In FY 2022-2023, the Suicide Prevention hotline supported 75 individuals through 77 calls.

QPR: Approximately 200 individuals, including local residents, high school youth, and adults became certified QPR gatekeepers.

A pre-post survey was administered to participants to assess changes in knowledge, attitudes, and behaviors around suicide prevention. At this time, post-survey data were unavailable; therefore, changes in responses from before and after the survey could not be calculated. However, anecdotally, participants in the QPR trainings shared encouraging comments as to the quality of information and instruction provided. In the future, LCBHS will work to provide complete data for pre- and post-training surveys. Baseline data from the 134 completed pre-training surveys is reported below.

At the start of the training:

- 25% of participants had “low” knowledge about warning signs of suicide
- 45% of participants had “low” knowledge about how to ask someone about suicide
- Approximately one-third (33-35%) of participants had “low” knowledge about how to get help for someone or how to persuade someone to get help
- 47% had “low” knowledge about local resources for help with suicide

Although only baseline data were available, these data demonstrate the need for and utility of suicide prevention training in the county.

Know the Signs: Approximately 125 students in grades 7 and 8 participated in this suicide prevention, step 1, gatekeeper education training.

A pre-post survey was administered to participants to assess changes in knowledge, attitudes, and behaviors around suicide prevention. At this time, post-survey data were unavailable; therefore, changes in responses from before and after the survey could not be calculated. In the future, LCBHS will work to provide complete data for pre- and post-training surveys. Baseline data from the 50 completed pre-training surveys is reported below.

At the start of the training:

- 24% of participants had “low” knowledge about warning signs of suicide
- Approximately one-third (32-36%) of participants had “low” knowledge about how to ask someone about suicide, how get help for someone, or how to persuade someone to get help
- 36% had “low” knowledge about local resources for help with suicide

Although only baseline data were available, these data demonstrate the need for and utility of suicide prevention training in the county.

Challenges: A key challenge for this program and any program like it, is to have people (adult population) attend and complete the training. Suicide is a sensitive subject and often holds stigma or brings up traumatic memories for those who would like to attend but might not be able to finish the conversation. One way to help overcome or address these issues of suicide and the stigma and/or the trauma that can

come with it is to talk about it—bring up the conversation, talk, and listen without judgment, and keep inviting people to speak about it.

Another challenge for the QPR and Know the Signs training was reestablishing a regular presence on the local school campuses and reestablishing consistent and consecutive training days for students. Some of this is due to lingering effects of COVID-19 and some of this is due to the amount of curriculum teachers must complete in their classrooms.

Statewide, Regional, and Local Projects: Anticipated Activities & Numbers Served for FY 24-25

FY 24-25 Anticipated Activities: Program activities will continue as described above. LCBHS also anticipates adding more certified program instructors to reach more local community members.

FY 24-25 Anticipated Numbers Served: LCBHS anticipates serving 200 – 500 youth and adults through suicide prevention programs.

Innovation

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

Multi-County Full Service Partnership Innovation Collaborative

FY 2022-2023 Program Overview			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Total MHA Cost: \$357,900			
FY 2024-2025 Program Projections			
Proposed MHA Budget: \$27,500			

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

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

LCBHS management and community stakeholders have consistently identified the need for clear, consistent, and reliable data and outcomes to assist programs in identifying goals, measuring success, and pinpointing areas that may need improvement. This past year, LCBHS has been working with the project’s coordinator, Third Sector, to identify the areas of the local FSP program most in need. This has included interviews with staff and consumers. As a result, in addition to the statewide improvement strategies, local Implementation Strategies have been developed focusing on consistent eligibility criteria and consistent existing processes. The FY 2022-2023 INN report is available in *Appendix D*.

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

Workforce, Education, and Training

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

Workforce Education and Training

FY 2022 – 2023 Program Overview	
Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified
Total MHSA Cost: \$129,243	
FY 2024-2025 Program Projections	
Proposed MHSA Budget: \$265,000	Workforce Staffing and Support: \$105,000 Training and Technical Assistance: \$80,000 Mental Health Career Pathways Program: \$40,000 Residency/Internship: \$0 Financial Incentive Program: \$40,000

Workforce Education and Training: Program Description and Key Activities

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

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

and language proficiency shortfalls, and 3) promoting employment and career opportunities for individuals with consumers and family member experience in all public mental health positions.

Workforce Education and Training: FY 22-23 Outcomes, Successes & Challenges

WET Collaborative: During this past year, LCBHS continued to work with the Superior Region on the Regional WET Collaborative. By participating and contributing to the collaborative, California's Department of Health Care Access and Information, formerly Office of Statewide Health Planning and Development – OSHPD, will contribute a two-for-one match in the collaborative project. The Superior Region collaborative has decided the funds will be used for 1) Undergraduate College/University Scholarships, 2) Clinical Master & Doctoral Graduate Education Stipends, 3) Loan Repayment, and 4) Staff Retention Activities. Lake County had contributed \$54,479, funded from Mental Health Career Pathways and Financial Incentives.

Up to this point:

- In cohort 1 FY 2022-2023, Lake deployed the stipend and loan repayment programs. Lake awarded one stipend applicant \$6,000 in exchange for a 12-month service commitment. Lake awarded six loan repayment applicants \$11,000 each in exchange for a 12-month service commitment. One awardee had a balance of \$557.11.
- In cohort 2 FY 2023-2024, Lake awarded five loan repayment applicants \$11,000 each in exchange for a 12-month service commitment.

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

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

E-learning System: WET Training and Staff Development also funds the RELIAS e-learning system and its Behavioral Health Solutions component. There are hundreds of trainings available, many including continuing education units, and LCBHS was able to upload recorded trainings they had conducted. LCBHS has determined a training schedule, using RELIAS, for onboarding new employees, as well as providing annual trainings and trainings specialized by job description/roles. Local control over the system is planned to be increased, offering more flexibility. This system costs \$20,000 per year out of Training and Technical Assistance.

Between staff training and trainings done through RELIAS and required online training, there were of total of 699.719 hours of training in the department in FY 2022-2023.

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

Workforce Education and Training: Anticipated Activities for FY 24-25

The passage of Proposition 1 has cast some doubt on the long-term availability of local WET funding. Therefore, some of the longer term planning is not possible until the state provides more clarifying information. LCBHS is contemplating a WET Innovation project in conjunction with other counties. However, more clarification is needed before fully moving forward with that as it would be a multi-year commitment, though thought to be valuable.

In FY 2024-2025, LCBHS will continue working with the Superior Region Collaborative to make WET programs available to staff and community members. In cohort 3, LCBHS marketed the Loan Repayment program and is scheduled to award five \$10,000 awards. Lake also marketed the Educational Scholarship program and is scheduled to award five \$5,000 awards. Lake also marketed the Post Graduate Stipend Program and is scheduled to award four \$6,000 awards. A reallocation of funds between programs may occur depending on the number of applicants in each program. This will ensure a complete spend down of WET RP program funds prior to program sunset on 06/30/25. All award acceptances require a 12-month service commitment.

Over this next year, WET funds will continue to be used for staff trainings, including expenses related to training, such as travel and tuition. Training dollars will also be utilized through the Relias e-learning system as described above. Training funds will also be utilized to pay for treatment staff obtaining licensures and certifications. Additional training funds will be to support peers in their peer training, testing and certification.

It is still the interest of “growing our own” staffing from within the community. Experience has shown that those with roots in the community not only are more invested in the community but are also more likely to stay in the community, even after financial incentives have been exhausted. Therefore, LCBHS is still interested in utilizing WET Career Pathways and Financial Incentives funds to provide scholarships to employees, peers, and students interested in pursuing a career in the mental health field. This includes developing and retaining the workforce by supporting individuals on the entry-level part of the ladder by providing recruiting opportunities for those interested in the field, helping individuals start to take classes, and helping individuals get into a college program. There will also include opportunities to gain certification for peer support specialists under SB 803. This “grow our own” approach is more likely to retain staff rather than recruit outside the community.

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

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

Again, the long-term plans will depend on how WET funding shapes up across the state and who is centralizing WET funding more.

Capital Facilities and Technology Needs

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

Capital Facilities

FY 2022 – 2023 Program Overview			
Status:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
Total MHSA Cost: \$0			
FY 2024-2025 Program Projections			
Proposed MHSA Budget: \$1,030,000			
South Shore Improvements: \$1,000,000			
Keyless Entry System: \$30,000			

Capital Facilities: Program Description and Key Activities

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

Capital Facilities: FY 22-23 Outcomes, Successes & Challenges

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

Capital Facilities: Anticipated Activities for FY 24-25

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



Lake County Electronic Health Record Project

FY 2022 – 2023 Program Overview

Status: New Continuing Modified

Total MHSA Cost: \$128,825

FY 2024 - 2025 Program Projections

Proposed MHSA Budget: \$32,000

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

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

Lake County Electronic Health Record Project: FY 22-23 Outcomes, Successes & Challenges

Over this past year, LCBHS has continued to work towards obtaining a new EHR. In partnership with the EHR multi-county collaborative coordinated by CalMHSA, a Request for Proposal (RFP) was issued, and the collaborative identified a new EHR. Among the collaborative, Lake County pioneered the EHR chosen, SmartCare, launching it in March 2023. Of the \$32,000 budgeted for Electronic Needs for the EHR last year, \$32,000 was spent.

Lake County Electronic Health Record Project: Anticipated Activities for FY 24-25

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

MHSA Housing Program

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

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

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

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

Following a survey of stakeholders in 2018, in February of 2019, a public forum was held soliciting community input for the use of NPLH funds as well as the MHSA Housing allocation. Participants chose multi-use, mixed-use, multi-housing projects, with multiple target populations as the leading priority. The Lake County BOS in August 2019, after soliciting public comment, adopted its NPLH Housing Plan which prioritized several urgent affordable housing needs. Subsequently, the county applied for and received both non-competitive and competitive NPLH funds.

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

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



VI. Fiscal Year 2024-2025 Expenditure Plan

Overview & Funding Summary

The MHSa FY 2024-2025 Expenditure Plan is based on the budget allocation percentages mandated by MHSa, which are as follows: 76% of MHSa funds must be distributed across CSS programs (with half required to be used for FSP), 19% goes towards PEI programs, and 5% is for INN projects. Up to 10% of CSS funding may also be directed toward WET and CFTN initiatives. In addition, the Expenditure Plan includes budgetary estimates for the next two fiscal years; however, these estimates are subject to change depending on available MHSa funding. The third fiscal year of the Three-Year Plan will be updated in the next Annual Update based on community needs and possible changes in MHSa funding available to Lake County.

FY2024-25 Mental Health Services Act Three-Year Expenditure Plan:
Funding Summary

County: Lake County

Date: May 2024

	MHSa Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2024-25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,144,395	562,983	382,949	1,200,673	1,759,081	
2. Estimated New FY 2024-25 Funding	3,469,373	867,388	228,288			
3. Transfer in FY 2024-25 ^{a/}	0	0	0	0	0	0
4. Access Local Prudent Reserve in FY 2024-25	0	0	0	0	0	0
5. Estimated Available Funding for FY 2024-25	7,613,768	1,430,371	611,237	1,200,673	1,759,081	
B. Estimated FY 2024-25 MHSa Expenditures	4,950,000	1,360,000	37,500	265,000	1,062,000	
G. Estimated FY 2025-26 Unspent Fund Balance	2,663,768	70,371	573,737	935,673	697,081	

D. Estimated Local Prudent Reserve Balance**	
1. Estimated Local Prudent Reserve Balance on June 30, 2024	836,050
2. Contributions to the Local Prudent Reserve in FY 2024-25	0
3. Distributions from the Local Prudent Reserve in FY 2024-25	0
4. Estimated Local Prudent Reserve Balance on June 30, 2025	836,050

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.



Community Services and Supports (CSS) Component

Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan
Community Services and Supports (CSS) Component

County: Lake County

Date: May 2024

	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
Full Service Partnership (including Housing Access, Forensic 1. Mental HealthPartnership, and Older Adult System of Care)	3,000,000	2,500,000	500,000			
Non-FSP Programs						
1. Crisis Access Continuum	325,000	300,000	25,000			
2. Older Adult Access - Senior Peer Counseling	100,000	100,000				
3. Parent Partner Support	100,000	100,000				
4. Trauma-Focused Co-Occurring Disorder Screening & Treatment	85,000	50,000	35,000			
5. Native American Peer Counseling	50,000	50,000				
6. Outreach and Engagement	150,000	150,000				
7. Peer Support Recovery Centers: Peer Support	800,000	800,000				
CSS Administration	900,000	900,000				
CSS MHA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,510,000	4,950,000	560,000	0	0	0
FSP Programs as Percent of Total	60.6%					



Prevention and Early Intervention (PEI) Component

Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan						
Prevention and Early Intervention (PEI) Component						
County: Lake County						Date: May 2024
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Stabilization and Wellbeing: NEST	250,000	250,000				
2. Peer Support Recovery Centers	270,000	270,000				
3. Prevention Mini-Grants	30,000	30,000				
4. Postpartum Depression Screening and Support: Mother-Wise	140,000	140,000				
PEI Programs - Early Intervention						
5. Early Intervention Services	235,000	235,000				
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
6. Mental Health First Aid	20,000	20,000				
PEI Programs - Access and Linkage to Treatment						
7. Outreach and Engagement	75,000	75,000				
PEI Programs - Improve Timely Access to Services for Underserved Populations						
8. Older Adult Outreach and Prevention - The Friendly Visitor Program	50,000	50,000				
PEI Programs - Suicide Prevention						
9. Suicide Prevention (Statewide, Regional, & Local Projects)	30,000	30,000				
PEI - Stigma and Discrimination Reduction						
10. Statewide, Regional, & Local Projects	25,000	25,000				
PEI Administration	235,000	235,000				
PEI Assigned Funds	0	0				
Total PEI Program Estimated Expenditures	1,360,000	1,360,000	0	0	0	0

PEI Priority Area: Estimated Allocation

PEI Program	PEI Budget	PEI Priority Areas				
		Childhood Trauma Prevention & Early Intervention	Early Detection, Intervention, & Suicide Prevention	Youth Outreach & Engagement	Older Adult Services	Culturally Competent Services
Family Stabilization and Wellbeing: NEST	\$ 250,000.00					
Peer Support Recovery Centers	\$ 270,000.00					
Prevention Mini-Grants	\$ 30,000.00					
Postpartum Depression Screening and Support: Mother-Wise	\$ 140,000.00					
Early Intervention Services	\$ 235,000.00					
Mental Health First Aid	\$ 20,000.00					
Outreach and Engagement	\$ 75,000.00					
Older Adult Outreach and Prevention - The Friendly Visitor Program	\$ 50,000.00					
Suicide Prevention (Statewide, Regional, & Local Projects)	\$ 30,000.00					
Statewide, Regional, & Local Projects	\$ 25,000.00					
TOTAL	\$ 1,125,000.00	55%	49%	36%	14%	33%

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



Innovation (INN) Component

Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan						
Innovations (INN) Component						
County: Lake County	Date: May 2024					
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. FSP Collaborative	27,500	27,500				
INN Administration	10,000	10,000				
Total INN Program Estimated Expenditures	37,500	37,500	0	0	0	0

Workforce, Education, and Training (WET) Component

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



Capital Facilities and Technological Needs (CFTN) Component

Mental Health Services Act Annual Update: FY2024-25 Expenditure Plan						
Capital Facilities/Technological Needs (CFTN) Component						
County: Lake County						Date: May 2024
	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities - SouthShore Improvements	1,000,000	1,000,000				
2. Keyless Entry System	30,000	30,000				
CFTN Programs - Technological Needs Projects						
1. Lake County Electronic Health Record Project	32,000	32,000				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,062,000	1,062,000	0	0	0	0

VII. Appendices

Appendix A: Examples of CPPP Activity Flyers Distributed to Stakeholders

Community Program Planning Meeting #1 Flyers



Thursday, January 25, 2024
Mental Health Services Act
FY24-25 Annual Update
Program Planning Meeting

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

Please join us for the upcoming MHSA Community Program Planning Meeting! We will be discussing MHSA behavioral health programs and services for the Annual Update. All are welcome to attend! Your input is essential!



Community Program Planning Meeting

Date: Thursday, January 25, 2024

Time: 10:00 am – 12:30 pm

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

Web Link: [Zoom](#)

Phone Number: 1-669-900-6833
Meeting ID: 857 1929 0249

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

<http://tinyurl.com/Stakeholder-Survey-FY-24-25>

The survey is available in both English and Spanish and must be completed by Monday, February 12, 2024.



Please RSVP by emailing your Name and any direct questions to:

Patricia Russel,
LCBHS MHSA Analyst
Patricia.russel@lakecountyca.gov



Jueves, 25 de enero de 2024

Actualización anual de la Ley de Servicios de Salud Mental ano fiscal 24-25
Reunión de planificación del programa

¿Es usted un proveedor, parte interesada o miembro de la comunidad interesado en la Ley de Servicios de Salud Mental (Prop.63)?
¿O un consumidor de salud mental, familiar o amigo? ¿O le gusta asistir a un-Centro de Apoyo entre Pares?

Acompáñenos en la próxima Reunión de planificación del programa comunitario de la MHSA. Hablaremos sobre los programas y servicios de salud conductual de la MHSA para la Actualización anual. ¡Todos son bienvenidos a asistir! ¡Su opinión es esencial!



Reunión de planificación del programa comunitario

Fecha: Jueves, 25 de enero de 2024

Hora: 10:00 am - 12:30 pm

La reunión se celebrará utilizando la plataforma de videoconferencia Zoom. Usted puede unirse a través de un ordenador o dial-in por teléfono. La información sobre la reunión está más abajo.

Enlace web: [Zoom](#).

Número de teléfono: 1-669-900-6833

Identificación de la reunión:

857 1929 0249

Otras formas de compartir sus comentarios

También le invitamos a tomar una breve encuesta en línea para compartir sus experiencias con los programas y servicios LCBHS (haga clic en el enlace de abajo o utilice el código QR):

<http://tinyurl.com/Stakeholder-Survey-FY-24-25>

La encuesta está disponible tanto en inglés como en español y debe completarse antes del lunes 12 de febrero de 2024.



Por favor, confirme su asistencia enviando un correo electrónico con su nombre y cualquier pregunta directa a:

Patricia Russel,
LCBHS MHSA Analyst
Patricia.russel@lakecountyca.gov

Community Program Planning Meeting #2 Flyers



Martes, 28 de marzo de 2024 Actualización anual de la Ley de Servicios de Salud Mental (MHSA) AF24-25 Segunda reunión de planificación del programa comunitario

¿Es usted un proveedor, interesado o miembro de la comunidad con interés en la Ley de Servicios de Salud Mental (propuesta 63)? ¿O un beneficiario de los servicios de salud mental, un familiar o un amigo? ¿O disfruta de asistir al Centro de Apoyo entre Pares?

Acompáñenos en la **segunda** reunión de planificación del programa comunitario de la MHSA. Compartiremos los temas principales que necesitan ser revisados, proporcionaremos información actualizada sobre las estrategias actuales y previstas para hacer frente a las necesidades identificadas, y organizaremos un debate con las personas que asistan para reunir más opiniones de los interesados de la comunidad.

¡Todos son invitados a asistir! ¡Su participación es importante!

Segunda reunión de planificación del programa comunitario

Fecha: Martes, 28 de marzo de 2024

Hora: De 10:00 a. m. a 12:00 p. m.

La reunión se llevará a cabo mediante la plataforma de videoconferencias Zoom. Puede unirse desde una computadora o teléfono celular.

Enlace del sitio web:

<https://us06web.zoom.us/j/89930982521>

Id. de la reunión: 899 3098 2521
Número de teléfono: +1 669 900 6833



Envíe un correo electrónico para confirmar su asistencia detallando su nombre y cualquier pregunta dirigida a:

Patricia Russell,
Analista de LCBHS MHSA
Patricia.russell@lakecountycal.gov



Thursday, March 28, 2024
Mental Health Services Act
FY24-25 Annual Update
Community Program
Planning Meeting #2

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

Please join us for the **second** MHS Act Community Program Planning Meeting! We will share key themes from the needs assessment, provide updates to current and planned strategies to address identified needs, and host a discussion with those who attend to gather additional community feedback.

All are welcome to attend! Your input is essential!

Community Program
Planning Meeting #2

Date: Thursday, March 28, 2024

Time: 10:00 am – 12:00 pm

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

Web link:

<https://us06web.zoom.us/j/89930982521>

Meeting ID: 899 3098 2521

Phone Number: +1 669 900 6833



Please RSVP by emailing your name and any direct questions to:

Patricia Russell,
LCBHS MHS Act Analyst
Patricia.russell@lakecountyca.gov



Community Program Planning Events Flyers



Mental Health Services Act FY24-25 Annual Update

Welcome to Lake County Behavioral Health Services' MHS Act Annual Update process for FY2024-2025!

We are at the beginning of the annual update cycles and would like to present a planned schedule of community activities and invite participation from Lake County community members, providers, and partners from January 2024 through June 2024.

Learn more at the LCBHS Website:
<https://www.lakecountyca.gov/214/Mental-Health-Services-Act-MHSA>

Schedule of Community Planning Activities

Community Program Planning Meeting #1
Thursday, January 25, 2024
10:00 am – 12:30 pm
Virtual via Zoom

Community Survey
Opens: Tuesday, January 16th
Closes: Monday, February 12th

Community Program Planning Meeting #2
Thursday, March 28, 2024
10:00 am – 12:00 pm
Virtual via Zoom

Public Comment Period
May 7th through June 5th
(Tentative)
A draft Plan and notice will be posted to LCBHS website.

Public Hearing
June 6, 2024
Hosted by the LCBHS Behavioral Health Board

There are in-person participation options for each event at our five Peer Support Centers in addition to virtual participation via Zoom.

Questions or Concerns?

Please contact:

Scott Abbott,
LCBHS MHSA
scott.abbott@lakecountyca.gov

or

Courtney Davis,
RDA Consulting
cdavis@rdaconsulting.com



Actualización anual de la Ley de Servicios de Salud Mental para el año fiscal 24-25

¡Bienvenido al proceso de Actualización Anual de MHSa de Lake County Behavioral Health Services para al año fiscal 2024-2025!

Estamos al principio de los ciclos anuales de actualización y nos gustaría presentar un calendario previsto de actividades comunitarias e invitar a la participación de los miembros de la comunidad, proveedores y socios de Lake County desde enero de 2024 hasta junio de 2024.

Más información en la página web de la LCBHS:

<https://www.lakecountyca.gov/214/Mental-Health-Services-Act-MHSA>

Calendario de actividades de planificación comunitaria

Reunión nº 1 de planificación del programa comunitario
Jueves, 25 de enero de 2024
10:00 am - 12:30 pm
Virtual vía Zoom

Encuesta comunitaria
Abierto: Martes, 16 de enero
Cierre: Lunes, 12 de febrero

Reunión nº 2 de planificación del programa comunitario
Jueves, 28 de marzo de 2024
10:00 am - 12:00 pm
Virtual vía Zoom

Período de Comentarios Públicos
Del 7 de mayo al 5 de junio (Tentativo)
Se publicará un borrador del Plan y un aviso en el sitio web de la LCBHS.

Audiencia Pública
6 de junio de 2024
Organizada por la Junta de Salud Conductual de la LCBHS

Hay opciones de participación en persona para cada evento en nuestros cinco Centros de Apoyo de Pares, además de la participación virtual a través de Zoom.

Preguntas o Dudas?
Por favor contactar:

Scott Abott,
LCBH MHSA
Scott.abott@lakecountyca.gov

o

Courney Davis,
RDA Consulting
cdavis@rdaconsulting.com

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

Public Hearing Notice (English Version)

Lake County Behavioral Health

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

MHSA Annual Update for
Fiscal Year 2024-2025

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

- I. **The public review and comment period begins Tuesday, May 7, 2024 and ends at 5:00 p.m. on Wednesday, June 5, 2024.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be sent to **LCBHS, Attn: Scott Abbott, 6302 Thirteenth Ave, PO Box 1024, Lucerne, CA 95458**, or may be emailed to scott.abbott@lakecountyca.gov no later than 5pm on Wednesday, June 5, 2024. Please use the attached comment form. B
- II. **A Public Hearing will be held by the Lake County Behavioral Health Services Advisory Board on Thursday, June 6, 2024 at 10:00am – 12:00pm** for the purpose of receiving further public comment on the MHSA Annual Update for Fiscal Year 2024-2025. **The meeting will offer attendance in-person at the peer support centers (see addresses below) and be held virtually on the Zoom web-based meeting platform.** Attendees will have the option to join the public hearing via the meeting URL link, or dial into the meeting by phone. If you need support accessing or joining the public hearing, please contact Patti Russell at patricia.russell@lakecountyca.gov.

Zoom Virtual Meeting Information: [To be included in the final update]

Peer Support Center In-Person Meeting Locations:

- La Voz Esperanza Latino & Family Support Peer Support Center: 14092 Lakeshore Drive Clearlake
 - Circle of Native Minds Peer Support Center: 525 N Main St Lakeport
 - The Big Oak Peer Support Center: 13340 East Highway 20, Suite O, Clearlake
 - The Harbor on Main Peer Support Center: 154 South Main St., Lakeport
- III. **To review the MHSA Annual Update for Fiscal Year 2024-2025** or other MHSA documents via Internet, follow this link to the Lake County website:
<https://www.lakecountyca.gov/214/Mental-Health-Services-Act-MHSA>
 - IV. Printed copies of the MHSA Annual Update for Fiscal Year 2024-2025 are available to read at the reference desk of all public libraries in Lake County and in the public waiting areas of these Lake County offices, during regular business hours:
 - Lake County Library: 1425 North High St., Lakeport.



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

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

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

Public Comment Period: May 7th, 2024 through June 5th, 2024

Document Posted for Public Review and Comment:

MHSA Annual Update for Fiscal Year 2024-25

Document is posted on the Internet at:
[To be included in the final update]

PERSONAL INFORMATION (optional)

Name: _____
Agency/Organization: _____
Phone Number: _____ Email address: _____
Mailing address: _____

What is your role in the Mental Health Community?

___ Client/Consumer
___ Family Member
___ Educator
___ Social Services Provider
___ Mental Health Service Provider
___ Law Enforcement/Criminal Justice Officer
___ Probation Officer
___ Other (specify) _____

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

Public Hearing Notice (Spanish Version)

Salud Conductual de Lake County

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

Informe Anual de MHSA para el Año Fiscal 2024-2025

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

- I. **El período de revisión y comentarios públicos comienza el martes, 7 de mayo de 2024 y se extiende hasta las 5:00 p. m. del miércoles, 5 de junio de 2024.** Las personas interesadas pueden proporcionar comentarios por escrito durante este período de comentarios públicos. Los comentarios y/o preguntas por escrito deben enviarse a **LCBHS, Attn: Scott Abbott, 6302 Thirteenth Ave, PO Box 1024, Lucerne, CA 95458**, o pueden enviarse por correo electrónico a scott.abbott@lakecountyca.gov a más tardar las 5 p. m. del miércoles, 5 de junio de 2024. Por favor use el formulario de comentarios adjunto. |
- II. **Una audiencia pública organizada por la Junta Asesora de Servicios de Salud Conductual de Lake County tendrá lugar el jueves 6 de junio de 2024 de 10:00 a. m. - 12:00 p. m.** con el fin de recibir comentarios públicos adicionales sobre el Informe Anual de MHSA para el Año Fiscal 2024-2025. **La reunión ofrecerá asistencia en persona en centros de apoyo de pares (ver las direcciones a continuación) y se realizará virtualmente por la plataforma de reuniones basada en la web Zoom.** Los asistentes tendrán la opción de participar de la audiencia pública por el enlace URL de la reunión o llamar a la reunión por teléfono. Si necesita apoyo para acceder o unirse a la audiencia pública, por favor comuníquese con **Patti Russell** al patricia.russell@lakecountyca.gov.

Información de reunión virtual por Zoom: [To be included in the final update]

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

- Centro Latino de Apoyo de Pares La Voz Esperanza: 14092 [Lakeshore Drive Clearlake](#)
- Centro de Apoyo de Pares [Circle of Native Minds](#): 525 N [Main St Lakeport](#)
- Centro de Apoyo de Pares [The Big Oak](#): 13340 East [Highway 20, Suite O, Clearlake](#)
- Centro de [The Harbor on Main Peer Support Center](#): 154 South [Main St., Lakeport](#)
- Centro de Apoyo Familiar: 21389 Stewart Street, Suite E, [Middletown](#)

- III. **Para revisar el Informe Anual de MHSA para el Año Fiscal 2024-2025** u otros documentos por internet, siga este enlace al sitio web de Lake County:
<http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm>
- IV. Pueden obtenerse copias impresas del Informe Anual de MHSA para el Año Fiscal 2024-2025 para leer en el mostrador de referencias de todas las bibliotecas públicas de Lake County y en las áreas públicas de espera de estos consultorios de Lake County, durante los horarios normales de atención:



- Biblioteca de Lake County: 1425 North High St., Lakeport.
- Biblioteca de Lake County: 21256 Washington St., Middletown.
- Biblioteca de Lake County: 14785 Burns Valley Rd., Clearlake.
- Biblioteca de Lake County: 310 2nd St., Upper Lake.
- Consultorio de salud conductual: 6302 Thirteenth Ave, Lucerne.
- Consultorio de salud conductual: 7000-B South Center Dr., Clearlake.
- Centro Latino de Apoyo de Pares La Voz Esperanza: 14092 Lakeshore Drive Clearlake
- Centro de Apoyo de Pares Circle of Native Minds: 525 N Main St Lakeport
- Centro de Apoyo de Pares The Big Oak: 13340 East Highway 20, Suite O, Clearlake
- Centro de Apoyo de Pares The Harbor on Main 154 South Main St., Lakeport
- Centro de Apoyo Familiar: 21389 Stewart Street, Suite E, Middletown

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

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

Período de comentarios públicos: 7 de mayo de 2024 al 5 de junio de 2024

Documento publicado para revisión y comentarios públicos:

Informe Anual de MHSA para el Año Fiscal 2024-25

El documento está publicado en Internet en:

[To be included in the final update]

INFORMACIÓN PERSONAL (opcional)

Nombre: _____

Agencia/organización _____

Teléfono: _____ Dirección de correo electrónico address: _____

Dirección postal: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Cliente/Consumidor | <input type="checkbox"/> Proveedor de servicios de salud mental |
| <input type="checkbox"/> Miembro <u>familiar</u> <u>Family Member</u> | <input type="checkbox"/> Agente de orden público/ <u>Funcionario</u> de justicia penal |
| <input type="checkbox"/> Educador | <input type="checkbox"/> Agente de libertad condicional |
| <input type="checkbox"/> Proveedor de servicios sociales | <input type="checkbox"/> Otro (especificar) _____ |

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

Proof of Public Hearing Notice (English Version)



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MHSA Annual Update for Fiscal Year 2024-2025

LAKE COUNTY NEWS REPORTS POSTED ON TUESDAY, 14 MAY 2024 15:50  14 MAY 2024

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

MHSA Annual Update for Fiscal Year 2024-2025

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

I. The public review and comment period begins Tuesday, May 7, 2024 and ends at 5:00 p.m. on Wednesday, June 5, 2024. Interested persons may provide written comments during this public comment period. Written comments and/or questions should be sent to LCBHS, Attn: Scott Abbott, 6302 Thirteenth Ave, PO Box 1024, Lucerne, CA 95458, or may be emailed to scott.abbott@lakecountyca.gov no later than 5pm on Wednesday, June 5, 2024. Please use the attached comment form.

II. A Public Hearing will be held by the Lake County Behavioral Health Services Advisory Board on Thursday, June 6, 2024 at 10:00am – 12:00pm for the purpose of receiving further public comment on the MHSA Annual Update for Fiscal Year 2024-2025. The meeting will offer attendance in-person at the peer support centers (see addresses below) and be held virtually on the Zoom web-based meeting platform. Attendees will have the option to join the public hearing via the meeting URL link, or dial into the meeting by phone. If you need support accessing or joining the public hearing, please contact Patti Russell at patricia.russell@lakecountyca.gov.



Proof of Public Hearing Notice (Spanish Version)

Informe Anual de MHSA para el Año Fiscal 2024-2025

LAKE COUNTY NEWS REPORTS POSTED ON TUESDAY, 14 MAY 2024 15:52      14 MAY 2024

Salud Conductual de Lake County



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

Informe Anual de MHSA para el Año Fiscal 2024-2025

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

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Public Hearing Slides (English Version)

Welcome to Lake County's LCBHS MHSA Public Hearing for the FY 2024-25 Annual Update!

¡Bienvenido a la audiencia pública de la MHSA de LCBHS del Condado de Lake para la próxima Actualización Anual de 2024-25!


While you're waiting for the meeting to start, please take a moment to fill out the sign-in sheet and demographic form if you're attending **in person**.

If you're joining **online**, please enter your name in the chat box and fill out the demographic survey by following the link or scanning the QR code below with your smartphone.




Mientras espera que comience la reunión, tómese un momento para completar la hoja de inicio de sesión y el formulario demográfico si asiste **en persona**.

Si se está uniendo **en línea**, ingrese su nombre en el cuadro de chat y complete la encuesta demográfica siguiendo el enlace o escaneando el código QR a continuación con su teléfono inteligente.

Demographic Survey Link (or scan QR code):
<http://tinyurl.com/Demographic-Form-FY24-25>





Lake County's LCBHS MHSA Public Hearing for FY 2024-25 Annual Update

RDA CONSULTING

Welcome & Introductions

If you are attending in person, please take a moment to fill out the sign-in sheet. If you are online, please use the Zoom chat to introduce yourselves with your:

Name	Pronouns	Program
		

Agenda & Objectives

<h4>Agenda</h4> <ul style="list-style-type: none"> MHSA Training & Education <ul style="list-style-type: none"> MHSA Background Annual Update & Community Planning Process MHSA Modernization Overview (Proposition 1) & Q&A Community Needs Assessment Findings Proposed FY 24-25 MHSA Program Modifications FY 24-25 MHSA Program Budget Request Public Comment and Discussion 	<h4>Objectives</h4> <ul style="list-style-type: none"> Present proposed MHSA Annual Update developed with community input Provide opportunity for stakeholders to provide public comment
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Meeting Tips

- For those attending in person, there will be a coordinator at each site to help manage the Zoom meeting and facilitate attendee participation.
- If you are joining virtually, please find a quiet, distraction-free location with a strong Internet or phone connection, if possible. Consider closing any unnecessary applications to improve Zoom performance.
- Please save any substantive comments, questions, or feedback. Clarifying questions may be asked during the presentation by raising your hand or entering your question into the chat.
- If you are attending in person, raise your hand and an on-site coordinator will let us know there is a question or enter your question into the chat.

How to Contribute to the Discussion

Contribute to the discussion by:

- Computer:** To speak through your computer click on the *participants* icon at the bottom of the screen and select the *raise hand* icon.
- Phone:** To speak over the phone "raise hand" by pressing *9.
- Chat:** To share a comment using the Zoom chat feature, click on the *chat* icon at the bottom of the screen and type your comment into the chat box. A meeting facilitator will review your comment.
- E-mail:** Send your comments over email to Scott.Abbott@lakecountyca.gov

Mental Health Services Act: Training & Education

MHSA Background

- Proposition 63 passed on November 2, 2004
- 1% tax on income over \$1 million to *expand* and *transform* mental health services



MHSA Overview

CSS: Community Services & Supports (76%)

Outreach and direct services for serious emotional disturbances or serious mental illness (all ages)

PEI: Prevention & Early Intervention (19%)

Prevent the development of mental health problems, and screen for and intervene with early signs

INN: Innovation (5%)

Test new approaches that may improve outcomes

WET: Workforce Education & Training

Build, retain, and train public mental health workforce

CFTN: Capital Facilities & Technology Needs

Infrastructure support (electronic health record, MH facilities)

FY23-24 MHSA Programs

Community Services and Supports (CSS)	Prevention & Early Intervention (PEI)	Innovation (INN)
<ul style="list-style-type: none"> • Crisis Access Continuum • Forensic Mental Health Partnership • Full-Service Partnerships • Native American Peer Counseling • Older Adult Access • Parent Partner Support • Trauma-Focused Co-Occurring Disorder Screening & Treatment • Outreach & Engagement* • Peer Support Recovery Centers* 	<ul style="list-style-type: none"> • Early Intervention Services • Family Stabilization & Well-Being • Older Adult Outreach & Prevention • Peer Support Recovery Centers* • Outreach & Engagement* • Postpartum Depression & Screening • Mental Health First Aid • Prevention Mini-Grants • Statewide, Regional, & Local Projects 	<ul style="list-style-type: none"> • Multi-County Full-Service Partnership Innovation Collaborative • Capital Facilities & Technology Needs (CFTN) • Capital Facilities • Electronic Health Record Project • Workforce Education & Training (WET) • Workforce, Education, & Training

*Outreach and Engagement programs and Peer Support Centers receive funding from both CSS and PEI

MHSA Background & Overview

To learn more about the MHSA programs, please visit LCBHS' MHSA website:

<https://www.lakecountycalifornia.gov/214/Mental-Health-Services-Act-MHSA>

Annual Update & Community Planning Process



Purpose of Annual Update:

To provide updates to the adopted MHSA Three-Year Program and Expenditure Plan for FY 2023-26, including:

- Program status and service accomplishments in FY 2022-23
- Program changes beginning in FY 2024-25, based on needs assessment and stakeholder input



Community Planning Process:

The MHSA intends that there be a meaningful stakeholder process to provide subject matter expertise to the development of plans focused on utilizing the MHSA funds at the local level

PEI Evaluation Reporting

In FY18-19, the MHSOAC updated PEI reporting requirements to include evaluation of PEI programs. Reporting requirements include:

PEI Annual Report:

- Consumers served, consumer demographic information, and program accomplishments in previous fiscal year
- Specific program implementation and outcome information based upon PEI service area

PEI Three-Year Evaluation Report:

- Program status, consumers served, and program accomplishments during the previous three fiscal years
- Specific program implementation and outcome information based upon PEI service area

The FY2024-25 Annual Update will include LCBHS' FY24-25 PEI Annual Report. LCBHS has been working with all programs to strengthen data collection and outcome reporting, and PEI programs to strengthen PEI-specific reporting.

LCBHS

MHSA Stakeholders

Program planning shall be developed with local stakeholders including:

- Adults and seniors with severe mental illness
- Families of children, adults, and older adults with severe mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans and representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests

Source: WIC Section 5848. (a)

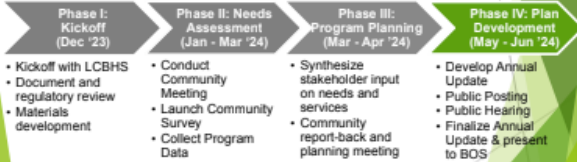
LCBHS

Roles & Responsibilities

Community Stakeholders	Present individual perspectives and lived experiences and share reflections of emerging strategies to meet the community's needs
Behavioral Health Services Department	Develop Annual Update that is reflective of community needs, priorities, and identified strategies
Mental Health Advisory Board	Assure stakeholder involvement, review and advise on the MHSA Annual Update, and conduct Public Hearing
Board of Supervisors	Review and approve the MHSA Annual Update
RDA Consulting	Collect and present findings on the current system, offer recommendations for the future, facilitate discussions, and compile information into the Annual Update

LCBHS

MHSA Planning Activities



LCBHS

MHSA Modernization Overview (Proposition 1) & Q&A

MHSA Modernization Overview

What is MHSA Modernization (Proposition 1)?

- Proposition 1 is a legislative statute intended to "modernize" MHSA and expand housing and treatment options for those with serious mental illness
- Proposition 1 was on the primary election ballot on March 5, 2024 and was passed by voters

LCBHS

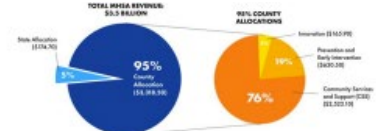


MHSA Modernization Overview

Proposition 1 has two key components:

- Behavioral Health Infrastructure Bond Act (AB 531) authorizes ~\$6.4 billion to build or develop behavioral health housing and treatment**
 - ~\$4.4 billion is earmarked for inpatient and residential treatment beds
 - ~\$2 billion is earmarked for permanent supportive housing, including ~\$1 billion for veterans
- The Behavioral Health Services Act (SB 326) amends the Mental Health Services Act**
 - Expands services to include substance use treatment
 - Renames the MHSA the Behavioral Health Services Act (BHSA)
 - Revises the distribution of MHSA funding to prioritize housing
 - Requires counties to bill Medi-Cal for reimbursable services
 - Establishes different oversight and accountability measures

Current Allocation:

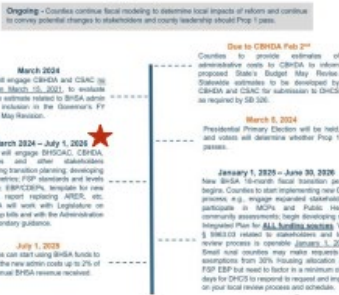


Proposed Allocation:



Source: <https://www.cbhda.org/behavioral-health-reform/>

SB 326 (Eggman) BHSA Timeline



By June 30, 2025
The county BOS must approve the first BHSA Three-Year Integrated Plan for FYs 2025/27-2028/29 and counties must submit approved documents to both DHCS and the BHSGAC.

Note per WIC 9 980.04 (d)(3)(A), DHCS may require a cumulative action plan, temporary services, or temporarily without payments to the county for medical behavioral health "already existing" for rate estimators.

June 30, 2027
Submit first Annual Update under BHSA. June 30th will be the ongoing date Annual Updates and Three-Year Plans will need to be approved by the local county BOS for submission to the state.

Counties will need to complete the local review process including stakeholder engagement, paid Plan documents for 90-day public comment, host public hearing with local advisory board and get on BOS calendar in order to have the Plan approved on line.

July 1, 2026
Transition to new funding categories and new Three-Year Integrated Plan FYs 2026/27-2028/29 is in place. Counties will need to track local metrics and state metrics (if identified by this bill), all expenditures and outcomes for each program included in the Plan and report out data in the Annual Update and new annual County Behavioral Health Outcomes, Accountability, and Transparency Report.

FBO 2026
Counties will submit first County Behavioral Health Outcomes, Accountability, and Transparency Report which replaces the ARPC.

Last revised 1/24/2024

MHSA Modernization Overview

Resources for the Behavioral Health Modernization Act (Proposition 1):

- Proposition 1 Overview and Resources (CalHHS):**
<https://www.chhs.ca.gov/behavioral-health-reform/re-designing-the-mental-health-service-act-sb-326>
- Proposition 1 Fact Sheet (CalHHS):**
<https://www.chhs.ca.gov/wp-content/uploads/2023/09/BHSA-Fact-Sheet-September.pdf>
- AB 531 Behavioral Health Infrastructure Bond Act of 2023 Legislation:**
https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB531
- SB 326 Behavioral Health Services Act Legislation:**
https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB326
- MHSA Modernization (Proposition 1) (LCBHS):**
<https://www.lakecountycalifornia.gov/1689/MHSA-Modernization-Proposition-1>

Questions?



Community Needs Assessment: Key Findings

Needs Assessment: Stakeholder Participation

CPPP Activity	Activity Date(s)	Participants
Community Survey	1/15/24 - 2/28/24	114
Community Meeting #1	1/25/24	53
Community Meeting #2	3/28/24	51
TOTAL PARTICIPANTS*		218 PARTICIPANTS

*Total participants represent duplicated individuals as some individuals participated in more than one activity.

CPPP Stakeholder Affiliation (n=218)

Stakeholder Group	Percentage
Behavioral health services provider	34%
Other community stakeholder	26%
Family or loved one of consumer of behavioral health services	20%
Consumer of behavioral health services	12%
Unknown / Not Reported	27%

**Percentages add to more than 100% as some stakeholders reported multiple affiliations.

Community Stakeholder Survey Findings

LCBHS Services Provided

- Most participants did not feel that LCBH services meet the needs of their community, the needs of those experiencing a crisis, or help those before they develop serious mental illness
- About half of participants felt that peer support services meet the needs of those they serve

Access to LCBHS services

- About half of participants did not feel that services are conveniently available and two-thirds felt it is difficult to get an appointment
- Over half of participants felt they knew who to call or where to go for services

Experience with LCBHS Services

- Almost half of participants felt that LCBHS' services are respectful of clients' culture but for other indicators, participants had split or differing perceptions of LCBHS service experiences

Community Stakeholder Survey Findings

There were differences in survey responses across stakeholder groups:

- Behavioral Health Providers:** More likely to report LCBHS services **positively** (very true or mostly true) across survey domains
- Consumers and Family Members:** More likely to report LCBHS services **negatively** (a little bit true or not at all true) across survey domains
- Other Community Stakeholders:** Reported more **mixed** responses across survey domains (some positive, some negative) and more likely to report "Don't know or N/A"

LCBHS System Strengths, Challenges, and Persistent Needs

Strengths

- Wider variety of services available
- Momentum to embrace & implement new services
- LCBHS staff & leadership
- Accessibility, consistency, and flexibility of services

"I have even greater appreciation for excellence in leadership, completely sympathetic toward all the humans who keep this ship afloat..."
- Survey Participant

Challenges & Persistent Needs

- Staff shortage/retention
- Barriers to accessing services
- Insufficient housing options
- Need for more peer support centers, substance use detox, & medication assisted substance use treatment
- Inclusion of family/support persons in care

"My patients are hanging out in the wind. Our volume has increased and services are limited."
- Survey Participant

Lake County Populations in Need

- Older Adults**
- LGBTQ+ Community**
- Unhoused Population**
- Justice-involved individuals**

"Most people get jailed and released back to the public without anything"
- Survey Participant

"Needs for older adults, caregivers, and service providers completely lacking. Partly due to system structure, but also due to disconnection of both advocates and organizations serving older/disabled adults."
- Survey Participant

Opportunities to Address
LCBHS System Needs and Challenges

- Reducing barriers to access
 - Later appointment times, providing services out in the community, establishing more service locations along bus routes
- Increasing community awareness of services
- Supporting staff
 - More training opportunities & instituting more diverse leadership
- Improving collaboration and communication across providers and partners

"There's a need for public information and outreach so that people know who to contact for the appropriate level of care to avoid frustration and feeling that nobody will help."
-Survey Participant

"Diverse leadership is real inclusion."
-Survey Participant

Proposed FY 24-25
MHTSA Programs & Modifications

FY24-25 MHTSA Programs & Modifications

Community Services and Supports (CSS)	Prevention & Early Intervention (PEI)	Innovation (INN)
<ul style="list-style-type: none"> • Crisis Access Continuum • Forensic Mental Health Partnership (Modified) • Full-Service Partnerships (Modified) • Native American Peer Counseling • Older Adult Access (Modified) • Parent Partner Support • Trauma-Focused Co-Occurring Disorder Screening & Treatment • Outreach & Engagement* • Peer Support Recovery Centers* 	<ul style="list-style-type: none"> • Early Intervention Services • Family Stabilization & Well-Being • Older Adult Outreach & Prevention • Peer Support Recovery Centers* • Outreach & Engagement* • Postpartum Depression & Screening • Mental Health First Aid • Prevention Mini-Grants • Statewide, Regional, & Local Projects 	<ul style="list-style-type: none"> • Multi-County Full-Service Partnership Innovation Collaborative • Capital Facilities & Technology Needs (CFTN) <ul style="list-style-type: none"> • Capital Facilities • Electronic Health Record Project • Workforce Education & Training (WET) <ul style="list-style-type: none"> • Workforce, Education, & Training

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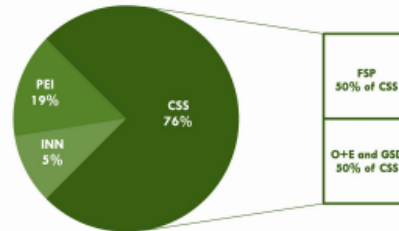
FY24-25 MHTSA Programs & Modifications

Program Modifications:

- LCBHS plans to **expand FSP programming**
 - Addition of a forensic FSP team for justice-involved individuals
 - Expanding the existing older adult FSP team
- LCBHS will **integrate some programming and resources** from the Forensic Mental Health Partnership and LCBHS Older Adult Access program into FSP

FY 24-25 MHTSA Program
Budget Request

MHTSA Allocation Requirements



FY24-25 Estimated MHSA Budget Request

MHSA Component	FY24-25 Estimated MHSA Expenditures
Community Services & Supports (CSS)	\$4,950,000
Prevention & Early Intervention (PEI)	\$1,360,000
Innovation (INN)	\$37,500
Workforce, Education, and Training (WET)	\$265,000
Capital Facilities & Technology Needs (CFTN)	\$1,062,000
TOTAL	\$7,674,500

Annual Revenue and Expenditure Reports (ARER)

- Purpose: Used to report MHSA fund expenditures and identify interest earned and unspent funds on an annual basis
- Lake County's ARERs are available online through the LCBHS webpage:
 - Fiscal Year 2022-2023 ARER: * <https://www.lakecountycga.gov/DocumentCenter/View/10431/Annual-Revenue-and-Expenditure-Report-FY22-23?bidId>
 - ARERs from past fiscal years: <https://www.lakecountycga.gov/Archive.aspx?AMID=46>

Next Steps

Next Steps

Finalize Annual Update with Public Comments

Present Annual Update to Board of Supervisors for Approval

Submit Annual Update to the Mental Health Services Oversight & Accountability Commission (MHSOAC)

Public Comment & Discussion

Public Comment

(Please keep comments to 3 minutes)

Meeting Feedback Retroalimentación de la Reunion

We invite you to take our brief survey to share any feedback about this meeting, and to provide any additional comments about the MHSA FY 24-25 Annual Update. For in-person attendees, paper feedback forms are also available.

Lo invitamos a realizar nuestra breve encuesta para compartir cualquier comentario sobre esta reunión y para proporcionar cualquier comentario adicional sobre la próxima Actualización Anual de MHSA FY 24-25. Para los asistentes en persona, también hay disponibles formularios de comentarios en papel.

Feedback survey URL (or scan QR code):
<http://tinyurl.com/Feedback-Survey-FY-24-25>



Thank you!

Access recording and slides on this website:
<https://www.lakecountycga.gov/214/Mental-Health-Services-Act-MHSA>

If you have any questions or comments, please contact:
Scott Abbott, LCBHS: Scott.Abbott@lakecountycga.gov
Patricia Russell, LCBHS: Patricia.Russell@lakecountycga.gov
Courtney Davis, RDA: cdavis@rdaconsulting.com

Public Hearing Slides (Spanish Version)

Welcome to Lake County's LCBHS MHSa Public Hearing for the FY 2024-25 Annual Update!
(Bienvenido a la audiencia pública de MHSa de LCBHS del Condado de Lake para la próxima Actualización Anual de 2024-25!)

Audiencia pública de la MHSa de los LCBHS del condado de Lake para la próxima Actualización Anual del año fiscal 2024-2025


While you're waiting for the meeting to start, please take a moment to fill out the sign-in sheet and demographic form if you're attending **in person**.




If you're joining **online**, please enter your name in the chat box and fill out the demographic survey by following the link or scanning the QR code below with your smartphone.

Mientras espera que comience la reunión, tómese un momento para completar la hoja de inicio de sesión y el formulario demográfico si asiste **en persona**.

Si se está uniendo **en línea**, ingrese su nombre en el cuadro de chat y complete la encuesta demográfica siguiendo el enlace o escaneando el código QR a continuación con su teléfono inteligente.

Demographic Survey Link (or scan QR code):
<http://tinyurl.com/Demographic-Form-FY24-25>



RDA CONSULTING

Bienvenida y presentaciones

Si está participando en persona, tómese un momento para completar la hoja de registro. Si está en línea, use el chat de Zoom para presentarse con la siguiente información:

Nombre	Pronombres	Programa
		

Agenda y objetivos

Agenda

- Capacitación y educación de la MHSa
 - Antecedentes de la MHSa
 - Actualización Anual y Proceso de Planificación Comunitaria
- Descripción general de la modernización de la MHSa (Propuesta 1) y preguntas y respuestas
- Resultados de la evaluación de necesidades de la comunidad
- Modificaciones propuestas al Programa de la MHSa del año fiscal 2024-2025
- Solicitud de presupuesto para el programa de la MHSa del año fiscal 2024-2025
- Debate y comentarios del público

Objetivos





- Presentar la Actualización Anual actual de la MHSa desarrollada con los aportes de la comunidad.
- Brindarles oportunidades a las partes interesadas de presentar los comentarios del público.

Consejos para la reunión

- Para quienes participan en persona, se asignará una persona coordinadora en cada lugar para asistir en la gestión de la reunión de Zoom y facilitar la participación de los asistentes.
- Si se está sumando de forma virtual, busque un lugar tranquilo y sin distracciones con una buena conexión a internet o conexión telefónica, si es posible. Cierre las aplicaciones innecesarias para que mejore el funcionamiento de Zoom.
- Guarde todos los comentarios, preguntas o sugerencias relevantes. Se pueden hacer preguntas aclaratorias durante la presentación. Para ello, levante la mano o coloque la pregunta en el chat.
- Si participa en persona, levante la mano y la persona coordinadora en el lugar nos informará que hay una pregunta o la ingresará en el chat.

Cómo contribuir al debate

Cómo contribuir al debate:

-  **Por computadora:** Para hablar por su computadora, haga clic en el icono de *participantes* en la parte inferior de la pantalla y presione el icono de *levantar la mano*.
-  **Por teléfono:** En este caso, presione *9 para "levantar la mano".
-  **Por chat:** Para compartir un comentario con el chat de Zoom, haga clic en el icono de *chat* en la parte inferior de la pantalla y escriba el comentario en la caja de chat. Un facilitador de reuniones revisará el comentario.
-  **Por e-mail:** Envíe los comentarios por e-mail a Scott.Abbott@lakecountyca.gov

Ley de Servicios de Salud Mental (MHSA): Capacitación y educación

Antecedentes de la MHSA

- Propuesta 63, aprobada el 2 de noviembre de 2004
- 1 % de impuesto sobre la renta superior a \$1 millón para *expandir* y *transformar* los servicios de salud mental



Descripción general de la MHSA

- CSS: Servicio y apoyo comunitario (76 %)**
Servicios de extensión y directos para trastornos emocionales graves o enfermedades mentales graves (todas las edades)
- PEI: Prevención e intervención temprana (19 %)**
Prevención del desarrollo de problemas de salud mental y monitoreo de señales tempranas para la intervención
- INN: Innovación (5 %)**
Prueba de enfoques nuevos que puedan mejorar los resultados
- WET: Educación y capacitación de la fuerza laboral**
Desarrollar, relener y capacitar a la fuerza laboral de salud mental pública
- CFTN: Instalaciones de capital y necesidades tecnológicas**
Soporte de infraestructura (registro de salud electrónico, instalaciones de salud mental)

Programas de la MHSA 2023-2024

Servicios y apoyos comunitarios (CSS)	Prevención e intervención temprana (PEI)	Innovación (INN)
<ul style="list-style-type: none"> • Acceso a la asistencia continua de crisis • Sociedad de salud mental forense • Sociedades de servicio completo • Asesoría de planes para indígenas americanos • Acceso para adultos mayores • Apoyo para parejas • Seguimiento y tratamiento de patología dual en cárceles en tránsito • Experiencia y participación* • Centros de recuperación de apoyo de pares* 	<ul style="list-style-type: none"> • Servicios de intervención temprana • Estabilización y transición familiar • Prevención y prevención para adultos mayores • "Centros de recuperación de apoyo de pares" • "Intervención y participación" • Negociación postparto y controles • Historia clínica por salud mental • Subvenciones específicas para prevención • Proyectos estatales, regionales y locales 	<ul style="list-style-type: none"> • Innovación colaborativa gracias a sociedades de servicio completo en diferentes condados Instalaciones de capital y necesidades tecnológicas (CFTN) • Instalaciones de capital • Proyecto de registro electrónico de salud Educación y capacitación de la fuerza laboral (WET) • Educación y capacitación de la fuerza laboral

*Los programas de extensión y participación y los centros de apoyo de pares reciben financiación de CSS y de PEI

Antecedentes y descripción general de la MHSA

Para conocer más sobre los programas de la MHSA, visite el sitio web de la MHSA de LCBHS

<https://www.lakecountycga.gov/214/Mental-Health-Services-Act-MHSA>

Actualización Anual y proceso de planificación comunitaria

Objetivo de la Actualización Anual:

Brindar actualizaciones al programa de tres años de la MHSA ya adoptado y al plan de gastos de los años fiscales 2023-2026 con lo siguiente:

- Estado del programa y logros del servicio en los años fiscales 2022-2023
- Cambios en el programa a partir del año fiscal 2024-2025, sobre la base de la evaluación de necesidades y comentarios de partes interesadas



Proceso de planificación comunitaria:

La MHSA tiene como objetivo un proceso de partes interesadas significativo que brinde experiencia en los temas para el desarrollo de los planes enfocado en el uso de fondos de la MHSA en el ámbito local

Informe de evaluación de PEI

En el año fiscal 2018-2019, la Comisión MHSOAC actualizó los requisitos de informes e incluyó la evaluación de los programas de PEI. Estos son los requisitos de informes:

Informe de evaluación de PEI:

- Cantidad de personas a los que se brindó servicio, datos demográficos de dichas personas y logros del programa en el año fiscal anterior
- Implementación del programa específica e información de resultados según el área de servicio de PEI

Informe de evaluación de tres años del PEI:

- Estado del programa, personas a las que se brindó servicio y logros del programa durante los tres años fiscales anteriores
- Implementación del programa específica e información de resultados según el área de servicio de PEI

La Actualización Anual del año fiscal 2024-2025 incluirá el informe anual de PEI del período 2024-2025 de LCBHS. LCBHS ha trabajado con todos los programas para fortalecer la recolección de datos y los informes de resultados, y con los programas de PEI para fortalecer los informes específicos de PEI.



Partes interesadas de la MHSa

La planificación del programa debe llevarse adelante con las partes interesadas, como por ejemplo:

- Adultos y adultos mayores con enfermedades mentales graves
- Familias de niños, adultos y adultos mayores con enfermedades mentales graves
- Proveedores de servicios de salud mental
- Agencias de seguridad
- Agencias educativas
- Agencias de servicios sociales
- Veteranos y representantes de organizaciones de veteranos
- Proveedores de servicios de alcohol y medicamentos
- Organizaciones de atención médica
- Otras partes interesadas importantes

Fuente: Código de Bienestar e Instituciones de California 5848 (a)

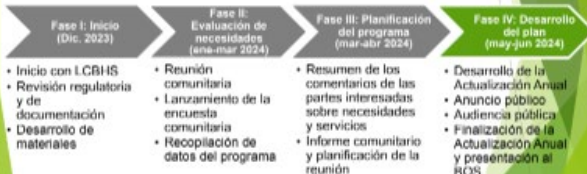


Roles y responsabilidades

Partes interesadas de la comunidad	Presentar las perspectivas individuales y las experiencias vividas y compartir reflexiones sobre las estrategias emergentes para cumplir con las necesidades de la comunidad
Departamento de Servicios de Salud del Comportamiento	Desarrollar actualizaciones anuales que reflejen las necesidades, prioridades y estrategias identificadas
Consejo Asesor de Salud Mental	Garantizar el involucramiento de las partes interesadas, revisar y asesorar sobre la Actualización Anual de la MHSa y llevar adelante audiencias públicas
Consejo de Supervisores	Revisar y aprobar la Actualización Anual de la MHSa
RDA Consulting	Recopilar y presentar los resultados del sistema actual, ofrecer recomendaciones para el futuro, facilitar los debates y reunir información en la Actualización Anual



Actividades de planificación de la MHSa



Ley de Servicios de Salud Mental (MHSa): Capacitación y educación

Encuesta entre partes interesadas

Descripción general de la modernización de la MHSa (Propuesta 1) y preguntas y respuestas

Descripción general de la modernización de la MHSA

¿Qué es la modernización de la MHSA (Propuesta 1)?

- La Propuesta 1 es un estado legislativo que tiene como objetivo "modernizar" la Ley de Servicios de Salud Mental (Mental Health Services Act, MHSA) y expandir las opciones de vivienda y tratamiento de personas con enfermedades mentales graves.
- La Propuesta 1 se votó junto con las elecciones primarias del 5 de marzo de 2024 y tuvo la aprobación de los votantes.



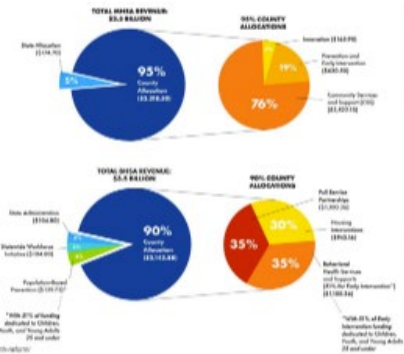
Descripción general de la modernización de la MHSA

La Propuesta 1 tiene dos componentes clave:

1. La Ley de Bonos para Infraestructura de Salud del Comportamiento (AB 531) autoriza alrededor de \$6400 millones de dólares para construir o desarrollar viviendas o tratamientos de salud mental
 - Alrededor de \$4400 millones estarán destinados para camas de hospitalización y tratamiento residencial
 - Alrededor de \$2000 millones estarán destinados para viviendas de apoyo permanente. Este monto incluye alrededor de \$1000 millones para veteranos
2. La Ley de Servicios de Salud del Comportamiento (SB 326) enmienda la Ley de Servicios de Salud Mental
 - Expande los servicios para que incluyan el tratamiento por el consumo de sustancias
 - Renombra a la MHSA como la Ley de Servicios de Salud del Comportamiento (BHS, en inglés)
 - Revisa la distribución de la financiación de la MHSA para priorizar la construcción de viviendas
 - Requiere que los condados facturen a Medi-Cal en el caso de los servicios reembolsables
 - Establece medidas de supervisión y responsabilidad diferentes



Current Allocation:



Descripción general de la modernización de la MHSA

- Recursos para la Ley de Modernización para la Salud del Comportamiento (Propuesta 1):
- Descripción general y recursos de la Propuesta 1 (CaHHS): <https://www.cbhs.ca.gov/behavioral-health-reform/todaysprings-the-mental-health-service-act-sb-326>
 - Hoja de información de la Propuesta 1 (CaHHS): <https://www.cbhs.ca.gov/en-content/uploads/2023/10/01/MHSA-Fact-Sheet-September.pdf>
 - Legislación sobre la Ley de Bonos para Infraestructura de Salud del Comportamiento (AB 531) de 2023: https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=20230240&bill=531
 - Legislación de la Ley de Servicios para la Salud del Comportamiento (SB 326): https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=20230240&bill=326
 - Modernización de la MHSA (Propuesta 1) (LCBHS): <https://www.lakecountycpsa.gov/1686/MHSA-Modernization-Proposition-1>

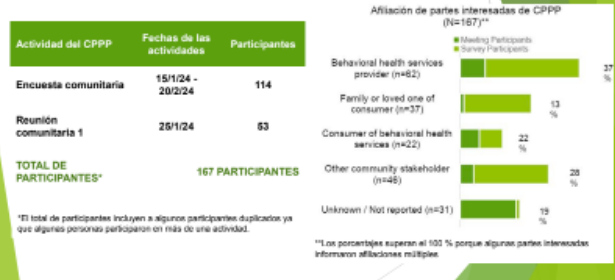


¿Preguntas?



Evaluación de necesidades de la comunidad: Conclusiones principales

Evaluación de necesidades: Participación de las partes interesadas



Resultados de las encuestas comunitarias a las partes interesadas

Servicios provistos por los LCBHS

- La mayoría de los participantes no consideró que los servicios del LCBH cubrirían las necesidades de su comunidad, las necesidades de aquellos que sufren una crisis ni tampoco que ayuden a las personas antes de que desarrollen una enfermedad mental grave.
- Alededor de la mitad de los participantes consideró que los servicios de apoyo de pares cubren las necesidades de las personas a las que atienden.

Acceso a los servicios de LCBHS

- Alededor de la mitad de los participantes no consideró que los servicios estén disponibles oportunamente y dos tercios de los participantes consideraron que es difícil conseguir una cita.
- Más de la mitad de los participantes consideró que sabían a quién llamar o a dónde recurrir para acceder a los servicios.

Experiencia con los servicios de LCBHS

- Casi la mitad de los participantes consideró que los servicios de LCBHS (Lassen County Behavioral Health Services) respetan la cultura de los clientes. Sin embargo, según otras indicaciones, los participantes tuvieron percepciones divididas o dísimiles con respecto a las experiencias con los servicios de los LCBHS.

Resultados de las encuestas comunitarias a las partes interesadas

Hubo diferencias en las respuestas a las encuestas en los distintos grupos de partes interesadas:

- + Proveedores de servicios de salud del comportamiento:** Mayor posibilidad de que respondan acerca de los servicios de LCBHS **positivamente** (muy verdadera o mayormente verdadera) en los diferentes temas de la encuesta
- Usuarios y familiares:** Mayor posibilidad de que respondan acerca de los servicios de LCBHS **negativamente** (un poco cierto o para nada cierto) en los diferentes temas de la encuesta
- + - Otras partes interesadas de la comunidad:** Respuestas más mixtas en los diferentes temas de la encuesta (algunas positivas, otras negativas) y con mayor probabilidad de responder "No sabe o no contesta"

Fortalezas, desafíos y necesidades persistentes del sistema de los LCBHS

Fortalezas

- Variedad más amplia de los servicios disponibles
- Impulso para incorporar y adoptar servicios nuevos.
- Personal y liderazgo de los LCBHS.
- Accesibilidad, coherencia y flexibilidad de los servicios.

"Aprecio más que nada la excelencia en el liderazgo, pero realmente envidio con las personas que mantienen este barco a flote..."
-Participante de la encuesta

Desafíos y necesidades persistentes

- Escasez y retención de personal.
- Impedimentos para acceder a los servicios.
- Opciones de vivienda insuficientes
- Necesidad de contar con más centros de asistencia a pares, desintoxicación por el consumo de sustancias asistido con medicación.
- Inclusión de los familiares y las personas de apoyo en la atención.

"Mis pacientes están enfrentando una situación muy complicada. Reciben más personas, y los servicios son limitados."
-Participante de la encuesta

Sectores necesitados en el condado de Lake

- Adultos mayores
- Comunidad LGBTQ+
- Indigentes
- Personas con asuntos judiciales

"La mayoría de las personas que salen de prisión regresan a la vida pública sin nada"
-Participante de la encuesta

"No se cubren para nada las necesidades de los adultos mayores, los cuidadores y los proveedores de servicio. Esto, en parte, tiene que ver con la estructura de sistema, pero también con la desconexión que hay entre agencias y las organizaciones que brindan servicios a los adultos mayores o discapacitados."
-Participante de la encuesta

Oportunidades para abordar las necesidades y desafíos del sistema de LCBHS

- Reducir las barreras de acceso
 - Brindar citas médicas más tarde, ofrecer servicios fuera de la comunidad, establecer más lugares de servicio a lo largo de los recorridos de los autobuses.
- Aumentar la conciencia comunitaria sobre los servicios
- Prestar asistencia al personal
 - Más oportunidades para capacitarse y establecer un liderazgo más diverso.
- Mejorar la colaboración y la comunicación entre proveedores y socios

"Quisiera la necesidad de obtener información pública y servicios de extensión para que la gente sepa a quién contactar para obtener el nivel de cuidado apropiado y así evitar la frustración y la sensación de que nadie los ayuda!"
-Participante de la encuesta

"Un liderazgo diverso es la inclusión real!"
-Participante de la encuesta

Modificaciones propuestas al Programa de la MHA del año fiscal 2024-2025

Modificaciones y programas de la MHA del año fiscal 2024-2025

Servicios y apoyos comunitarios (CSS)	Prevención e intervención temprana (PEI)	Innovación (INN)
<ul style="list-style-type: none"> • Acceso a la asistencia continua de crisis • Sociedad de salud mental forense (con modificaciones) • Sociedades de servicio completo (con modificaciones) • Asesoría de pares para indígenas americanos • Acceso para adultos mayores (con modificaciones) • Apoyo para parejas • Seguimiento e tratamiento de patologías dadas crónicas en traumas • Extensión y participación* • Centros de recuperación de apoyo de pares* 	<ul style="list-style-type: none"> • Servicios de intervención temprana • Estabilización y bienestar familiar • Extensión y prevención para adultos mayores • Centros de recuperación de apoyo de pares* • Extensión y participación* • Depresión postparto y controles • Primera ayuda por salud mental • Subvenciones pequeñas para prevención • Proyectos estatales, regionales y locales 	<p>Innovación colaborativa gracias a sociedades de servicio completo en diferentes condados</p> <p>Instalaciones de capital y necesidades tecnológicas (CSTs)</p> <ul style="list-style-type: none"> • Instalaciones de capital • Proyecto de registro electrónico de salud <p>Educación y capacitación de la fuerza laboral (WET)</p> <p>Educación y capacitación de la fuerza laboral</p>

*Los programas de extensión y participación y los centros de apoyo de pares reciben financiación de CSS y de PEI

Modificaciones y programas de la MHA del año fiscal 2024-2025

Modificaciones del programa:

- LCBHS planifica **ampliar la programación de FSP**
 - Incorporación de un equipo forense de las Asociaciones de Servicio Completo (Full-Service Partnerships, FSP) para personas con asuntos judiciales.
 - Ampliación del equipo de las FSP actuales para adultos mayores.
- LCBHS **integrará una parte de la programación y de los recursos** de la Sociedad de Salud Mental Forense y del programa Acceso para Adultos Mayores de los LCBHS a las FSP.

Solicitud de presupuesto para el programa de la MHA del año fiscal 2024-2025

Requisitos para la asignación de la MHA



FSP	50% of CSS
O+E and OSD	50% of CSS

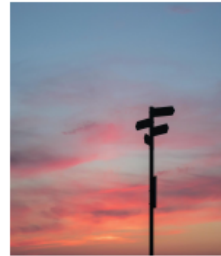
Solicitud de los gastos previstos de la MHSA del año fiscal 2024-2025

Componente de la MHSA	Gastos previstos de la MHSA del año fiscal 2024-25
Servicio y apoyo comunitario (CSS)	\$4,950,000
Prevención e intervención temprana (PEI)	\$1,360,000
Innovación (INN)	\$37,500
Educación y capacitación de la fuerza laboral (WET)	\$265,000
Instalaciones de capital y necesidades tecnológicas (CFTN)	\$1,062,000
TOTAL	\$7,674,500

Informes anuales de gastos e ingresos (ARER)

- Objetivo: Se utiliza para informar los gastos de financiamiento de la MHSA e identificar los intereses acumulados y los fondos no utilizados en forma anual.
- Los ARER del condado de Lake se encuentran disponibles en línea en la página web de LCBHS:
 - ARER del año fiscal 2022-2023*: <https://www.lakecountycga.gov/DocumentCenter/View/10431/Annual-Revenue-and-Expenditure-Report-FY22-23?bidId=>
 - ARER de años fiscales anteriores: <https://www.lakecountycga.gov/Archive.aspx?AMID=46>

Debate y comentarios del público



Comentarios del público

Próximos pasos

Próximos pasos

Finalizar la Actualización Anual con los comentarios del público

Presentar la Actualización Anual ante el Consejo de Supervisores para su aprobación

Enviar la Actualización Anual a la Comisión de Supervisión y Responsabilidad de Servicios de Salud Mental (Mental Health Services Oversight & Accountability Commission, MHSOAC)

Comentarios de la reunión

Los invitamos a responder una encuesta breve para compartir los comentarios que puedan tener sobre esta reunión. Para los asistentes en persona, habrá formularios en papel disponibles.

Enlace para la encuesta de opinión (o escaneo de código QR): <http://tinyurl.com/Feedback-Survey-FY-24-25>



¡Gracias!

Acceda a la grabación y a las diapositivas en este sitio web: <https://www.lakecountycga.gov/214/Mental-Health-Services-Act-MHSA>

Si tiene preguntas o comentarios, contáctese con las siguientes personas:
Scott Abbott, LCBHS: Scott.Abbott@lakecountycga.gov
Patricia Russell, LCBHS: Patricia.Russell@lakecountycga.gov
Courtney Davis, RDA: cdavis@rdaconsulting.com

Appendix C: Public Comments

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

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

Public Comment	LCBHS Response
Comments regarding community needs, collaboration, and LCBHS services:	
<p>I wanted to express appreciation for the collaboration of Lake County Behavioral Health with probation for justice-involved populations. As we expand that [collaboration] by co-locating in the Lower Lake building, services will improve.</p>	<p>It's a great partnership. We're excited to use FSP funding to serve that population and provide better services for them. We're gearing up for this. I got to see the building this week – it will be great to rub shoulders together.</p>
<p>I am dealing with Native American issues on a wider scale. There are laws that are passed without looking at the whole problems that are caused – they solve one thing and that causes more problems. For the Native American population, there's still a mistrust of White people, law, etc. and this is a [population] that stays away because of the stigma and distrust. We know we have needs and we know people are hurting. The traditional ways that we deal with those are foreign to the government and we have to go through the same hoops you're jumping through. Our own tribes are suffering because of leadership. People are the important things we have to help. I commend you all - keep up, don't give up. Find ways and work with each other to get things accomplished. I know there is more pressure and stress because of finances.</p>	<p>I appreciate that. Our department and leadership are very dedicated to serving our tribal community. Generational trauma exists and it's a Behavioral Health issue. We want to address that and help our brothers and sisters to live full lives -- proudly, and honorably. We're doing everything we can to try to assist them. This includes not only the Circle of Native Minds Peer Support Center, but also the Native American Youth Peer Support program and assisting putting together a 2-day training on Native Youth for professionals. We appreciate greatly you being at this Public Hearing and helping to guide our plans.</p>
<p>I get a lot of support from The Circle. I am very concerned that behavioral health needs at least one specialized senior peer specialist. Konocti Senior Support also is trying hard to find a director for their agency. Part of the problem is it's a low wage job with a really difficult caseload. We are going into our 4th month trying to hire this staff. In the past, it has taken 8 months to fill the position. Also, the turnover happens for this job. [Someone] doesn't even stay a year sometimes not even 2 years. Lots of clients also have substance abuse problems.</p>	<p>We're pleased you appreciate the services provided by the Circle of Native Minds. It is a wonderful program that LCBHS is committed to. You are correct, it is difficult to hire for the Peer Support Specialist, Senior, position. It's a position that we want to hire just the right person for that lead position. Someone who has a good understanding of our tribal community and can assist others. Although it sometimes happens that positions turnover, we have been fortunate for our lead positions at our other two centers have been around for many years – so it can be done. With the new state minimum wage requirement, we feel that may help us in</p>

Public Comment	LCBHS Response
	attracting and maintaining staff as well. Our plan is to fly for the position again after the new fiscal year.
Comments regarding funding changes and potential impacts to LCBHS services:	
<p>I wanted to share my appreciation with LCBHS for recognizing the impacts that Proposition 1 can have on our programs and our most vulnerable consumers. I appreciate you taking the time to recognize that there is a lot more to this and we are not going to just shut programs down.</p>	<p>We paid close attention to Proposition 1 as it was developed and when it was put out as a Proposition. It was alarming and it barely passed, demonstrating it was controversial. It was apparent the state was interested in the idea that Mental Health Service Act funds could be used to address homelessness, and that was the governor’s intention, but what the governor didn’t say was that moving funds to address housing will also move funds away from some programs. That’s what we’re faced with now. To address that, we will be discussing at next year’s community planning meetings if we want to apply for the Small Counties Exemption to Proposition 1. We feel that we would qualify. We are also looking at additional funding sources to help our successful but threatened programs remain operable.</p>
<p>We talked a lot about Proposition 1. I’m more concerned about the government’s budget and cuts across the board. There are some cash flow funding issues for many of us. How will that impact your programs for the next year?</p>	<p>We are impacted by the state’s fiscal and reimbursement process. Fortunately, for MHSA, it’s the result of a proposition the people voted for, therefore, it’s protected and the funding can’t be shifted to something else. Only another proposition can modify it, and that’s what happened with Proposition 1. However, we are continuing to receive funding on the regular basis. We’re indirectly dealing with, as a department, funding issues overall with our Medi-Cal funding. We’ve hit a perfect storm of change with all the changes happening at one time. Proposition 1 isn’t even the biggest change. We’re facing CalAIM and resulting payment reform, a new EHR that needed its billing process worked out, and the state is having issues getting Medi-Cal funding to the counties. They are behind in transferring to us our Medi-Cal reimbursement. For now, our Board of Supervisors is lending some general fund money to the department to carry the department over until the state figures out how to give us the full</p>



Public Comment	LCBHS Response
	amount that they owe us. In the meantime, we're having to be very prudent in our spending.
Peer Support Centers are integral to early and intermediary intervention to address mental health and substance use issues, in addition to meeting their basic and acute needs. Reducing these services and programs would be detrimental to a system that is already overwhelmed.	LCBHS recognizes the value of our peer support centers and how they serve our community and appreciate your echo of that. The peer support centers have always received positive feedback from our community and the work they do. We therefore are actively seeking additional funding sources, particularly if the County does not meet the criteria for the Small Counties Exemption of Proposition 1.

Appendix D. FY 2022-23 Annual Innovation Project Evaluation Report

I. Project Overview: Multi-County Full Service Partnership Innovation Collaborative

Primary Problem

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

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

Project Description

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

Implementation Timeline

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

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

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

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

Phase 4 - Evaluation (June 2023-January 2026)

Following the completion of the technical assistance period, Lake County will begin working with the RAND corporation on a formal evaluation.

INN General Requirements

The Innovation Project:

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

Learning Goals and Project Aims

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

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

5. Increase the clarity and consistency of enrollment criteria, referral, and graduation processes through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners.

II. Evaluation Overview

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

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

III. Key Project Implementation Activities and Lessons Learned

Lake Implementation Activity: Update/Clarify Eligibility Criteria and Guidelines

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

Lake Implementation Activity: Graduation Processes & Guidelines

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

Cohort Implementation Activity: Outcomes and Process Measures

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

RAND began evaluation phase in June 2023, which will run through January 2026. Lake County will share any evaluation reports from RAND when they are received.

Next Steps and Recommendations

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

In March 2023, LCBHS changed electronic health systems to SmartCare, requiring changes in data entry processes. The new processes created challenges for FSP teams, leading to delays in FSP data entry. LCBHS is currently working with FSP teams to provide additional training and support regarding the new EHR to ensure timely and accurate data entry. Moving forward, LCBHS will monitor FSP data entry and reporting on a regular basis.

As mentioned, RAND is conducting the outcome evaluation which began in June 2023. LCBHS is meeting with RAND in May 2024 to review outcomes and receive feedback about data. Information and/or reports generated by RAND will be shared as part of the next Annual Update.

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

The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, community-based organizations, consumers, community members, and partners. The project was shared in a large quarterly MHSa stakeholder meeting on April 15, 2021, with over 37 virtual participants. After the presentation of the local needs assessment and a review of this proposed use of innovation funds, stakeholders acknowledged the project as an appropriate use of funding. The project was also shared in the MHSa Fiscal Year 2020–21 Annual Update and at the quarterly Innovations Steering Committee on June 17, 2021. A draft plan was publicly posted for a 30-day comment period beginning on June 22, 2021, and no public comments were received. In addition, the plan was presented at the Lake County Mental Health Board Hearing on July 22, 2021, and approved. The plan was approved by the Lake County Board of Supervisors on October 26, 2021.

General Standards of the MHSa

This project meets MHSa General Standards in the following ways:

It is a **multi-county collaboration** between Fresno, Ventura, Sacramento, Siskiyou, San Bernardino, and San Mateo to address FSP program challenges and opportunities.

It is **client-driven**, as it seeks to reframe FSP programs around meaningful outcomes for the individual, centering on holistic client **wellness and recovery**.

It seeks to create a coordinated approach to program design and service delivery, leading to an **integrated service experience for clients and family**.

It will establish a shared understanding of the core components of FSP programs and create a common framework that reflects best practices while adapting for local context and **cultural competency**.

Diverse stakeholders will be meaningfully engaged throughout the development and implementation of the project.

Services

The Multi-County FSP Innovation project does not have a direct service component.

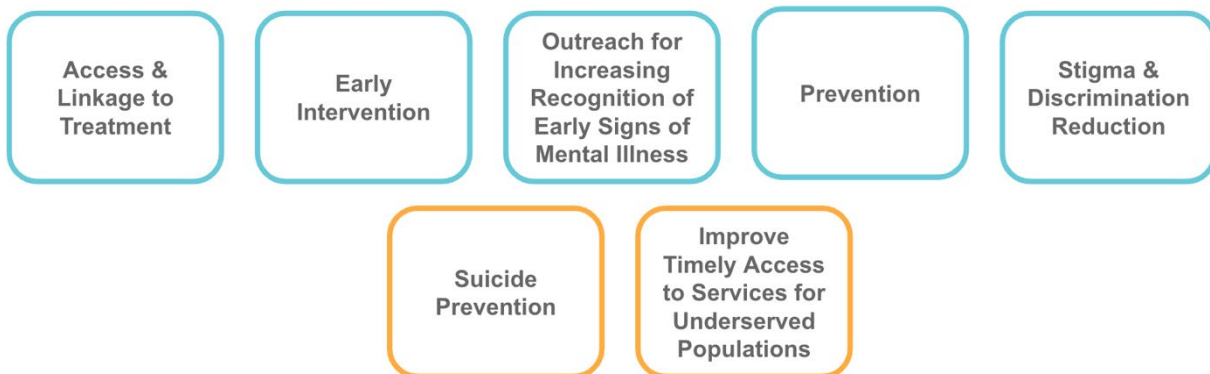
Appendix E. FY 2022-23 Annual PEI Evaluation Report

Introduction

PEI Service Areas and Strategies

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

Figure 1. PEI Service Areas



Descriptions of the PEI service areas are summarized in Table 1.

Table 1. MHSAs PEI Service Areas

Service Area	Description
Prevention	Reduce risk for developing a potentially SMI and build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing SMI.
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.

Service Area	Description
Improve Timely Access to Services for Underserved Populations	Track and evaluate access to and referrals for services specific to populations identified as underserved.
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. ³¹
Access and Linkage to Treatment	Activities to connect children, adults and seniors to medically necessary care and treatment as early in the onset of serious mental illness as practicable
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.
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.

PEI programs must also include *all the strategies* outlined in Table 2.

Table 2. MHSA PEI Strategies

PEI Strategy	Description
Access and Linkage to Treatment	<p>Programs should be designed, implemented, and promoted to help create Access and Linkage to Treatment.</p> <p>“Access and Linkage to Treatment” means connecting children with severe mental illness and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.</p>
Improve Timely Access to Services	<p>Programs should be designed, implemented, and promoted in ways that improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.</p> <p>“Improving Timely Access to Services for Underserved Populations” means to increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.</p>

³¹ Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms. Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA, Section 3715.

PEI Strategy	Description
Non-Stigmatizing & Non-Discriminatory (i.e., Stigma & Discrimination Reduction)	Programs should be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory. “Strategies that are Non-Stigmatizing and Non-Discriminatory” means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.

LCBHS PEI Programs

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

Table 3. FY 22-23 Lake County PEI Programs

PEI Component	Program
Early Intervention	Early Intervention Services
Prevention	Family Stabilization & Well-Being: The Nest
	Postpartum Depression Screening & Support: Mother-Wise
	Prevention Mini Grants
Access & Linkage to Treatment	Outreach and Engagement
Outreach for Increasing Recognition of Early Signs of Mental Illness	Mental Health First Aid
Improve Timely Access to Services for Underserved Populations	Older Adult Outreach & Prevention: Friendly Visitor Program
Integrated Programs*	Peer Support Recovery Centers: Big Oak, Circle of Native Minds, Harbor on Main, La Voz de Esperanza, and Family Support Center
	Statewide, Regional, and Local Programs

*Peer Support Recovery Centers integrate the following PEI service areas: Access and Linkage to Treatment, Improve Timely Access to Services for Underserved Populations, and Prevention. Statewide, Regional, and Local Projects integrate the following PEI service areas: Stigma & Discrimination Reduction, and Suicide Prevention.

PEI Evaluation Reporting

Evaluation Overview

Every year, Counties must provide an Annual PEI Report including information about program participation, activities, and outcomes achieved during the previous year. The goal of the PEI Evaluation Report is to understand the populations that key MHSA-funded services reach and the impact of services

on those populations. Per MHSAs regulations, programs have different reporting and outcome requirements depending on which PEI service area they fall under; therefore, the components included in each program update in this section vary across programs. **This PEI Annual PEI report covers program participation, activities, and outcomes achieved during FY 2022-2023.** Outcome information is limited due to data capacity challenges as described in the Data Collection Barriers and Opportunities section below.

Data Collection Barriers and Opportunities

In adherence to the MHSOAC's new regulations for measuring and monitoring PEI program outcomes, LCBHS is establishing data collection and evaluation methodologies for each program, while maintaining the trust and rapport they have established with the local community. As a small county with limited staffing and significant turnover in recent years, it has been challenging to update PEI data collection efforts to align with the new regulations. Over the last few years, the MHSAs Planning Team has begun working with individual programs to strengthen PEI program reporting and understand data collection and reporting capacity. Planning efforts continue to be underway within LCBHS and with community-based providers to develop and implement internal infrastructure to routinely and accurately track and report program outcomes.

Over the last few years, LCBHS and RDA (the technical assistance team) have taken steps to ensure all programs have the capacity, expertise, and resources to collect and report on the MHSAs reporting requirements. In FY 2022-2023, Lake County MHSAs leadership and RDA (the technical assistance team) worked with program representatives and LCBHS staff to further streamline the data reporting process for MHSAs-funded CSS and PEI programs. In FY 2021-2022, the technical assistance team redesigned reporting tools – including a new survey in SurveyMonkey to collect numbers served and demographics and a Google Doc to collect program narratives and outcomes. In FY 2022-2023, the technical assistance team updated the program reporting form (Google Doc) based upon program feedback, and updated the outcome reporting sections to better align with LCBHS and MHSAs outcome reporting requirements. The technical assistance team also updated or developed supporting resources (e.g., a list of frequently asked questions, descriptions of reporting requirements, examples of outcome indicators, examples of data collection tools and methodology, etc), which were shared at an information session for all CSS and PEI programs. The technical assistance team then provided follow-up support with programs as needed to address provider questions.

LCBHS also recently implemented Pathways HUB to improve care coordination, part of which will include referral tracking between LCBHS programs. LCBHS aims to leverage referral tracking through the Pathways HUB to report on follow-up from referrals to support engagement in treatment. However, at the time of this report, data on referrals and subsequent treatment participation was not yet available.

The Pathways HUB, that began as a MHSAs Innovation Project, has developed into the Lake County Community HUB with Adventist Health as its sponsor in cooperation with the Lake County Continuum of Care. It is a community effort to coordinate care and create closed-loop referrals for vulnerable people in our County. The HUB will double as the Coordinated Entry System (CES) for those experiencing

homelessness. It will additionally serve those with behavioral health needs. The goal is to have more integrated systems of care between health, behavioral health, and homeless services.

These are accomplished by first identifying and effectively assessing at-risk community members, then assigning a specific “pathway” that addresses the risk factors present and connects individuals to the appropriate community agency or agencies that will in turn address risk factors with best practice services and supports. Results are then tracked and measured to gauge the effectiveness of the entire process.

Through the implementation of these steps, the HUB creates a holistic type of care coordination where one care coordinator is responsible for any one client or client household and where a focus on metrics is established to engender risk reduction and prevention. Further, the HUB is designed to remove silos inherently created by separate sources at the local, state and federal levels meant to fund health and supportive services.

Despite these improvements, program reporting has continued to be a challenge for several programs. During the COVID-19 pandemic, many programs shifted resources and focus to adapting services to a remote environment. Many programs also experienced understaffing and had to temporarily postpone or limit service delivery. Most programs did not have capacity to implement new data collection tools or track outcomes. Peer Support Recovery Centers also currently lack the infrastructure to track unduplicated consumers. LCBHS is working to develop a new process for recording participants to accurately assess unique individuals served. Planning efforts continue to be underway within LCBHS and with community-based providers to develop and implement internal infrastructure to routinely and accurately track and report program outcomes. LCBHS and RDA will continue to work with MHSA programs to develop internal infrastructure to routinely track and report program outcomes.

PEI Program Consumers Served & Demographic Information

During FY 2022-2023, at least 26,435 duplicated individuals³² received PEI services across eleven MHSA-funded programs, including Early Intervention Services, Family Stabilization and Well-Being: The NEST, Mental Health First Aid, Older Adult Outreach and Prevention: Friendly Visitor Program, Outreach and Engagement, four Peer Support Recovery Centers, Postpartum Depression Screening and Support: Mother-Wise, and Statewide Regional and Local Projects. Demographic data were available for 25,072 consumers. Demographic data was unavailable for Mental Health First Aid, while numbers served and demographic data were unavailable for Prevention Mini-Grants.

Data Challenges and Limitations: Numbers served and demographic data were only available for *duplicated* individuals for several programs, including three of the Peer Support Centers (Big Oak, Circle of Native Minds, and La Voz de la Esperanza – i.e., La Voz), Outreach and Engagement programs, and Mother-Wise. Consumers may also have participated in more than one PEI program within a given year, potentially resulting in duplicated consumers across programs.

³² This number represents the individuals served by each program and duplicate consumers who are receiving services from more than one program. Outreach and Engagement numbers are reported as part of the Peer Support Centers; beginning in FY 22-23, Outreach and Engagement numbers will be reported separately. Data for Peer Support Centers and Outreach and Engagement represent duplicated numbers served by those programs.

The LCBHS-operated Peer Support Centers (Big Oak, Circle of Native Minds, and La Voz) do not yet have the data infrastructure to identify unduplicated numbers of consumers and are reporting on duplicated consumers served, resulting in an inflated number of PEI consumers. Given this overestimation, consumers served by Big Oak, Circle of Native Minds, and La Voz de la Esperanza currently account for 76% of all duplicated PEI consumers. Key demographic information was also missing for a large proportion of consumers served by Big Oak, Circle of Native Minds, and La Voz (range: 35-68% missing information). The large proportion of Big Oak, Circle of Native Minds, and La Voz consumers (and large proportion of missing information) greatly influences trends in demographic characteristics across PEI consumers overall. Given the data limitations, demographic information from Big Oak, Circle of Native Minds, and La Voz are excluded in the PEI program demographic information. However, demographic information for these programs is reported in the PEI program updates in the following section. LCBHS is working to address the data issue at the LCBHS-operated Peer Support Centers and strengthen data collection.

Additionally, several programs reported Hispanic/Latino ethnicity as part of a combined race and ethnicity question. The demographic data presented for PEI consumers therefore also includes Hispanic/Latino as part of race and ethnicity. Race categories with fewer than 10 consumers were grouped into “Another race” to protect consumer anonymity. Lastly, data was not available across all demographics for every program and the information presented in this section does not reflect the complete profile of all PEI consumers served in FY 22-23.

Table 7. Demographic Information for PEI Consumers, FY 22-23*

Demographic Characteristics	FY 23-23 Consumers	
	N	%
AGE		
Children/Youth (0-15)	500	10%
Transition Age Youth (16-25)	433	9%
Adult (26-59)	3,405	69%
Older Adult (60+)	468	10%
Unknown / Not Reported	137	12%
GENDER		
Female	2,871	58%
Male	1,641	33%
Another Gender	12	<1%
Unknown / Not Reported	380	8%
RACE / ETHNICITY		
White / Caucasian	1,299	26%
Hispanic / Latino	308	3%
Black / African American	42	1%
American Indian / Alaska Native	142	3%
Two or More Races	321	7%
Another Race ³³	51	1%
Unknown / Not Reported	2,758	56%
LANGUAGE		
English	2,047	42%
Spanish	59	1%
Unknown / Not Reported	2,765	56%
TOTAL	4,921	100%

Sexual orientation, disability status, and veteran status are not reported as this information was unavailable for 99% of consumers.

* Demographic data reflects FY 22-23 consumers who participated in Early Intervention Services, Family Stabilization and Wellbeing: The NEST, Older Adult Outreach: The Friendly Visitor Program, Outreach and Engagement: Street Outreach Van, Harbor on Main Peer Support Center, Postpartum Depression & Screening: Mother-Wise, Statewide Regional and Local Projects (Suicide Prevention Hotline, QPR Training, Know the Signs Training). Demographic data was excluded from the LCBHS-operated Peer Support Centers (Big Oak, Circle of Native Minds, La Voz de la Esperanza) due to challenges with data quality. Demographic data was unavailable for Mental Health First Aid and Prevention Mini-Grants. Another race includes Asian / Pacific Islander and Other.

³³ Another race includes Asian / Pacific Islander and Other.

Early Intervention Programs: Evaluation Report

Early Intervention Services

Early Intervention Services: Program Description and Key Activities

The Early Intervention Services (EIS) program targets individuals from ages 15 to 25 that are clinically high risk (CHR) for developing psychosis or have experienced their first episode within the last two years. The program's vision is to build a sense of community for individuals and their family by bridging gaps that would be considered barriers. The EIS program uses the Coordinated Specialty Care (CSC) model to wrap services around the individual and their family. The CSC model brings psychiatrists, clinicians, case managers, care coordinators, employment specialists, and peer support to the forefront of the individual's treatment. The CSC model allows the individuals served to have a seamless connection with the individuals on their team. The main activities in the EIS program include case management, therapy, psychiatry, employment support as well as peer support. What makes the EIS program unique is the team is trained in evidenced-based practices that treat individuals experiencing psychosis. Training includes theoretical framework such as CBT and CBTp. EIS' assessment tools include COMPASS, MINI SIPS, SCID, as well as a range of other evidence-based tools that identify the program's target population.

Early Intervention Services: Mental Illness(es) for which Services will be Provided

The EIS program works with individuals who are clinically high risk of developing psychosis and have had their first break with in the first two years. Individuals can stay in the program for up to 3 years. Mental Illnesses that this program addresses include but are not limited to any psychosis spectrum disorder, severe mood disorders with or without psychosis, Major depressive Disorder with psychotic symptoms.

Early Intervention Services: How Participants' Early Onset of Potentially Serious SMI will be Determined

Early onset of mental illness is determined by this program with the following: Consumers who are experiencing Attenuated Symptoms of Psychosis (APS), are at Clinical High Risk of developing psychosis, or have had their First Episode of Psychosis (FEP) within the last two years. Our assessment tools include COMPASS, MINI SIPS, SCID, as well as arrange of other evidence-based tools that identify our target population. We have begun implementing the PQB assessment which is the gateway to EIS services as a part of the intake assessment. During the intake, anyone who is 15 to 25 completes a PQB and if they score a 20 or more, they are referred directly to the EIS team and evaluated for services.

Early Intervention Services: How the Program Improves Mental Health Functioning

This program functions through the use of the Coordinated Specialty Care (CSC) Model. The CSC model is a holistic approach which includes case management, coordination with medication primary care, pharmacotherapy, psychotherapy, family education and support, and supported employment and education. Evidence-based treatments include medication management, substance use management, coordination with primary care, CBT, case management and linkage, and family psychoeducation.

Early Intervention Services: Underserved Population(s)

Early Intervention Services aims to serve the following underserved populations: youth who are involved in the foster care or criminal justice systems, who identify as a person of color, and/or who are LGBTQ+.

The unserved and underserved communities we plan to target are foster youth, justice involved youth as well as communities of color: Native American, African American, Latinx, and those identifying as LGBTQIA+. Currently we target these populations in collaboration with Lake County Child Welfare Services, Lake County Probation Services, Adventist Health, and Community Peer Support Centers. We plan to expand our community outreach by collaboration with Redwood Community Services (RCS), Lake County School Districts and faith-based organizations by providing training on early psychosis identification. Additionally, we will increase community outreach by attending community events, collaborating with community leaders from underserved populations, promoting the EIS program on local social media and developing psychoeducation materials to raise awareness and reduce stigma about the EIS program. The TTA through the EPI+ grant will be providing us with support as we increase our community outreach.

Early Intervention Services: PEI Strategies

Early Intervention Services: Creates access and linkage to mental health services:

Individuals who successfully graduate from the program are often linked to community based, non-specialty mental health care services. This is completed with the support, coordination and is followed through by LCBHS Access Team Case Managers. When it is determined that an individual is not a candidate for EIS, the assessing clinician provides an internal referral to the appropriate LCBHS program and provides a warm hand-off to the appropriate party.

Early Intervention Services: Improve timely access to services for underserved populations:

Outreach is provided by this program wherein the program's lead clinician attended LCBHS Children's Outpatient Services team meetings and collaborative meetings with Child Welfare and Probation for early detection of FEP. By attending other clinical team meetings and collaborative meetings with other agencies, the EIS lead clinician identified individuals who met criteria for this program. Subsequently these individuals bypassed the need to receive a referral for Early Intervention Services, but rather, were offered the appropriate services. The EIS team also meets the individuals served where they are at whether that means in the community or at home. Our program follows the CSC model which increases contact between the individual and their treatment team.

Early Intervention Services: Includes strategies that are non-stigmatizing and non-discriminatory:

Family education and community outreach are key components to this program. Psychoeducation on psychosis and its treatment is provided to the individual in treatment, their family, and to the community. By increasing everyone's understanding on the disorder/illness, treatment options, and the likelihood of recovery, individuals with mental illness and their families are empowered to pursue wellness and dismantle myths and stigma around mental illness. Additionally, the EIS team uses a trauma informed lens and is composed of professional peers that can create space and empathy for individuals and families served.



Early Intervention Services: FY 22-23 Consumers Served

FY 22-23 Consumers Served
61

Early Intervention Services: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program make referrals to mental health and/or substance use services: Yes

If yes, provide the total number of individuals referred to mental health or substance use services at LCBHS or another agency:

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	Not reported
	Mental health services at another agency	Not reported
Substance Use Services	Substance use services at LCBHS	Not reported
	Substance use services at another agency	Not reported
TOTAL		Not reported

At this time, there is not a system in place to track how many referrals to SUDS were made. EIS will be implementing a new data system, Beehive, which will track symptoms throughout the treatment process. We hope to implement referral tracking into Beehive to better coordinate services.

Early Intervention Services: Expected Outcomes & Data Collection Strategies

Early Intervention Services: Description of Outcomes the Program Aims to Achieve

The goal of this program is to decrease the duration of untreated psychosis before it becomes disabling. By intervening early, increasing coping skills and reducing symptomology, we hope to reduce likelihood of incarceration, homelessness, school failure or dropout, suicide, unemployment, and psychiatric hospitalizations.

Early Intervention Services: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Reduced Mental Health Symptoms	-Average change in assessment scores from enrollment to follow-up (overall or within different domains) -# and % of individuals who had improved assessment scores at enrollment compared to follow-up (overall or within different domains)	-Client assessment (e.g., CANS, PSC-35, PQB) administered at intake and discharge
Reduced 5150 Holds	-# and % of crisis calls with crisis resolution vs. # and % of crisis calls requiring intervention (e.g., 5150 hold)	-Electronic Health Records -DCR (PAF, KET); Administered at intake and at key events

Outcome	Outcome Measures	Data Collection Tools
Improved Housing / Reduced Homelessness	-# and % of participants who exit program with stable housing -Change in the # of homeless days experienced before and during program participation	-Electronic Health Records -DCR (PAF, KET)
Reduced Psychiatric Hospitalizations	-Change in the # of individuals experiencing psychiatric hospitalizations before and during program participation -Change in the # of psychiatric hospitalization episodes and days before and during program participation	-Electronic Health Records -DCR (PAF, KET); Administered at intake and at key events
Reduced Incarceration	-Change in the # of individuals experiencing incarceration before and during program participation -Change in the # of instances of incarceration before and during program participation	-Electronic Health Records -DCR (PAF, KET); Administered at intake and at key events
Reduced School Failure or Dropout	-Change in the # of individuals experiencing school failure or dropout before and during program participation	-Electronic Health Records -DCR (PAF, KET); Administered at intake and at key events

Early Intervention Services: FY 22-23 Program Outcomes

While data is being tracked in Beehive, there is not a current system in place to easily pull aggregate data for this report. The program is working to address this issue to improve outcome reporting in the following fiscal year.

Other program successes achieved during FY 2022-2023 included a decrease in hospitalizations for individuals enrolled in the program, with some individuals never re-entering a hospital. In one case, the individual and their family both struggled with mental health symptoms, but with collaboration between the individual, their family, and the treatment team, the individual was able to find sustainable low-income housing.

Prevention Programs: Evaluation Report

Family Stabilization and Well-Being: The NEST

The NEST: Program Description and Key Activities

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

Key activities included:

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

The NEST: Underserved Population(s)

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

The NEST: How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors

The NEST: Risk Factors Experienced by the Target Population:

- Incarceration
- Homelessness
- Removal of children from their homes
- School failures or drop-outs
- Suicide

- Unemployment

The NEST: Strategies to Reduce Risk Factors or Strengthen Protective Factors

The Nest improves health and well-being through the evidence-based practice of providing housing in tandem with wraparound services. The program 1) increases or maintains the safety of families, 2) increases the well-being of children and families by increasing protective factors, and 3) improves family self-sufficiency by developing healthy problem-solving skills. Fidelity to the practice will be ensured through the program model, which offers all participants the same suite and depth of services.

The NEST engages participants through an individualized and client-driven approach that emphasizes family involvement and natural, community-based support. By connecting young families to natural supports and their community, we foster supportive living and the ability to identify resources to meet their needs in the future – we do this using an individualized approach that is centered around each specific family’s needs and desires. With staff support, participants develop their own Independent Transitional Living Plans which identify personal and family goals. These plans are reviewed during Child and Family Team Meetings and updated as needed. Participants are assessed at intake of their knowledge of life skills to understand the level of support individuals and families may need to achieve independence and improve child and family wellbeing.

The NEST’s programming is designed to meet the unique needs of the TAY population and their families by utilizing the “family voice and choice” approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement in the program. Planning is grounded in family members’ perspectives and recorded in their personalized independent transitional living plans. The NEST team strives to provide options and choices that reflect family values and preferences while promoting safety, stability, and permanency. NEST staff intentionally focus on meeting families where they are using a strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

Programming and services at the NEST are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and increasing self-determination. A significant number of youths who enter the program are basic-skills deficient and have minimal knowledge of resources and services available to meet their needs. The NEST hosts a variety of formal workshops and informal support groups that build resilience and promote wellness in a collaborative and social environment. Groups and workshops are facilitated in-house and within their community. All NEST youth are connected to the local Peer Support Centers and partnering agencies that perform a variety of services to promote permanency, safety and child and family wellbeing.

The NEST: PEI Strategies

The NEST: Creates access and linkage to mental health services

All NEST clients are referred for Behavioral Health Services and are required to go through the assessment process shortly after intake. Medical necessity (eligibility) for adults is determined using the ANSA and



children are screened using Child and Adolescent Needs and Strengths assessment (CANS). Once eligibility is determined, participants have the option to engage in treatment. Participants may refuse services or request a provider outside of RCS.

The NEST: Improve timely access to services for underserved populations

Services are offered and provided to clients based on their individual needs. Clients who are eligible to receive mental health rehabilitation services are provided in-house by qualified staff and begin immediately upon completion of a signed treatment plan. Therapy services are offered through a variety of mediums to meet the needs of the client, including on-site at the NEST program, at the RCS Lakeport Campus, or via telehealth. The ability to provide in-house treatment exponentially increases youth access to mental health services in a timely manner.

The NEST: Includes strategies that are non-stigmatizing and non-discriminatory

Stigma and discrimination reduction begin at the very first point of contact with the individual seeking services at the NEST. Upon receipt of referral to the program, the Home Specialist contacts the individual to schedule an interview and explains information about the program, including the availability of services they may be eligible for. Participants are offered access to mental health treatment (via referral) regardless of their acceptance to interview or acceptance into the program. These services are reiterated throughout the intake process and throughout their time at the NEST. Youth are also connected to The Harbor on Main Youth Resource center for interim services and support. The Harbor promotes anti-stigma and discrimination on-site at the center, through social media campaigns and via outreach events. The Harbor strives to educate and empower youth to self-advocate and normalize adverse experiences to increase utilization of mental health services.

The NEST: FY 22-23 Consumers Served

FY 22-23 Consumers Served
24

The NEST: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program make referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	7
	Mental health services at another agency	1
Substance Use Services	Substance use services at LCBHS	--
	Substance use services at another agency	–
TOTAL		18

The NEST does provide referrals to mental health and substance use disorder services both in-house and to LCBHS. We are actively working with our Performance Quality Improvement team to identify a solution to better track referrals made in-house and to LCBHS.

The NEST: Expected Outcomes & Data Collection Strategies

The NEST: Description of Outcomes the Program Aims to Achieve

The NEST aims to achieve the following outcomes:

- Reduced loneliness
- Improved Coping Skills
- Increased concrete support in times of need
- Increased Safety and Stability

The NEST: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Reduced loneliness	# and % of Individuals who self-report that, “I believe that I have the skills and knowledge to maintain positive relationships with my peers and other adults” on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher.	Consumer surveys administered monthly
Improved Coping Skills	# and % of Individuals who self-report, “I believe I have the skills and knowledge to manage my positive and negative emotions” on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher	Consumer surveys administered monthly
Increased concrete support in times of need	# and % of Individuals who self-report, “I feel I have a natural support system with my family and/or outside community resources” on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher	Consumer surveys administered monthly
Increased Safety and Stability	# and % of Individuals who self-report, “I believe I have the skills and knowledge to parent well and provide a safe and stable home for my children” on a scale of 0-10 (strongly disagree to strongly agree) and scored this at a 5 or higher	Consumer surveys administered monthly

The NEST: FY 22-23 Program Outcomes

During FY 22-23, 52 monthly consumer surveys were administered. Of the survey responses:

- 83% (n=42) of participants strongly agreed, “I believe that I have the skills and knowledge to maintain positive relationships with my peers and other adults”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).
- 67% (n=35) of participants strongly agreed, “I believe I have the skills and knowledge to manage my positive and negative emotions”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).

- 71% (n=37) of participants strongly agreed, “I feel I have a natural support system with my family and/or outside community resources”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).
- 69% (n=36) of participants strongly agreed, “I feel I have a natural support system with my family and/or outside community resources”, reporting an 8 or higher on a scale of 0-10 (strongly disagree to strongly agree).

Other program successes achieved during FY 22-23 include:

- In May of 2023, the NEST relocated to a new residence which has made access to community resources and supports more accessible for our participants.
- A client successfully completed a drug inpatient program, obtained employment, and graduated the NEST program.
- Two participants successfully moved into their own home.
- One client got married to their long-term partner.
- One participant started the reunification process with one of her children.
- NEST staff were involved in the Lake County community on behalf of RCS with both the 100 Women Strong and Soroptimist International of Clearlake, and another staff members was part of the California 100 day challenge with the goal to house 60 individuals.

Postpartum Depression Screening and Support: Mother-Wise

Mother-Wise: Program Description and Key Activities

The purpose of Mother-Wise is to provide respectful, judgment-free support, information, and resources to pregnant and perinatal mothers and caregivers in Lake County so that maternal mental health issues are destigmatized, and all aspects of motherhood are honored. We do this through two programmatic departments: community engagement and peer support.

Our community engagement department includes a widely used donations closet, a car seat program (funded through First 5 Lake), and community events where mothers can benefit from making a connection to us and our work (Children’s Festival, Heroes of Health & Safety, etc.). Our peer support department includes in-person support groups, a virtual support group, 1:1 check-ins with perinatal moms, and special events including Wave of Light and the Angel Tree.

The bulk of our services are provided in Lakeport and the Clearlake area, as well as online.

Mother-Wise: Underserved Population(s)

Mother-Wise aims to serve the following underserved populations: Perinatal participants (maternal mental health screening, support, and services are highly limited in Lake County).

Every individual that Mother-Wise reaches out to is underserved as perinatal mental health screening, support, and services are otherwise limited in Lake County. Mothers and perinatal individuals are engaged by the program through partnerships with community and health organizations, targeted outreach, and word of mouth recommendations. Each prong to this approach offers support along the pregnancy and postpartum road, meeting folks where they are at while simultaneously welcoming them to create their own individualized network of support, close to home. In addition, Mother-Wise specifically reaches out to perinatal individuals of the underserved transitional age youth, LGBTQIA+, and Latinx populations through inclusive community partnerships and outreach. Perinatal transitional age youth are introduced to Mother-Wise through referrals from community organizations and local healthcare providers that may identify a heightened level of risk, social media and word of mouth engagement, and targeted outreach that shares Mother-Wise’s program activities with the community at large. Mother-Wise also reaches out to perinatal LGBTQIA+ individuals by recognizing that pregnancy and postpartum journey are not specific to motherhood alone. Outreach efforts and social media engagement serve to inform the local community about the continuum of experiences that perinatal individuals have while simultaneously utilizing inclusive content that encourages folks to engage in screening and services, whether or not they identify as a mother. Mother-Wise also reaches out to the Latinx community by utilizing bilingual staff to offer Spanish language services, including mental health screening, individualized social support, in person and online moms’ groups, and tangible items through the “Mom-to-Mom Closet.”

Mother-Wise: How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors

Mother-Wise: Risk Factors Experienced by the Target Population:

Perinatal mood and anxiety disorders (PMADs) occur in roughly 15-21% of the perinatal population nationally. Through our work, we firmly believe this number is significantly higher in Lake County. Lake County's mothers and perinatal individuals often face extra challenges, including geographic isolation, strained financial resources, and an elevated threat of natural disasters. These are some of the most common stressors in the moms we serve, threatening to compound existing risk factors, or even lead to more.

While there are a number of risk factors that Lake County moms experience that make them more likely to suffer from PMADs, it's important to note that screening for PMADs specifically is not yet universally utilized in the medical and social services communities. As such, actual diagnosis of PMAD is not happening at the rate it should. Risk factors that our moms experience that make them at greater risk for PMADs include poor social support, lack of or conflict with a partner, domestic/intimate partner violence, substance abuse, lack of financial resources, mental health stigma, pregnancy and early infant loss, and personal/family history of depression, anxiety, and other mood disorders.

Mother-Wise: Strategies to Reduce Risk Factors or Strengthen Protective Factors

The first step in addressing risk factors is identifying them. Some risk factors can be prevented, some can only be mitigated, and some cannot be helped at all. When we fully understand her situation, we can meet a mom where she is, be with her where she is going, and gently offer her healthy choices. Since perinatal depression is our focus, we apply an evidence-based screening tool, called the Edinburgh Postnatal Depression Screening (EPDS), as soon as possible. This screening also identifies anxiety, and it has been validated for use during pregnancy, as well as postnatal. When we meet a mom, we use the EPDS and our intake form to get to know her and her background.

Lake County's mothers and perinatal individuals often face extra challenges, including geographic isolation, strained financial resources, and an elevated threat of natural disasters. These are some of the most common stressors in the moms we serve, threatening to compound existing risk factors, or even lead to more. Our services aim to meet some of these moms' smaller needs, strengthening protective factors by overcoming challenges successfully.

Every mom is at risk of experiencing a maternal mental health complication, so we aim to contact and screen ALL of Lake County's perinatal mothers as part of their birth experience. Our intake procedure uses motivational interviewing to identify risk factors, and staff is directed to record risk factors as moms share them with us. This helps with statistics, but, more importantly, it allows team members to share important facts about the moms we serve, informing our individualized support strategies.

Perhaps the most important element to our approach is maintaining non-judgement at all times. This skill takes practice but is essential to being sensitive to the mom's actual needs and working with her on the

best possible outcomes. We know that all moms need someone to listen and care for them, and they might also need therapy, medication, or religion as part of their circle of support.

Everything Mother-Wise does is designed to promote protective factors. With our social media pages, especially our Facebook group, Mother-Wise - The Village, we bring the support right to the moms. Facebook is an extremely helpful tool we use against geographic isolation. Most moms already have an account, so making online connections is easy, and it's free on both ends. Moms use The Village to help each other solve all kinds of problems, big and small, and we use it to share our information about maternal mental health, thereby reducing stigma with our large audience.

We help moms start and develop healthy strategies to reduce their risk factors and strengthen protective factors in our online and peer group settings. We improve access to care by addressing stigma, and especially lack of knowledge about maternal mental health. By incorporating educational discussion topics, we also develop knowledge of parenting for child and youth development in order to promote safe, stable, nurturing relationships and environments. When we engage with moms on these topics, we expect to reduce the occurrence and negative effects of ACEs, improve physical, cognitive, and emotional outcomes throughout a child's life, and reduce health inequities.

Mother-Wise officially supports moms before and during the baby's first year, but our relationships often last much longer. For example, we leave The Village open to ALL Lake County moms so that we are already connected for the mom's next baby. Some moms have been with us for more than a decade and several pregnancies this way. Ideally (and we really do see this), we develop a continuous connection for life, where a mom who receives from Mother-Wise will also give back in whatever ways she can over time. Social connections are an important goal for us, not only for the obvious benefits to moms, but also to promote the community norm that we all share responsibility for the well-being of children.

Mother-Wise: PEI Strategies

Mother-Wise: Creates access and linkage to mental health services:

Our staff is trained in maternal mental health support, and to the evidence-based standards of Postpartum Support International (PSI). They receive training virtually and in-person. The EPDS is our best tool for identifying serious mental illness and/or thoughts about suicide. Any positive score calls for information on maternal mental health, local and national crisis information, PSI resources, help connecting with their medical team for assessment (if wanted), and individualized support and follow-up from the Mother-Wise team. We also talk openly about suicide if indicated by Question #10 in their screening. Currently we do not have a formal process for following up on referrals beyond checking in with the mom and are looking for best practices in this regard.

Mother-Wise: Improve timely access to services for underserved populations

For all moms, building an effective network of support close to home is key. Our office is located in the business center of Lakeport, the city with the county seat. The office is also our meeting place, and we

always offer guests drinks and snacks, a bathroom with a changing table, and clean toys and a play area with books to keep the kids busy so mom can talk.

That said, historically nearly all of our group events were done in the office. Beginning early 2023, we adjusted this to better meet the needs of our moms. Now, group events are held in Lakeport, Clearlake, along the Northshore, and in Kelseyville. While our office is home-base, we aim to be out in the community around the lake as much as possible. Further, our highly used donations closet now has a dedicated part-time staff member who will drive needed items to moms in geographically isolated areas to moms who do not have transportation, or to moms who simply cannot get out of the house.

When we meet a mom in person, we ask her to fill out a short intake questionnaire and the EPDS. The intake and screening help identify where we might be able to help, and they also serve as icebreakers about topics that might otherwise be awkward to discuss, like past and current mental health concerns. Of course, the EPDS depends on honest answers, and since we often ask moms to complete their first EPDS before we have a relationship with them, a warm first impression is always important. That is one reason we intentionally treat all our guests with dignity and loving care - because it is critical to building trust. We hope that trust leads to open communication, to the extent that even the most guarded moms will share their needs with us.

We fine-tune our approach according to moms' responses on the EPDS, but all moms receive a follow up call, even if their screening score is low or zero. In fact, a zero EPDS score is a red flag to us. We have never met a mom without at least occasional struggles, so a "perfect" score could mean that a mom is hiding her real feelings. Moms with higher scores on screenings receive extra attention from staff, including more follow-up phone calls, extended office visits, to further investigate ways we can help. Just talking about it usually helps a lot, but what happens next depends on what the mom is ready for and what is actually available. If she needs it, we'll take as many steps as we can with her towards getting help, like research about options, or helping make appointments. If indicated, we also have at least one local medical provider who we can call to get a mom in sooner than she could otherwise.

The most common reasons our moms share for not seeking help or utilizing services have been transportation, childcare, stigma or opposition, lack of knowledge, and cost. All of these potentially stand in the way of access to care, including our program. We have tried lots of strategies to help with these factors, but of course, there are limits to helping. We can't change the world for every mom, but we can ensure a warm and welcoming environment, and make it feel safe, stable, and nurturing for our friends and future friends.

Mother-Wise: Includes strategies that are non-stigmatizing and non-discriminatory

Oftentimes in entertainment, new moms' glow with joy and happiness all the time, setting up an unattainable standard for the rest of us. In reality, millions of moms suffer from maternal mental health struggles, often in isolation because of stigma and lack of public conversation on the issue. The worse mom feels, the worse the baby is likely to respond to her. Shame compounds her bad feelings, which makes everything even harder.

Perhaps her culture doesn’t prioritize open discussion of mental health. Before long, she has spiraled into a deep, dark place. Putting ourselves in her shoes, it’s hard to see how a suffering mom climbs out of the darkness alone. Mother-Wise is here to make sure she doesn’t have to, either by preventing the spiral, or helping her out of it in a respectful, judgment-free manner.

We reinforce our message to a large audience through online and social media means, where we often post gentle reminders about maternal mental health, along with links to relevant resources. We remind moms that their feelings are normal, that their struggles aren’t their fault, and that it is ok to ask for help. These messages are also reinforced every time we speak with moms in the office, on the phone, or out in the community.

Mother-Wise: FY 22-23 Consumers Served

FY 22-23 Consumers Served
2,050 (duplicated)

Mother-Wise: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program make referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	Not Reported
	Mental health services at another agency	Not Reported
Substance Use Services	Substance use services at LCBHS	Not Reported
	Substance use services at another agency	Not Reported
TOTAL		Not Reported

The Mother-Wise program shares resources with moms and makes referrals to mental health and substance use services. However, data tracking has been inconsistent. Through a current grant with First 5 Lake, we are able to utilize a program evaluation team to assist us with data collection, tracking, and analysis. We will have a plan for this process by the end of our current fiscal year (June 30, 2024).

Mother-Wise: Expected Outcomes & Data Collection Strategies

Mother-Wise: Description of Outcomes the Program Aims to Achieve

Mother-Wise’s aims to achieve the following:

- Improved symptoms of perinatal mood and anxiety disorders (PMADs)
- Improved thoughts and behaviors about maternal mental health struggles, specifically suicide
- Improved access to care
- Increased feelings of connectedness and reduced loneliness/isolation

- Improved public awareness and reduction of stigma surrounding maternal and mental health issues
- Improved access to tangible resources

Mother-Wise was founded considering the protective factors, and they are foundational to our work. By using a protective factors approach, we help parents find appropriate resources and supports that emphasize their strengths, while also identifying areas where they need assistance.

Mother-Wise: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved symptoms of perinatal mood and anxiety disorders (PMADs)	-# and % of individuals who had improved Edinburgh Postnatal Depression Scale (EPDS) scores at initial contact compared to follow-up (overall or within different domains) -# of perinatal moms screened compared to average Lake County births	- Client assessment (EPDS) administered at initial contact and throughout follow-ups
Improved thoughts and behaviors about maternal mental health struggles, specifically suicide	- Answer to Question #10 on EPDS improves with repeat screening and supports in place	-EPDS
Improved access to care	-# of positive EPDS screenings who connect with a professional for help after the screening -# of outgoing referrals to: 1) Postpartum support international (PSI), 2) Maternal mental health programs or specialists, 3) Lake County Behavioral Health	-Testimonials -Surveys -Communication with outside agency partners and health care providers -Program participant spreadsheet
Increased feeling of connectedness and reduced loneliness/isolation	-# of moms who attend two or more in-person events per year -# and % of individuals who agreed with the statements: <i>"Participating in Mother-Wise has helped me feel more connected to my community / peers."</i> <i>"Participating in Mother-Wise has helped me feel less alone."</i>	-Program Participant spreadsheet -Post-service follow-up survey
Improved public awareness and reduction of stigma surrounding maternal mental health issues	-# of group/event participants who take a post-survey indicating their knowledge about maternal mental health improved -# of social media followers -Open-rate of digital communication	-Program Participant spreadsheet -Meta analytics
Improved access to tangible resources	-# of moms who utilize the Donations Closet -# and type of items donated to the Donations Closet	-Program Participant spreadsheet -Testimonials

Mother-Wise: FY 22-23 Program Outcomes

During FY22-23, Mother-Wise collected the following baseline data:

Improved symptoms of perinatal mood and anxiety disorders (PMADs): 107 perinatal moms were given the EPDS upon initial contact with the Mother-Wise office, with 77 scoring high (72%). Our current database does not adequately capture what EPDS score changes took place throughout the year for each mom.

Improved thoughts and behaviors about maternal mental health struggles, specifically suicide: There were 6 positive responses to Question #10 on the EPDS of the 107 responses (5.6%), indicating that moms had some thoughts of suicide. However, we know anecdotally that this is likely under-reported. Therefore, our current database and practices are not adequate.

Improved access to care: At least 59 moms referred a referral at some point throughout the fiscal year; however, we know this number is not accurate. Our current database does not adequately capture the % of positive EPDS screenings who were then connected with outside resources.

Increased feeling of connectedness and reduced loneliness/isolation: Our current database does not adequately capture the number of moms who attended two or more in-person events throughout the fiscal year. Further, we do not have a practice in place of sending surveys to moms about our programs regularly. We know anecdotally that there is an increased feeling of connectedness and reduced loneliness among our moms.

Improved public awareness and reduction of stigma surrounding maternal mental health issues: From January 2023 to June 2023, our social media following grew from 2,300 to 2,600. We did not send digital communications (such as a newsletter) and we did not send any post-surveys to capture whether there was an increase in knowledge about maternal mental health.

Improved access to tangible resources: 33 people donated to the closet, and approximately 200 moms received donations from the closet.

Other program successes during FY22-23 were that Mother-Wise had a change in leadership at the Board and staff level, leading to a cohesive team that is committed to a deep, intentional examination of and adjustments to our work and processes. We identified a significant need in the community (lack of access to child passenger safety systems), then obtained funding for and created an entirely new program (the "Car Seat Program"). During the fiscal year, we were awarded the grant from First 5, adjusted staffing in order to properly structure the program, sent our staff member to a Child Passenger Safety training course to become certified, and prepared all systems to launch the program in September 2023.

Prevention Mini Grants

Prevention Mini Grants: Program Description and Key Activities

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

Mini Grantees awarded in FY 22-23 included:

- **Middletown Art Center - Art & Identify**
- **RCS – Behavioral Health Curriculum & Resources**
- **Culture is Medicine**
- **Historical Trauma & Resilience of Native Americans**
- **Kelseyville High School Community Groups**
- **Queer Prom**
- **Senior Low Vision Support**
- **Supporting McKinney Vento Students**
- **Transforming Power of Caregiving**
- **Writing while Recovering**
- **Young Life Mentorship**

Brief descriptions of the mini-grant programs awarded in FY 22-23 are provided below, along with program activities, successes, outcomes, and challenges.

Middletown Art Center - Art & Identify

Project Description: Middletown Art Center (MAC) offered a series of Character Design workshops to teens ages 12-18. Students participated in 1.5- and 3-hour workshops at MAC. Workshops were led by MAC credentialed art teachers and by young Native Artist Kilak Malicay who was mentored by the teaching artists. The project is focused on identity with exposure to work from various cultures from the onset. Likewise, work at the MAC gallery includes artists from diverse cultures. Students worked together and shared their deepest selves, fears, fetishes, loves, gender confusions and peculiarities with one another through drawing as they built a small artistic community and cultivated a sense of belonging. Malicay also utilized music during work as a way to encourage bonding across race, gender, and abilities. Making and sharing art in community was a uniting force.

Risk Factors Experienced by the Target Population: All of the youth served are from rural Lake County, and several of the youth are from minority populations, experience disability, are low income, and struggle with gender identity.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: The project is focused on identity with exposure to work from various cultures from the onset. Likewise, work at the MAC gallery includes artists from diverse cultures. Students worked together and shared their deepest selves, fears, fetishes, loves, gender confusions and peculiarities with one another through drawing as they built a small artistic community and cultivated a sense of belonging. Music was also utilized during work as a way to encourage bonding across race, gender, and abilities. Making and sharing art in community was a uniting force. All students also received support and some direction with continuing classes as well as possible careers in the arts.

Expected Outcomes & Data Collection Strategies: Information not provided by program.

FY 22-23 Project Activities & Outcomes:

Middletown Art Center offered a series of Character Design workshops to teens ages 12-18 and served 31 teens. Students participated in 1.5- and 3-hour workshops at MAC. Workshops were led by MAC credentialed art teachers and by young Native Artist Kilak Malicay who was mentored by the teaching artists.

Students engaged in writing and drawing activities including:

- Responses to art in the gallery including how it spoke to them, what meaning they interpreted
- "I am" poem exploring aspects of their own identities
- Self-portraits – Internal/External divided self
- Character design and development: traits, characteristics, and identity of character. These of course reflect different aspects of them as well.
- Students felt reinforced in their skills which strengthened self-esteem
- Students practiced using the arts as a tool for lifelong self-care
- Students engaged in building a sense of self-identity and self-worth by expressing different parts of themselves, particularly their strengths and resilience that help address obstacles as they are becoming unique individuals.

- Students also experienced pride in having their work hung on the wall during class and in a section of the MAC gallery.



RCS Behavioral Health Curriculum & Resources:

Project Description: Redwood Community Services will purchase curriculum, workbooks, and resources needed for intervention that are age appropriate and supportive of evidence-based practices. RCS staff members, including clinicians, mental health rehab providers, and case managers, will utilize purchased items to enhance offered mental health services to Lake County Medi-Cal beneficiaries receiving Specialty Mental Health Services.

Play has many benefits, including helping children be creative, learn communication, problem-solving skills, and self-control. Play is also a great way for them to relieve stress, interact with their peers, and play and build relationships with their parents and caregivers. Therapeutic games allow clinicians to teach concepts more readily, and practice and relate concepts to a child and/or youth's experience. Some therapeutic games that have added to clinicians' ability to work with children in youth, in both individual and group treatment, include The Social and Emotional Competence Game, Mad Dragon: Anger Control Card Game, the Ungame Board Game, and the Stop, Relax, and Think Board Game. The Social and Emotional Competence Game teaches empathy, communication skills, self-awareness, social awareness, relationship skills, self-management, and responsible decision-making. Mad Dragon: Anger Control Card Game allows participants to learn to control their anger in the moment while practicing twelve effective anger management techniques. The Ungame focuses on communication skills and is utilized to enhance engagement. The Stop, Relax, and Think Board Game aids in development of motor control, relaxation skills, how to express their feelings, and how to problem-solve.

Sand tray therapy provides treatment that allows participants to communicate internal frustrations that may be too traumatic and/or difficult to recall or reiterate. Sand tray therapy aims to allow emotional release, self-reflection, and realization in a multidimensional format.

Evidenced based and promising practices workbooks, coloring books, and therapeutic curriculum allows mental health providers to utilize a variety of services and interventions to find the best fit for each clients individualized treatment. Use of these standardized practices increase a client's ability to remember and maintain skills learned in session to be followed through on at home and in the community.

Risk Factors Experienced by the Target Population: RCS seeks to expand services provided and Evidenced Based Practices offered by mental health providers, thus seeking seeks to reduce symptomology in children and youth receiving SMHS through Redwood Community Services. Our priority populations include trauma exposed individuals, individuals experiencing the onset of a serious mental illness, children and youth in stressed families, children, and youth at risk of school failure, children and youth experiencing Juvenile Justice involvement.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: RCS was seeking funds to expand mental health services to children and youth utilizing evidenced based and promising practices including Trauma-Focused CBT and Play Therapy by purchasing evidence-based and best practice curriculum, trainings, and materials that will enable staff to provide age-appropriate mental health assessments, referrals, and services to enhance existing programs using innovative and dynamic interventions that will increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.

PEI Strategies: For Lake County residents in need of specialty mental health services, the challenges in navigating systems present burdens that are further exacerbated by few opportunities and resources. Children who qualify for Specialty Mental Health Services and their families will benefit from increased resources and training, including curriculum and other resources.

Expected Outcomes & Data Collection Strategies:

RCS sought to enhance engagement opportunities with children, youth, and families, offer interventions that strengthen families and promote child development by improving wellbeing, improving use of coping skills, improving knowledge of mental health, and reducing mental health symptoms and enhancing mental health functioning. This was measured by standardized assessment tools Child and Adolescent Needs Assessment, and the Adults Needs and Strengths Assessment.

Outcome	Outcome Measures	Data Collection Tools
Reduced Mental Health Symptoms / Functioning	-Average change in Child and Adolescent Needs Strengths (CANS)/Adult Needs and Strengths Assessment (ANSA) assessment scores from enrollment to follow-up (overall or within different domains)	CANS/ANSA
Reduced Mental Health Symptoms/ Functioning	-Average change in Treatment Outcome Package (TOP) assessment scores from enrollment to follow-up (overall or within different domains)	TOP

FY 22-23 Project Activities & Outcomes:

Throughout the grant period, November 14, 2022, to June 30, 2023, Redwood Community Services served 110 children, youth, and young adults and provided 2,943 number of therapeutic services including therapy and individual/group rehabilitation.

Through this Mini Grant, Redwood Community Services was able to buy a number of supplies/curriculum in each of the following categories: therapeutic games, sand play items, workbooks and curriculum, and art/craft supplies. Supplies purchased include, but are not limited to:

- Mindfulmazing Mega Emotions Bundle
- Ungame Families
- Character Building Card Game
- CBT Toolbox for Children
- Crayons, Colored Pencils
- Internal Family Systems Therapy
- DBT Workbook for Teens
- Teens Workbook to Self-Regulate
- Fidget/Sensory Items
- Mad Dragon: An Anger Control Game
- Therapy Games for Teens
- Stop, Relax, & Think
- Sand Tray Play Therapy Starter Kit
- Lego Brick Set
- Classic Sand and Play Sand for Sandbox
- Train Your Angry Dragon
- The Social Game of Self-Esteem
- Kinetic Sand
- Conversation Cards for Families
- Playing CBT- Therapy Games for Kids
- Stacking Game promoting Self-Care
- A Little SPOT of feelings
- Modeling Clay
- Thumbball
- Conversation Cubes
- Sand Tray Inclusive Doll Set

- Handholder Tray for Playing Cards
- Brief, Creative and Practical Art Therapy Techniques
- Social Skills games and Therapy Games
- Sand Tray Multicultural Family Dolls
- Relationship Skills Gard Game
- Essential Conversation Cards
- Sand Tray Career Figures
- Play Dough

Among the 48 individuals for whom CANS and ANSA data were available to assess outcomes, just over 80% of the clients served who received at least 2 standardized assessments showed a reduction in symptomology and symptom improvement and/or stability of symptoms.

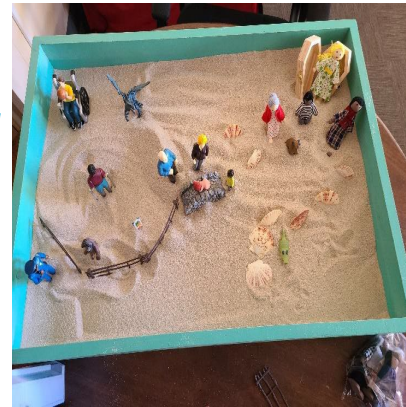
Key successes include the ability to offer varied interventions and have resources to aid children in expressing themselves, their thoughts, their feelings, and their trauma histories in an evidence based manner. The following is a testament of a Mental Health Rehabilitation Specialist of success she saw using the supplies with a client:

I have a five-year-old client on the spectrum. He struggles with emotional regulation, and he also has a hard time with free-form play. His deep need to follow the rules goes so deep that previously when playing games, for example, connect four, he will not play the game but demand that we recreate the pattern on the box cover. He has been unable to deviate without an emotional meltdown.

I introduced one of our new therapeutic intervention games, "Stop, Relax & Think." Because the rules of the game are about processing emotions and finding replacement behaviors, he has been not only willing but increasingly more adept at identifying a handful of emotional states and also carrying over that information into how others may feel. After the first time, he told me, "You have to bring this every time."

Because of this new intervention, I now have his whole family engaged and helping him identify his emotions.

In addition, our therapist has been utilizing the new sand tray toys in multiple therapy sessions and expressed, "The children are loving being able to choose characters that look like them, and the bridge object is especially insightful as the children can describe a linkage between different scenes."



Culture is Medicine

Project Description: The Scotts Valley Band of Pomo Indians plans to hold cultural gatherings that include eating together, praying, and a cultural activity such as regalia making, beading, sewing, traditional dancing, basket weaving, or seaweed gathering. Educational resources and referrals to mental health services will be made available at these gatherings and an educational component regarding mental health issues and where to get help.

Risk Factors Experienced by the Target Population: This information was not reported.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: This information was not reported.

PEI Strategies: This information was not reported.

Expected Outcomes & Data Collection Strategies: The goal of this program is that participants will feel more connected to their culture and have a better understanding of mental health and wellness and know where to go for help. To assess outcomes, the number of participants and referrals will be tracked and reviewed to determine if these classes need to provide more services, information, or collaboration with outside agencies.

FY 22-23 Project Activities & Outcomes: This information was not reported.

Historical Trauma & Resilience of Native Americans

Project Description: The program is planning a workshop for providers of mental health and social services. The workshop will include education in the form of a PowerPoint presentation, a panel of experts, resources to support the Native American community as it battles poverty, mental health issues, suicide, domestic violence, incarceration often from a young age, mental health service gaps and disparities caused by historical trauma. We will provide handouts and explain how implementing ceremony and culture will aid in one's path to recovery from symptomology surrounding historical trauma. We found in our survey that many Native American teens and young adults do not understand the symptoms of historical trauma or the impact it has on their own mental health, their families, and the overall community. We believe that educating providers will have deeper impact than directly addressing the population. We plan to rent a venue, most likely a banquet room at a local casino, and hold a workshop that provides all the necessary information and resources to help providers assist their clients with historical trauma among the Native American population they serve. It will be a powerful presentation that will implement ceremony and culture, emphasizing the historical resilience that has allowed the Native American population to survive in a colonial system for decades.

Risk Factors Experienced by the Target Population: This information was not reported.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: This information was not reported.

PEI Strategies: This information was not reported.

Expected Outcomes & Data Collection Strategies: Through the workshop, we are hoping to better inform local practitioners who help our Native American populations, providing insight and education in areas that are lacking. The workshop will present a strengths-based approach emphasizing the historical resiliency that has allowed Native Americans to survive. We will address racism, social justice, and mindfulness to promote better communication and relationships with our Native American relatives. We will provide the symptomology of historical trauma to participants to give a better understanding and solution-focused approach to attempt to begin closing the gap in mental healthcare disparities that adversely affect disadvantaged populations. This will open doors for better mental healthcare to Native Americans by expanding resources among participants who will be from Native American agencies, as well as governmental agencies, and nonprofits. We see this as being a resource fair for providers, as well as education in culture and mental health, and a powerful lesson in cultural humility.

To assess outcomes, participants will fill out a survey before the workshop and after the workshop via SurveyMonkey to measure the level of competency and effectiveness of this activity. We will have a community discussion via Zoom with board members and participants to discuss utilization of the material presented.

FY 22-23 Project Activities & Outcomes: This information was not reported.

Kelseyville High School Community Groups

Project Description: The program will be an exploration of how trauma affects overall mental health and functioning, interpersonal relationships, impulse control, and brain functioning. The program will teach healthy coping skills to combat the effect of trauma and chronic stress on the individual. The program will conduct weekly sessions with a counselor or a school psychologist in small group settings (10-12 students), focusing on daily application of skills taught.

Risk Factors Experienced by the Target Population: This information was not reported.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: This information was not reported.

PEI Strategies: This information was not reported.

Expected Outcomes & Data Collection Strategies: The program aims to achieve improvements in student behavior, mental wellness, educational success, school attendance, and overall knowledge of trauma and coping skills. These outcomes will be assessed through pre- and post- measures surrounding hope and resiliency as well as basic life skill development / knowledge. We will also look at student attendance, grades, and behavior.

FY 22-23 Project Activities & Outcomes: This information was not reported.

Queer Prom:

Project Description: For many lesbian, gay, bisexual, transgender, queer/questioning students and Transition Aged Youth (TAY), the excitement of prom season may be overwhelmed by concerns that they may not feel welcome, or worse, might be actively excluded from prom. Prom is meant to be a joyous occasion and remains an important rite of passage for students all over the country. The Harbor’s “Queer Prom” will provide a space for individuals to feel comfortable and secure at prom while still expressing their individuality and creativity. This event will closely mirror traditional prom gatherings; however, at this event, the participating students are allies or members of the LGBTQIA2S+ community.

Risk Factors Experienced by the Target Population: Members of the LGBTQIA2S+ community are at greater risk of developing mental illness for many reasons. They often experience bullying and ostracization from their peers in social and school settings, such as sports, dances, and other extracurricular activities. Vicarious trauma also factors into risk, as hate crimes, attacks, and other prejudiced-based crimes continue to impact the LGBT community. Looking through an intersectional lens, members of the LGBT community who are Black, Native American, Hispanic, and of other non-white demographics experience even further risk for developing mental illness as well.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: The Harbor on Main is staffed with Peer Support Specialists who have self-reported lived experience navigating systems of care and who may have sustained recovery from a mental or substance use disorder, or both. They assist others entering (or are already in recovery) with reducing the recurrence of symptoms (prevention). Peers model recovery, promote shared understanding, focus on strengths, offer positive coping strategies, and provide information and resources/referrals. The Harbor utilizes Peer Specialists to strengthen engagement in treatment and improve outcomes for individuals who receive these services, including LGBTQIA2S+ youth.

PEI Strategies: In-house services support the goal of increasing timely access to prevention/early intervention services as well as formal mental health treatment. Targeted support groups offer participants the opportunity to engage with peers with similar life experiences who may or may not receive formal services. The Harbor promotes anti-stigma and discrimination on-site at the center, through social media campaigns and via outreach events. The Harbor strives to educate and empower youth to self-advocate and normalize adverse experiences to increase utilization of mental health services. All youth who attended the Queer Prom and or planning sessions were provided with additional information about The Harbor and the services provided, including formal and informal mental health support and LGBTQIA2S+ support groups and activities.

Expected Outcomes & Data Collection Strategies:

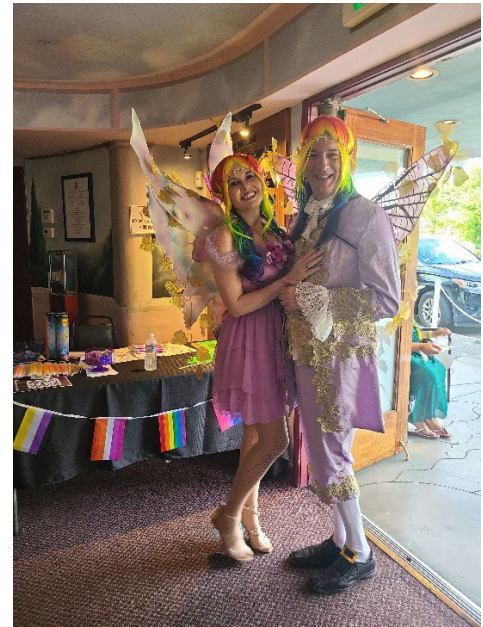
The program expects to achieve the following outcomes:

- Reduce stigma and discrimination
- Enhance opportunities for youth to develop supportive relationships and engage in prosocial activities
- Promote acceptance and respecting the dignity and individuality of LGBTQIA2S+ youth

Outcome	Outcome Measures	Data Collection Tools
Reduce stigma and discrimination	-# and % of LGBT youth who felt “the event promoted a safe and inclusive environment” at least “most of the time or always.”	Consumer survey, administered at end of Queer Prom event
Enhance opportunities for youth to develop supportive relationships and engage in prosocial activities	-# and % of LGBT youth who felt “the event promoted positive social connections” at least “most of the time or always.”	Consumer survey, administered at end of Queer Prom event
Promote acceptance and respecting the dignity and individuality of LGBTQIA2S+ youth	-# and % of LGBT youth who felt they “were treated with respect and dignity” at least “most of the time or always.”	Consumer survey administered at end of Queer Prom event

FY 22-23 Project Activities & Outcomes:

The Harbor hosted (in collaboration with Middletown Unified School District) seven Queer Prom Planning Meetings where participants worked together to identify a prom theme, venue, entertainment, refreshments, and decorations for the event. Once details had been determined, youth came to The Harbor site an additional four times and assisted in preparing items such as decorating the chair which was used in the photo booth, assembling popcorn and cotton candy machines, and even assisted in preparing the venue the day before the event took place. The Harbor team also made sure interested youth had access to formal wear for the event by promoting their Prom Project resources which included access to free clothing and accessories. The queer prom hosted approximately 35 youth, 20 chaperones and two therapy dogs to ensure that there was enough oversight and support throughout the entire event.



Of the participants, 34 individuals completed the consumer survey:

- 100% responded reported “This event promoted a safe and inclusive environment” at least “most of the time or always.”
- 100% responded reported “This event promoted positive social connections” at least “most of the time or always.”
- 100% responded reported “I was treated with respect and dignity by staff” at least “most of the time or always.”

One notable success of the implementation of Queer Prom was the connection made with a Middletown Unified School District (MUSD) faculty member. The faculty member provided ongoing support and collaboration with Harbor staff in the planning process of Queer Prom. The faculty member was also integral in connecting MUSD students to The Harbor and Queer Prom by hosting hybrid planning sessions during Gay Straight Alliance meetings. Furthermore, The faculty member also introduced The Harbor to a colleague of his who donated an additional \$1,000 to the event, which was doubled by her employer, The Chan Zuckerberg Foundation, for a total of \$3000.00 to supplement additional needs and supplies for Queer Prom.



During the Queer Prom event, a youth reported to Harbor supervisor, that they felt seen and were able to utilize this event as an opportunity to outwardly express their gender identity and participate in “fun things” with other LGBTQ+ identified peers.

Staff members from various Lake County school districts and Lake County entities volunteered as chaperones for the Queer Prom event. Their presence provided youth with a safe environment, as well as provided Harbor staff with support in overall oversight of the event. We successfully built relationships with community members and local businesses that will allow us to further provide inclusive and dignifying services, activities, and projects to LGBTQIA2S+ youth.

Senior Low Vision Support

Project Description: Through the partnership with Konocti Senior Support (KSS) up to Ten (10) senior clients will be identified who have reported vision loss preventing their ability to lead productive independent lives. Vision loss increases the risk of further mental health challenges presents high likelihood of falls, greater social isolation leading to stigma, depression, and suicide risk. The CDC reports that early detection of eye conditions is efficacious and cost effective. Respondents to the National Eye Health Education with their “attitudes and practices survey” consider the loss of eyesight has the greatest impact on seniors’ day to day life vision loss.

Goals: Our project will work with those referred and their caregivers/family members to receive vision-related rehabilitation services. 1. Rehab specialist from the Earls Baum Center will teach ways best to use existing vision. Their intervention via education will enable all caregivers, I with our peer counselors’ ways to prevent increased disabling effects of vision loss. “Anyone diagnosed with a condition causing vision loss may experience many difficult emotions, including grief, shock, anger and depression” (National Family Caregiver Alliance). 2. Individual service will be provided to Senior Peer Counseling clients on a priority basis and case by case to any older adult requesting service. Intake will encourage support group attendance, which will be offered in person and by zoom if requested. Transportation will be provided by their IHSS worker, Lake County Transit, and community Care, Redwood Caregivers Resource Center, La Voz, and Tribal agencies will assist with outreach.

Main Activities:

1. Two (2) events for isolated older persons: group education provided for support groups by rehab specialist from the Earl Baum Center of Santa Rosa. Senior Peer Support Counseling staff were present at these events.
2. Peer Mentorship: Utilizing the established KSSS Peer connections for support and shared learning experiences to prevent greater vision loss. Sites were held at the LCBHS Peer Support Centers, Kelseyville and Clearlake Senior Center, and Lakeport Library. This continues after grant funding at Lakeport Library.
3. Outreach and education: Addressing community stigma and discrimination by offering these services that do not exist presently. Stigmatization has affected vision impaired people and they have internalized their own feelings of inadequacy, self-blame, and frustration.
4. Older Adult peer support activities are integral to this project. The KSSS has working relationships with LCBHS Peer Support Centers, Areawide Agency on Aging, Adventist Community Development services, Lake County Social Services for Adults, Lake County Library, Lake County Transit, Catholic Charities and Sunrise Special Services.

Where Services are Provided: Outreach and some classes were held at La Voz and Circle of Native Minds. We had Latino, Tribal and Faith based community outreach. Key members of these communities have been identified to assist with this project. One had Spanish speaking translators.

All documents, flyers will also be in Spanish. Cultural extended family helping systems will be incorporated into the project and evaluation.

Risk Factors Experienced by the Target Population: Anyone diagnosed with a condition causing vision loss may experience many difficult emotions, including grief, shock, anger, and depression

(National Family Caregiver Alliance).

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: The program will leverage peer mentorship, utilizing the established KSSS Peer connections for support and shared learning experiences to prevent greater vision loss.

PEI Strategies: Anyone diagnosed with a condition causing vision loss may experience many difficult emotions, including grief, shock, anger, and depression. Program participants work directly with the KSSP needed for referrals and follow-up.

Sites were held at the LCBHS Peer Support Center, Kelseyville and Middletown Senior Center, and Lakeport Library. The KSSP works directly with LCBHS for referrals, assessment and follow-up as needed.

This project addresses the community stigma and discrimination of vision impaired people, mainly senior adults. By offering these services that do not exist it brings awareness and resources to the aging and vision impaired population of Lake County. Stigmatization affects vision impaired people and a majority have internalized their own feelings of inadequacy, self-blame, and frustration.

Expected Outcomes & Data Collection Strategies:

Outcome	Outcome Measures	Data Collection Tools
Improve timely access for underserved populations	-Location of sites -Number of individuals who could identify mental health services, locations, and other related services -Number of participants who were connected to resources	-Self-report at beginning and end of sessions

FY 22-23 Project Activities & Outcomes:

The program conducted the following activities:

- Two (2) events for isolated older persons: group education provided for support groups by rehab specialist from the Earl Baum Center of Santa Rosa. Senior Peer Support Counseling staff were present at these events.
- Peer Mentorship: Utilizing the established KSSS Peer connections for support and shared learning experiences to prevent greater vision loss. Mentorship sites were held at the 1.LCBHS Peer Support Centers, 2. Kelseyville and 3. Middletown Senior Center, and 4.Lakeport Library. Project is continuing after grant funding at Lakeport Library.
- Outreach and education: Outreach, Education and Mentorship sites were held at the 1.LCBHS Peer Support Centers (4 in attendance) 2. Kelseyville Senior (2 in attendance) 3. Middletown Senior Center (4 in attendance) and 4.Lakeport Library (8 in attendance) This is continuing after grant funding at Lakeport Library.

During the program, all participants were introduced to existing resources, i.e., Earl Baum Center and the KSSP staff and other volunteers to have ongoing linkage and support. Additionally, at least 80% of



Participants were able to identify mental health services locations and other related services for vision impaired.

A key success of the project was that the outreach, awareness, education for seniors with low vision impairment was initiated in Lake County for the first time. The partnership with the KSSP with Sunrise Special Services enhances both organizations' services. The activities for this project will continue as part of the ongoing collaboration between KSSP, Lake County Library and Sunrise Special Services.

Supporting McKinney Vento Students:

Project Description: Our program is to help students and families succeed. We support the needs of the students that are faced with homelessness or our foster children. We eliminate barriers that they face to make it difficult to attend school on a regular basis as well help parents of school age children with resources that are needed. Some of the things our advocates and McKinney-Vento Liaisons help with include transportation, school supplies, clothing, food, hygiene products, and temporary housing. These services are provided at school, at the homes, shelters and throughout the community.

Risk Factors Experienced by the Target Population: The students/families that we work with face a lot of challenges including being homeless and getting comfortable transitioning as foster youth in a new home setting. These students/families often feel a lot of stress and depression, while trying to find a way to provide daily living that improves their situations. Other risk factors include providing food for their families, along with where they will sleep for the night. Often this population lacks transportation to get to resources in the county as well as getting their children to school daily. With the lack of daily showers, comfort of a home, these families are faced with getting ill on a regular basis, which then sets them back even more.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: The program that our school district provides for this population helps reduce these risk factors by providing them with student and family advocates. These advocates reach out to the families within the school district and help by providing resources that eliminate daily stressors and aim to make sure that the children are getting an equal education. This can look like helping families with resources such as finding housing, jobs, transportation, school supplies, food, clothing, and other needed resources. Other things we help with are medical, dental, vision and mental health services, by referring them to agencies as well as helping them get to their appointments.

Often our team will set up a SST (student support team) meeting with the family along with school staff and outside agencies that can help assist. We will discuss with the family any ways we can help them meet both education support for the children as well making sure of any needs including both mental health services, medical services and finding other resources to help the family members. A mental health / behavior health team is also being developed within Lakeport Unified School District, along with our school family advocates to better assist with students that are facing challenges.

Expected Outcomes & Data Collection Strategies:

The aim of our program is to help families reduce the stress of getting their children enrolled into school and becoming a student who has better attendance than they did before we knew of their homeless situation. A lot of times this helps the parents get time to find jobs, attend medical appointments, and look for the housing and resources needed. We also help support the families that are in need attending both medical, mental health, and social service appointments when they arise. We are here to help eliminate stressors, and support families to get back to a stage they can provide for themselves.

Outcome	Outcome Measures	Data Collection Tools
Reduce absenteeism	-Student attendance and absentees before and during program	- Attendance logs with Aries program
Improve housing outcomes	-Number of families receiving hotel vouchers -Number of families receiving resources to help stay at homeless shelters	-Tracking logs
More youth have needed school supplies	-Number of students receiving school supplies -Types of school supplies provided	-Tracking logs
Improve attendance at appointments/meetings	-Number of families receiving transportation to appointments, school meetings, events	-Tracking logs of transportation provided

FY 22-23 Project Activities & Outcomes:

Some of the services provided and outcomes achieved during the 2022-23 school year include:

- There was 40% increase in attendance among families working with student and family advocates
- 2 families were temporarily housed at the Skylark Hotel for a total of 6 nights, and 6 families received housing assistance
- Provided transportation for the duration of the school year for 4 families that were experiencing homelessness and had a housing placement out of the school district, and provided rides, bus passes, ways of transportation for families needing to get to school, home from school, to doctor appointments, and social service appointments for other families and students
- Provided 20+ students with school supplies and backpacks
- Provided other resources for multiple students, including 4 students who received eye glasses and 8 students who received FAFSA assistance
- Provided transportation for 8 students to medical appointments



Other successes achieved during the grant period included helping many homeless students make it to school on regular bases, helping support these students with meals both in the home as well on campus, helping students with school supplies, clothing, and transportation to and from school in order for them to be successful in the classroom, and helping students and their families find housing who are facing hardship.

Success Story 1 : We had a family of 3 (mom and two elementary students) that needed assistance to enroll the students into school. We helped place this family both in a hotel, and a homeless shelter that led to a

rental unit. We provided these children with school supplies, clothing, and transportation when needed and got them signed up for food assistance and cash aid.

Success Story 2: Our staff identified a homeless single mom of 3 children, two of which were school age children who had never attended any kind of schooling before. The two school age children were in the 3rd grade. We helped this family with enrollment, transportation, clothing, school supplies, food, and other resources when they arose. This mom was able to have time to find a job and find a reliable way of transportation to get her children to and from school daily.



Transforming Power of Caregiving

Project Description: Hospice of Lake County will provide two consecutive 5-hour workshops/groups for up to 22 individuals, focusing on caring for a loved one with dementia/Alzheimer's disease. Topics that will be covered include: the three stages of dementia/Alzheimer's disease, grieving the losses in the caregiver's life and the patients who are experiencing a debilitating condition, tools for dealing when an unexpected side of an individual comes out, awareness of when it feels like the individual is struggling with denial, feelings of failure and guilt, handling frustration and anger, how to emotionally and spiritually care for oneself while caring for someone else, finding support, learning to accept the person that he/she is now, and acknowledging the courage and sacrifice being made as a caregiver.

Hospice Services staff will conduct extensive outreach to potential workshop participants with direct mailing, social/print media, outreach to community partners such as clinics, healthcare providers, home health agencies, senior centers, churches, and others to identify caregivers who may benefit from the workshop. Workshops will be conducted at the Hospice Services of Lake County Bereavement Center or a location in the Northshore or Clearlake. The workshop will be provided with group discussions, some lectures, and use of mixed media. We will partner with the Caregiver Resource Center to provide respite care and refreshments during the workshops.

Risk Factors Experienced by the Target Population: This information was not reported.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: This information was not reported.

PEI Strategies: This information was not reported.

Expected Outcomes & Data Collection Strategies: Many caregivers experience overwhelming feelings of depression, anxiety, and burnout with minimal support. By presenting self-care information, resources that are available and group support, it is our intention to have participants feel less isolated and alone, cultivate relationships, increase their capacity and understanding of care and self-care, and improve their emotional wellbeing.

Data will be collected before and after the workshops. Data will include both surveys and anecdotal responses provided by stakeholders and participants. Participants will be asked to rate the degree to which they benefitted from the workshop.

FY 22-23 Project Activities & Outcomes: This information was not reported.

Writing While Recovering

Project Description: Writing While Recovering was an interactive series of writing classes specifically designed to help those individuals struggling with depression, recovery, or other mental health stress related issues. A series of eight (8), two (2) hour classes happened over a two-month period in Lakeport, Clearlake, and Middletown California. The locations included the Middletown Art Center in Middletown, The Circle of Native Minds in Lakeport, The Lake County Arts Council in Lakeport, and the Clearlake Senior Center. By offering these classes at various locations, people from all over the lake were given the opportunity to attend.

Jordan O'Halloran and Richard Schmidt are both writing instructors and authors, who taught individuals the healing effect that writing can have on our mental health and wellness.

O'Halloran and Schmidt had the goal of guiding students in writing exercises and reflections on how their mental conditions have impacted them and the ways writing can provide them with a healthy outlet. All participants left the class with a writer's kit so they can continue the practice after the sessions have ended. These classes were facilitated by Jordan O'Halloran and Richard Schmidt, with a mental health professional to assist O'Halloran and Schmidt and participants when a more in-depth mental health session is needed.

The target population were Trauma Exposed Individuals, Individuals Experiencing the Onset of a Serious Mental Illness, Children and Youth in Stressed Families, Children and Youth at Risk of School Failure, Children Youth at Risk of Experiencing Juvenile Justice Involvement, and Underserved Cultural Populations.

Risk Factors Experienced by the Target Population: One of the biggest risk factors is the lack of resources in Lake County. With those lack of resources, the availability of finding the right help, finding community support, and safe places are available. Another big risk factor is the amount of people who are impacted by fire trauma here. With that fire trauma, there is a bigger chance of mental illness. Transportation is a big risk factor because they could miss out on things to help them if they can't find a way to get there. Another big risk factor is the availability of funds and lack of income.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: The program did many things to reduce risk factors. The first one was the sharing of the person's writing if they chose to do so. By sharing their writing, the individual was able to link themselves with others by showing that we all have similar experiences. The sharing of experiences included discussions of mental health, fire trauma, and provided people with a safe place. The safe place was reinforced by people talking about their life experiences with people they had never met before.

One of the ways that protective factors were strengthened was with transportation. Transportation was assisted with this grant by the locations of the class spread out– Clearlake, Middletown, and Lakeport. This made it so every week people hopefully had a class close enough that they could attend.

Income and lack of funds can be a big risk factor and barrier to attending events in Lake County. With the financial backing of this grant, individuals were able to come to the class with no charge. The bonus was

that students were also given a free notebook and pen to continue their writing skills outside of class. Students were left empowered to keep writing with their writing kit.

PEI Strategies: Diversity and culture are very important to the arts. It is a top priority of the Lake County Arts Council to make our classes equitable and accessible to all. This is one reason we are working for grant funding, to ensure classes can be held free of charge for our participants. When the dates for classes were set, we ensured public notice was put out in several forms, including online, community forums, and in personal invitations, Information will be shared through our partner agencies, including Middletown Art Center, Lake County Rural Arts Initiative, and Arts Lake County. In addition, we will share with our cultural partners; the Circle of Native Minds, La Voz de Esperanza, Sunrise Special Services and others including Tribal Health and Blue Zones.

Pairing a professional mental health worker with a professional artist allows for a unique combination of expertise and education. Planned lessons were built to take every student’s needs in mind. Students were given the opportunity to be open in expressing and discussing their feelings and backgrounds. By having students being open with their mental illness, they were comforted by the fact that they aren’t alone. It also provided a safe place and community for people to share how they are really feeling. This helped people share their experiences surrounding mental health that included medication, therapy, and ways they help their own mental health. The participants were given flyers for food giveaways, a notebook to take home to share their thoughts, and the mental health professional was able to go over services provided by Lake County Behavioral Health Services.

Expected Outcomes & Data Collection Strategies:

The intended results of this class were improving wellbeing, improving coping skills, connecting with the community, and improving knowledge/awareness about mental health. The class also had the outcome of reducing mental health symptoms. It has been proven many times that writing is a huge asset and resource to help with mental health struggles. Writing can make you more mindful and aware of your trauma. It can also provide you with solutions to break down barriers that may be blocking you from healing.

Outcome	Outcome Measures	Data Collection Tools
Improving wellbeing.	-Check in with everyone before and after class. -Observe verbal and non-verbal cues.	Before and after class: students are given opportunity to discuss openly or with the mental health professional.
Improved Coping Mechanisms	Watching everyone complete the exercises, making hands on exercises that are easy enough for everyone.	Ask if clarification is needed and discussion after every activity.
Reducing mental health symptoms.	Teaching the students about mindfulness and writing exercises.	Filling out worksheets provided by the instructors. Ask if clarification is needed and discussion after every activity.

Outcome	Outcome Measures	Data Collection Tools
Connecting with the community and people they might not know.	Making the classes at various spots in the lake. Making the class free and all supplies included. Ensuring that everyone feels welcome.	Building partnerships with different organizations and people. Building a safe environment. Students are given the opportunity to discuss openly or with the mental health professional.

FY 22-23 Project Activities & Outcomes:

There were 5 classes taught in total. In those classes, there were 37 people altogether, however some people came to more than one class. There were food resources given out with the various food pantries, transportation flyers from Lake Links, and people were given the opportunity to discuss any events they knew in their neighborhood. By sharing the events in their neighborhood, things from Cobb, Kelseyville, and even Clearlake Oaks were brought up. Many people mentioned they had never heard of certain things. Among the 35 people, 4 people needed to use the mental health professional for help. The mental health professional helped individuals center themselves, talk things out, and simply have a neutral perspective on what they needed to talk about.

Outcome data was not collected for FY22-23. In the future, clients will be asked for personal information if they are willing to give it. With that contact information, they will get a phone call or email to check in. The check in will see if they're still writing and need to be connected to other community resources.

However, one program success achieved during the fiscal year was teaching individuals the importance of writing for mental health. The writing classes helped individuals express themselves in a way they most likely have never done before. Trauma has affected all of us, so knowing they felt comfortable enough to express their feelings was a huge success. Every class began with a different theme of wellness such as 'joy' and 'resilience'. By using universal themes, every piece of writing was different, but everyone felt heard by sharing their piece.

Another huge success was the partnership between the teachers and the Circle of Native Minds. Historically here in Lake County, the writing of stories and expression of their trauma rarely happens. Having classes at their resource hub gave people the opportunity to express themselves in a safe environment they've never had.

“Letting individuals express themselves was a huge joy for me. As someone who has their own mental health struggles, teaching was a different kind of healing. I can’t wait to do it again next year.”—Teacher

“The way that Jordan taught us was so helpful. She meets you where you are at and makes a safe space for you.”—Student

Young Life Mentorship

Project Description: Trained leaders walk alongside kids building authentic friendships with an emphasis on listening. We do fun and adventure at Club (WyldLife CLUB met at the Lower Lake Park utilizing the Community Action Group room); we meet in Connection groups (various locations i.e. Austin Park, private home) to have deeper conversations in safe environments and take them to summer and winter camps. Club and connection groups meet twice monthly. Winter Camp is in November and Summer Camp is in June/July. Contact work (mentoring) is ongoing. During the summer we also do an 8-hour day camp for Grades 5-8 at Mandala Wellness Center on Cobb Mt. In January we did a field trip activity to the Epicenter in Santa Rosa. Our target population has been for youth Grades 5-8 for CLUB and connections and Grades 9-12 for connections. We are all inclusive inviting all ethnicities.

Risk Factors Experienced by the Target Population: Most of the youth come from dysfunctional, multi-family at risk homes. They struggle with peer pressure, friendship stresses, addiction, learning challenges, high anxiety, stress and suicidal thoughts and attempts.

How the Program Aims to Reduce Risk Factors or Strengthen Protective Factors: Our program aims to reduce risk factors by providing mentorship with a trained leader. They work to build trusting relationships with youth that will lead to deep conversations and opportunities of support. Our connection groups also open conversations on prevalent topics and helpful courses of action. Specific information is also shared in regard to available programs, workshops, hotlines and brochures covering a multiplicity of topics that could be relevant to a variety of youth. Leaders are kept informed to local resources that may be applicable to the youth. However, trusting relationships that support open conversations and actions are the best source for mental health prevention.

Being a faith-based mentoring program, we engage the mental, emotional, physical and spiritual well-being of the youth. Promising practices include an organizationally driven leader training and manual that all leaders must complete before engaging kids in order to maintain best practices to reduce risk factors.

PEI Strategies: Lake County young life leaders do not counsel or diagnose mental health problems themselves. Any concerns are shared with the Area Director who then reaches out to Young Life risk management to assess the next steps. Being aware of local programs such as Behavioral Health, Hospice, therapists, and Pastors provides local resources for referrals.

We teach and reinforce constantly with the youth that we are all created on purpose and for a purpose. We are uniquely designed by a Creator who loves each one of us. Emphasis is placed on seeking help for people no matter their diagnosis and pray for them. We consistently reinforce the support of everyone no matter their individual problems. We allow opportunity for kids to speak so that others may understand what they are going through and how we may be able to help. We believe this does help to reduce the stigma and discrimination of mental illness and physical challenges as well. With more specified leader involvement and training we hope to expand our outreach to physically and mentally challenged kids on a more proactive basis. Information is key to reducing discrimination of mental illness.

Expected Outcomes & Data Collection Strategies: Information not provided by program.

FY 22-23 Project Activities & Outcomes:

Lake County Young Life Activities conducted from January – May 2023 include:

- Epicenter Event in Santa Rosa WyldLife:
 - 22 grade 5-8 attendees, 4 grade 9-12 leaders, 1 adult helper
- WyldLife CLUB – Bimonthly meetings on 1st and 3rd Tuesdays with food, games, and club talk and group meetings
 - 8 regular CLUB meetings: 70 attendees
 - 1 special Family CLUB meeting: 52 attendees
- Connections WyldLife girls met bimonthly starting with food, group study/talk, games
 - 7 meetings: 35 attendees
- Young Life Connections:
 - 5 sessions: 30 attendees
 - Young Life Summer Camp – 2 youth and 3 leaders
- WyldLife Summer Camp:
 - 10 youth and 4 leaders
- One on one contact work is ongoing.

Access and Linkage to Treatment Programs: Evaluation Report

LCBHS recently implemented Pathways HUB to improve care coordination and improve access and linkage to treatment programs. Although not a PEI program, the Pathways HUB is supporting component of the Access and Linkage to Treatment PEI strategy. LCBHS aims to leverage referral tracking through the Pathways HUB to report on follow-up from referrals to support engagement in treatment. However, at the time of this report, data on referrals and subsequent treatment participation was not yet available.

The Pathways HUB, that began as a MHPA Innovation Project, has developed into the Lake County Community HUB with Adventist Health as its sponsor in cooperation with the Lake County Continuum of Care. It is a community effort to coordinate care and create closed-loop referrals for vulnerable people in our County. The HUB will double as the Coordinated Entry System (CES) for those experiencing homelessness. It will additionally serve those with behavioral health needs. The goal is to have more integrated systems of care between health, behavioral health, and homeless services.

These are accomplished by first identifying and effectively assessing at-risk community members, then assigning a specific “pathway” that addresses the risk factors present and connects individuals to the appropriate community agency or agencies that will in turn address risk factors with best practice services and supports. Results are then tracked and measured to gauge the effectiveness of the entire process.

Through the implementation of these steps, the HUB creates a holistic type of care coordination where one care coordinator is responsible for any one client or client household and where a focus on metrics is established to engender risk reduction and prevention. Further, the HUB is designed to remove silos inherently created by separate sources at the local, state and federal levels meant to fund health and supportive services.

Outreach & Engagement

Street Outreach: Program Description and Key Activities

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

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

Outreach & Engagement: Underserved Population(s)

The Outreach & Engagement program aims to serve the following underserved populations: Native American and Latinx communities, TAY, unhoused individuals, and families with children.

Outreach and Engagement: Integration of PEI Service Areas

(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction

The Outreach and Engagement Program is designed to outreach specifically to underserved populations and link them to appropriate services. This includes assisting with setting appointments for services and providing transportation, if necessary. Additionally, the outreach van has partnered with Bright heart, which offers immediate telehealth for a number of behavioral health services, including substance use disorders. Clients will be able to sit in the van and engage in these services directly through telehealth.

Through both our outreach van and participation at community events, staff engage with community members and talk about the benefits of mental health services and how to access those services, including assisting making telephone contact with the MH screening staff.

The outreach team makes special effort to destigmatize mental health. The van itself has the logo, “People Helping People” with contact information and is displayed at community events and parades. Brochures and literature emphasize the normal human condition of mental health challenges and offer practical solutions. The outreach program is designed to touch all peoples of the community; the van travels to all points of the county and contact anyone willing to engage with the team.

Outreach & Engagement: PEI Strategies

Outreach & Engagement: How the program creates access and linkage to mental health services

Through both our outreach van and participation at community events, staff engage with community members and talk about the benefits of mental health services and how to access those services, including assisting making telephone contact with the MH screening staff.

Outreach & Engagement: Improve timely access to services for underserved populations

The Outreach and Engagement Program is designed to outreach specifically to underserved populations and link them to appropriate services. This includes assisting with setting appointments for services and providing transportation, if necessary. Additionally, the outreach van has partnered with Bright heart, which offers immediate telehealth for a number of behavioral health services, including substance use disorders. Clients will be able to sit in the van and engage in these services directly through telehealth.

Outreach & Engagement: Includes strategies that are non-stigmatizing and non-discriminatory

The outreach team makes special effort to destigmatize mental health. The van itself has the logo, “People Helping People” with contact information and is displayed at community events and parades. Brochures and literature emphasize the normal human condition of mental health challenges and offer practical

solutions. The outreach program is designed to touch all peoples of the community; the van travels to all points of the county and contact anyone willing to engage with the team.

Outreach & Engagement: FY 22-23 Consumers Served

FY 22-23 Consumers Served
3,267 (duplicated)

Outreach & Engagement: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program make referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	Not Reported
	Mental health services at another agency	Not Reported
Substance Use Services	Substance use services at LCBHS	Not Reported
	Substance use services at another agency	Not Reported
TOTAL		Not Reported

Referral data is difficult to collect due to the nature of the program. Moving forward, LCBHS will explore strategies to collect referral data for individuals who participate in Outreach and Engagement program activities.

Outreach & Engagement: Expected Outcomes & Data Collection Strategies

Outreach & Engagement: Description of Outcomes the Program Aims to Achieve

Street Outreach was a new program designed in FY 21-22 and had only just started implemented during the evaluation period. Outcome data had not yet been identified or collected for the street outreach component of outreach and engagement. Additionally, outcome data for outreach and engagement efforts are difficult to track given the nature of the outreach events and activities. LCBHS is working with Outreach & Engagement programs to identify expected outcomes for FY23-24. Program successes achieved in FY22-23 are reported below.

Outreach & Engagement: FY 22-23 Program Outcomes

During FY 22-23, the Street Outreach van served 2,195 duplicated consumers, while other Outreach and Engagement activities served 1,072 duplicated individuals through several outreach and awareness events across Lake County, including:

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

Other Outreach and Engagement Program Successes include:

- 1200+ contacts with the community
- Outreach services provided during the PIT Count
- Lunches and food provided to families
- Many people have been able to apply for and receive food stamps and Medi-Cal
- Delivery of necessary medications to older adults unable to pick up their prescriptions

Outreach for Increasing Recognition of Early Warning Signs of Mental Illness Programs: Evaluation Report

Mental Health First Aid

Mental Health First Aid: Program Description and Key Activities

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

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

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

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

Mental Health First Aid: How the program identifies and engages potential responders in the training

The Mental Health First Aid program serves adults and youth (both available in English and Spanish), public safety workers, Fire/EMS workers, workplaces, veterans, older adults, rural communities, and higher education.

The program also includes a specific Teen Mental Health First Aid component designed for high school students (beginning in 10th grade). Providing mental health first aid training to individuals within the same community (e.g., schools, families, and adults who work with youth) increases awareness of information, tools, and strategies to prevent and improve mental health issues.

The Prevention Team collaborates with other agencies such as Probation, the Office of Education, Big Valley Rancheria, Sutter Health, the Moose Lodge members, Senior Centers, other local agencies, and the general community to bring Mental Health First Aid to schools, work places, and the community at large.

Mental Health First Aid: How the training helps potential responders learn how to identify and respond to signs and symptoms of mental illness

The Mental Health First Aid training gives potential responders the skills needed to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care, aiding in reducing negative consequences of untreated mental illnesses.

Mental Health First Aid: Underserved Population(s)

Mental Health First Aid program aims to serve the following underserved populations: transition-aged youth, the Native American community, and rural populations. It is also provided to people who work with underserved populations such as first responders, teachers, paraprofessionals, administrators, students, and anyone that has a desire to make our rural community healthier, happier, and safer for all. Information regarding the program is distributed through email, social media, and community events.

Mental Health First Aid: PEI Strategies

Mental Health First Aid: How the program creates access and linkage to mental health services

The Mental Health First Aid program increases access and linkage to mental health services by increasing a person's knowledge of signs, symptoms, and risk factors of mental illnesses and addictions. During the presentations local resources for mental health and substance use disorder treatment services is given to the participants.

Mental Health First Aid: Improve timely access to services for underserved populations

During the presentations, information is shared regarding the local resources and how to access those services. Also, the trainers spend additional time with the participants as needed for additional support and referrals. After a presentation at a local school, it was determined that the students needed additional support. The trainers were able to provide an additional self-awareness group for these students helping to support them during these challenging times and preventing the need for more intensive mental health services.

Mental Health First Aid: Includes strategies that are non-stigmatizing and non-discriminatory

These projects are intended to reduce the stigma of mental health, promote wellness and recovery, reduce the negative consequences of untreated mental illness, and inspire others to raise awareness and start important conversations with colleagues, friends, and families about Mental Health Awareness. These programs include training and education, campaigns, and web-based resources.

Participants of the MHFA experience positive contact with an instructor that has experienced mental health problems and recovery themselves. The trainers are competent in their presentation, offering their shared experiences as well as evidenced-based curriculum. The program also emphasizes that it is normal to experience mental health problems and there is hope for recovery.



Mental Health First Aid: FY 22-23 Consumers Served

FY22-23 Consumers Served
150

Mental Health First Aid: Potential Responders and Settings Engaged

The Mental Health First Aid program serves adults and youth (both available in English and Spanish), public safety workers, Fire/EMS workers, workplaces, veterans, older adults, rural communities, and higher education. The program also includes a specific Teen Mental Health First Aid component designed for high school students (beginning in 10th grade). Providing mental health first aid training to individuals within the same community (e.g., schools, families, and adults who work with youth) increases awareness of information, tools, and strategies to prevent and improve mental health issues, reduce stigma, and create opportunities for communication around these issues.

FY 22-23 Potential Responders and Settings Engaged:

Potential Responders: Certified MHFA Staff offered seven (7) training course opportunities during the 2022/2023 fiscal year. Approximately 150 adults and youth participated in the program activities.

Settings Engaged: Trainings were conducted at high school campuses, Peer Support Centers and/or at partner agency training rooms.

Mental Health First Aid: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program make referrals to mental health and/or substance use services: Yes

If yes, provide the total number of individuals referred to mental health or substance use services at LCBHS or another agency:

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	Not reported
	Mental health services at another agency	Not reported
Substance Use Services	Substance use services at LCBHS	Not reported
	Substance use services at another agency	Not reported
TOTAL		Not reported

Staff who provide services for these programs provide resource information at each training. However, the programs do not have the infrastructure to track referrals or resources provided at this time.

Mental Health First Aid: Expected Outcomes & Data Collection Strategies

Mental Health First Aid: Description of Outcomes the Program Aims to Achieve

Mental Health First Aid aims to:

- Improve knowledge/awareness about mental health,
- Reduce mental health stigma, and
- Provide resources information for the local youth and adult population in the community.

Mental Health First Aid: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improve knowledge and awareness about mental health challenges	Number of individuals reporting improved knowledge and awareness about mental health in several areas (e.g., knowledge about suicide, warning signs of suicide, how to ask about suicide, how to get help for someone, local resources for help with suicide)	Pre- and Post-Training Surveys

Mental Health First Aid: FY 22-23 Program Outcomes

Outcome data were unavailable for the reporting period. Mental Health First Aid uses a curriculum from an external provider that also provides the pre- and post-training surveys. LCBHS is currently working on how to obtain the pre- and post-training data from the provider.

Another key success with the mental health first aid program during the 22-23 fiscal year was the continued training at the local high school campuses and plans to expand into all the local school districts.

Improve Timely Access to Services for Underserved Populations: Evaluation Report

Older Adult Outreach and Prevention: Friendly Visitor Program

Friendly Visitor Program: Program Description and Key Activities

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

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

Friendly Visitor Program: Underserved Population(s) Served

The Friendly Visitor program aims to serve the following underserved populations: older adults, including who identify as Latinx and Native American.

Friendly Visitor Program: PEI Strategies

Friendly Visitor Program: Creates access and linkage to mental health services

Senior peers provide counseling, important mental health resources, and referrals to homebound older adults as needed, many of whom might otherwise not have access to such resources. During the intake process, the Program Director asks if the individual is seeking counseling or companionship. If the individual is seeking counseling, the individual is referred to the Senior Peer Counseling program (part of KSS and LCBHS). If they say they want companionship rather than counseling, an intake is conducted to match them with one of our volunteers. Some Friendly Visitor clients do have mental health issues and are in treatment, but they are still able to benefit additionally from the weekly companionship and contact with a Friendly Visitor.

Friendly Visitor Program: Improves timely access to services for underserved populations

Senior peers provide counseling, important mental health resources, and referrals to homebound older adults as needed, many of whom might otherwise not have access to such resources. Referral to the Senior Peer Counseling program provides rapid access to counseling services for isolated older adults.

Friendly Visitor Program: Includes strategies that are non-stigmatizing and non-discriminatory

Senior peers meet older adults where they are, in their homes, to provide support and visitation in a way that best fits their needs. Friendly relaxed conversations at intake and with volunteers put clients at ease and reduce stigma about experiencing mental health challenges and mental illness.

Friendly Visitor Program: FY 22-23 Consumers Served

FY22-23 Consumers Served*
19

Friendly Visitor Program: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes (but none in FY22-23)

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	--
	Mental health services at another agency	--
Substance Use Services	Substance use services at LCBHS	--
	Substance use services at another agency	--
TOTAL		0

Referrals are only tracked informally (e.g., checking in with the program director at another agency to see if they got the referral) KSS agency.

Friendly Visitor Program: Expected Outcomes & Data Collection Strategies

Friendly Visitor Program: Description of Outcomes the Program Aims to Achieve

The Friendly Visitor Program aims to:

- Improve connection, and
- Reduce loneliness among isolated older adults

Friendly Visitor Program: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved connection/ reduced loneliness	Number and percent of individuals who agree with the statements: “Participating in this program has helped me feel more connected to my community” and “Participating in this program has helped me feel less alone.”	Verbal survey of clients at entrance and exit from program, or every year

Friendly Visitor Program: FY 22-23 Program Outcomes

Of 19 clients served during FY22-23, a phone survey was conducted with 14 participants. Of the 14 clients surveyed:

- 12 (85%) strongly felt that the program improved community connection and reduced loneliness



One success story in FY 22-23 was about a client referred to the program by a social worker after going to the emergency room. The individual received services from the Senior Peer Counselors and then the Friendly Visitors Program. When the Friendly Visitor moved out of county, the client decided she was ready to graduate from the program and was asked the exit survey questions. The client replied, "I would not have been able to function if it had not been for your program. I have nothing but praises for [Friendly Visitor volunteers and staff]....I am now trying to see if I can stand on my own....I think you guys are the best!" The client also stated, "[The Friendly Visitor Program / Senior Peer Counseling] is most positive thing I have been exposed to in this county....You guys are the best!"

Integrated Programs

Big Oak: Peer Support Recovery Center

Big Oak: Program Description and Key Activities

The Big Oak Peer Support Center serves as a center of learning for self-improvement and a link to mental health services for the community of Lake County. The Big Oak Peer Support Center provides a positive and supportive environment for people who may be facing life struggles. The center staff work with community members and agencies on how to achieve both physical and mental wellness. The goal is to support personal growth by expressing compassion and offering a unique perspective to recovery from peer support. The staff teach daily skills, anger management, and education on substance abuse while believing in the person's potential and ability to recover. The center focuses on providing services to those experiencing homelessness, ensuring that their basic needs are met. Staff collaborate with community agencies in assisting community members with applying for benefits/assistance, obtaining housing, medical care, and mental health or substance use treatment services. The center also collaborates with community partners to provide two monthly food giveaways, a clothing closet, and weekly showers to all community members.

Big Oak: Integration of PEI Service Areas

- (1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction**

Big Oak: PEI Strategies

Big Oak: Helps prevent the development of mental illness

Staff attend internal case management meetings with the ACCESS Team, Crisis Team treatment team, and work with the housing coordinator to identify housing needs of consumers and to link community members to treatment services. Staff also attend direct care meetings, housing navigator meetings, and provides outreach services to local housing shelters.

Big Oak: How the program creates access and linkage to mental health services

The staff are trained in assessing the mental health needs of participants, if needed an appointment is scheduled for an assessment with the Access Team at LCBHS which is conducted at that time over the phone with a CSA or Lead Staff at the center. After the referral is made center staff follow up with the case manager or the client to ensure that an appointment was scheduled and we aid in attending that appointment with bus passes, transportation, or the use of phone/computers.

Big Oak: Improves timely access to services for underserved populations

Staff educate peers on the available services and how to schedule appointments. If needed, staff assist in scheduling assessments and appointments while also being available to provide transportation. There is a pop up care shower trailer event weekly at the center, allowing community members to access services immediately from social services, Adventist Health, oral/physical hygiene, a hot meal, clothing, and a person to talk to for support.

Providing access to local resources and services is how the center is helping to prevent the negative possible consequences to a person experiencing homelessness, mental health issues, substance use, and food insecurity. The center also participates in community events, such as food giveaways, mental health awareness, and providing training on suicide prevention.

Big Oak: Includes strategies that are non-stigmatizing and non-discriminatory

All participants are treated with respect and dignity by the staff at the center, regardless of the person’s life situation or personal beliefs. The staff attend cultural competency trainings, peer support trainings, MHFA, and any training that will improve the services that we provide. We also work with the Lake County Patient’s Rights Advocates to ensure that the people we work with are provided equitable services while being respected.

Big Oak: Consumers Served*

FY 22-23 Consumers Served
11,856

*Consumers served reflects duplicated consumers within Centers and may be overestimated due to challenges with the Peer Support Center database.

Big Oak: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	50
	Mental health services at another agency	--
Substance Use Services	Substance use services at LCBHS	--
	Substance use services at another agency	50
TOTAL		100

Big Oak: Expected Outcomes & Data Collection Strategies

Big Oak: Description of Outcomes the Program Aims to Achieve

The program aims to improve mental health and well-being and connect individuals to needed resources.

Big Oak: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved access and connection to resources	-# of peers receive resources or referral to resources -# peers who report connection to useful resources	-Program administrators will log referrals and resources provided -Consumer surveys will be administered to assess whether peers felt resources provided were useful
Improved mental health and well-being	# peers who report improved mental health, well-being, and recovery needs were met	Peers will complete a self-assessment on the eight dimensions of wellness on annual basis to assess changes in mental health and well-being.

Big Oak: FY 22-23 Program Outcomes

Program activities conducted at Big Oak during FY22-23 include:

- Daily Meals at the center
- Weekly Shower Trailer Event
- Weekly free phone tent
- Weekly benefits assistance
- Two monthly food giveaways
- Weekly art group
- Free clothes
- Daily peer support check-in
- Monthly community meals
- Bus passes for appointments

During FY22-23, Big Oak provided at least 100 referrals to mental health and substance use services. Additionally, across Big Oak, Circle of Native Minds, and La Voz, 174 consumers completed the peer services survey. Of these respondents, 55% reported that they received useful resources and 49% reported their recovery needs were met. Please note, these responses are not limited to Big Oak, but represent surveys across three Peer Support Centers as the surveys are all entered into the same system. Moving forward, LCBHS will work to identify responses from each Center.

One success story during FY22-23 was that staff at the center partnered with La Voz Peer Support Center in assisting a peer in getting her green card and citizen status resolved. The outcome was that the peer can now work and remain in the USA for at least the next two years.

Circle of Native Minds Peer Support Center

Circle of Native Minds: Program Description and Key Activities

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

Circle of Native Minds: Integration of PEI Service Areas

- (1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction**

Circle of Native Minds: PEI Strategies

Circle of Native Minds: How the program helps prevent the development of mental illness

Providing access to local resources and services is how the center is helping to prevent the negative possible consequences to a person experiencing homelessness, mental health issues, substance use, and food insecurity. The center also participates in community events, such as food giveaways, mental health awareness, and providing training on suicide prevention. The Circle of Native Minds also provides access to cultural medicines, activities, and peer support.

Circle of Native Minds: How the program creates access and linkage to mental health services

Staff are trained how to recognize and assist someone in distress. They will call the access team or crisis to link community members to treatment services. Staff also attend direct care meetings, housing navigator meetings, and provide outreach services within the community.

The center provides cultural activities to improve wellness within the Native American community.

Circle of Native Minds: Improves timely access to services for underserved populations

Peer support specialists are trained in culturally appropriate techniques to deescalate situations, assist participants in scheduling appointments, and provide transportation to appointments.

Circle of Native Minds: Includes strategies that are non-stigmatizing and non-discriminatory

Staff work on educating the community on severe mental illness, history of the local Pomo Tribe's history in Lake County, substance use disorders, and the importance of good nutrition. We also work with the Lake County Patient's Rights Advocates to ensure that the people we work with are provided equitable services while being respected.

Circle of Native Minds: Consumers Served*

FY 22-23 Consumers Served
4,221

*Consumers served reflects duplicated consumers within Centers and may be overestimated due to challenges with the Peer Support Center database.

Circle of Native Minds: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	25
	Mental health services at another agency	--
Substance Use Services	Substance use services at LCBHS	20
	Substance use services at another agency	--
TOTAL		45

Circle of Native Minds: Expected Outcomes & Data Collection Strategies

Circle of Native Minds: Description of Outcomes the Program Aims to Achieve

The program aims to improve mental health and well-being and connect individuals to needed resources.

Circle of Native Minds: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved access and connection to resources	-# of peers receive resources or referral to resources -# peers who report connection to useful resources	-Program administrators will log referrals and resources provided -Consumer surveys will be administered to assess whether peers felt resources provided were useful
Improved mental health and well-being	# peers who report improved mental health, well-being, and recovery needs were met	Peers will complete a self-assessment on the eight dimensions of wellness on annual basis to assess changes in mental health and well-being.

Circle of Native Minds: FY 22-23 Program Outcomes

The types of activities and resources provided during FY22-23 include:

- Food giveaways
- Daily meals
- Transportation to appointments
- Bus passes
- Clothing
- Referrals to HMIS
- Referrals to community resources
- Peer support



- Linkage to SUDS and MH tx
- Free phone tent
- Benefits application assistance

The program also provided 45 referrals to mental health and substance use services at LCBHS. Additionally, across Big Oak, Circle of Native Minds, and La Voz, 174 consumers completed the peer services survey. Of these respondents, 55% reported that they received useful resources and 49% reported their recovery needs were met. Please note, these responses are not limited to the Circle of Native Minds but represent surveys across three Peer Support Centers as the surveys are all entered into the same system. Moving forward, LCBHS will work to identify responses from each Center.

One success story during FY22-23 was that a 40-year-old female that was unhoused and unemployed was able to gain part-time employment and is currently renting a room to live in. She visited the center daily to maintain her sobriety, gather resources, and to develop healthier coping skills. She is also attending 12-step meetings regularly. She has utilized transportation assistance to attend her appointments and to get to work. She reports that her relationship with her children has been more consistent, which is helping to build stronger bonds.

Harbor on Main Peer Support Center

Harbor on Main: Program Description and Key Activities

The Harbor is a Youth Resource Center is a drop-in center for Transition-Aged Youth (TAY) ages 15-25. The Harbor is a space where youth can complete tasks towards being successful in school, employment, social-emotional development, and other services that improve quality of life and mental health. We provide support with these tasks as well as Peer Support, Community Outreach and Engagement, and Targeted Support Groups. Services and supports are provided on-site at The Harbor YRC in Lakeport, virtually via Zoom and/or Microsoft Teams, as well as in the community via outreach events at local schools and community college satellite locations around the county. We services TAY ages 15-25 inside, in addition to this we provide door-based services for persons above this age range, they can access meals, clothing, hygiene products and linkage support to additional services. The Harbor is a free space for youth, which includes free access to our learning lab, music studio, clothing closet, and meals.

Harbor on Main: Integration of PEI Service Areas

(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction

Harbor on Main: PEI Strategies

Harbor on Main: How the program helps prevent the development of mental illness

The Harbor on Main is staffed with Peer Support Specialists who have self-reported lived experience navigating systems of care and who may have sustained recovery from a mental or substance use disorder, or both. They assist others entering (or are already in recovery) with reducing the recurrence of symptoms (prevention). The Harbor also provides classes that focus on developing coping skills, and engaging youth in activities that promote mental wellness.

Harbor on Main: How the program creates access and linkage to mental health services

Persons entering into the resource center are required to fill out a membership application which includes a short screening tool where participants self-report recent or ongoing changes in their life which may be attributed to the onset or persistence of, mental health/substance use related issues. The screening tool provides staff with a snapshot of insight into the unique experiences of our members and opens the door to conversations where we can link individuals to appropriate resources and services. Staff members are trained in the process of referring individuals to treatment and offer intermediary/supplemental guidance in the form of targeted support groups and peer support services. Follow-up on treatment referrals is a challenge as Harbor staff do not have access to lists and treatment plans of individuals; however, youth will self-report their experiences and staff follow up with the referred party if there is a signed Release of Information (ROI).

Harbor also provides warm handoffs to RCS personnel or other community-based entities that provide support to people with mental illness. We also have an EPI/SEES program for LCBHS youth who are referred to us. This program focuses on supporting youth in obtaining and maintaining employment, and

developing safety plans and coping skills to address barriers that impact the clients employment success, as a result of their mental impairments.

Harbor on Main: Improves timely access to services for underserved populations

In-house services support the goal of increasing timely access to prevention/early intervention services as well as formal mental health treatment. Targeted support groups offer participants the opportunity to engage with peers with similar life experiences who may or may not receive formal services. The Harbor promotes anti-stigma and discrimination on-site at the center, through social media campaigns and via outreach events. The Harbor strives to educate and empower youth to self-advocate and normalize adverse experiences to increase utilization of mental health services.

The Harbor itself also provides space where case workers, advocates, and other supportive staff can meet with their clients who fall within our age range, providing a new setting, safe space, and a location that maybe easier to access for clients.

Harbor on Main: Includes strategies that are non-stigmatizing and non-discriminatory

The Harbor on Main is staffed with Peer Support Specialists who have self-reported lived experience navigating systems of care and who may have sustained recovery from a mental or substance use disorder, or both. Peers model recovery, promote shared understanding, focus on strengths, offer positive coping strategies, and provide information and resources/referrals. The Harbor seeks to normalize mental illness and reduce stigma through peer engagement and community involvement, such as tabling events.

Harbor on Main: Consumers Served

FY 22-23 Consumers Served
313

Harbor on Main: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	Unreported
	Mental health services at another agency	Unreported
Substance Use Services	Substance use services at LCBHS	Unreported
	Substance use services at another agency	Unreported
TOTAL		23

The Harbor does provide referrals to mental health and substance use disorder services both in-house and to LCBHS. Outcomes of these referrals are not always known unless it is self-reported to staff while

the participant is engaging in the resource center. At this time, we can confidently say that at least 23 individuals came into The Harbor and received a referral to a mental health or substance use service.

Harbor on Main: Expected Outcomes & Data Collection Strategies

Harbor on Main: Description of Outcomes the Program Aims to Achieve

The Harbor aims to achieve:

- Linkage to supportive services
- Improved coping skills
- Healthier stress management
- Increased social support
- Increased mental health support

Harbor on Main: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Linkage to supportive services	# and % of individuals who have accessed additional supportive services	Consumer survey administered at end of fiscal year
Improved coping skills	# and % of individuals who report increased coping skills	Consumer survey administered at end of fiscal year
Healthier stress management	# and % of individuals who report on improved stress management	Consumer survey administered at end of fiscal year
Increased social support	# and % of individuals who report an increase in social support	Consumer survey administered at end of fiscal year
Increased mental health support	# and % of individuals who report having increased peer support with mental health symptoms	Consumer survey administered at end of fiscal year

Harbor on Main: FY 22-23 Program Outcomes

During FY22-23, The Harbor provided 5, 694 services to approximately 313 unduplicated individuals (3,992 duplicated). Below are some of the different services we offer and the amounts they were provided:

- 3,603 were for food
- 652 were for a safe space to socialize
- 458 were for accessing the clothing closet
- 441 were for peer support
- 422 were for the technology center
- 176 were for hygiene supplies
- 166 were for bus passes

- 102 were for accessing life skills support
- 93 were for art activities
- 62 were for the Youth Advisory Board
- 56 for volunteering
- 54 were for being CES support
- 50 were for LGBTQ+ support
- 38 were for homeless services assistance
- 35 were for employment support
- 23 were for referrals to other programs

During FY22-23, The Harbor also hosted our first ever Pride Prom and began an EPI/SEES program in connection with LCBHS.

A total of 40 consumers at The Harbor completed the Consumer Survey conducted annually at the end of the fiscal year. Findings from the survey include:

- 85% (n=34) of participants reported that “staff have connected me to services or resources that have helped me” most of the time or all of the time.
- 93% (n=37) of participants reported that “I have improved my coping skills this year” as very or mostly true.
- 90% (n=23) of participants reported that, “I am handling stress in a healthier ways” most of the time or all of the time.
- 85% (n=34) of participants reported that “I have a greater sense of social support” as very or mostly true.
- 90% (n=23) of participants reported that, “I turn to others for support when feeling emotionally overwhelmed” most of the time or all of the time.

Another success during FY22-23 was The Harbor was able to successfully create Lake Counties first ever Pride Prom. This event was designed to provide a safe and inviting space to LGBTQIA2S+ youth and their allies, fostering an environment that promotes relationship building with like-minded peers which will enhance their social engagement and experiences as well as provide support for adverse mental health experiences due to their gender or sexual identities. Clients reported having an enjoyable experience that was both inclusive and fun.

Another success for The Harbor was our Thursday night budget cooking class. We invite TAY and their children to learn how to cook nutritious meals that are budget friendly and delicious. The recipe is reviewed as a group and the youth participate in meal prep and cooking as they are guided by a staff. After the meal is done, everyone sits down at the tables and enjoy it together, discussing variations or ingredient alternatives the families would enjoy. The remaining food is served to our clients and the community who look forward to these weekly meals. Clients who participate in this group report back on making the meal and how easy it is to make while tending to their children as well.

La Voz de Esperanza Peer Support Center

La Voz de Esperanza: Program Description and Key Activities

La Voz de la Esperanza (The Voice of Hope), is a wellness center that provides culturally relevant wellness-oriented services to community members. The focus of the center is to provide education and prevention services to the Latino community of Lake County. The center staff link the Latino community with the available resources to improve their overall health. All members of the community are welcome at the center. The center offers English classes, Latina support groups, mental health support groups, and youth groups. We help break the language barrier that often prevents people from seeking help and offer referrals for mental health services when appropriate or requested.

La Voz de Esperanza: Integration of PEI Service Areas

(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction

La Voz de Esperanza: PEI Strategies

La Voz de Esperanza: How the program prevents the development of mental illness

access to local resources and services is how the center is helping to prevent the negative possible consequences to a person experiencing homelessness, mental health issues, substance use, and food insecurity. The center also participates in community events, such as food giveaways, mental health awareness, and providing training on suicide prevention.

La Voz de Esperanza: How the program creates access and linkage to mental health services

Staff attend internal case management meetings with the ACCESS Team, Crisis Team treatment team, and work with the housing coordinator to identify housing needs of consumers and to link community members to treatment services. Staff also attends direct care meetings, housing navigator meetings, and provides outreach services to local housing shelters.

La Voz de Esperanza: Improves timely access to services for underserved populations

Staff educate peers on the available services and how to schedule appointments. If needed, staff assist in scheduling assessments and appointments while also being available to provide transportation. There is a pop up care shower trailer event weekly at the center, allowing community members to access services immediately from social services, Adventist Health, oral/physical hygiene, a hot meal, clothing, and a person to talk to for support.

La Voz de Esperanza: Includes strategies that are non-stigmatizing and non-discriminatory

Staff work on educating the community on severe mental illness, substance use disorders, and the importance of good nutrition. We also work with the Lake County Patient's Rights Advocates to ensure that the people we work with are provided equitable services while being respected.

La Voz de Esperanza: Consumers Served*

FY 22-23 Consumers Served
4,074

*Consumers served reflects duplicated consumers within Centers and may be overestimated due to challenges with the Peer Support Center database.

La Voz de Esperanza: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	25
	Mental health services at another agency	--
Substance Use Services	Substance use services at LCBHS	--
	Substance use services at another agency	20
TOTAL		45

La Voz de Esperanza: Expected Outcomes & Data Collection Strategies

La Voz de Esperanza: Description of Outcomes the Program Aims to Achieve

The program aims to improve mental health and well-being and connect individuals to needed resources.

La Voz de Esperanza: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Improved access and connection to resources	-# of peers receive resources or referral to resources -# peers who report connection to useful resources	-Program administrators will log referrals and resources provided -Consumer surveys will be administered to assess whether peers felt resources provided were useful
Improved mental health and well-being	# peers who report improved mental health, well-being, and recovery needs were met	Peers will complete a self-assessment on the eight dimensions of wellness on annual basis to assess changes in mental health and well-being.

La Voz de Esperanza: FY 22-23 Program Outcomes

During FY22-23, La Voz conducted the following activities:

- Monthly food give away
- Clothing Closet
- Transportation to out of county appointments to families we serve
- 1x1 support to families to educate on mental health wellness
- Latina support groups
- Self-awareness groups
- Paint and snack groups
- Art group
- Crocheting and knitting support group

The program also provided 45 referrals to mental health and substance use services at LCBHS. Additionally, across Big Oak, Circle of Native Minds, and La Voz, 174 consumers completed the peer services survey. Of these respondents, 55% reported that they received useful resources and 49% reported their recovery needs were met. Please note, these responses are not limited to La Voz, but represent surveys across three Peer Support Centers as the surveys are all entered into the same system. Moving forward, LCBHS will work to identify responses from each Center.

One success story was that there was a youth that tried to die by suicide, staff at the center wrapped the family and youth with support. Staff provided information on what mental health issues are and had numerous conversations to reduce the stigma the family felt around seeking treatment. Eventually the family was able to seek treatment services for the youth and family.

Another success story was that mono-lingual homeless gentleman with untreated mental illness became housed. He was homeless on the streets for seven years. He is currently housed, receiving treatment, and is now looking for a job. He is a participant in the FSP program at LCBHS.

Family Support Center

Family Support Center: Program Description and Key Activities

The center provides resources, referrals, and support for families involved with the county mental health system or that need more information on available community resources. Some of the groups offered at the center include The Parent Café, Art Group, Nurturing Families Groups, and Homework Clubs for youth in the community. We currently offer these groups over Zoom, Facebook Room and in person. The center also has a clothing closet and will host the pop up care trailer event weekly. The LCBHS Parent Partner is housed at the Family Support Center. The Parent Partner provides peer-to-peer understanding, supports parents in navigating the services system, and advocates for their needs. The Parent Partner also brings nonclinical insights on how to seek appropriate services and communicate with service providers. The center is a safe, comfortable environment in which to learn more about behavioral health services in our community, get connected to appropriate services/programs, and socialize with others in the community.

Family Support Center: Integration of PEI Service Areas

(1) Access and linkage to treatment, (2) improve timely access to services for underserved populations, (3) prevention, (4) stigma and discrimination reduction

Family Support Center: PEI Strategies

Family Support Center: How the program helps prevent development of mental illness

The Family Support Center helps to prevent the development of mental illness by offering activities for families, free food, clothing, linkage to other community agencies, and support groups. By offering these services, the center is helping to increase the family's primary needs security which helps to reduce factors that increase mental health conditions.

Family Support Center: How the program creates access and linkage to mental health services

Access to mental health treatment is increased by the involvement of staff with the clinical teams at LCBHS. The FSC staff also have consistent contact with the participants at the center, if someone is struggling to access services the staff will assist in scheduling and appointment or providing transportation to the appointment.

Family Support Center: Improves timely access to services for underserved populations

The center is located in a location with limited resources for mental health treatment, the location provides the underserved community members easier access to services and support. The staff at the center are also peers that have overcome similar challenges to the people that utilize the center. Their experiences help the participants to feel more comfortable in seeking help.

Family Support Center: Includes strategies that are non-stigmatizing and non-discriminatory

The staff at the center are also peers that have overcome similar challenges to the people that utilize the center. Their experiences help the participants to feel more comfortable in seeking help. Staff are also trained in Mental Health First Aid, QPR, and other programs that aim at reducing the stigma around mental illness/substance use. The center also offers support groups and peer to peer support, the goal of these services is to empower our participants so that they can advocate for themselves and educate those around them to the reality of mental illness.

Family Support Center: Consumers Served



FY 22-23 Consumers Served
0

Family Support Center: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program makes referrals to mental health and/or substance use services: Yes

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	--
	Mental health services at another agency	--
Substance Use Services	Substance use services at LCBHS	--
	Substance use services at another agency	--
TOTAL		--

Family Support Center: Expected Outcomes & Data Collection Strategies

Family Support Center: Description of Outcomes the Program Aims to Achieve

The goals are to reach more families that are in distress; that the parents of youth or adults will feel supported as they access mental health services; developing/improving coping skills; reducing the impact of crisis situations; improving knowledge of mental health and the stages of development; and peer to peer support groups.

Family Support Center: Outcome Measures & Description of How Outcomes will be Collected

Specific outcome measures were not reported for this program but will be reported in the future. The center has utilized the 8 Dimensions of Wellness assessment to evaluate the program, however there is no data available due to lack of staff and participants. LCBHS has hired a parent partner that will be trained on the importance of gathering this data. Over the next year we will be able to evaluate the outcomes of the center.

Family Support Center: FY 22-23 Program Outcomes

Program successes and outcomes are not reported as the program did not serve any consumers in FY 22-23 as the parent partner position was vacant. LCBHS did hire for the position in FY22-23; however, this did not work out and we had to recruit for the position again. LCBHS hired a new parent partner in FY 23-24 (January 2024), and program outcomes and successes will be reported in the next Annual Update.

Statewide, Regional, and Local Projects

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

Local projects include several activities are as follows:

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

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

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

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

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

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

Statewide, Regional, and Local Projects: How the Program Changes Knowledge, Attitudes, and Behaviors about Mental Illness and Suicide Prevention

Statewide, Regional, and Local Projects: How the Program Changes Attitudes, Knowledge, and Behaviors about Mental Illness

These projects are intended to reduce the stigma of mental health, promote wellness and recovery, reduce the negative consequences of untreated mental illness, including suicide, and inspire others to raise awareness and start important conversations with colleagues, friends, and families about Mental Health Awareness and Suicide Prevention.

Statewide, Regional, and Local Projects: How the Program Changes Attitudes, Knowledge, and Behaviors about Suicide Prevention

These projects are intended to reduce the stigma of mental health, promote wellness and recovery, reduce the negative consequences of untreated mental illness, including suicide, and inspire others to raise awareness and start important conversations with colleagues, friends, and families about Mental Health Awareness and Suicide Prevention.

Statewide, Regional, and Local Projects: Integration of PEI Service Areas

Statewide, Regional, and Local projects integrate the PEI service areas of Stigma and Discrimination Reduction, and Suicide Prevention. The Statewide, Regional, and Local projects address each of the service areas as follows:

Stigma and Discrimination Reduction: The programs provide direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.

Suicide Prevention: The programs provide organized activities that prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.

Statewide, Regional, and Local Projects: FY 22-23 Consumers Served

FY 22-23 Consumers Served
~400

Statewide, Regional, and Local Projects: FY 22-23 Referrals to Mental Health and/or Substance Use Services

Program make referrals to mental health and/or substance use services: Yes

If yes, provide the total number of individuals referred to mental health or substance use services at LCBHS or another agency:

Referral Category	Types of Referrals	# of Clients Referred in FY22-23
Mental Health Services	Mental health services at LCBHS	Not reported
	Mental health services at another agency	Not reported
Substance Use Services	Substance use services at LCBHS	Not reported
	Substance use services at another agency	Not reported
TOTAL		Not reported

Staff who provide services for these programs provide resource information for those in need or might need mental health services and/or substance use services. However, the programs do not have the infrastructure to track referrals or resources provided at this time.

Statewide, Regional, and Local Projects: Expected Outcomes & Data Collection Strategies

Statewide, Regional, and Local Projects aim to:

- Improve knowledge/awareness about mental health,

- Reduce mental health stigma, and
- Provide resources information for the local youth and adult population in the community.

Statewide, Regional, and Local Projects: Outcome Measures & Description of How Outcomes will be Collected

Outcome	Outcome Measures	Data Collection Tools
Individuals are using suicide prevention resources	Number of individuals from Lake County using suicide prevention hotline resources	Hotline call logs
Individuals are trained in suicide prevention	Number of individuals participating in QPR and Know the Signs trainings	Participant sign-in sheets
Improve knowledge and attitudes related to mental illness, seeking mental health services, and suicide	Number of individuals reporting improved knowledge and attitudes about mental health in several areas (e.g., knowledge about suicide, warning signs of suicide, how to ask about suicide, how to get help for someone, local resources for help with suicide)	Pre- and Post-Training Surveys

Statewide, Regional, and Local Projects: FY 22-23 Program Outcomes

Suicide Prevention: In FY 22-23, the Suicide Prevention hotline supported 75 individuals through 77 calls.

QPR: Approximately 200 individuals, including local residents, high school youth, and adults became certified QPR gatekeepers.

A pre-post survey was administered to participants to assess changes in knowledge, attitudes, and behaviors around suicide prevention. At this time, post-survey data were unavailable; therefore, change in responses from before and after the survey could not be calculated. However, anecdotally, participants in the QPR trainings shared encouraging comments as to the quality of information and instruction provided. In the future, LCBHS will work to provide complete data for pre- and post-training surveys. Baseline data from the 134 complete pre-training surveys is reported below.

At the start of the training:

- 25% of participants had “low” knowledge about warning signs of suicide
- 45% of participants had “low” knowledge about how to ask someone about suicide
- Approximately one-third (33-35%) of participants had “low” knowledge about how to get help for someone or how to persuade someone to get help
- 47% had “low” knowledge about local resources for help with suicide

Although only baseline data were available, these data demonstrate the need for and utility of suicide prevention trainings in the county.

Know The Signs: Approximately 125 students in grades 7 and 8 participated in this suicide prevention, step 1, gatekeeper education training.

A pre-post survey was administered to participants to assess changes in knowledge, attitudes, and behaviors around suicide prevention. At this time, post-survey data were unavailable; therefore, change in responses from before and after the survey could not be calculated. In the future, LCBHS will work to provide complete data for pre- and post-training surveys. Baseline data from the 50 completed pre-training surveys is reported below.

At the start of the training:

- 24% of participants had “low” knowledge about warning signs of suicide
- Approximately one-third (32-36%) of participants had “low” knowledge about how to ask someone about suicide, how get help for someone, or how to persuade someone to get help
- 36% had “low” knowledge about local resources for help with suicide

Although only baseline data were available, these data demonstrate the need for and utility of suicide prevention trainings in the county.

Appendix F: PEI Program Reflection of MHSa General Standards

Early Intervention Services

The EIS Program reflects MHSa general standards as follows: (1) Community collaboration: a cornerstone of the program is collaboration with various community partners to address the needs of the clients to support integration into the community, and target disadvantaged and underserved populations; (2) Cultural competence: the team participated in a UC Davis training on Anti-Racist Practices for Mental Health Providers and a training on working with Native American Populations. Seek to hire team members from various cultures and backgrounds; (3 & 4) Client & Family driven: utilize a Strength Based approach, CBT, DBT, MI and Solution Focused Techniques, all of which have foundation in a client centered/client driven approach. Facilitate client/family meetings that focus on the client's progress in treatment, where families and clients are empowered to state their needs and strengths are highlighted. Provide psychoeducation and psychotherapy to clients and their families; (5) Wellness, Recovery & Resilience focused: the EIS model by nature encompasses wellness, recovery, and resilience; (6) Integrated services experiences: provide a holistic approach that incorporates client's family/support network, education, vocational skills, psychiatry and care with a general physician.

Family Stabilization and Well-Being: The Nest

Community Collaboration: The NEST regularly engages with community partners to share information, resources and services for TAY youth and their families such as: Sexual Health and Reproduction Education, Sexual Assault and Intimate Partner Violence Crisis Services and Education, Windows Between Worlds Healing Art groups (Lake Family Resource Center); Parenting classes and support groups (Lake County office of Education Healthy Start Program, First Five Lake County, Easter Seals North Bay, Mother Wise, Lake Family Resource Center, Early Head Start, North Coast Opportunities, Sutter Lakeside Hospital); Medically-related Transportation assistance (Partnership Health Plan of California, Sutter Lakeside Care-A-Van); Financial Literacy (Umpqua Bank and Community First Credit Union); as well as connections to eligibility benefits and services like Supplemental Nutrition Assistance Program, Medi-Cal enrollment, Cal Works, TANF, etc. (Lake County Department of Social Services). The NEST is also a proudly sponsored by the non-profit organization Soroptimist International of Clearlake who host welcome home and baby showers, holiday parties, fundraisers, as well as facilitating the recruitment of donations for participants.

Cultural Competency: RCS, Inc. policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful. RCS is committed to compliance with all applicable laws providing equal access to services. This commitment applies to all persons involved in RCS operations and prohibits unlawful discrimination by any employee of RCS, including supervisors and coworkers. Services provided by RCS, Inc. and the NEST are designed to effectively engage and retain individuals of diverse ethnic/racial, cultural, and linguistic populations as

well as utilizing the strengths and forms of healing that are unique to the individual, the family, and or their culture/community.

Client Driven: The NEST engages participants through an individualized and client-driven approach that emphasizes family involvement and natural, community-based supports. By connecting young families to natural supports and their community, we foster supportive living and the ability to identify resources to meet their needs in the future – we do this using an individualized approach that is centered on each specific family’s needs and desires. With staff support, participants develop their own Independent Transitional Living Plans which identifies personal and family goals. These plans are reviewed during Child and Family Team Meetings and updated as needed. Participants are assessed at intake of their knowledge of life skills to understand the level of support individuals and families may need in order to achieve independence and improve child and family wellbeing.

Family Driven: The NEST’s programming is designed to meet the unique needs of the TAY population and their families by utilizing the “family voice and choice” approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement in the program. Planning is grounded in family members’ perspectives and recorded in their personalized independent transitional living plans. The NEST team strives to provide options and choices that reflect family values and preferences while promoting safety, stability, and permanency. NEST staff intentionally focus on meeting families where they are at using a strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

Wellness, Recovery, and Resilience Focused: Programming and services at the NEST are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and increasing self-determination. A significant number of youths who enter into the program are basic-skills deficient and have minimal knowledge of resources and services available to meet their needs. The NEST hosts a variety of formal workshops and informal support groups that build resiliency and promote wellness in a collaborative and social environment. Groups and workshops are facilitated in-house and within their community. All NEST youth are connected to the local Peer Support Centers and partnering agencies that perform a variety of services to promote permanency, safety and child and family wellbeing.

Integrated Service Experiences for Clients and their Families: TAY and their children who participate in the NEST program are frequently concurrently enrolled in inter-agency and community-based programs. The NEST coordinates with county providers such as behavioral health, health care providers, housing programs, substance use programs and other social service agencies to bridge any gaps between the services offered at the NEST which may impact their ability to achieve stability and permanency. Children at the NEST are enrolled in Home Visiting programs through Lake County Tribal Health and Lake Family Resource Centers, which are then connected to service providers such as Easter Seals for assessments and referrals to early education programs. Youth entering into the NEST are connected to social service agencies to ensure that they are receiving all benefits of which they are entitled.

Mental Health First Aid

The Mental Health First Aid program provides education about wellness, recovery, and resiliency with the belief that individuals experiencing mental health challenges can get better and use their strengths to stay well. The Mental Health First Aid program serves adults and youth (both available in English and Spanish), public safety workers, Fire/EMS workers, workplaces, veterans, older adults, rural communities, and higher education. The program also includes a specific Teen Mental Health First Aid component designed for high school students (beginning in 10th grade). Providing mental health first aid training to individuals within the same community (e.g., schools, families, and adults who work with youth) increases awareness of information, tools, and strategies to prevent and improve mental health issues, reduce stigma, and create opportunities for communication around these issues.

Older Adult Outreach and Prevention: Friendly Visitor Program

The program works closely with Hospice, home care agencies, and wellness centers. The program conducts regular trainings and meetings at wellness outreach centers. The program includes client-driven treatment plans, and includes family at the client's request when they are present. Services are aimed at self-determination and helping clients find their own solutions. Clients and their families are offered information and referrals to all appropriate services available.

Outreach and Engagement

Outreach and Engagement, with the incorporation of an outreach van (purchased with another grant), will largely center from the Peer Support Centers and their mission of outreach. The program will therefore have outreach efforts that reflect the populations targeted to each of the centers, namely, homeless, TAY aged individuals, Latinx, Native American, Youth & Families, and older adults. As with any outreach, it's to meet the those in need where they're at, reaching out to them and their families (as applicable) and offering outreach and peer interventions to those in need before circumstances escalate. Outreach efforts will offer such resources as hygiene and first aid kits, food essentials, prepaid smartphones, as well as telehealth. Telehealth is offered via a MOU with Bright Heart Health who have the capacity to offer telehealth services (physical and behavioral) instantly upon request. The outreach team will work with the community, such as law enforcement dispatch or other referral sources, to seek those in need. The outreach efforts will be non-judgmental, client centered, strengths based and problem-solving focused, including linking to services and resources. Short-term transportation will be offered as necessary.

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

Big Oak, Circle of Native Minds, La Voz de Esperanza, Family Support Center

Collaboration: Staff attend numerous meetings with local agencies, including Safe Rx, Direct Care, LCCOC, Healthy Start, Children's Council, PACT, and many others. The center holds events that include many of the community agencies to ensure that the community needs are being met.

Cultural Competence: Staff attend cultural competence trainings twice a year, related webinars, and work with their supervisor.

Client Driven: Staff attend trainings that prepare them to meet the clients where they are, having lived experience in the areas of focus assist them in letting the person drive their goals.

Family-Driven: When appropriate staff work with the family to ensure that there is support from those closest to the person. Staff also make referrals for family members that are experiencing challenges with substance use, mental health, or anything that is causing them harm.

Wellness, Recovery, and Resilience Focused: The center offers several support groups that focus on the person's general wellness, recovery, and their strengths. Staff ensure that the client is making progress on their goals and makes referrals when needed for added support towards those goals.

Integrated Service Experiences for Clients and their Families: Staff work with LCBHS case managers as needed to provide support to the people involved in our services and their families. Staff also work with case managers from other agencies in providing support for their clients.

Harbor on Main

Collaboration: The Harbor on Main regularly engages with community partners to share information, resources and services for TAY youth and their families such as: Sexual Health and Reproduction Education, Sexual Assault and Intimate Partner Violence Crisis Services and Education (Lake Family Resource Center); Parenting classes and support groups (Lake County office of Education Healthy Start Program, First Five Lake County, Easter Seals North Bay, Mother Wise); Medically-related Transportation assistance (Partnership Health Plan of California, Sutter Lakeside Care-A-Van); Financial Literacy (Umpqua Bank and Community First Credit Union); as well as connections to eligibility benefits and services like Supplemental Nutrition Assistance Program, Medi-Cal enrollment, Cal Works, TANF, etc. (Lake County Department of Social Services).

Client Driven: The Harbor is a youth-led, youth-designed resource center with a welcoming environment where youth feel safe, participate in service-learning opportunities, access technology, and find basic resources such as food, clothing, water, and hygiene supplies. The Harbor builds relationships with an average of 53 unduplicated youth monthly using Positive Youth Development (PYD), a framework that is focused around building protective factors to reduce risky behaviors. Harbor activities and programming are developed and determined by consumers in bi-monthly Youth Board meetings, requests to our suggestion boxes, and focus groups.

Family Driven: The Harbor's programming is designed to meet the unique needs of the TAY population and their families by utilizing the "family voice and choice" approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement at the wellness center. Planning is grounded in family members' perspectives, and the team strives to provide options and choices that reflects family values and preferences. Harbor staff intentionally focus on meeting families where they are at using strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

Cultural Competency: RCS, Inc. policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation or any

other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful. RCS is committed to compliance with all applicable laws providing equal access to services. This commitment applies to all persons involved in RCS operations and prohibits unlawful discrimination by any employee of RCS, including supervisors and coworkers. Services provided by RCS, Inc. and The Harbor on Main are designed to effectively engage and retain individuals of diverse ethnic/racial, cultural, and linguistic populations as well as utilizing the strengths and forms of healing that are unique to the individual, the family, and or their culture/community.

Wellness, Recovery, and Resilience Focused: Programming and services at the TAY center are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and self-determination. A significant number of youths accessing the TAY center are not having their basic needs met. Resources to meet these acute needs (such as food, hygiene supplies, clothing, and transit passes) allow consumers the opportunity to look beyond day-to-day survival and focus on healing and progress. When our consumers are fed and clothed appropriately, they are better able to focus on other aspects of their recovery. The Harbor hosts a variety of formal workshops and informal support groups that build resiliency and promote wellness in a collaborative and social environment.

Integrated Service Experiences for Clients and their Families: TAY and their families who access the peer support center are frequently concurrently enrolled in other programs or accessing services provided by multiple agencies throughout the county. The Harbor on Main coordinates with behavioral health, health care providers, housing programs, substance use programs and other social service providers to bridge the gap between the services offered at the wellness center and to meet the unique needs of this consumer population. The TAY center also provides “on-the-road” services at local schools and through community events to increase their reach to consumers and their families.

Postpartum Depression and Screening Support: Mother-Wise

Mother-Wise began as an MHSA-funded program, and their model has included the MHSA standards from the beginning by implementing them in their own policies and approaches. Every contact potentially reduces stigma and incidence of Perinatal Mood and Anxiety Disorders (PMADs) in the county. Mother-Wise also offers health professionals an important resource to refer moms who need extra support. The program has always enjoyed strong support and collaboration from the community, which continues to grow with their reputation. Cultural competence is extremely important to maintaining relationships with individuals and the different groups they come from. When Mother-Wise transitioned to a non-profit business, cultural competence was an important factor in selecting their board of directors, and all program decisions consider known cultural factors.

The program’s ability to adapt is critical to providing the best possible service to moms. Staff training includes instruction and practice with active listening and non-judgmental support, and team members are encouraged to integrate these skills into their daily practice. As moms themselves, staff can often see potential issues coming. Whenever possible, they poll their clients and encourage feedback and

suggestions to understand how to better serve them, changes to make, and why. Although the program is primarily focused on moms and babies, Mother-Wise also supports dads, grandparents, and adoptive and foster parents. The program facilitates discussions on wellness and incorporates models compatible with other peer support groups, so moms in recovery, for example, can use experience from other groups to enhance their participation at Mother-Wise. Ultimately, the program supports moms to do their jobs as well as possible, leading to better outcomes for themselves, their babies, and their families.

Prevention Mini-Grants

The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities to conduct prevention activities and projects focused on one or more of the following: (1) disparities in access to mental health services, (2) psycho-social impact of trauma, (3) at-risk children, youth, and young adult populations, (4) stigma and discrimination, and (5) suicide risk and/or prevention. Given the community-based nature of the Prevention Mini Grants, and the diverse range of client and family-driven services the Mini Grants support, this program displays consistency and commitment to all MHSa general standards.

Statewide, Regional, and Local Projects

LCBHS contracts its services for Statewide, Regional, and Local Projects through California Mental Health Services Authority (CalMHSA) and cannot accurately report on strategies for specific statewide and regional projects. Local projects display a commitment to the MHSa standards in a variety of ways. The Prevention Team collaborates with other agencies such as Probation, the Office of Education, Big Valley Rancheria, Sutter Health, the Moose Lodge members, Senior Centers, other local agencies, and the general community to bring Mental Health & Suicide Prevention workshops and trainings (e.g., Question, Persuade, Refer (QPR), Know The Signs, Self-Care) to schools, work places, and the community at large. The Life Is Sacred Alliance (LISA) suicide awareness taskforce holds quarterly meetings, which are open to partner agencies and community members. Community events provide additional opportunities for collaboration including Mental Health Matters, Heroes of Health and Safety, National Night Out, Recovery Happens, the Silver Seniors, and school campus tabling events.

In addition, programs are client-driven and aim to be inclusive of client's cultures. For example, training needs and the places that want to have trainings provided are identified by stakeholders and all trainings are focused on clients and/or their families. The QPR program has different modules for individuals from a variety of social and cultural backgrounds, including high school youth, young adults in college, adults, older adults, veterans, Spanish speakers, and Native Americans. QPR can be taught to adults and youth (beginning in 9th grade) and was provided to Big Valley Rancheria staff and residents, both youth and adults, for the past two years.

Appendix G: Mental Health Program Services Capacity Assessment Report



Lake County
Behavioral Health Services

Cultural and Linguistic Competence Plan Annual Update 2022-2023

FINAL 03/23/2023

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I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

This mission of Lake County Behavioral Health Services is to improve the quality of life for the people of Lake County experiencing mental illness, substance use disorders and/or homelessness.

Lake County Behavioral Health Services (LCBHS) strives to deliver culturally-, ethnically-, and linguistically-appropriate services to behavioral health clients and their families. In addition, LCBHS recognizes the importance of developing services that are sensitive to other cultures, including Hispanic, Asian, Native American, and other racial and ethnic groups; persons with disabilities; consumers in recovery (from mental health or substance use); LGBTQ+ community; various age groups (Transition Age Youth [TAY], older adults); veterans; faith-based; physically disabled; and persons involved in the correctional system.

Developing a culturally- and linguistically-proficient system requires commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. This Cultural and Linguistic Competence (CLC) Plan reflects the ongoing commitment of LCBHS to improve services to expand access to services, quality care, and improved outcomes. The CLC Plan addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder services, including the National Cultural and Linguistically Appropriate Standards (CLAS).

Cultural Competence Committee

It is the vision of LCBHS to deliver culturally-competent services that are responsive to diverse cultures that reflect the health beliefs and practices of these communities. This approach includes providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices and preferred languages. The integration of these values creates a forum for ensuring that LCBHS continually enhances its services to be culturally- and linguistically-relevant for adult clients and youth and their families.

To advance these values, LCBHS maintains a diverse Cultural Awareness Committee (CAC). The LCBHS CAC is a cross-agency committee that has representatives from mental health, alcohol and drug, and public health services. Approximately 8-10 people attend each meeting, which is held twice per year. Members include persons who are older adults, LGBTQ+, consumers, Hispanic, Native American, and white/European descent. The CAC works closely together to review data; organize cultural activities; and promote culture and healing to help balance the lives of the persons who we serve. The CAC works to develop a set of congruent practice skills, attitudes, policies and structures which enables employees and contractors to work effectively in cross-cultural situations.

II. MEETING CULTURAL AND LINGUISTIC REQUIREMENTS

A. Delivering Culturally-Competent Services

By providing services and treatment in a manner that is responsive and demonstrates an understanding of each client's heritage, history, traditions, worldview, and beliefs, LCBHS strives to engage more members of the community and the diverse populations within it. The following services are available to specific populations/cultures that are prevalent in Lake County.

Native American

LCBHS provides outreach specifically directed toward the Native American population at the Circle of Native Minds Peer Support Center (CNM). At the center, LCBHS currently has staff dedicated to reaching this population and creating culturally-competent bridges (and adjuncts) to our services. LCBHS has also been able to have members of the community offer culturally-specific trainings and activities at the CNM Peer Support Center. A primary goal is cultural healing and recovery from generational trauma.

The following services are offered at CNM: basket weaving classes; drum making; talking circles; skirt making; traditional smudging and prayer; elders circle; tribal agency roundtable; Warrior Down facilitators meeting; Warrior Down Re-entry Program; Red Roads Recovery meetings; and Pathfinders groups. LCBHS partners with other local agencies in community events, including The Tribal Olympics; Health Fairs; Big Times; Indian Days Celebrations; and the Tule Boat Festival. The staff at CNM also provide referrals to local providers to the needs of the served population.

This past year, LCBHS has hired an outreach and prevention specialist who specifically provides outreach to the Native American community, building rapport and relationships with the local tribal leadership and population to provide referrals, assistance, and recovery support.

Latino

LCBHS has Outreach and Engagement programs focused on the local Hispanic communities at *La Voz de Esperanza Centro Latino* Peer Support Center. Service providers who are part of the community provide access to mental health services and develop strategies to overcome the stigma and discrimination that occur within the Hispanic community. Cultural preferences are considered with respect to the services offered. Outreach takes place individually, with community organizations and events, and efforts are made to engage these underserved populations "where they are," both geographically as well as culturally. LCBHS has an outreach and prevention specialist designed to go out in the community and work with the population in providing assistance and referrals.

Some of the services offered at *La Voz* include Latina Support Groups; mental health support group; Alcoholics Anonymous meetings; Homework Club; individual peer support; anger management; Nurturing Parenting classes; citizen classes; English classes; and the Art for Happiness group. The Peer Support Center staff at *La Voz* also provides referrals to local service providers to meet the needs of the served population.

Children and Families

LCBHS Peer Support Center staff provides after-school prevention activities to children and youth at *La Voz* and The Family Support Center. Children and youth are provided with help on their homework and group education (with parents) around substance use. In addition, LCBHS provides group education using the Teen Mental Health First Aid; Youth Mental Health First Aid; Know the Signs; Project Alert; The Truth About Drugs; and Question Persuade and Respond (QPR) and Life Skills curricula at the local high schools and middle schools.

LCBHS also has a Parent Partner who oversees the Family Support Center and works with parents and caregivers, along with peer support staff. The Parent Partner acts as a support to families who have members with mental health and substance use issues.

LCBHS also has treatment staff, both from LCBHS and contracted treatment staff, that work with children directly in schools across the county, addressing mental health needs and working with school personnel.

Transition Age Youth

The Harbor on Main is a drop-in center that provides specialty mental health referral and support services for Transition Age Youth, 15-24 years old. Services include basic personal care services and counseling. Groups and programs offered at The Harbor have been specifically designed to meet the needs of youth in Lake County. Youth are welcome to “drop-in” whenever the center is open without any obligation to attend a group or class. Activities and groups happen on a daily basis, and therapy services are offered to those who qualify. The Harbor is open Monday through Friday.

LCBHS also has outreach and prevention specialists that provide specialized Mental Health First Aid to students in the schools, with the goal that every high school student in Lake County will receive the training.

Homeless and Seriously Mentally Ill

LCBHS provides outreach and engagement programs focused on the local homeless and seriously mentally ill populations in Lake County. Currently there is staff located at The Big Oak Peer Support Center (BOC) to provide services to these populations to decrease the risk of negative consequences in their lives and on the community.

The services at the BOC include community food resources; monthly food giveaways; referrals to mental health services and substance use disorders services (SUDS); linkage to The Hope Center, and Elijah House; referrals to Social Services; clothing closet; peer accessible phone; weekly pop-up shower / care trailer in collaboration with Adventist Health; and CCHAPP HIV and Hepatitis C testing and education. Other services include food giveaways; patients’ rights advocate services; assistance in completing paperwork; peer daily check-ins; occasional holiday potlucks; weekly peer support groups; life skills; survival cooking; public health nutrition; and weekly movie group. The center staff also provide transportation for supportive services in the community.

LCBHS also has an outreach van that goes out to the homeless camps and where others who are experiencing homelessness are located, bringing supports such as sack lunches, clothing items, hygiene kits, and other helpful items, as well as referrals and other assistance as needed.

Those who are experiencing homelessness and severe mental illness often qualify for the MHSA Full Service Partnerships (FSP). This program has the “whatever it takes” approach to recovery, including wraparound type services and assistance for housing.

Veterans

Outreach and Prevention staff attend all veteran-sponsored community events. LCBHS works with Vansant to get housed the homeless veterans who we encounter at either Peer Support centers or through our outreach activities. The VA participated in the annual Point-In-Time count to help identify homeless veterans. Our Outreach and Prevention Specialist will start offering two prevention education series to vets and VA staff: Question, Persuade, Refer (QPR), and Mental Health First Aid (MHFA).

Older Adults

LCBHS contracts with Konocti Senior Support to provide outreach services to the elderly and aging populations in Lake County. Outreach and education services are provided to older adults to reduce the stigma still associated with seeking mental health assistance. In addition, as part of the Konocti Senior Support, the Friendly Visitor Program conducts home visits to those older adults who cannot reach the Senior Center. The LCBHS peer support centers also offer groups to the senior population, peer support, and referrals to local providers to meet their unique needs.

LCBHS also has an outreach and prevention specialist who is assigned to this population, working with providers, including community senior centers, to help older adults receive the support that they need, including behavioral health services.

In addition, LCBHS has specific treatment staff that work with older adults to provide mental health services under the Mental Health Services Act.

B. Providing Language Assistance Services

By identifying and providing language assistance services, LCBHS engages individuals more effectively, improving access to services and client outcomes.

- LCBHS currently offers service providers who are bilingual/bicultural in Spanish; language assistance in other languages is met through the use of interpreters and/or the language line. Cultural preferences are met by LCBHS staff or contract providers, or through referral into the community.
- Our 24/7 access log includes a field to record a client’s request for interpreters. This information is provided to clinical staff for the initial assessment. This information is also utilized during case assignments and clinical team meetings, to help determine the appropriate staff to provide ongoing services in the individual’s primary language, whenever possible.

- LCBHS utilizes a contracted service provider for its 24/7 crisis line. Individuals who staff this access line are trained to be familiar with the culturally-proficient services that are offered, and are able to provide interpreter services or link clients to language assistance services as needed.
- LCBHS also provides written materials in English and Spanish to allow individuals requesting services, as well as the community in general, to be informed about the availability and access to mental health and substance use treatment services. The LCBHS informing materials are written in a manner and format that is easy to read and understand. In addition, to ensure the accuracy of written materials in Spanish, LCBHS utilizes a native Spanish speaker for translation services.
- Periodically, the Quality Improvement (QI) Coordinator and other designated staff review these processes during the Quality Improvement Committee (QIC) meetings to ensure compliance.

C. Informing Clients of Culturally-Competent Services

LCBHS utilizes the following mechanisms for informing clients of culturally-competent services and providers, including culturally-specific services and language services.

Written Informing Materials

- Beneficiary Guide to Medi-Cal Mental Health Services: The Beneficiary Guide is maintained by the Department of Health Care Services (DHCS). It includes broad, statewide standards of care, as well as specific pages dedicated to local county contact information and details.
 - The guide informs clients of their right to free language assistance, including the availability of interpreters.
 - The Guide is provided to clients upon intake and upon request. It is also posted on the LCBHS website. At intake, clients are required to sign an acknowledgement form, indicating that they have received a copy of the Guide. A bound copy of the Beneficiary Guide to Medi-Cal Mental Health Services is available in the clinic lobbies and at the wellness centers.
 - It is available in English and in Spanish; in regular and large print; and in audio.
- Guide to County Mental Health Services: This brochure highlights available services, including cultural and linguistic services.
 - The guide informs clients of their right to free language assistance, including the availability of interpreters.
 - This brochure is provided to clients at intake, and is also available at the clinics and wellness centers.
 - It is available in English and in Spanish; in regular and large print; and in audio.
- Provider Directory: A Provider Directory is available to clients which lists provider names; population specialty (Hispanic, Native American, children, adult, veterans,

LGBTQ+, etc.); services provided; language capability; whether or not the provider is accepting new clients; and ADA accessibility.

- This Directory is provided to clients upon intake and is available at the clinics and wellness centers.
- The Provider Directory is updated at least monthly.
- It is available in English and in Spanish; and in regular and large print. In addition, staff are available to read the Directory to clients, upon request.

Other Mechanisms

- LCBHS website and partner websites
- LCBHS Facebook page and partner social media sites
- Monthly calendars for the Peer Support Centers are available at the Centers, the LCBHS clinics, and is posted on the Facebook page monthly. Each center also sends the monthly calendar to their email lists.
- LCBHS and Peer Support Center informational brochures, as well as Peer Support Center Informational cards identifying available services and how to access them for targeted groups such as TAY, older adults, the Hispanic community, and the Native American community.
- Local newsletters
- Interagency meetings
- Community events (Recovery Happens, Children’s Day, health fairs, etc.)
- Monthly or quarterly collaboration meetings with local agencies, including point in time, Lake County continuum of care, mental health board meetings, cultural competency committee; and other supportive agencies.
- Cultural Awareness Committee meetings, which plan the methods for disseminating information about the availability of culturally-sensitive services.

D. Reviewing Relevant Grievances and Appeals

The QIC reviews new grievances and appeals at each quarterly meeting. The Grievance and Appeal Log helps to document when issues are related to cultural competency.

The QIC reviews all issues and determines if the resolution was culturally appropriate and met the needs of the client. The QIC and CAC work together to identify issues and objectives to improve overall services.

III. DATA AND ANALYSIS

A. County Geographic and Socioeconomic Profile

1. County location and attributes

Lake County is a small, rural county with a population of approximately 65,000. The county lies in the north central part of California. It is named after the freshwater Clear Lake, which is the dominant geographic feature in the county and the largest natural lake wholly within California.

A county of 1,329 square miles, Lake is bordered by Mendocino County to the northwest; Sonoma County to the west; Napa County to the south; and Glenn, Colusa, and Yolo Counties to the east.

The most populated city in Lake County is Clearlake, with a population of 15,250 (2010 US Census Bureau). The county seat is Lakeport (2010 US Census population of 4,753). There are also a number of small, rural communities located in the county.

2. County demographics

Figure 1 shows age, race/ethnicity, and gender of the general population. For the 64,665 residents who live in Lake County, 17.2% are children ages 0-14; 11.7% are Transition Age Youth (TAY) ages 15-24; 45.5% are adults ages 25-59; and 25.7% are older adults ages 60 years and older.

The majority of persons in Lake County are White (74.1%). Persons who are Hispanic represent 17.1% of the population, and persons who are Native American/Alaska Native represent 4.2% of the population. All other race/ethnicity groups represent a small percentage of individuals.

There are the slightly more males (50.2%) than females (49.8%) in the county.

Figure 1
Lake County Residents
By Gender, Age, and Race/Ethnicity
(Population Source: 2010 Census)

	Number	Percent
Age Distribution		
0 - 14 years	11,095	17.2%
15 - 24 years	7,552	11.7%
25 - 59 years	29,421	45.5%
60+ years	16,597	25.7%
Total	64,665	100.0%
Race/Ethnicity Distribution		
Black	1,523	2.4%
Native American/ Alaskan Native	2,712	4.2%
Asian/ Pacific Islander	1,087	1.7%
White	47,938	74.1%
Hispanic	11,088	17.1%
Other	317	0.5%
Total	64,665	100.0%
Gender Distribution		
Male	32,469	50.2%
Female	32,196	49.8%
Total	64,665	100.0%

3. County socioeconomic characteristics

County’s economy is based largely on tourism and recreation, due to the accessibility and popularity of its several lakes and accompanying recreational areas. The most common industries are healthcare and social assistance (both public and private); retail trade; public administration; educational services; and construction. Compared to other counties, Lake also has an unusually high number of occupations in agriculture/forestry/fishing/ hunting, and utilities (*DATAUSA : US Census Bureau, ACS 5-Year Estimate Dataset*).

The unemployment rate in Lake County in August 2020 was 8.8%; the state unemployment rate was 11.4% for the same period (*CA EDD Monthly Labor Force Data for Counties, August 2020*).

Lake County has one of the lowest median incomes of households in the state at \$42,475, compared to \$60,293 in California during same time period. The county also has a high percentage of population living under the poverty level (18.4%), above the statewide average of 10.5% (*2014-2018 American Community Survey*).

4. Penetration Rates for Mental Health Services

Figure 2 shows the percentage of the population who access mental health services. Figure 2 shows the same county population data shown in Figure 1, and also provides information on the number of persons who received mental health services (FY 2021/22). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received mental health services in FY 2021/22. This data is shown by age, race/ethnicity, and gender. Primary Language was not available for the general population.

There were 1,597 people who received one or more mental health services in FY 2021/22. Of these individuals, 309 were children ages 0-14 (19.3%); 332 were TAY ages 15-24 (20.8%); 770 were adults ages 25-59 (48.2%); and 186 were 60 and older (11.6%). There were 1,025 clients who were White (64.2%), 304 who were Hispanic (19.0%), 70 who were Black (4.4%), 65 who were Native American/Alaskan Native (4.1%) and 120 individuals 7.5% who were other/unknown (7.5%). All other race/ethnicity groups represented a small number of individuals. There were 1,540 clients whose primary language was English (96.4%). Clients with other primary languages represented a small number of individuals. There were 776 clients who were male (48.6%), 804 clients who were female (50.3%), and 17 clients whose gender was reported as 'Other/ Unknown' (1.1%).

The penetration rate data shows that 1,597 Lake County residents received mental health services out of total County population of 64,665 (2.5%). Of these individuals, 309 children ages 0-14 had a penetration rate of 2.8%, 332 TAY ages 15-24 had a penetration rate of 4.4%, 770 adults ages 25-59 had a penetration rate of 2.6%, and 186 older adults ages 60 and older had a penetration rate of 1.1%.

Figure 2
Lake County Mental Health Penetration Rates
By Gender, Age, Race/Ethnicity, and Language
(Population Source: 2010 Census)

	Lake County Population 2010 Census		All Mental Health Participants FY 2021/22		Lake County Population Mental Health Penetration Rate FY 2021/22
Age Distribution					
0 - 14 years	11,095	17.2%	309	19.3%	309 / 11,095 = 2.8%
15 - 24 years	7,552	11.7%	332	20.8%	332 / 7,552 = 4.4%
25 - 59 years	29,421	45.5%	770	48.2%	770 / 29,421 = 2.6%
60+ years	16,597	25.7%	186	11.6%	186 / 16,597 = 1.1%
Total	64,665	100.0%	1,597	100.0%	1,597 / 64,665 = 2.5%
Race/Ethnicity Distribution*					
Black	1,523	2.4%	70	4.4%	70 / 1,523 = 4.6%
Native American/ Alaskan Native	2,712	4.2%	65	4.1%	65 / 2,712 = 2.4%
Asian/ Pacific Islander	1,087	1.7%	13	0.8%	13 / 1,087 = 1.2%
White	47,938	74.1%	1,025	64.2%	1,025 / 47,938 = 2.1%
Hispanic	11,088	17.1%	304	19.0%	304 / 11,088 = 2.7%
Other/ Unknown	317	0.5%	120	7.5%	120 / 317 = 37.9%
Total	64,665	100.0%	1,597	100.0%	1,597 / 64,665 = 2.5%
Language Distribution					
English	-	-	1,540	96.4%	-
Spanish	-	-	43	2.7%	-
Other/ Unknown	-	-	14	0.9%	-
Total	-	-	1,597	100.0%	-
Gender Distribution					
Male	32,469	50.2%	776	48.6%	776 / 32,469 = 2.4%
Female	32,196	49.8%	804	50.3%	804 / 32,196 = 2.5%
Other/ Unknown	-	-	17	1.1%	-
Total	64,665	100.0%	1,597	100.0%	1,597 / 64,665 = 2.5%

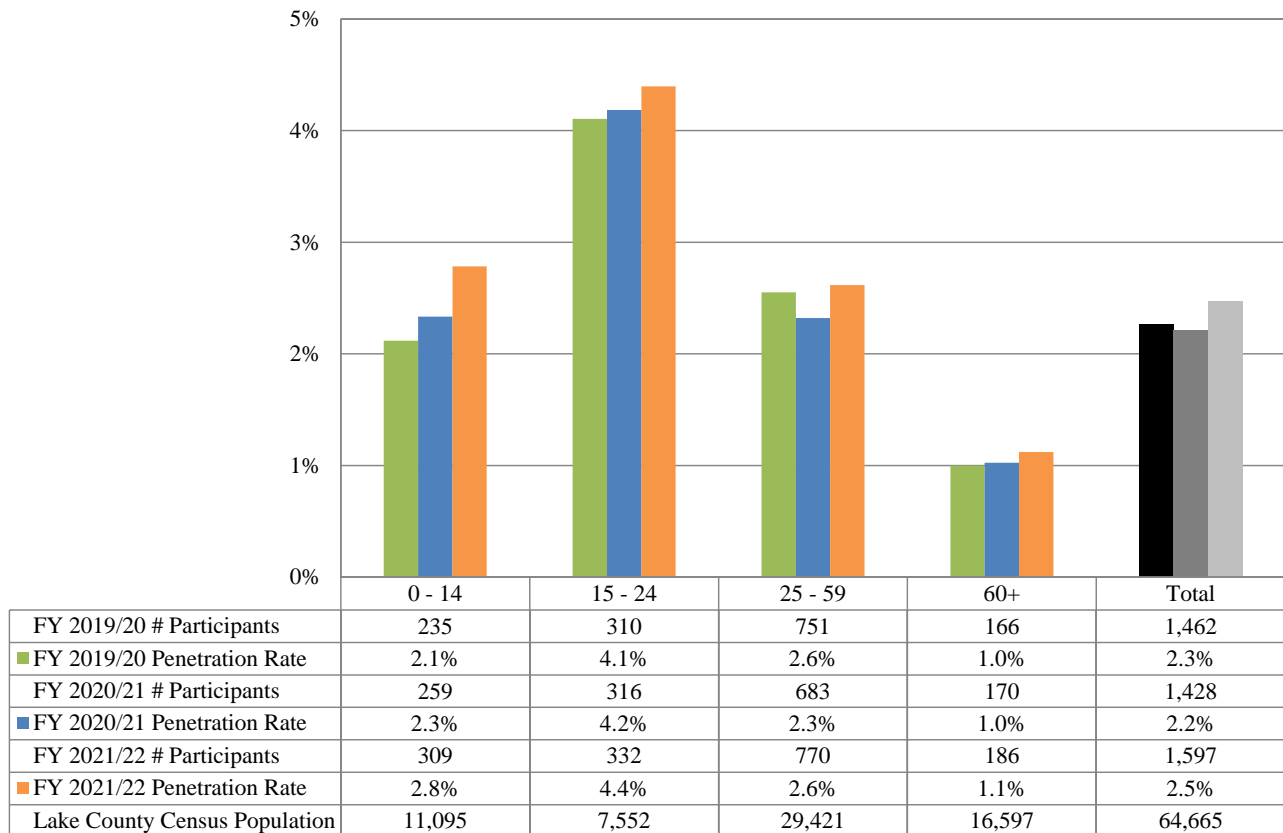
5. Disparities in Mental Health Penetration Rates

The penetration rate data for age shows that there is a higher proportion of TAY served, compared to children, adults, and older adults. The penetration rates for children (2.8%) and adults (2.6%) are similar to that of the population (2.5%). The penetration rate of females (2.5%) is the slightly higher than the penetration rate of males (2.4%).

6. Mental Health Penetration Rate Trends for Three Years

We have also analyzed our penetration rates for the past three years by age (see Figure 3). This data shows an increase in the number of children (259 children to 305 children), TAY (316 TAY to 332 TAY) and older adults (170 older adults to 186 older adults) served between FY 2020/21 and FY 2021/22. There was an increase in the number of adults served (683 adults to 770 adults). The total number of participants was relatively stable, with a slight increase (1,462 to 1,597 participants) in this three-year period.

Figure 3
Lake County Mental Health Services
 FY 2019/20 to FY 2021/22
Mental Health Penetration Rate, by Age
 (Population Source: 2010 Census)



7. Mental Health Medi-Cal population

Figure 4 shows the percentage of Medi-Cal eligibles who accessed mental health services in FY 2021/22. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal Eligible that received mental health services in FY 2021/22. This data is shown by race/ethnicity.

From the information available, there were 1,412 Medi-Cal participants who received one or more mental health services in FY 2021/22. Of these individuals, 63 were Black (4.5%), 56 were Native American/Alaska Native (4.0%), 914 were White (64.7%), 273 were Hispanic (19.3%), and 95 were other/unknown (6.7%). All other race/ethnicity groups represented a small number of individuals.

The penetration rate data shows that 1,412 of the Lake County Medi-Cal eligibles received mental health services (4.3%), out of the 32,937 Medi-Cal eligibles.

Figure 4
Lake County Medi-Cal Mental Health Penetration Rates
By Race/Ethnicity
(Medi-Cal Eligible Source: EQR Report FY 2021/22)

	Lake County Average Number of Eligibles CY 2020		Number of Medi-Cal Mental Health Clients Served FY 2021/22		MH Medi-Cal Penetration Rate FY 2021/22
Race/Ethnicity					
Black	786	2.4%	63	4.5%	63 / 786 = 8.0%
Native American/ Alaskan Native	1,110	3.4%	56	4.0%	56 / 1,110 = 5.0%
Asian/ Pacific Islander	340	1.0%	11	0.8%	11 / 340 = 3.2%
White	19,672	59.7%	914	64.7%	914 / 19,672 = 4.6%
Hispanic	8,694	26.4%	273	19.3%	273 / 8,694 = 3.1%
Other/ Unknown	2,335	7.1%	95	6.7%	95 / 2,335 = 4.1%
Total	32,937	100.0%	1,412	100.0%	1,412 / 32,937 = 4.3%

8. Disparities in Medi-Cal Mental Health Clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Mental Health penetration. The Medi-Cal penetration rates are proportionally higher, with an overall penetration rate of 4.3% (compared to 2.3%). This shows that approximately 4.3% of all individuals with Medi-Cal received mental health services.

9. Penetration Rates for Substance Use Disorder Services

Figure 5 shows the number of persons in the county population (2010 Census) and the number of persons who received Substance Use Disorder (SUD) services (FY 2021/22). From this data, a penetration rate was calculated, showing the percentage of persons in the population that received SUD services in FY 2021/22. This data is shown by age, race/ethnicity, primary language, and gender.

As expected, the proportion of persons receiving SUD services shows varying proportions of individuals by age. There were 452-people who received one or more SUD services in FY 2021/22. Of these individuals, 4 were children ages 0-14 (0.9%); 46 were TAY ages 15-24 (10.2%); 348 were adults ages 25-59 (77.0%); and 54 were 60 and older (11.9%). Race/ethnicity includes 294 individuals who identified as White (65.0%), 90 identified as Hispanic (19.9%), and 29 identified as Native American/Alaskan Native (6.4%). All other race/ethnicity groups represented a small number of individuals. There were 414 of the SUD participants in FY 2021/22 that spoke a primary language of English (91.6%). There were 23 SUD participants (5.1%) that spoke a primary language of Spanish. There were 288 male SUD clients (63.7%), 163 female SUD clients (36.1%), and one (1) client that identified as an Other / Unknown gender (0.2%).

The penetration rate data shows that 0.7% of the Lake County population received SUD treatment services. Of these individuals, children had a penetration rate of 0.0%, TAY had a penetration rate of 0.6%, adults had a penetration rate of 1.2%, and older adults had a penetration rate of 0.3%.

Figure 5
Lake County Substance Use Disorder Services Penetration Rates
By Gender, Age, Race/Ethnicity, and Language
(Population Source: 2010 Census)

	Lake County Population 2010 Census		All Substance Use Participants FY 2021/22		Lake County Population Substance Use Penetration Rate FY 2021/22
Age Distribution					
0 - 14 years	11,095	17.2%	4	0.9%	4 / 11,095 = 0.0%
15 - 24 years	7,552	11.7%	46	10.2%	46 / 7,552 = 0.6%
25 - 59 years	29,421	45.5%	348	77.0%	348 / 29,421 = 1.2%
60+ years	16,597	25.7%	54	11.9%	54 / 16,597 = 0.3%
Total	64,665	100.0%	452	100.0%	452 / 64,665 = 0.7%
Race/Ethnicity Distribution					
Black	1,523	2.4%	12	2.7%	12 / 1,523 = 0.8%
Native American/ Alaskan Native	2,712	4.2%	29	6.4%	29 / 2,712 = 1.1%
Asian/ Pacific Islander	1,087	1.7%	4	0.9%	4 / 1,087 = 0.4%
White	47,938	74.1%	294	65.0%	294 / 47,938 = 0.6%
Hispanic	11,088	17.1%	90	19.9%	90 / 11,088 = 0.8%
Other/ Unknown	317	0.5%	23	5.1%	23 / 317 = 7.3%
Total	64,665	100.0%	452	100.0%	452 / 64,665 = 0.7%
Language Distribution					
English	-	-	414	91.6%	-
Spanish	-	-	23	5.1%	-
Other/ Unknown	-	-	15	3.3%	-
Total	-	-	452	100.0%	-
Gender Distribution					
Male	32,469	50.2%	288	63.7%	288 / 32,469 = 0.9%
Female	32,196	49.8%	163	36.1%	163 / 32,196 = 0.5%
Other/ Unknown	-	-	1	0.2%	-
Total	64,665	100.0%	452	100.0%	452 / 64,665 = 0.7%

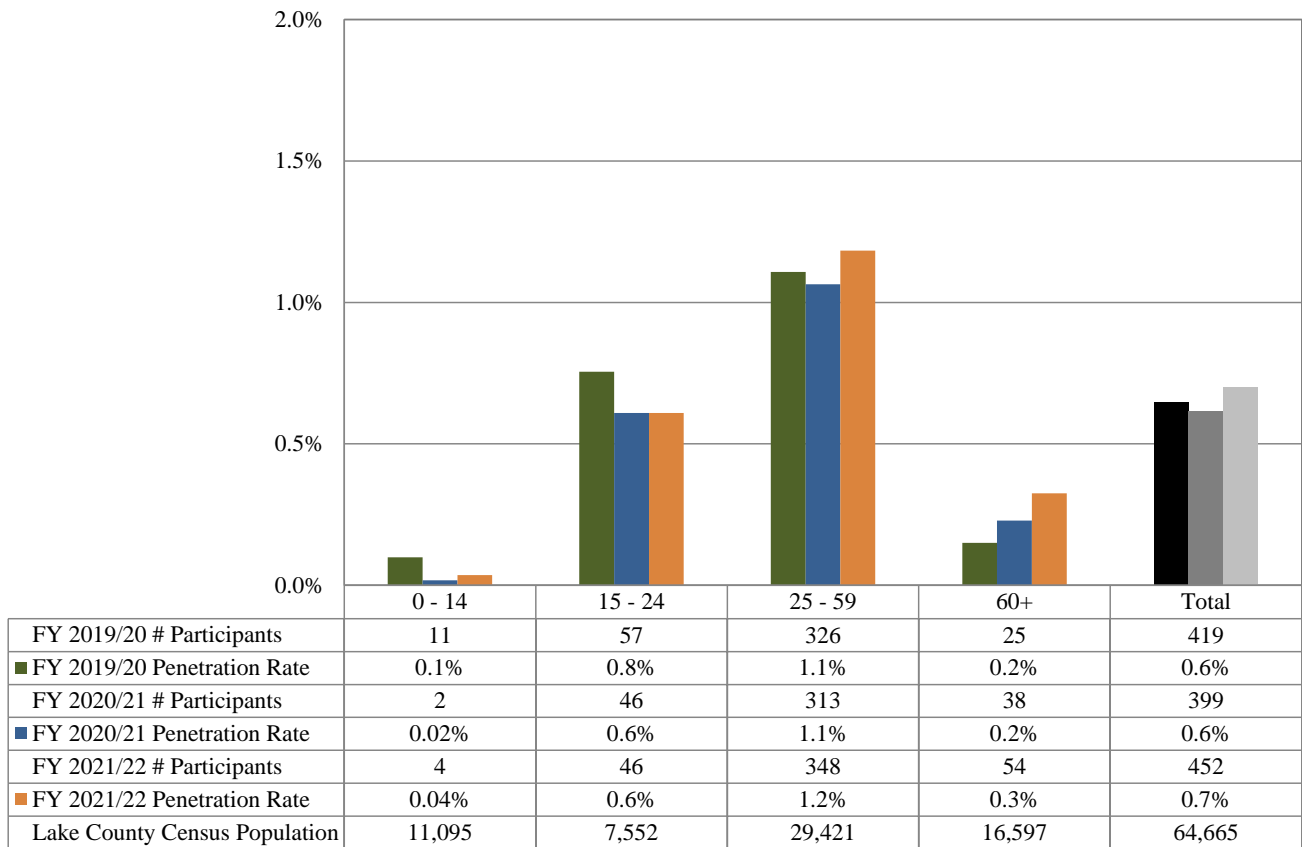
10. Disparities in Substance Use Disorder Services

Figure 5 data also shows that 348 SUD participants are adults (77.0%) and 46 participants are TAY (10.2%). This data is consistent with other SUD programs. Compared to the Lake County general population, there is a similar proportion of SUD participants who are White (65.0% compared to 74.1% of the population) and Hispanic (19.9% compared to 17.1% of the population). There are 288 clients who are male (63.7%), and 163 clients that are female (36.1%).

11. Substance Use Penetration Rate Trends for Three Years

Penetration Rates were analyzed for the past three years by age (see Figure 6). This data shows an increase in the number of children (2 children to 4 children) served between FY 2020/21 and FY 2021/22. There was an increase in the number of adults (313 adults to 348 adults) and older adults (38 older adults to 54 older adults). The number of TAY participants remained the same (at 46 participants). The total number of participants increased (399 to 452 participants) in this three-year period.

Figure 6
Lake County Substance Use Disorder Services
 FY 2019/20 to FY 2021/22
Substance Use Penetration Rate, by Age
 (Population Source: 2010 Census)



12. Substance Use Disorder Medi-Cal Population

Figure 7 shows the percentage of Medi-Cal eligibles who accessed substance use disorder services in FY 2021/22. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal Eligible that received substance use disorder services in FY 2021/22. This data is shown by race/ethnicity.

From the information available, there were 224 Medi-Cal participants who received one or more substance use disorder services in FY 2021/22. Of these individuals, 6 were Black (2.7%), 18 were Native American/ Alaska Native (8.0%), 150 were White (67.0%), 28 were Hispanic (12.5%), and 20 were other/ unknown (8.9%). All other race/ethnicity groups represented a small number of individuals.

The penetration rate data shows that 0.7% of the Lake County Medi-Cal eligibles received substance use disorder services, with 224 individuals out of the 32,937 Medi-Cal eligibles.

Figure 7
Lake County Medi-Cal Substance Use Disorder Services Penetration Rates
By Race/Ethnicity
(Medi-Cal Eligible Source: EQR Report FY 2021/22)

	Lake County Average Number of Eligibles CY 2020		Number of Medi-Cal Substance Use Clients Served FY 2021/22		SU Medi-Cal Penetration Rate FY 2021/22
Race/Ethnicity					
Black	786	2.4%	6	2.7%	6 / 786 = 0.8%
Native American/ Alaskan Native	1,110	3.4%	18	8.0%	18 / 1,110 = 1.6%
Asian/ Pacific Islander	340	1.0%	2	0.9%	2 / 340 = 0.6%
White	19,672	59.7%	150	67.0%	150 / 19,672 = 0.8%
Hispanic	8,694	26.4%	28	12.5%	28 / 8,694 = 0.3%
Other/ Unknown	2,335	7.1%	20	8.9%	20 / 2,335 = 0.9%
Total	32,937	100.0%	224	100.0%	224 / 32,937 = 0.7%

13. Disparities in Medi-Cal Substance Use Disorder clients

The Medi-Cal penetration rates show trends and service utilization patterns that are similar to the total Substance Use Disorder penetration rate. The Medi-Cal penetration rates are slightly higher, with an overall penetration rate of 0.7% (compared to 0.6%). Approximately 0.7% of all participants are Medi-Cal.

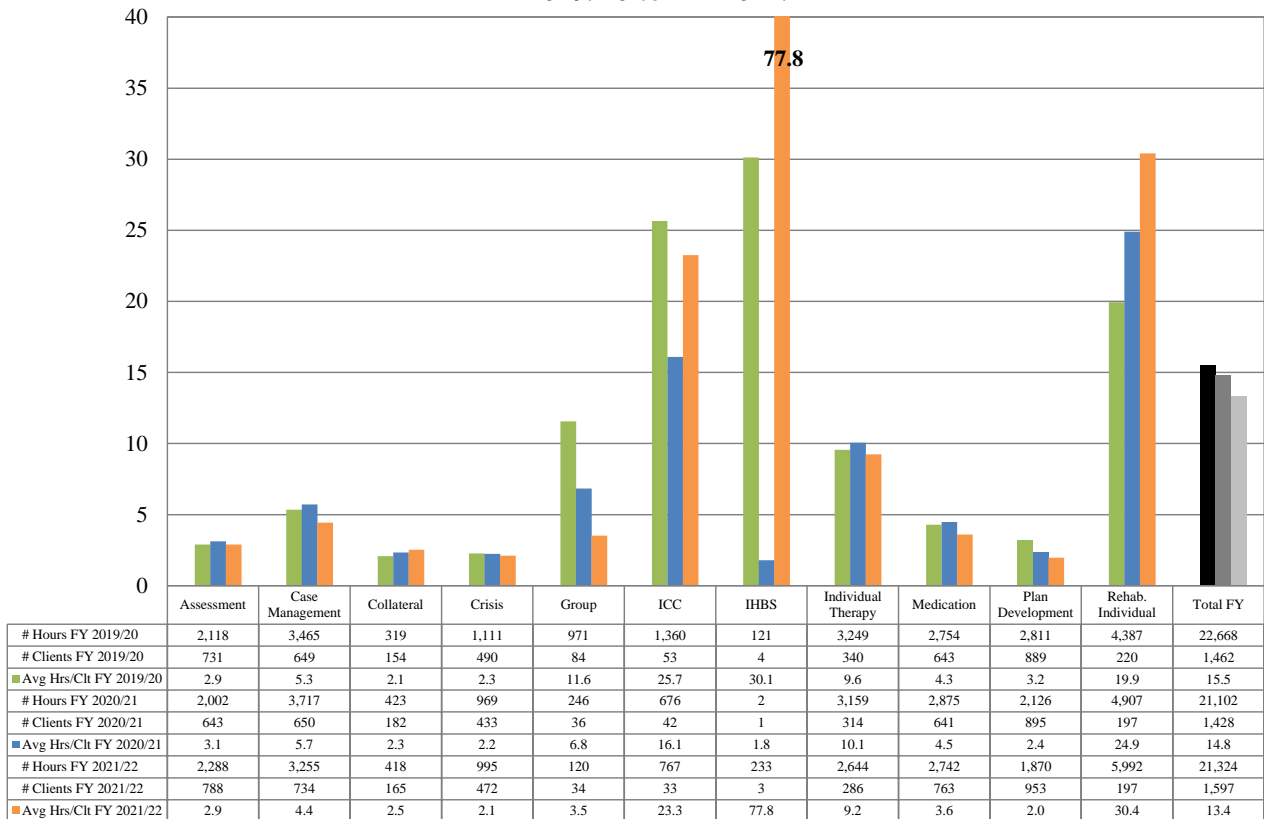
B. Utilization and Analysis of Mental Health Services

1. Utilization of Mental Health Services

Figure 8 shows the total number of hours, by type of mental health service, participants, and hours per participant across three (3) years, FY 2019/20 through FY 2021/22. This data shows that the 1,579 mental health participants received 21,324 hours of services in FY 2021/22, which calculates into 13.4 average hours per participant. This data also shows the number of participants and average hours for each type of service. Participants can receive more than one type of service. Not all participants received all services. The number of participants varies by type of service.

In FY 2021/22, participants who received an assessment averaged 2.9 hours; case management: 4.4 hours; collateral: 2.5 hours; crisis: 2.1 hours; group: 3.5 hours; Intensive Care Coordination (ICC): 23.3 hours; Intensive Home-Based Services (IHBS): 77.8 hours; individual therapy: 9.2 hours; medication: 3.6 hours; plan development: 2.0 hours; and rehabilitation individual: 30.4 hours.

Figure 8
Lake County Mental Health Services
Total Mental Health Hours, Participants, and Hours per Participant per Year, by Service Type
All Mental Health Participants
FY 2019/20 to FY 2021/22



2. Analysis of Data for Mental Health services

For mental health services, there was a small increase in the number of persons receiving services (from 1,462 to 1,597) across the three (3) years. There was a small decrease in the total number of mental health outpatient services delivered, from 22,668 to 21,324 across the three (3) ~~two~~ years. The average number of hours per person was also slightly lower from 15.5 hours per year to 13.4 hours per year.

There was a substantial increase in the average hours of Intensive Home-Based Services (IBHS), from 1.8 hours in FY 2020/21 to 77.8 hours in FY 2021/22. This service is a new Medi-Cal service that is delivered to children and families. With the changes in services as a result of COVID-19 beginning March 2020, these intensive services in the home were reduced in FY 2020/21. They have now increased in FY 2021/22.

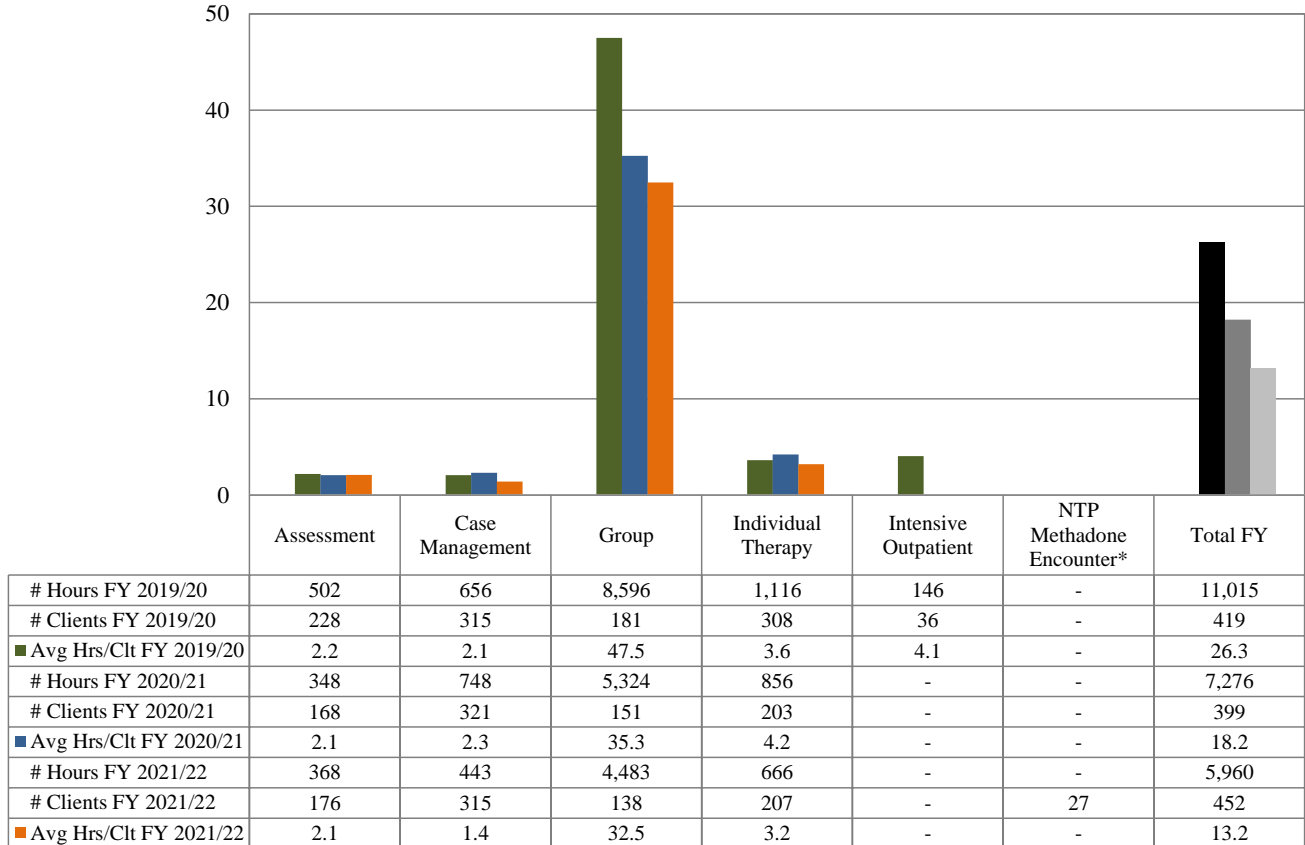
C. Utilization and Analysis of Substance Use Disorder Services

1. Utilization of Substance Use Disorder Services

Figure 9 shows the total number of hours, by type of substance use treatment service, participants, and hours per participant for FY 2019/20, FY 2020/21, and FY 2021/22. This data shows that the 452 substance use treatment participants received 5,960 hours of services in FY 2021/22, which calculates into 13.2 hours per participant. This data also shows the number of participants and average hours for each type of service. Participants can receive more than one type of service. Not all participants received all services. The number of participants varies by type of service.

In FY 2021/22, participants who received an assessment averaged 2.1 hours; case management: 1.4 hours; group: 32.5 hours; and individual therapy: 3.2. There were no intensive outpatient services delivered in FY 2021/22. There were also 27 individuals that receive NTP services since September 2021. There were no service hours associated with these services.

Figure 9
Lake County Substance Use Disorder Services
Total Substance Use Hours, Participants, and Hours per Participant per Year, by Service Type
All Substance Use Participants
FY 2019/20 to FY 2021/22



* Only the number of clients is available for NTP, not the number of hours.

2. Analysis of Data for Substance Use Disorder Services

For SUD services, there was an increase in the number of persons receiving services (from 399 to 452). There was a decrease in the total number of hours (7,276 to 5,960) delivered and the average number of hours per person (18.2 to 13.2). For FY 2021/22, there was a decrease in group services from 5,324 hours to 4,483. Similarly, the number of persons who received group services decreased from 151 to 138 persons from FY 2020/21 to FY 2021/22. The average hours of group services per person per year decreased from 35.3 hours to 32.5.

IV. STAFF CULTURAL COMPETENCY ASSESSMENT

A. Staff Survey and Results

To help assess the cultural composition and awareness of its workforce, LCBHS asked staff to complete the Staff Ethnicity and Cultural Proficiency Survey in December 2022. The complete results are shown in Attachment A.

1. Staff Composition

- a) Forty-nine (49) staff members completed the survey.
 - 1) Of all respondents, 63% (N=31) were direct service staff and 37% (N=18) were administration and management staff.
 - 2) Of all respondents, 84% work for Lake County Behavioral Health Services-MH; 31% work for Lake County Behavioral Health Services-SUD; 2% work for North American Mental Health Services; and 4% work for another agency.
 - 3) Of all respondents, 38% (N=17) reported that they are consumers of Mental Health Services and 55% (N=26) are family members of a consumer.
 - 4) Of all respondents, 53% (N=25) reported that they are persons with lived Substance Use Disorder experience and 74% (N=35) are family members of a person with lived Substance Use Disorder experience.
 - 5) Of all respondents, 20% (N=10) identified as bilingual and 12% (N=6) act as interpreters as part of their job function.
 - 6) Of all respondents, 78% reported female at birth, and 22% reported male at birth)

2. Staff Proficiency in Reading and/or Writing in Languages Other Than English

- a) Of all respondents, (N=49), 10 are bilingual. Eight (8) speak Spanish; one (1) speaks Farsi; and one (1) speaks Italian.
- b) Eight (8) respondents are proficient in reading and writing Spanish; one (1) respondent is proficient in reading and writing Farsi; and one (1) is proficient in reading and writing the Italian language.
- c) Six (6) respondents act as an interpreter as part of their job function. All six (6) interpret Spanish.
- d) Of these six (6) respondents, five (5) received bilingual pay.

3. Staff Cultural Proficiency

The survey response options included Frequently; Occasionally; and Rarely or Never. There are some interesting results when examining those questions where the responses were “Frequently”. Those responses are briefly outlined below.

a) Across all respondents:

- 1) *I recognize and accept that clients are the primary decision makers about their treatment, even though they may be different from my own beliefs.*
(Frequently=88%)
- 2) *I recognize that family may be defined differently by different cultures.*
(Frequently=82%)
- 3) *I recognize that gender roles in families may vary across different cultures*
(Frequently=82%)
- 4) *I examine my own cultural background and biases (race, culture, sexual orientation) and how they may influence my behavior toward others.*
(Frequently=65%)
- 5) *I continue to learn about the different cultures of our clients and family members in order to improve the delivery of Behavioral Health services.*
(Frequently=65%)

b) Staff also reported on their participation in professional development activities during the past six months.

- 1) A **high** percentage of survey respondents reported that they had participated in the following activities:
 - *Talked to a colleague about a cultural issue (65%).*
 - *Reflected on my racial identity and how it affects my work with clients (57%).*
 - *Read/watched/listened to media about multicultural issues (84%).*
 - *Attended a cultural event (51%).*
- 2) A **low** percentage of survey respondents reported that they had participated in the following activities:
 - *Attended a multi-cultural training seminar (24%).*
 - *Read a novel about a racial group other than my own (27%).*
 - *Sought supervision about multicultural issues (22%).*

- *Attended a training on Implicit Bias (10%).*

B. Analysis of Staff Survey Results

The composition of LCBHS staff mirrors the demographics of the county. Several staff are available who speak Spanish, the county's threshold language other than English; and several staff members work as interpreters. Additional bilingual/bicultural staff persons are needed to support clients throughout the system. LCBHS will continue to identify creative methods for recruiting, retaining, and consistently training qualified staff.

The survey results show that there are opportunities to provide additional training to LCBHS staff to expand cultural proficiency, especially gaining awareness about cultural diversity and influences; engaging and supporting clients in ways that meet cultural and language needs/preferences; and developing skills for supporting clients as they move through the system. Highlights of staff responses show that staff reported high levels of acceptance of clients' autonomy in decision making, and recognition that both family and gender roles may vary across different cultures.

V. CLIENT CULTURAL COMPETENCE SURVEY

A. *Survey Distribution*

In an effort to assess the cultural responsiveness of our service delivery, we asked individuals who received behavioral health services through LCBHS to complete the Client Cultural Competence Survey in December 2022. The complete results for the surveys are shown in Attachment B.

B. *Client Cultural Humility Survey Results*

There were 10 individuals who completed the Client/Person Served Cultural Humility Survey.

Due to the small number of individuals who completed the survey, individual demographics will not be reported in order to protect the survey respondents' privacy.

The survey response options for the following items included Agree, Neither, and Disagree. Upon review, there were some interesting results when examining these survey responses:

1. **Across all respondents:**

- a) *LCBHS staff collaborate with me about my treatment.* Agree=80%
- b) *Staff respect my religious or spiritual beliefs.* Agree =88.9%
- c) *Staff treat me with respect.* Agree=90%
- d) *Interpreters are readily available to assist me and/or my family.* Agree=75%
- e) *Some of the treatment staff are from my racial or ethnic group.* Agree=75%
- f) *The facility has pictures or reading material that show people from my racial or ethnic group.* Agree=75%
- g) *As a result of the services that I receive here, I can handle my daily life better.* Agree=60%
- h) *If I want to receive services from a person from my own racial or ethnic group, staff help me connect to those services.* Agree=33.3%; Neither=33.3%; Disagree=33.3%

C. *Analysis of Disparities and Related Objectives*

Survey results will be analyzed and shared with the Cultural Awareness Committee (CAC) to help identify new strategies and goals over the coming year (2023).

D. Identification of Barriers and Methods of Mitigation

These survey results provide valuable information on staff, family members, and individual's understanding of culture and their experience with mental health services within the system of care. The results also help identify training opportunities to support staff to deliver culturally responsive services. The CAC has made great strides in creating a system of care that delivers culturally, ethnically, and linguistically responsive services to individuals receiving behavioral health services. This supports services that are sensitive to other cultures, including individuals in recovery; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) community; veterans; persons living with disabilities (hearing, vision, physical); various age groups (Children: 0-15; Transition Age Youth [TAY]: 16-25; Adults: 26-59; Older Adults: 60+); immigrants and refugees; and persons involved in the justice system.

The development and implementation of a culturally- and linguistically-responsive system requires commitment and dedication from leadership, staff, organizational providers, and the community to continually strive to learn from each other. This collaboration helps to identify and mitigate barriers to ensure a service delivery system that respects the whole person.

VI. CULTURAL COMPETENCE TRAINING (FY 2021/2022)

A. Staff and Provider Training Log

Staff and contract providers completed 12 cultural competence training courses in FY 2021/2022, as follows:

Training Title	Number of Participants	Types of Participants
Cultural Competence	11	Case Managers; Client Support Assistants; Staff Services Specialists; Staff Services Analysts; MH Specialists; BH Clinical Specialists
10 Steps to Fully Integrating Peers into Your Workforce	3	Staff Services Analyst; Client Support Assistant
Abuse and Neglect in the Elder Care Setting	1	Client Support Assistant
Abuse and Neglect of Individuals with I/DD	2	Client Support Assistant; Staff Services Analyst
A Culture-Centered Approach to Recovery	3	Client Support Assistant; SUD Counselor; MH Specialist
Abuse and Neglect	1	SUD Prevention Specialist
2-Spirited/LGBTQ+ Awareness Definitions	3	SUD Counselors
Cultural Dimensions of Relapse Prevention	2	BH Clinical Specialist; Client Support Assistant
Cultural Considerations and Working with Latino Families	2	MH Case Manager; MH Specialist
911 Diversion Mental Health Equity	1	Client Support Assistant
Cultural Competence for Housing People who use Drugs	1	Staff Services Analyst
Cultural Competence and Sensitivity / LGBTQ+	1	Client Support Assistant

B. Training Analysis

It is the LCBHS system view that all staff and select providers will participate in a number of different learning experiences to help promote person-centered care and develop culturally-sensitive services to all individuals in the behavioral health system. Learning opportunities may include face-to-face meetings and trainings; individual learning sessions online; and ongoing discussions during staff meetings, clinical team meetings, and supervision sessions.

Training participants expanded their knowledge of different cultures and were equipped to use this knowledge to engage clients. LCBHS strives to create a safe, learning environment where participants feel safe to ask questions about culture, giving individuals the opportunity to expand their skills to better meet the needs of the community.

VII. PROGRAM GOALS FOR NEXT THREE FISCAL YEARS

Analysis of current programs and data allows LCBHS to develop specific goals and action items to improve quality of care and cultural competency. The following goals and action items are relevant for FY 2020/21, 2021/22, and 2022/23; these goals and action items will be reviewed and updated as necessary. Goals and/or action items may be updated as new data and trends become available. LCBHS will report on each action item in the timeframe indicated.

Goal 1: Increase access to BH services for children, older adults, and Hispanic individuals			
Action	Description	Evidence	Status/Progress
1a	Conduct appropriate outreach activities and information dissemination for underserved populations, including children, older adults, and the Hispanic community	Outreach Log; materials	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS has hired cultural outreach specialists to specifically reach these populations. This team does both outreach and prevention activities and has been making inroads to these populations in the past year.
1b	Provide or arrange for transportation services, especially for older adults who are isolated in the county	Progress Notes; transport logs	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS has transportation services, including drivers and bus tickets, to help people get to LCBHS services, including the peer support centers.
1c	Hire, when possible, individuals with lived experience, individuals receiving behavioral health services, and their family members, to offer peer and family support, and engage in outreach activities, to underserved clients	Staffing Plan	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS has a number of peer support specialists with lived experience, including those within these populations identified. LCBHS is developing financial supports to a career ladder to help in advancement through education. In addition, many ongoing staff at LCBHS have lived experienced as well.

Goal 2: Enhance the delivery of services that are culturally sensitive to each client’s cultural/ethnic background and in their preferred language			
Action	Description	Evidence	Status/Progress
2a	Support the delivery of person-centered, culturally-responsive services that meet the needs of the clients	MHSIPs	<i>In progress; ongoing.</i> FY 2022/23 Update: The mission statement of LCBHS is the improvement of the quality of life for residents experiencing mental illness or substance use disorders by offering recovery-orient services. This is accomplished by being culturally responsive to the needs of the clients as identified in LCBHS policy.

Goal 3: Create a work environment where cultural awareness, dignity, and respect are encouraged and modeled as core values to effectively engage clients			
Action	Description	Evidence	Status/Progress
3a	Provide cultural and linguistic competency trainings for LCBHS staff at least two (2) times per fiscal year.	Training logs; training materials	<i>In progress; ongoing.</i> FY 2022/23 Update: LCBHS continues to utilize an online training portal (Relias) for all LCBHS staff. Relias aids LCBHS in scheduling and monitoring consistent training courses for all staff and some contract providers, including courses around cultural and linguistic competency and the use of interpreters.
3b	Provide interpreter and language line training to all direct service staff and providers who regularly communicate with individuals receiving services. Address the process for effectively using an interpreter, as well as using the language line, to support individuals receiving services in their preferred language.	Training logs; training materials	
3c	Utilize creative recruitment practices to hire professional staff, as well as peers and family advocates, to increase the workforce; and to expand the number of persons who are reflective of the local community, especially bilingual/bicultural individuals.	Recruitment materials; new hire data	<i>In progress; ongoing.</i> FY 2022/23 Update: Bilingual pay bonus is in place. Leads of peer support centers are recruited as “cultural specialists.”

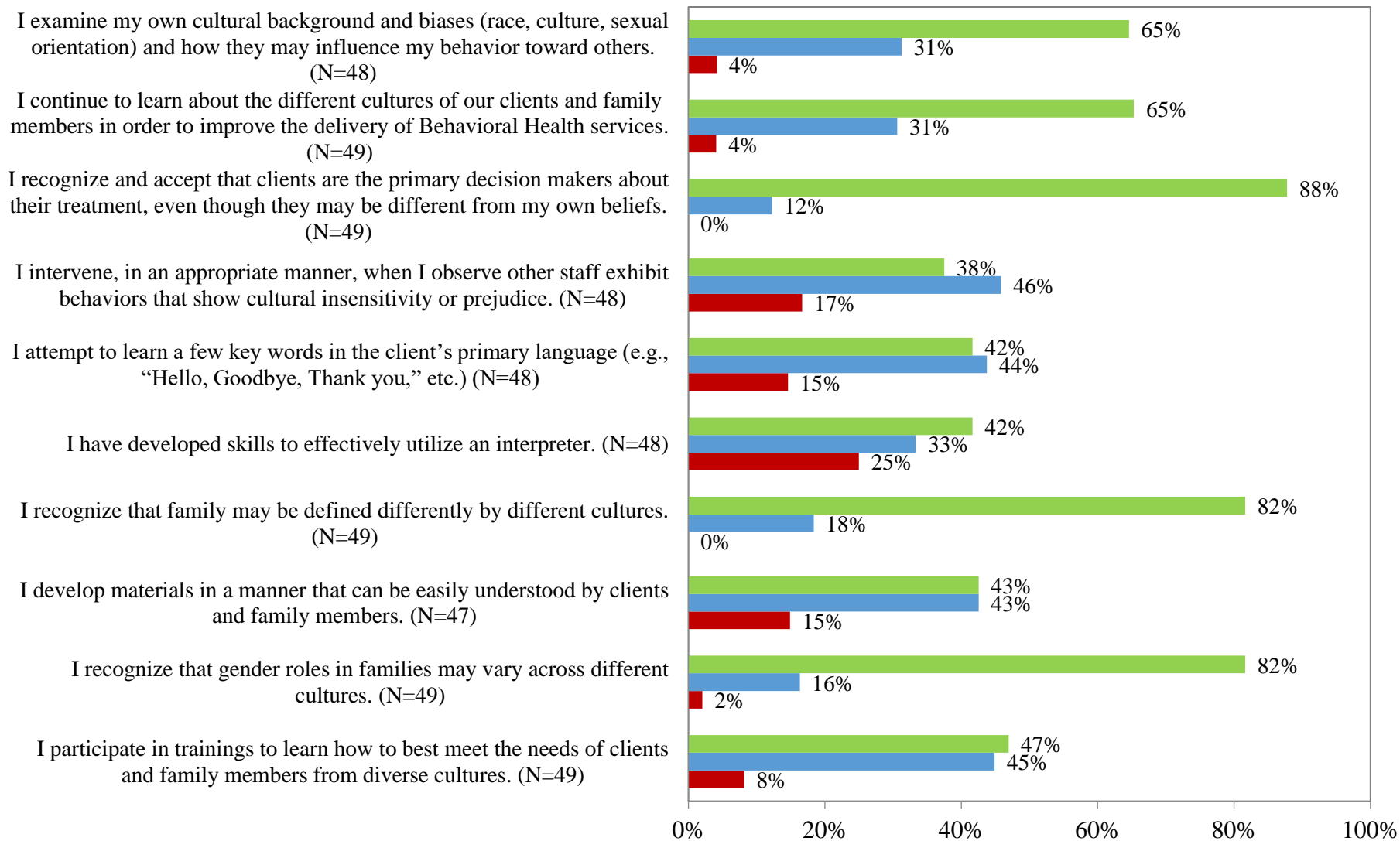
Attachment A

Staff Survey Results

Lake County Behavioral Health Staff Cultural Competence Survey 2022

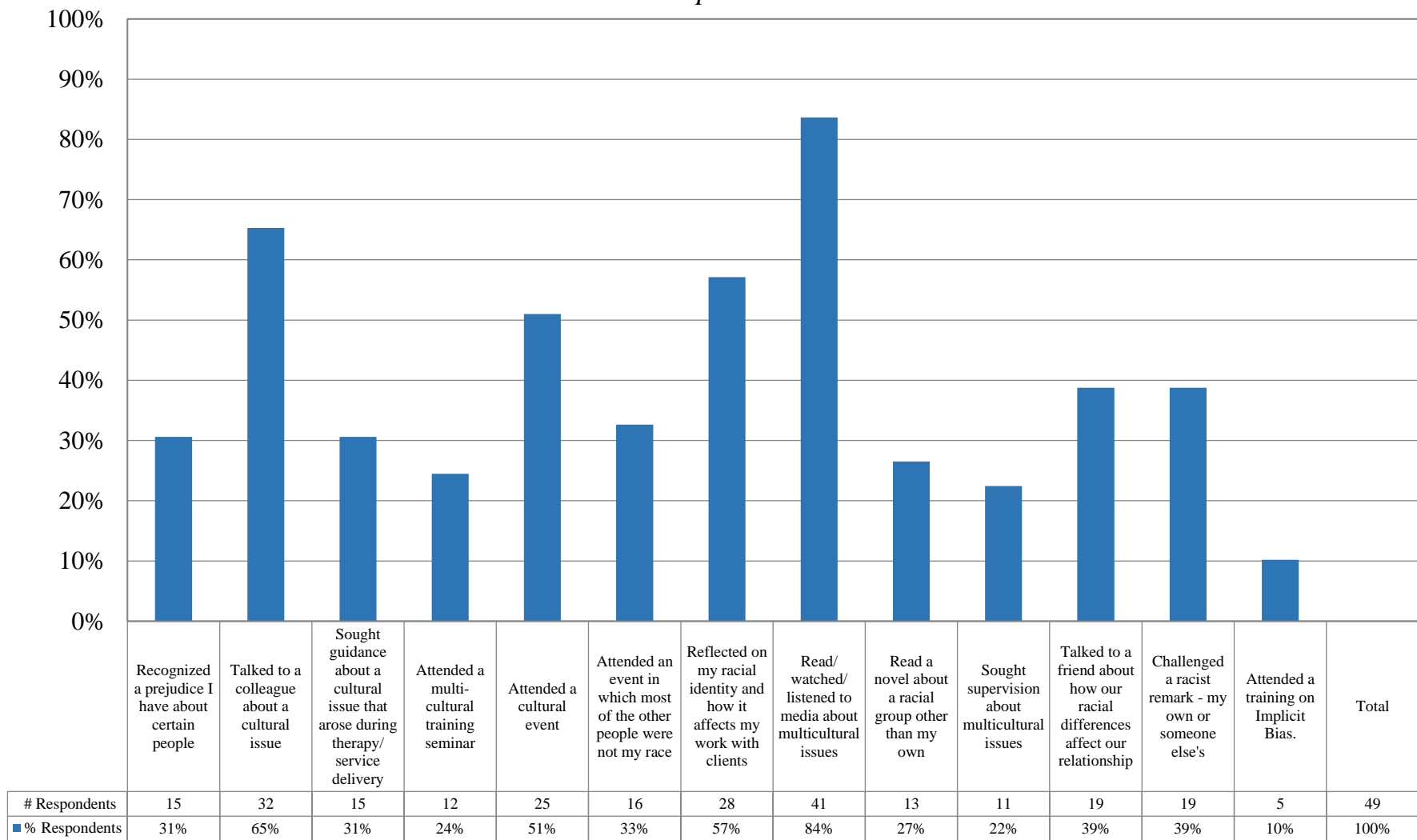
All Respondents

■ Frequently
 ■ Occasionally
 ■ Rarely or Never



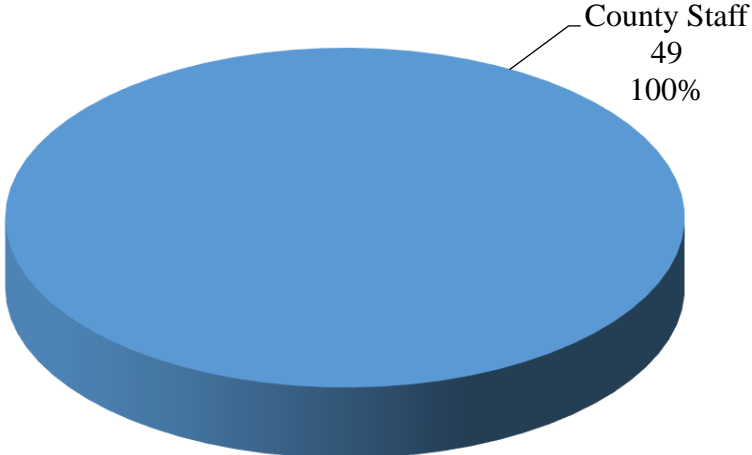
Lake County Behavioral Health
Staff Cultural Competence Survey
 2022

Participation in Professional Development Activities (Past Six Months)
All Respondents

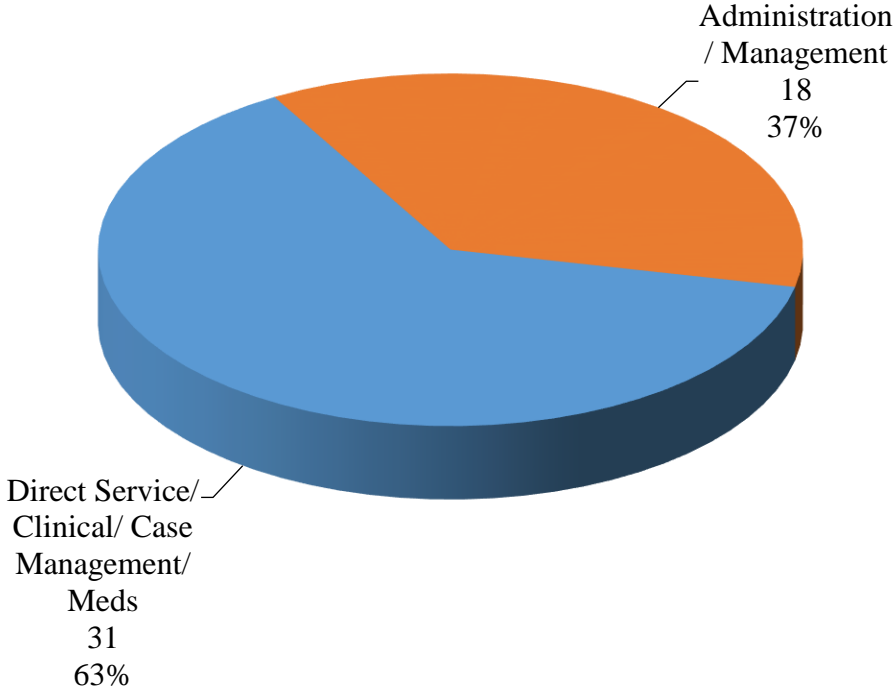


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Employment Status (N=49)

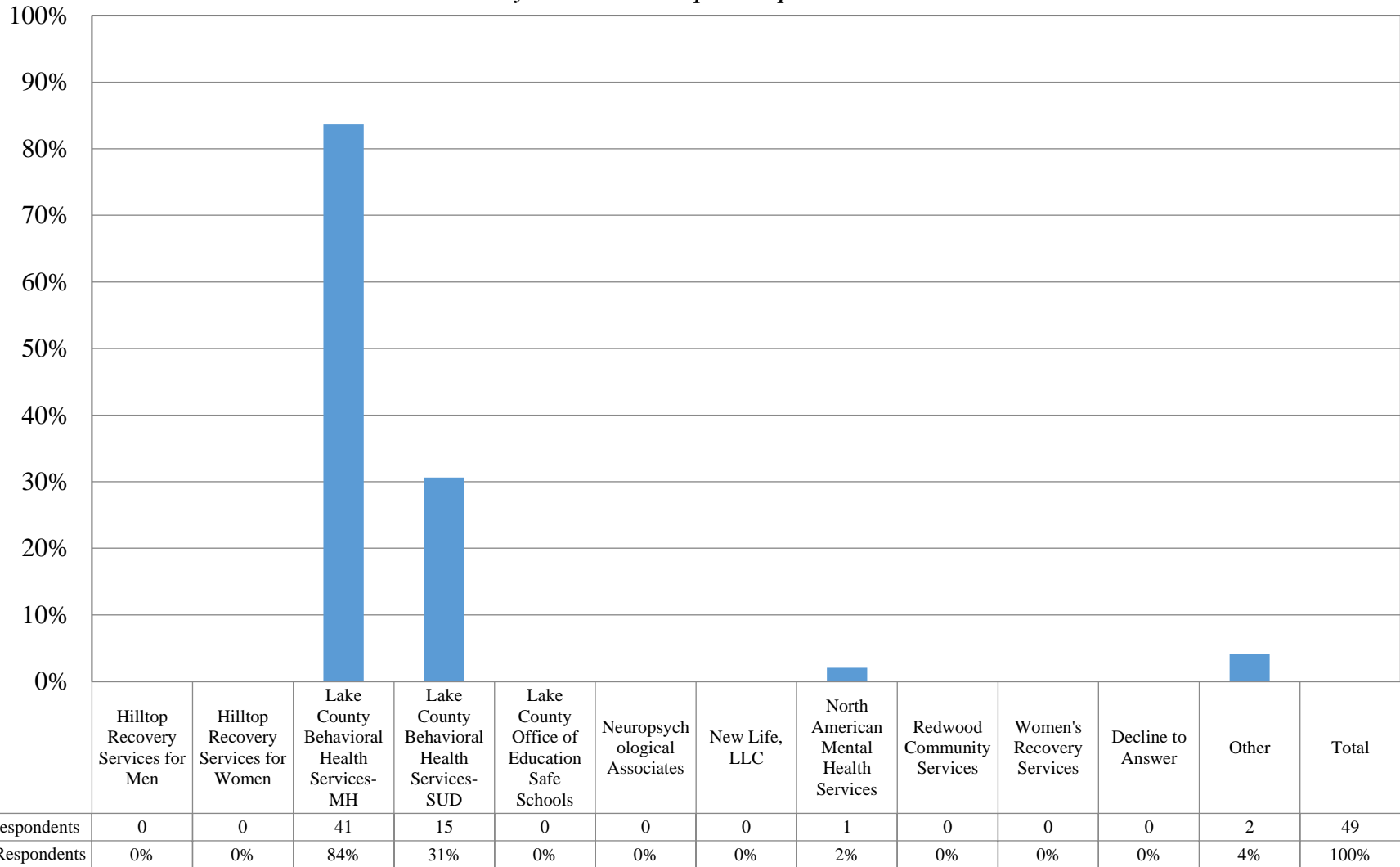


Primary Job Function (N=49)



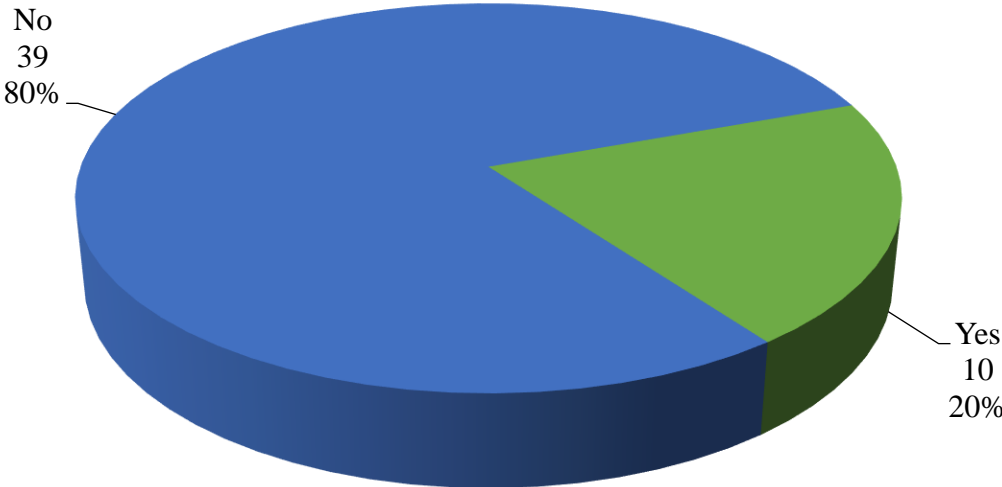
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*Please indicate what agency you work for
May choose multiple responses*



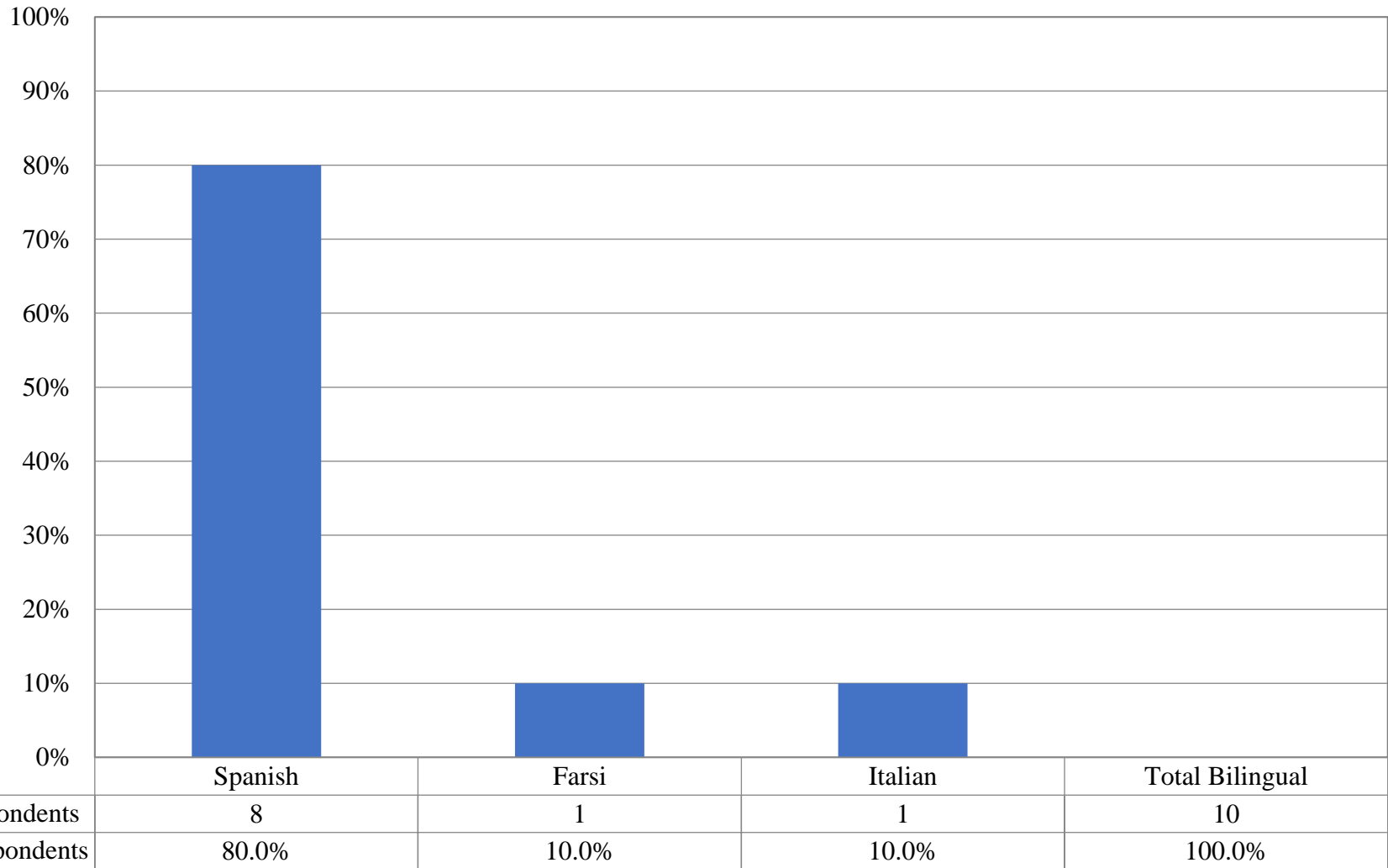
Lake County Behavioral Health
Staff Cultural Competence Survey
2022

Do you consider yourself Bilingual? (N=49)



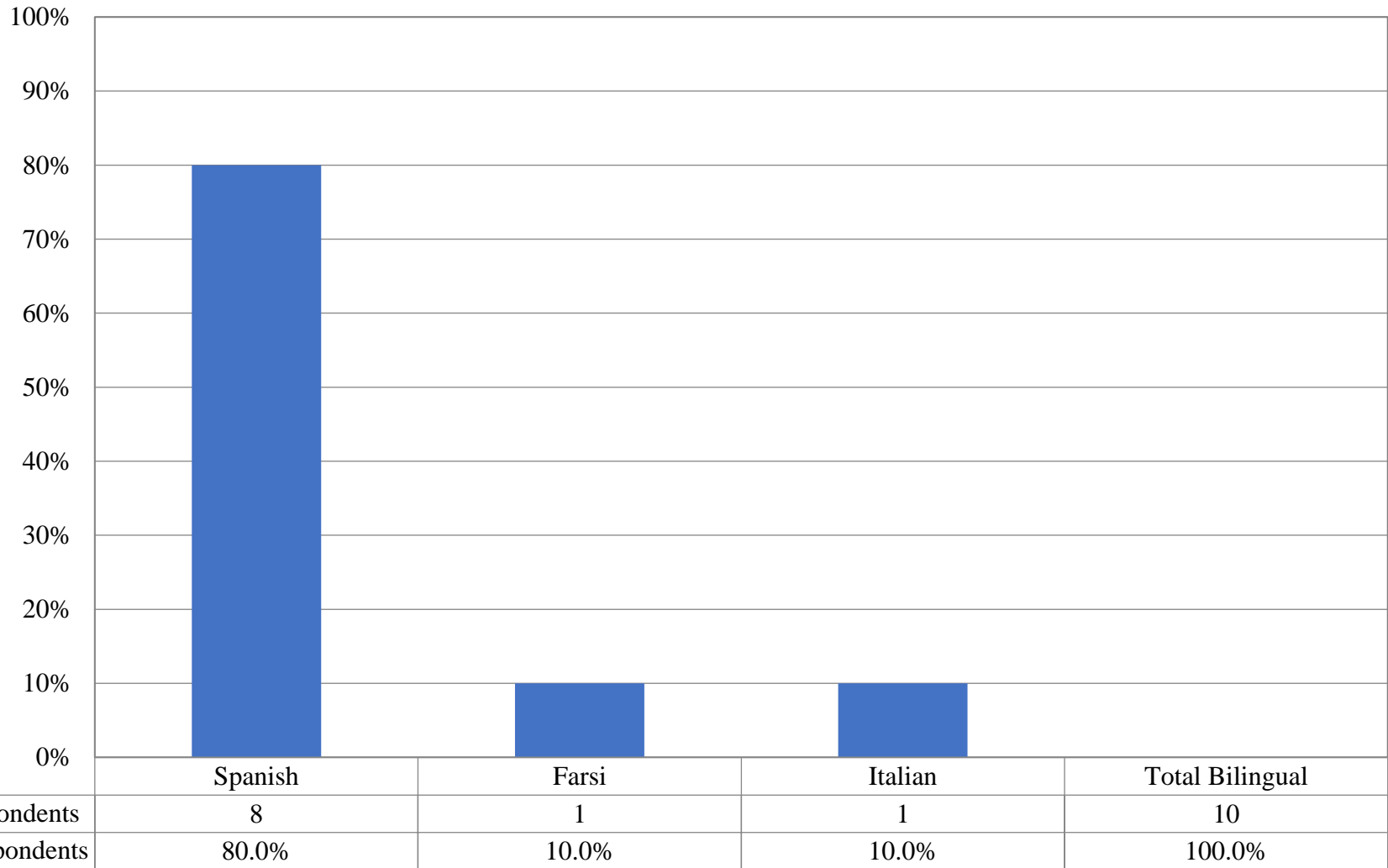
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*If Bilingual, which language(s) do you speak?
All Bilingual Respondents, may choose multiple responses*



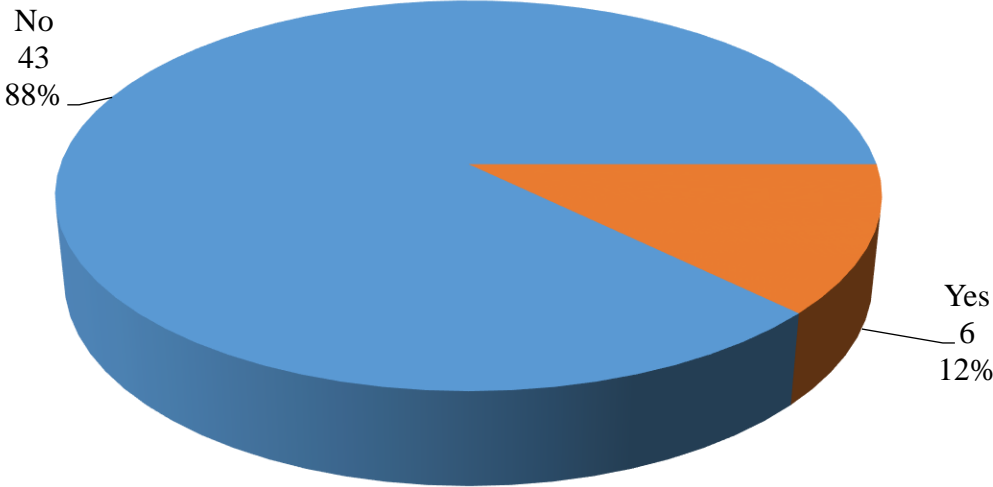
Lake County Behavioral Health
Staff Cultural Competence Survey
 2022

*If Bilingual, which language(s) are you proficient in reading and writing?
 All Bilingual Respondents, may choose multiple responses*



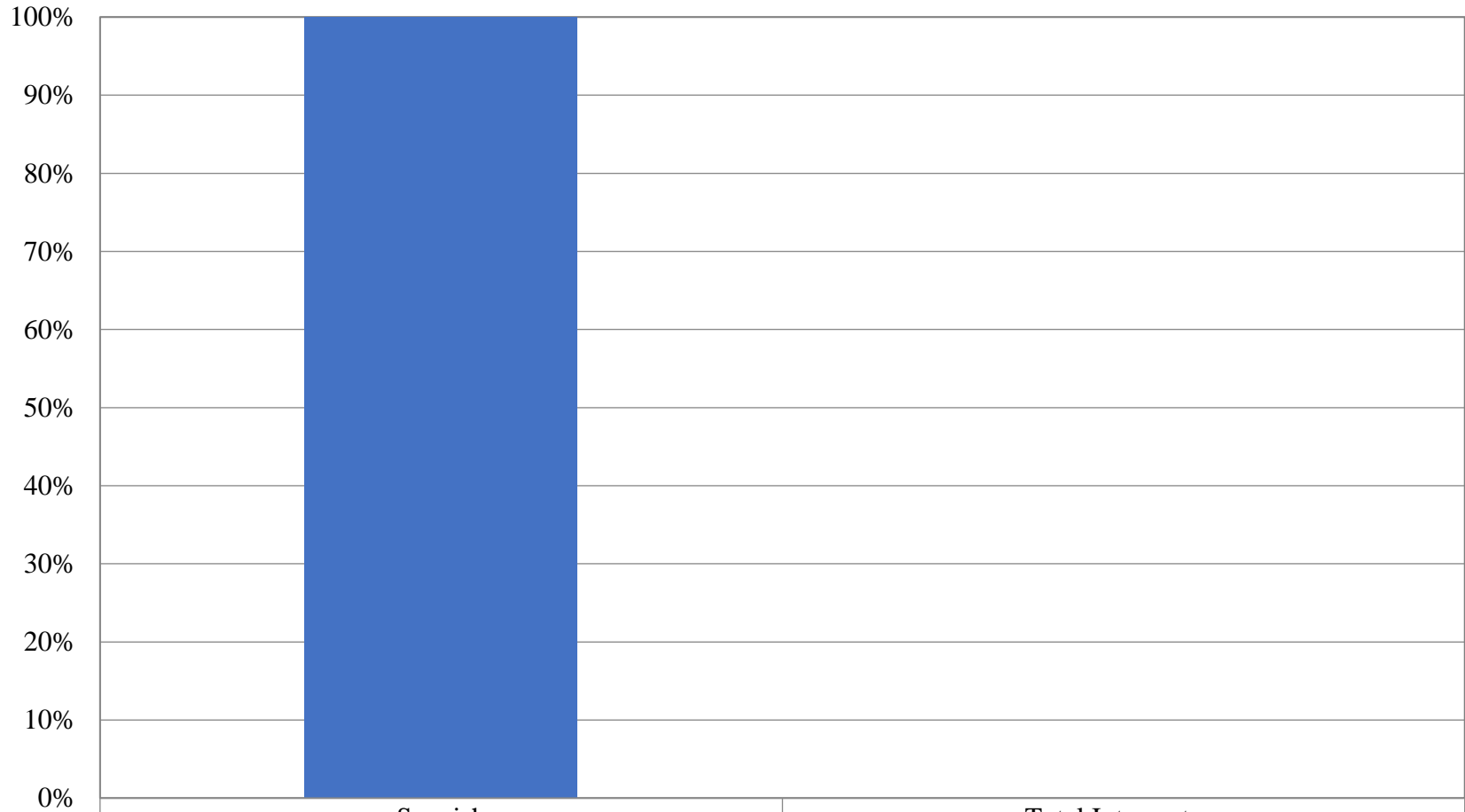
Lake County Behavioral Health
Staff Cultural Competence Survey
2022

Do you act as an Interpreter as part of your Job Function? (N=49)



**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

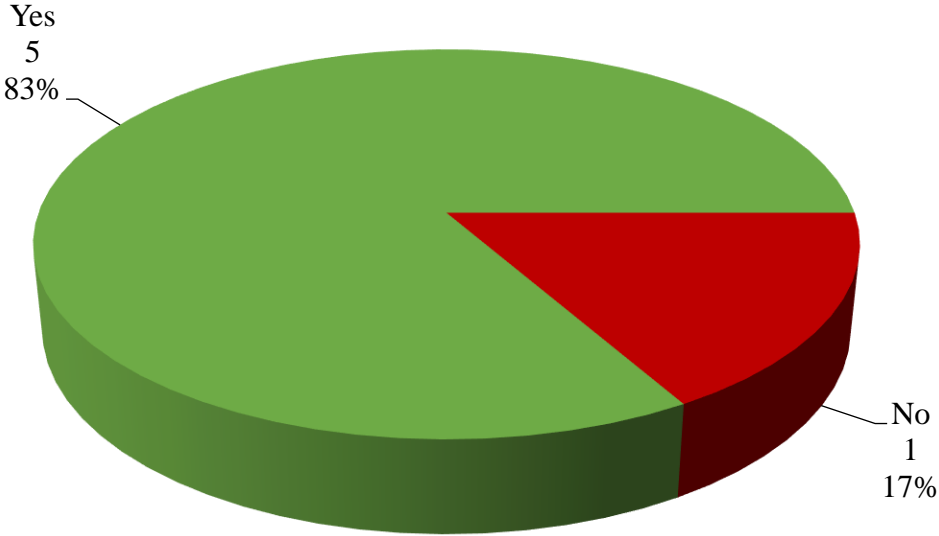
*If you act as an Interpreter, which languages do you interpret?
All Interpreter Respondents, may choose multiple responses*



	Spanish	Total Interpreters
# Respondents	6	6
% Respondents	100.0%	100.0%

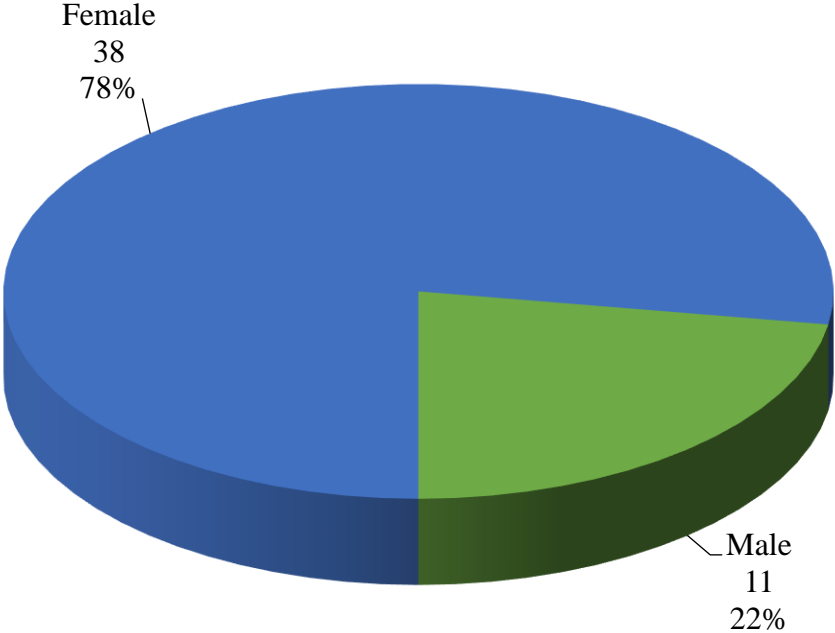
**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*Do you receive bilingual pay? (N=6)
All Interpreter Respondents*

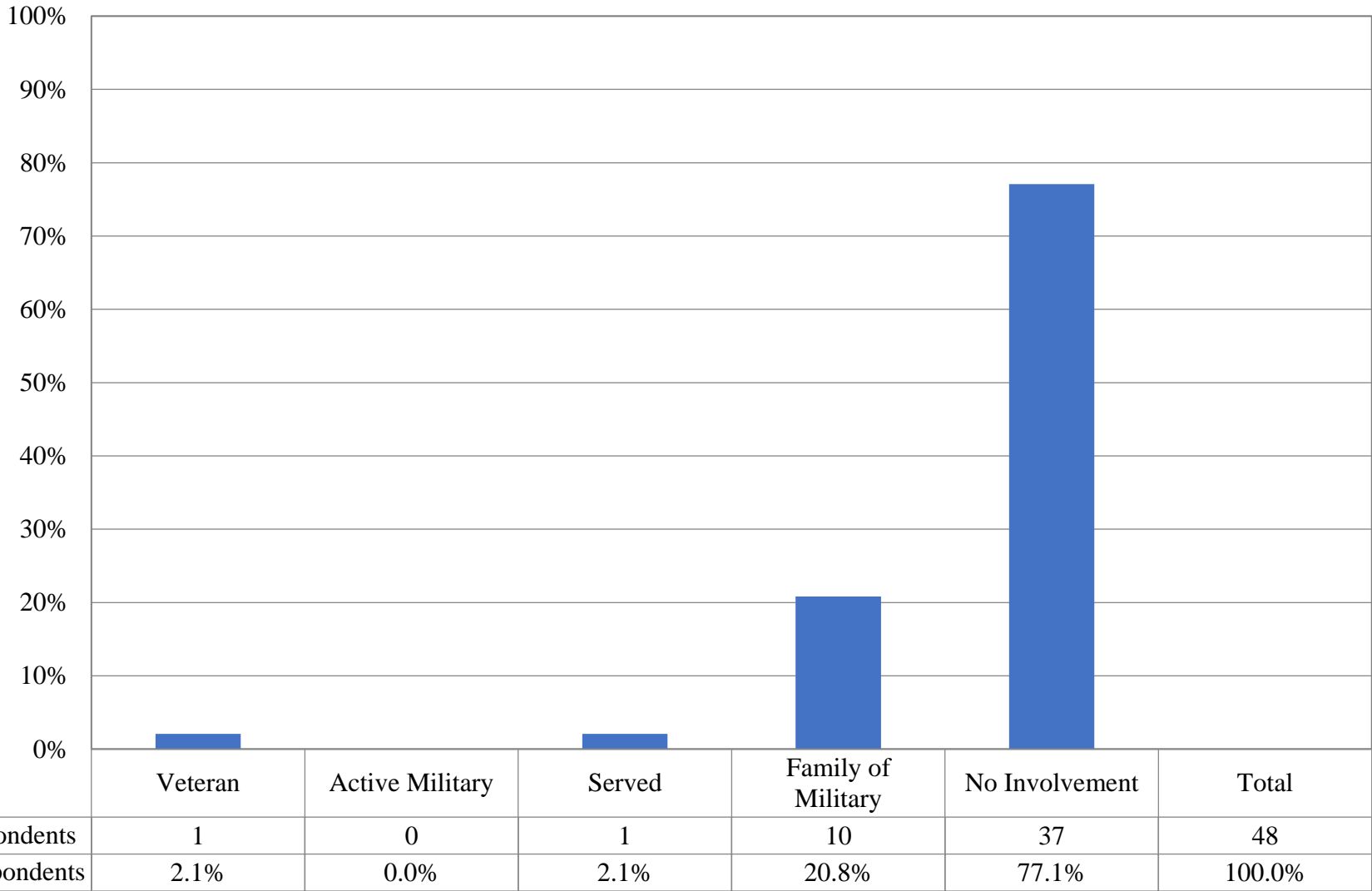


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Gender Assigned at Birth (N=49)

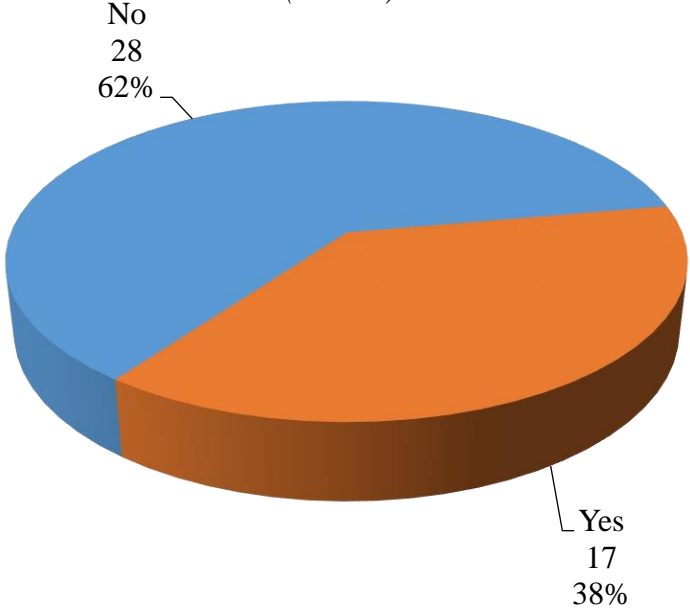


Lake County Behavioral Health
Staff Cultural Competence Survey
 2022
Military/ Service Involvement (N=48)
May choose multiple responses

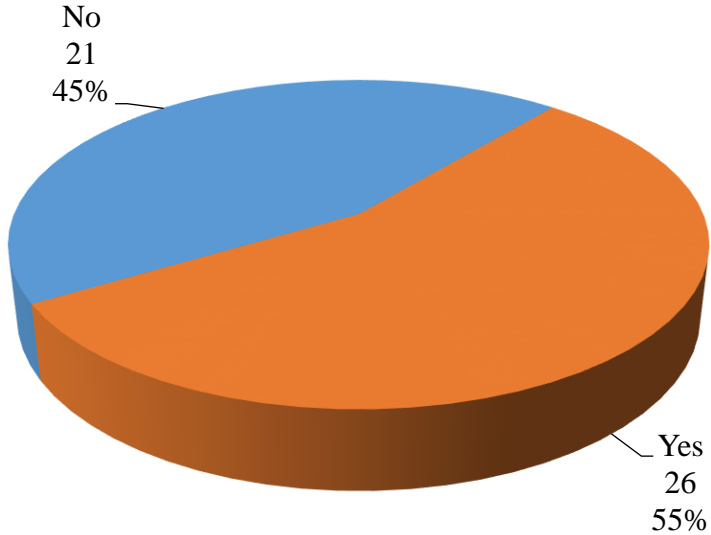


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

*Do you consider yourself to be a consumer of Mental Health Services?
(N=45)*

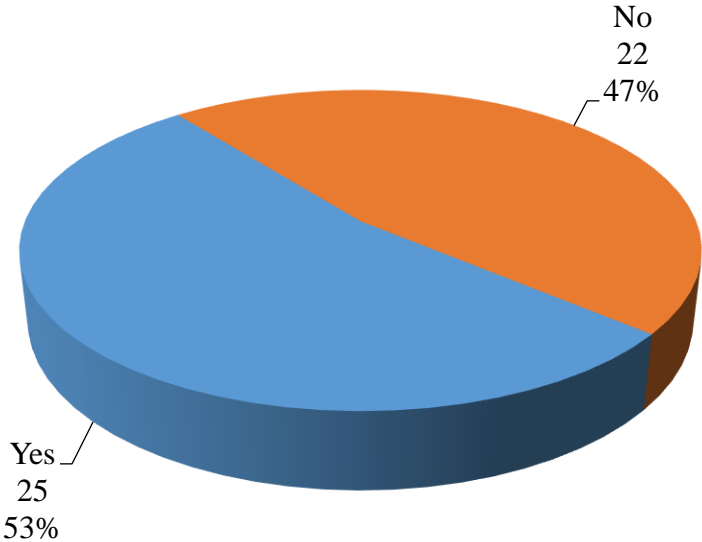


*Are you a family member of a consumer of Mental Health Services?
(N=47)*

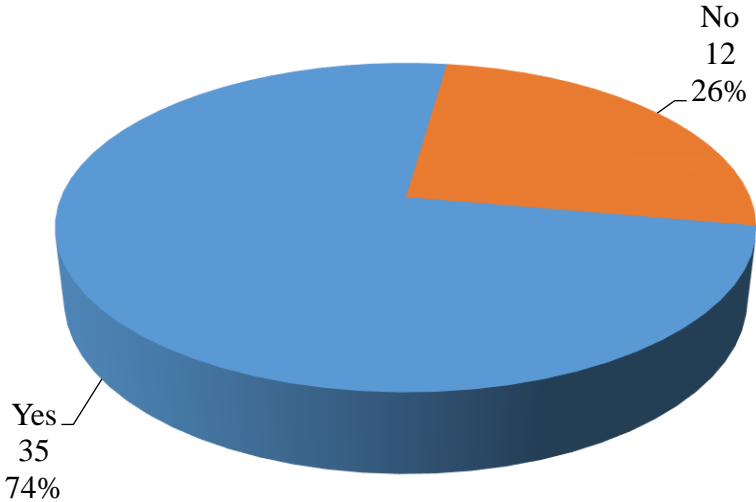


**Lake County Behavioral Health
Staff Cultural Competence Survey
2022**

Do you consider yourself to be a person with lived Substance Use Disorder experience? (N=47)



Are you a Family Member of a person with lived Substance Use Disorder experience? (N=47)



Attachment B Client Survey Results

Lake County Behavioral Health Client/Person Served Cultural Humility Survey 2022

