# Lake County Mental Health Services Act Annual Update Fiscal Year 2021-2022




## August 2021

RDA CONSULTING

# Lake County Mental Health Services Act (MHSA) Annual Update Fiscal Year 2021-2022

## Lake County Behavioral Health Services

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

Resource Development Associates, 2021

**About Resource Development Associates**

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

## Message from Todd Metcalf, Director of Behavioral Health Services

Thank you for your interest in Lake County Behavioral Health Services Mental Health Services Act (MHSA) Fiscal Year 2020-2023 Annual Update. This an opportunity for Lake County Behavioral Health Services to inform stakeholders, partners, clients, and community members of highlights and accomplishments in fiscal year 2020-2021. It also affords community stakeholders the ability to provide input and feedback on the plan.

Across Lake County, an extensive network and array of services have been established through the use of MHSA funds. These five components of services include Community Services and Supports, Prevention and Early Intervention, Innovation Project, Capital Facilities and Technology, and Workforce Education and Training. We are proud and excited to announce we have a new Workforce Education and Training Coordinator on board – a position that has been unfilled for years.

The MHSA Annual Update is the culmination of community engagement, collaborative communication, spirited discussions, and strong leadership and advocacy from various individuals and groups throughout Lake County. The vigorous planning process is as fully integrated as possible; reducing operational silos which are often an unintended consequence of the various funding source requirements.

Lake County Behavioral Health Services is maximizing MHSA programs and funding to further its vision of promoting wellness through improving collaboration and partnerships to better treat the whole person. The future is full of many opportunities and challenges, and we have a long road ahead to ensure all Lake County residents have the opportunity to thrive.

While looking ahead, I remain humbled by the success stories and proud of the work we have done. Our system of care continues to push forward in leading change and innovation, and achieving remarkable results along the way.

In partnership,

Todd Metcalf

Director

Lake County Behavioral Health Services

# Table of Contents

# List of Acronyms

Board of Supervisors (BOS)

California Mental Health Services Authority (CalMHSA)

Capital Facilities and Technology Needs (CFTN)

Community Health Needs Assessment (CHNA)

Community Program Planning (CPP)

Community Services and Supports (CSS)

Department of Health Care Services (DHCS)

Early Intervention Services (EIS)

Electronic health record (EHR)

Fiscal year (FY)

Forensic Mental Health Partnership (FMHP)

Full Service Partnerships (FSP)

Mental Health Services Act (MHSA)

Mental Health Services Act Innovation (MHSA INN)

Lake County Behavioral Health Services (LCBHS)

Mental Health First Aid (MHFA)

Mental Health Services Oversight and Accountability Commission (MHSOAC)

Prevention and Early Intervention (PEI)

Serious mental illness (SMI)

Substance Use Disorder (SUD)

Transition Age Youth (TAY)

Welfare and Institutions Code (WIC)

Workforce Education and Training (WET)

## MHSA COUNTY COMPLIANCE CERTIFICATION

County: Lake

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

| **County Behavioral Health Director** | **Program Lead** |
|---|---|
| Name: Todd Metcalf<br>Telephone Number: 707-274-9101<br>Email: todd.metcalf@lakecountyca.gov | Name: Scott Abbott<br>Telephone Number: 707-274-9101<br>Email: scott.abbott@lakecountyca.gov |
| County Behavioral Health Mailing Address:<br>Lake County Behavioral Health Services<br>PO Box 1024<br>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 _____, 2021.

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

Todd Metcalf
Mental Health Director/Designee (PRINT)

_____
Signature Date

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Lake

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

| **County Behavioral Health Director** | **Director of Finance/County Auditor** |
|---|---|
| Name: Todd Metcalf<br>Telephone Number: 707-274-9101<br>Email: todd.metcalf@lakecountyca.gov | Name: Cathy Saderlund<br>Telephone Number: 707-263-2312<br>Email: cathy.saderlund@lakecountyca.gov |
| County Behavioral Health Mailing Address:<br>Lake County Behavioral Health Services<br>PO Box 1024<br>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.

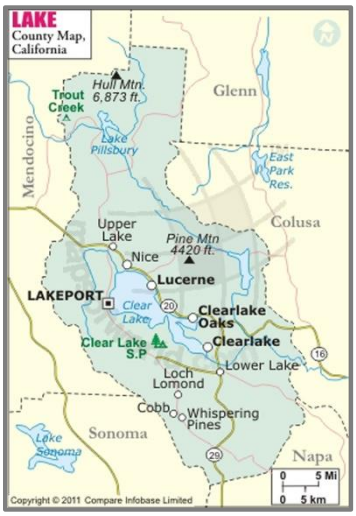
I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Todd Metcalf _____ _____
Mental Health Director/Designee (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, 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, 2019. I further certify that for the fiscal year ended June 30, 2019, 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.

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

# I. Lake County Overview




Lake County is a *small county*[1] located in Northern California, bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yolo Counties. The County spans 1,300 square 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 64,386 individuals who are predominantly White (87%), followed by less than a quarter (22%) 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.[2] Almost one quarter (23%) of the population is 65 years or older. [3]

Poverty, unemployment, and rural and cultural isolation affect many residents of the county. About one-fifth (18%) 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 (51.5 individuals per square mile in Lake County compared to 239.1 in California).[4] The County's socio-economic challenges are underscored by the most recent (2019) Community Health Needs Assessment (CHNA), which identified, among other issues, mental health, alcoholism, drug use, housing instability and homelessness, and poverty, as key needs to prioritize.[5]

In addition, the COVID-19 pandemic significantly impacted the county, both socially and economically. Isolation increased, particularly for older adults, youth, and people who live in the many rural areas, and the pandemic exacerbated existing financial hardships for people and businesses. There have also been nine major wildfires in Lake County since 2015, in which there were a number of fatalities and thousands of destroyed homes and commercial buildings. 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] County List of Tribal Nations. Retrieved from: https://www.etr.org/ccap/tribal-nations-in-california/county-list-of-tribal-nations
[3] US Census Bureau. (2019). https://www.census.gov/quickfacts/fact/table/lakecountycalifornia/IPE120219
[4] US Census Bureau. (2019). https://www.census.gov/quickfacts/fact/table/CA,lakecountycalifornia/INT100219
[5] Adventist Health. (2019). *Lake County California: 2019 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.

**Figure 1. MHSA Values**


## Annual Update Contents

In 2020, Lake County developed the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for FY2020-2023, 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 FY2020-2023. This includes program status updates and accomplishments in FY2019-2020, and program changes beginning in FY2021-2022 based upon a community needs assessment and stakeholder input provided during a Community Planning Process (CPP). Lake County Behavioral Health Services (LCBHS) contracted with Resource Development Associates (RDA) to facilitate CPP activities and synthesize information for this update.

The Annual Update includes the following sections:

- **Overview of the community planning process** that took place in Lake County between January and April 2021. Lake County's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders as required by the Mental Health Services Oversight and Accountability Commission (MHSOAC).
- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the public mental health service system in Lake County. The needs assessment used multiple data sources, including service data, community work sessions, and public comments, to identify the service gaps that will be addressed by Lake County's proposed MHSA programs for FYs 2021-2022.

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

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

## Prevention and Early Intervention Report

This Annual Update also incorporates the Annual Prevention and Early Intervention (PEI) Annual Evaluation Report, which will be reviewed by the Board of Supervisors (BOS) and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) at a later date.

The FY 2019-2020 PEI Evaluation Report provides an overview of PEI programs' key activities, MHSA strategies, intended impacts, and the indicators and evaluation methodology to track outcomes. Some PEI programs also report on outcomes achieved during FY19-20; however, for most 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 ensure compliance moving forward.

# III. Community Program Planning

## Community Program Planning Overview

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

Currently, LCBHS engages stakeholders in several of these activities through regular MHSA stakeholder meetings as well as through activities specifically aligned with the MHSA Annual Update or Three-Year planning process. LCBHS convenes quarterly MHSA stakeholder, INN steering committee meetings, and Quality Improvement Committee meetings. The meetings create a forum to provide updates about MHSA programs, review program participation, share program outcomes and evaluation findings, and provide input on program implementation when possible. Additionally, as part of the Annual Update or Three-Year planning process, LCBHS convenes a series of community meetings, surveys, and/or focus groups and interviews to inform program planning efforts and budget allocation. In the upcoming year, LCBHS will be focusing efforts on how to more explicitly involve community stakeholders in each of the CPP core activity areas, and expand and target outreach to engage marginalized and underserved populations.

Detailed information about LCBHS CPP process for the FY2021-2022 Annual Update is provided in the following sections—including CPP methodology, CPP activities, the Annual Update review process, and stakeholder participation.

## Community Program Planning Methodology

In January 2021, LCBHS initiated the planning process for the MHSA Annual Update for FY2021-2022. The MHSA Planning Team was led by the LCBHS Administrator, Todd Metcalf; LCBHS MHSA Coordinator, Scott Abbott; LCBHS MHSA Analyst, Patricia Russell; Administrative Deputy, Elise Jones; Prevention Coordinator, Carrie Manning; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

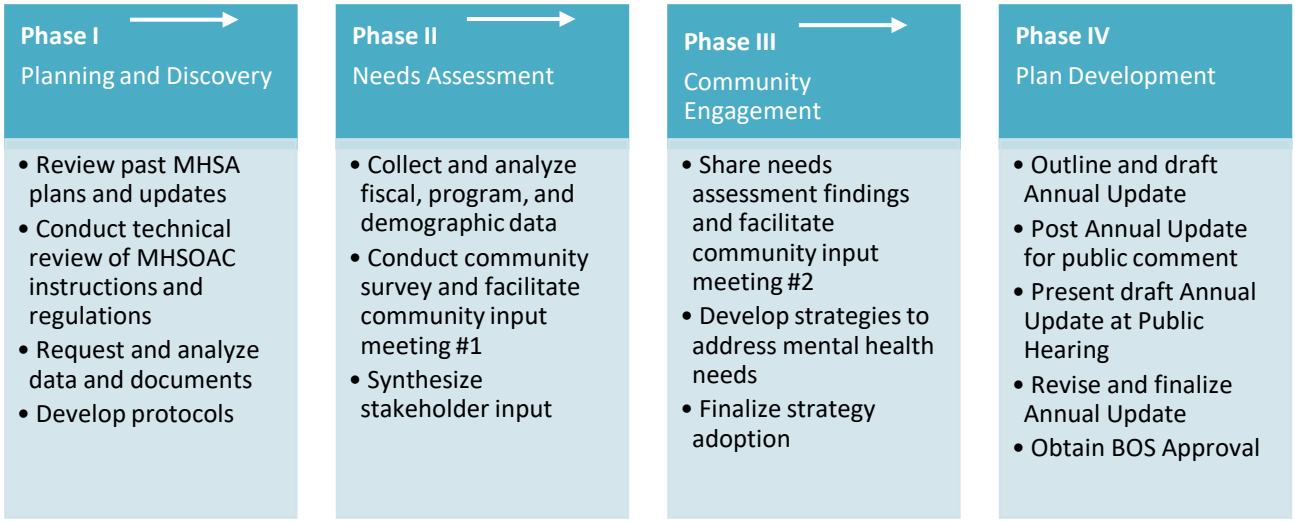
This planning team utilized a participatory framework to encourage stakeholder engagement. As set forth by the MHSA guidelines, the planning team sought the participation of behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and

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

representatives of underserved populations. The CPP process consisted of the following four distinct phases, described in greater detail in Figure 2:

1) Planning and Discovery
2) Needs Assessment
3) Community Engagement
4) Plan Development

**Figure 2. Community Program Planning Process**




As part of the planning process, the MHSA Planning Team will present the MHSA Annual Update to the Lake County Board of Supervisors (BOS) for feedback and approval. All meetings of the BOS are open to the public.

## Community Program Planning Activities

The MHSA Planning Team carried out a set of community meetings and information-gathering activities to engage stakeholders in all stages of the planning process in order to ensure that the Plan reflected stakeholders' experiences and suggestions.

Table 1 reflects all planning activities, total number of participants, and their corresponding dates.

**Table 1. MHSA Planning Activities**

| Activity | Date | Total Participants |
|---|---|---|
| *Community Survey* | January – March 2021 | 17 |
| *Community Input & Planning Meetings* | February 4th, 2021 & April 15th, 2021 | 104 |
| *30-Day Review Period* | June 22nd – July 21st, 2021 | N/A[7] |
| *Public Hearing* | July 22nd, 2021 | 49 |

[7] The MHSA planning team posted the proposed FY21-22 Annual Update countywide and online to maximize reach. The team did not receive any public comments during the 30-day review period. However, 50 individuals participated in the public hearing, many of whom provided public comment during the meeting or through written comment.

## Community Survey

To include input from a wide range of stakeholders, particularly those unable able to attend the community planning meetings, RDA designed and administered a countywide survey. The survey was open from January – March 2021 and was available in both English and Spanish. This anonymous survey included both closed and open-text questions regarding respondents' experiences with MHSA services in Lake County, particularly how well LCBHS' MHSA-funded programs, services, and activities were adapted to meet the community's mental health needs during the COVID-19 pandemic. The survey also included questions regarding respondent demographic characteristics and relationship to MHSA services to track and characterize stakeholder engagement. The survey was available online and by request in paper form. The survey was posted on LCBHS's website, emailed to the MHSA stakeholder listserv, shared during community meetings, and posted on the LCBHS and peer support center Facebook pages.

## Community Input & Planning Meetings

LCBHS and RDA convened two 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**

Due to COVID-19 and restrictions on in-person meetings, the community meetings were held virtually using Zoom. Participants had the option to join through web link or call in to the meeting. Prior to the start of the meeting, technical assistance was made available to any participants who required additional support to join the meeting. Meeting attendance was tracked through the number of Zoom participants, and participants 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. The survey link was shared several times throughout the meeting—both verbally and through the meeting chat feature—and was also disseminated after the meeting in a follow-up email sharing meeting materials.

Several participants shared that they appreciated the virtual format and found it easier to attend and participate in the community meetings compared to previous years. However, other community members—particularly those with more limited access to or comfort with the necessary technology for virtual participation—may have found it more difficult to participate in community meetings. Moving forward, LCBHS intends to conduct community meetings using a hybrid model–allowing for virtual participation or in-person participation at peer support centers.

**Meeting Outreach & Dissemination**

Flyers promoting the meeting were available in both English and Spanish. Flyers were distributed via email and were posted on the LCBHS website as well as on social media—such as the LCBHS and peer support center Facebook pages. LCBHS also outreached to stakeholders directly—including Adventist Health, Sutter-Lakeside Hospital, Lakeside Clinic, Lake County Office of Education, local school districts, Tribal Health, Redwood Community Services, First Five, Mother-Wise, Konocti Senior Support, Lake Family Resource Center, North Coast Opportunities, Department of Social Services, Partnership HealthPlan, and Hospice. For future CPP activities, LCBHS will also conduct more targeted outreach to consumers and

underserved communities—such as tribal communities, Hispanic/Latinx communities, unhoused individuals, older adults, and transition-aged youth (TAY)—to better engage these populations.

**Meeting Activities**

As mentioned, LCBHS and RDA convened two community meetings for consumers, family members, staff, and other stakeholders to express their needs and perceptions related to public mental health services in Lake County, share their experiences with the current system of care, and provide suggestions for improving MHSA-funded programs. In particular, the discussion centered around community needs and service delivery during the COVID-19 pandemic, as well as how MHSA services and programs could be improved to promote community wellness and recovery. The first planning meeting focused more on understanding the community's needs, while the second planning meeting focused more on prioritizing community needs and identifying strategies to strengthen MHSA services.

*MHSA Training:* Each planning meeting began with MHSA training, wherein the MHSA planning team provided context and background information—including reviewing the MHSA, objectives of the Annual Update and planning process, and stakeholder engagement opportunities. Following the training, activities for each planning meeting were conducted to align with the meeting objectives as follows.

*Meeting 1:* At the first planning meeting a representative from each MHSA program provided an update on program activities, including any changes due to COVID-19. Following these updates, participants were randomly assigned to virtual "breakout rooms" to facilitate small group discussions (10-15 people in each group) about the community's needs, with the following questions used to guide discussion:

- How have the community's needs changed or what new mental health needs have arisen as a result of the pandemic?
- What can be done, within existing MHSA programs to better meet the community's needs in the next year?

Following this session, RDA reviewed information from small group discussions and community survey and synthesized key findings, including the strengths and identified needs of the Lake County's behavioral health system.

*Meeting 2*: At the second planning meeting, the MHSA planning team presented key findings from the community survey and planning meeting discussion. Participants were asked to reflect on the identified needs to ensure they captured the most salient behavioral health challenges and share any additional suggestions. LCBHS also provided status updates about planned program modifications outlined in the Three-Year plan to inform the community about existing efforts to strengthen services and meet some of the community's needs. Meeting participants then asked to prioritize the populations and services areas of greatest need using an anonymous poll. Stakeholders were asked to reflect on these priority areas and brainstorm suggested strategies to address needs, with following questions used to guide discussion:

- What solutions come to mind first: Keeping in mind the limitations of LCBHS (e.g., budget, staffing, etc.), what are some possible ways to address this need?
- What can be done with what already exists: How can you make changes to existing programs or services to address this need? Are there ways to remove current roadblocks?

- Are there new programs or services that need to be implemented? What might that look like? Have you heard about programs in other places that could be a good fit for Lake County?
- Are there existing resources in the County or community that can be leveraged, either to update existing programs or services or to implement new opportunities?

Following this session, the LCBHS MHSA planning team engaged in internal work sessions. They reviewed and prioritized community feedback to determine feasible changes in next fiscal year, and ultimately developed a series of program modifications and new strategies that respond to stakeholders' needs.

## Program, Demographic, and Fiscal Data Collection

### CSS and PEI Data Collection Technical Assistance

Prior to the development of this report, Lake County MHSA leadership and RDA (the technical assistance team) worked with program representatives, LCBHS staff, and MHSOAC staff to redesign and streamline the data reporting process for MHSA-funded CSS and PEI programs. The technical assistance team developed updated reporting tools – including a new survey in Survey Monkey to collect numbers served and demographics and a Google Doc to collect programs narratives – and supporting resources (e.g., a list of frequently asked questions, descriptions of reporting requirements), which were shared at an information session for all CSS and PEI programs. The technical assistance team then provided follow-up support as needed over e-mail and through one-on-one virtual sessions. This is an intermediary step in the County's long-term effort to ensure all programs have the capacity, expertise, and resources to collect and report on the MHSA reporting requirements.

### Opportunities to Strengthen Data Collection

The program data presented in this report contains a number of elements that were missing at the time of data collection in March 2021, particularly metrics and outcomes for PEI programs. These gaps are due to staff capacity and infrastructure limitations, as well as staff turnover within some MHSA-funded programs, which resulted in a loss of institutional knowledge and disruptions in data collection continuity. Lake County MHSA leadership, RDA, and program representatives continue to explore barriers and strategies to improve reporting efforts going forward. During the upcoming reporting period the technical assistance team will begin the next phase of program support, by working individually with PEI programs to identify indicators and develop internal infrastructure to routinely and accurately track and report program outcomes. Additionally, as part of quality improvement efforts, LCBHS intends to conduct a language analysis of LCBHS and contract-provider staff to better understand the county's ability to meet the language needs of the community.

## Local Review Process

### Public Posting, Hearing, and Comments

Following the Community Planning Process, RDA drafted this Annual Update and submitted it to LCBHS for review and feedback. RDA then integrated LCBHS feedback and generated a new draft to post publicly for 30 days for public comment, in accordance with MHSA regulations. The three-year plan was posted publicly online on June 22nd, 2021, with digital copies sent out to the MHSA stakeholder listserv, a link to the plan published in the local paper, and hardcopies available at the Peer Support Centers and other LCBHS service locations. Information about the public posting and public hearing were also shared with

the community on several radio broadcasts. After the public comment period, the plan was presented by the LCBHS team at a virtual public hearing convened by the Local Mental Health Board, on July 22nd, 2021. Individuals had the opportunity to attend in-person at the Peer Support Centers, where the virtual presentation was streamed virtually. Public Hearing materials were available in both English and Spanish (see Appendix B for PowerPoint slides from the public hearing). Community members had the opportunity provide public comment during the 30-day public posting period and at the public hearing event.

**Public Comments**

The following comments were received during the 30-day public posting period, including the date of the Public Hearing. Additional comments that were not directly related to the program design are summarized in Appendix C.

Public Comment Regarding Expanding the Mental Health Workforce:

**Public Comment:** I would love to see collaboration with CSU system and training programs in mental health services potentially provide connection with students graduating with psychology and social work programs. It would be a boon for increasing the workforce in the county. The Community health worker programs are doing good job of getting started. I would love to see more people who are already geared to mental health professions to be recruited and brought in.

> **Response:** LCBHS agrees it could be helpful to connect with the CSU system to directly recruit staff and to connect graduates to masters' programs to support licensure. LCBHS currently has the Federal Student Loan Repayment Program that Lake County receives as a designated Mental Health Professional Shortage Area. This can be a valuable tool in recruiting from the CSU system or other colleges. However, staff who are recent graduates tend to leave after a couple of years of required, exchanged service to seek out better paying jobs in different areas. This is one of the reasons the LCBHS wants to grow staff from within the community as evidence shows that employees who have roots in the community, particularly if raised there, tend to stay there. Therefore, LCBHS is taking a two-pronged approach: work with the Superior Region WET Collaborative by contributing $54,479.00 to receive $262,453.52 of undergraduate scholarships, clinical Master & Doctoral graduate educational stipends, and loan repayment through the additional contributions of OSHPD funding, which will be administered by CalMHSA (under a Joint Authorities agreement). The second prong is LCBHS plans on using additional WET dollars on assisting those into the workforce by assisting with stipends to become Community Health Workers, Human Services workers, Peer Certifications, and other entry level type of positions in the mental health field. LCBHS also plans to work with the local college to generate professional interest and increase work with local high schools for pipeline development. Both of these endeavors will be through contracting with CalMHSA for assistance and administration. Additionally, through the WET Regional Partnership, employee retention will be a focus through free trainings to provide a perk for working at LCBHS. Finally, LCBHS is currently expanding Mental Health First Aid training for high schoolers and plans to train all 10th, 11th, and 12th graders in the upcoming academic year. LCBHS staff also engage students and promote careers to those who are interested.

Public Comment Regarding Services for Older Adults:

**Public Comment:** Older Adult Programs are still not sufficiently engaged in working with the needs of senior centers, where volunteers were significantly disabled by the COVID pandemic, leaving unfilled gaps for providing assistance to homebound, mobility-impaired older adults and their caregivers, many of whom need special assistance to prepare for anticipated power shutdowns and mandatory evacuations due to wildfires and other emergencies. A committee of the Area Agency on Aging's Advisory Council was formed ("Seniors Thriving") to address the services that participants in now-limited nutrition programs are further separated from in addition to their social isolation. It appears that the need is not well understood, and the coordination with other Lake County agencies is definitely missing.

> **Response:** LCBHS is increasing the number of outreach staff, with one dedicated to working with older adults and senior centers. This staff will be able to travel to older adults' homes and at the senior centers, locating those that are in need and in linking them to mental health services, peer counseling, and other referrals as needed. They will also be the liaison between LCBHS and the senior centers in the county, coordinating with those who often know the seniors best. Outreach staff will be trained in Mental Health First Aid. LCBHS is also exploring providing Mental Health First Aid training to in-home support care givers and any other service providers to older adults. Kendra Boyce and Michael Mos offer trainings to anyone in the community who is interested and can be contacted at Michael.mos@lakecountyca.gov or Kendra.boyce@lakecountyca.gov.

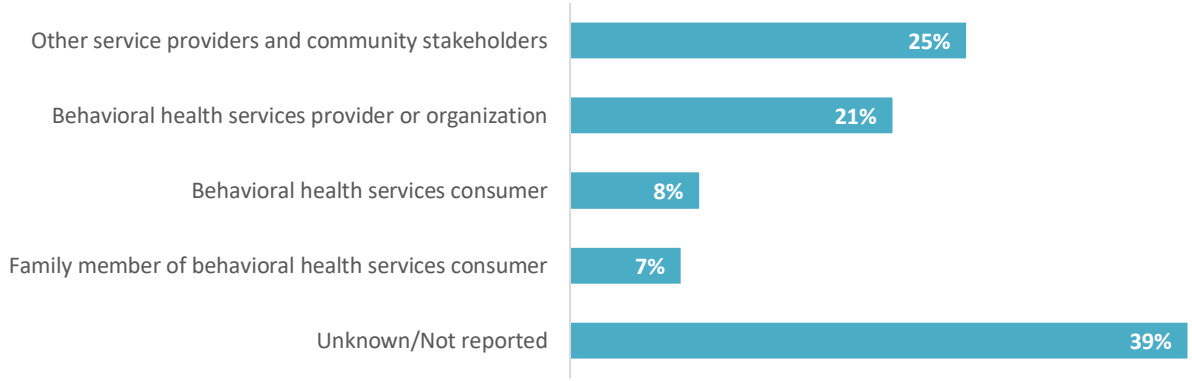
**Board of Supervisors Review**

Following the close of the public posting period and the public hearing, the MHSA planning team incorporated public comments and responses, along with minor corrections to program information into this Annual Update. LCBHS submitted the complete MHSA Three-Year Program and Expenditure Plan to the Lake County Board of Supervisors for review and approval on its September 14, 2021 meeting.

## CPP Stakeholder Participation

A total of 170 stakeholders participated in the CPP activities from January through July 2021 (including the needs assessment activities and public hearing).[8] Several stakeholders participated in more than one activity. Participants were asked to fill out an anonymous demographic form, which were partially or fully completed by about 60% of all individuals.[9]

**Figure 3. Affiliation of CPP Participants (N=170)**




The MHSA Planning Team engaged a wide range of stakeholder groups (see Figure 3). One-quarter of stakeholders represented non-behavioral health service providers, county agencies, and other community groups—including education providers, medical and health service providers, social services providers, emergency services, legal/justice system agencies, law enforcement agencies, housing providers, consumer advocates, and other interested community members.[10] Approximately 20% of stakeholders were behavioral health service providers—including LCBHS providers, LCBHS-contracted service providers, and other behavioral health service not affiliated with LCBHS. Additionally, 8% of stakeholders identified as consumers of behavioral health services and 7% identified as family members of consumers of behavioral health services. Stakeholder affiliation was not reported by 39% of CPP participants, resulting in the likely underreporting of some stakeholder groups.

Of the 103 participants who partially or fully completed the demographic form, most (65%) were between the ages of 25 and 59, followed by 60 or older (16%), ages 16 to 25 (14%), and under the age of 16 (4%). Eighty-five percent (85%) identified as female and 15% identified as male. Two-thirds of participants (66%) identified as White/Caucasian, 16% as American Indian/Native Alaskan, 25% as Hispanic/Latinx, and 13% identified with multiple races or another race including Black/African American or Asian.[11,12] Most stakeholders reported English as their primary language (88%), while 12% reported Spanish or another language as their primary language. Half of stakeholders identified as heterosexual (49%), 12% identified

[8] Total participation at in-person events was determined through Zoom participation and sign-in sheets provided at the Peer Support Centers where individuals were participating in-person. It is possible that multiple participants joined the meeting or event from one Zoom login; as a result, participation may be underreported.
[9] Individuals completed demographic forms at each event. It is possible that participants who attended more than one event submitted multiple demographic forms.
[10] Stakeholder affiliations with less than 5 participants were aggregated into "other service providers and community stakeholders".
[11] Hispanic/Latinx includes Central American, Mexican/Mexican-American/Chicano, and Other Hispanic Ethnicities.
[12] Some Individuals reported more than one race or ethnicity. As a result, the total reporting each race or ethnicity adds up to more than 100%.

with another sexual orientation such as Bisexual, Gay, Lesbian, Queer, Pansexual, or Asexual. Forty percent (40%) of stakeholders skipped or preferred not to answer sexual orientation questions. Nearly one-third (30%) of stakeholders reported having a disability and less than 5% reported being a veteran of US military.

# IV. Community Program Planning Findings

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

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

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

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

## Key Themes from Community Program Planning Process

### Mental Health Service Demand & Underserved Populations

**Strength:** As a result of collective hardships of the pandemic, some stakeholders felt that within the community was an increased level of compassion, understanding, and awareness of individuals experiencing mental health challenges, leading some individuals to seek mental health services for the first time.

**Needs:** Overall, there was increased need and demand for behavioral health services due to higher levels of stress, anxiety, depression, trauma, isolation/loss of connection, substance use, and suicidal ideation. LCBHS experienced a higher volume of requests for substance use treatment. Stakeholders also noted that more individuals were experiencing mild-to-moderate behavioral health needs. At the same time, the community's needs became more complex as homelessness, financial hardship, domestic violence, relationship problems, elder abuse, and child neglect all worsened during the pandemic.

Although mental health needs increased across all communities and populations, stakeholders identified transition aged youth (especially teens) as being most in need of greater mental health support. Some of the other populations that stakeholders identified as having increased and unmet challenges included: older adults, chronically homeless individuals, parents and caretakers of young children and teens, Tribal communities, Hispanic/Latinx communities, LGBTQ+ communities, and communities in Clearlake and the southern region of the County. Stakeholders shared that there is a need for more outreach and prevention services, particularly for those that address mild-to-moderate needs, to reach these populations who may not or may be unable to seek services.

**Proposed Strategies:** To address these needs, stakeholders suggested a number of strategies, including expanding outreach and field-based services to better engage underserved populations. Stakeholders proposed developing home-visiting programs in partnership with other community organizations that employ community health navigators to address the multi-faceted needs of consumers, as well as employing a "no wrong door" approach (particularly at Peer Support Centers) to help connect individuals to the appropriate services. Stakeholders discussed bolstering youth mental health services by strengthening school-based mental health services, especially informal drop-in services, and identifying federal and state grant opportunities to expand services for youth and provide more parenting support and resources. Creating and strengthening senior support networks were identified as a strategy to help improve service access, increase connection, and reduce isolation experienced by older adults. This may include creating phone trees to connect seniors to services and help them register for vaccines, increasing interaction with seniors through existing services such as Meals on Wheels, and volunteering to engage and connect with older adults.

In alignment with these strategies, LCBHS is expanding outreach services through a Street Outreach program as well as increased full-time staff at each Peer Support Center. Additionally, LCBHS obtained an Early Psychosis Intervention (EPI) Plus program grant in FY2019-20 to address community members' mental health needs, particularly young people, before those needs escalate and become severe or disabling. The EPI grant will complement and strengthen the county's existing Early Intervention Services by funding employment/job coaching, evidence-based therapies, family support, medication management, and recovery-oriented practices to ameliorate first episode psychosis and prodromal symptoms of psychosis, as well as promote resilience.

Additionally, to help address homelessness and better meet the needs of unhoused individuals, LCBHS has become increasingly involved with the Lake County Continuum of Care for housing, becoming the Administrative Entity/Collaborative Applicant for the community organization, with direct ties to MHSA staff. This community-based approach has allowed funding to be sought for the homeless and the establishment of emergency and transitional housing resources, which will ultimately complement the permanent supportive housing that LCBHS is creating with the original MHSA funding for housing (formerly administered by CalMHSA) and No Place Like Home funding.

## Service Awareness

**Strengths:** Stakeholders shared that LCBHS has been effectively leveraging social media to share information during the pandemic, including promoting meeting and events on Facebook pages, sharing information and resources, and providing opportunities for connection.

**Needs:** Stakeholders shared that there was a lack of awareness of available services, particularly during the pandemic. Additionally, some community members may not have the necessary resources and technology or interest to engage in social media. Providers and community members also shared that in-person outreach and awareness events have been more challenging given shelter-in-place restrictions.

**Proposed Strategies:** One of the main strategies proposed by stakeholders to improve awareness of and access to services was leveraging funding sources to promote and strengthen 211 and other resource directories to help individuals access appropriate services. Stakeholders suggested promoting 211 on the LCBHS and other agency websites, as well as partnering with other organizations—such as the Community

Action Agency and California Department of Housing—to identify funding opportunities to maintain 211 and help keep resource directories updated. Resource directories must also be available to community members without technology or limited digital literacy. Some stakeholders also suggested leveraging the use of radio to raise awareness of behavioral health events and resources. A primary aim of the LCBHS' expanded outreach efforts will be to raise awareness of behavioral health programs and resources.

## Service Access & Delivery

**Strengths:** During the pandemic, programs shifted to a virtual service model providing services through telehealth or other phone or web-based platforms. Using the virtual model, programs were able to continue providing behavioral health services—including therapy and case management, conducting assessments, and assisting with housing and other material supports. Providers also employed creative strategies to meet consumers' needs. For example, staff created an arrangement with a local cab company to transport consumers to prospective housing sites for them to evaluate.

Stakeholders appreciated being able to continue participating in services, particularly as mental health challenges increased as a result of the stresses of the pandemic. Virtual services also helped alleviate transportation challenges, and made it easier for some consumers to engage in services. LCBHS noted that no-show rates dropped considerably throughout the pandemic.

**Needs:** The virtual service model was not accessible or appropriate for all consumers, making it more challenging for some consumers to effectively engage in services. Stakeholders shared that not all providers and community members have the necessary technology and resources for telehealth. In some cases, phone or internet connection may be unreliable, causing sessions to cut-out. In other cases, community members may not have the digital literacy to engage in virtual services or may prefer in-person services. Additionally, engaging young children (ages 0-5) can be challenging for both providers and families. However, to reduce the risk of exposure to COVID-19, in-person service options were limited to those with the most severe needs. Stakeholders also noted that transportation assistance and support will be needed as programs and agencies begin providing more in-person services.

**Proposed Strategies:** To improve service access, stakeholders shared the need for increased flexibility and options for service delivery, including home visiting and field/community-based services as well as loaning technology (e.g., laptops, tablets, smart phones) to consumers in need for virtual services. Grants could be identified and leveraged to help the county purchase and provide or loan these tech devices to consumers. Stakeholders also suggested creating hybrid service options for services and programs—allowing virtual or in-person participation. LCBHS is currently exploring ways to implement hybrid service options in order to best meet consumers' needs.

## Service Coordination & Collaboration

**Strengths:** Stakeholders shared that care coordination has been improving over time, although work remains.

**Needs:** Overall, stakeholders felt that internal and external collaboration could be improved. Internal collaboration and coordination between LCBHS and contracted CBOs could be improved to promote knowledge sharing and leverage lessons learned. External collaboration and coordination with other county agencies could be improved to better coordinate services and meet individuals' complex needs

arising from the pandemic. Stakeholders also shared that disaster preparedness and emergency preparedness plans could be better integrated into human and mental health service delivery to better prepare for and support the community through natural disasters.

**Proposed Strategies:** To address these needs, stakeholders recommended identifying opportunities to partner with external agencies and leverage the work of existing agencies that are already working to convene partners and compile resources. Additionally, providers suggested conducting regular meetings between LCBHS and contracted CBOs providing similar services or serving similar populations. To help strengthen collaboration, stakeholder also suggested incentivizing programs to participate in care coordination efforts. Additionally, LCBHS was recently awarded a Whole Person Care Grant that will be used to support care coordination efforts.

## Workforce, Education, and Training

**Strengths:** Overall, stakeholders felt that behavioral health providers generally provide high-quality services and aim to be responsive to the community's needs.

**Needs:** Stakeholders stated that understaffing has been a persistent challenge. In particular, stakeholders expressed the need for more community health workers/navigators and peer support counselors to extend the workforce and expand outreach and case management services.

**Proposed Strategies:** Stakeholders suggested creating more training opportunities for community health worker and peer counselor positions, as well as providing incentives to recruit and retain the mental health workforce. These are strategies that LCBHS is currently pursuing, including creating a defined career ladder; providing scholarships, stipends, and loan repayments; and enhancing training opportunities. To lead these initiatives, LCBHS hired a WET coordinator in the last quarter of FY20-21.

## Needs Prioritization during Community Meeting

**During the second MHSA Community Planning Meeting held in April 2021, stakeholders were asked to participate in a poll to identify the populations most in need of greater mental health services and as well as the top service area needs (see Figure 4 and**

Figure 5 below). Thirty-five individuals completed the poll. These poll findings, in addition to the key themes that emerged from the CPP process were used to inform program updates and LCBHS activities moving forward.

**Figure 4. Populations most in need of greater mental health services (N=35 responses)**

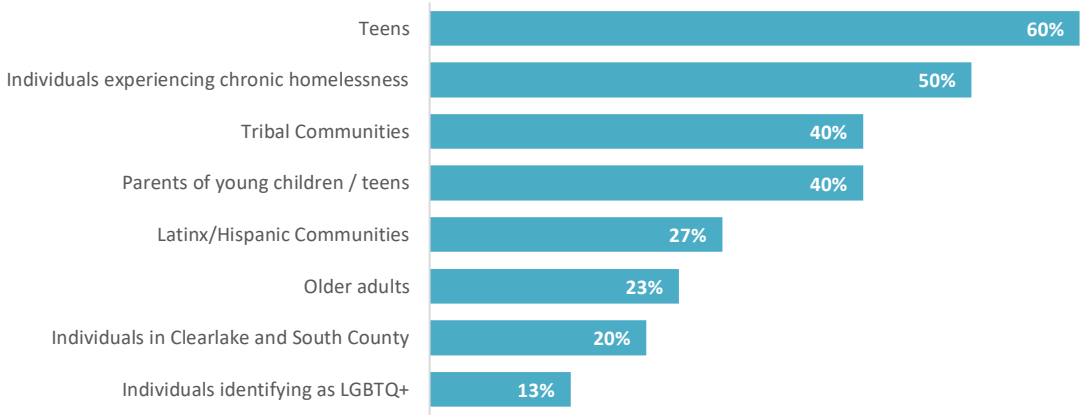
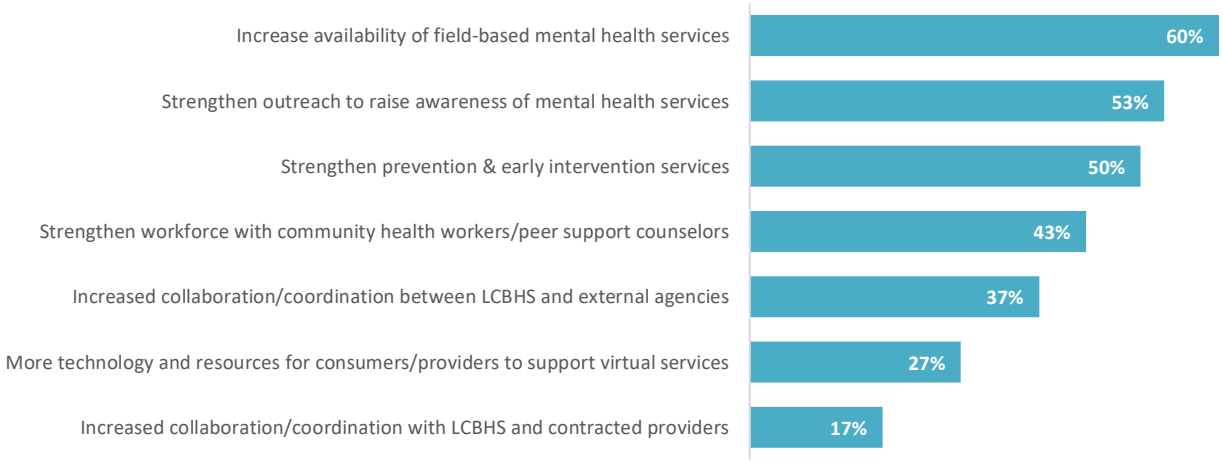



**Figure 5. Greatest service area needs (N=35 responses)**



# V. Annual Update and PEI Report

## Overview

Lake County developed their MHSA Three-Year Plan last year, however COVID-19 required many local mental health services to pivot in order to meet the changing needs of the community and remain in compliance with local and federal guidelines. LCBHS was also conservative in their activities because future funding for MHSA programs, and mental health services more broadly, was uncertain. Therefore, the county has not yet had the opportunity to enact the modifications introduced in the Three-Year Plan. The upcoming fiscal year will focus on implementing those modifications and addressing the needs identified in this year's the community program planning process, to ensure all residents in Lake County have the mental health services needed to recover from the effects of COVID-19.

In addition, the pandemic required programs to remain flexible and responsive, as staffing and administrative and programmatic activities were impacted. Many programs made temporary changes in response to the pandemic—such as pausing services and/or shifting to a virtual service model, resulting in serving fewer consumers than expected. In the upcoming year, program activities will largely focus on pandemic recovery with programs fully reopening, providing more face-to-face interaction, and allowing more walk-in support (as appropriate for the program model). As some telehealth and virtual support were effective and preferred with some populations, some programs also intend to explore implementing a hybrid service delivery model with both in-person and virtual service options. Additionally, some programs are leveraging grant or external funding opportunities to strengthen and/or expand existing programs where possible.

The *Program Overviews* sections below includes specific information about how programs have been affected by COVID-19, and the ways in which they anticipate recovering from those impacts.

### Program Updates

For the upcoming fiscal year, LCBHS is introducing a new **Street Outreach** program in response to stakeholders' recommendation for increased community outreach and engagement. Through another funding stream, LCBHS obtained a van, which outreach staff from the peer support centers will use to go directly out into the community to offer services. Meeting consumers where they are geographically and providing linkages and resources (e.g., hygiene products, personal care items, cell phones), will allow LCBHS to better serve Lake County's multiple underserved populations. Outreach staff will also be able to provide support, including referrals and transportation, when law enforcement personnel and other first responders identify individuals who need mental health assistance. In addition, LCBHS is finalizing an agreement to provide telehealth services, including therapy and primary care, to LCBHS consumers. Once this service is in place, the outreach van will be equipped to provide telehealth on-site in areas with a cellular connection.

LCBHS also intends to participate in a new INN project, the **Multi-County Full Service Partnership (FSP) Innovation Collaborative**, to develop and implement new data-driven strategies to better coordinate FSP delivery, operations, data collection, and evaluation. As part of the collaborative, several diverse counties

across the state 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. LCBHS intends that participation in the collaborative will help address the identified need and utilization of clear, consistent, and reliable data to measure program success, inform program improvement, and promote improved consumer outcomes.

In addition to these new programs, LCBHS is also slightly modifying **the Mental Health First Aid** (MHFA) program. For the past several years, MHFA was included as a local initiative under the Statewide, Regional and Local Projects PEI program. MHFA trains community members on how to identify, understand and respond to signs of mental illness and SUD in youth (ages 6-18). Over time, MHFA trainings have expanded to serve more community members, including behavioral health staff, law enforcement, students, and teachers. Given the continuation and expansion of these trainings, and LCBHS' interest in tracking program activities and outcomes, this Annual Update designates MHFA as its own program.

Lastly, LCBHS also made minor program updates, re-categorizing the following PEI programs under different PEI components that more accurately reflect the services provided:

- The **Peer Support Recovery Centers** program will no longer fall under the *Stigma and Discrimination Reduction* service area. The program will continue to be an integrated program, falling under the *Access & Linkage to Treatment*, *Improve Timely Access to Services for Underserved Populations*, and *Prevention* service areas.
- **Mother-Wise**'s service area will shift to *Prevention*, from *Outreach for Increasing Recognition of Early Signs of Mental Illness*.

MHSA INN funding for the Full Cycle Referral and Consumer-Driven Care Coordination project will also be concluding at the end of FY2020-21; however, Lake County is leveraging Whole Person Care grant funding administered through the Department of Health Care Services (DHCS) to support project implementation beyond FY2020-21.

The following is a consolidated report that includes both the Annual Update and PEI Annual Update. This report reflects on FY 2019-2020 and provides projected data on FY 2020-2021 and FY 2021-2022 for the following programs:

**Table 2. Current Lake County MHSA Programs**

| MHSA Component | Program | Program Status |
|---|---|---|
| **Community Services and Supports** | Crisis Access Continuum | Continuing |
| | Forensic Mental Health Partnership | Continuing |
| | Full-Service Partnerships (FSP) | Continuing |
| | Older Adult Access | Continuing |
| | Parent Partner Support | 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 | Modified |
| | Older Adult Outreach and Prevention: Friendly Visitor Program | 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 |
| | Statewide, Regional, and Local Projects | Continuing |
| | Street Outreach | New |
| **Workforce, Education, and Training** | Workforce Education and Training | Continuing |
| **Capital Facilities and Technology Needs** | Capital Facilities | Continuing |
| | Lake County Electronic Health Record Project | Continuing |
| **Innovation** | Full Cycle Referral and Consumer-Driven Care Coordination | Ending[13] |
| | Multi-County Full Service Partnership Innovation Collaborative | New |

[13]Although MHSA funding for the Full Cycle Referral and Consumer-Driven Care Coordination program will conclude at the end of FY2020-21, the program will continue through Whole Person Care grant funding administered through the Department of Health Care Services (DHCS).

## Community Services and Supports

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

**Table 3. Current Lake County CSS Programs**

| Program | Program Status |
|---|---|
| **Crisis Access Continuum** | Continuing |
| **Forensic Mental Health Partnership** | Continuing |
| **Full-Service Partnerships (FSP)** | Continuing |
| **Older Adult Access** | Continuing |
| **Parent Partner Support** | Continuing |
| **Trauma-Focus Co-Occurring Disorder** | Continuing |

Through the CPP process, stakeholders supported all current CSS programs. The MHSA Planning Team proposes the continuation of current programs.

### CSS Programs: Consumer Demographic and Service Data

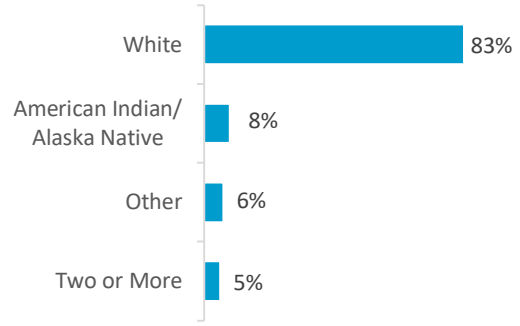
During FY 2019-2020, 247 unique individuals[14] received CSS services across five MHSA-funded programs.[15] Data was not available across all demographics for every program, therefore the information presented in this section may not reflect the complete profile of all individuals served by CSS programs in Lake County during FY 2019-2020.[16] In addition, key demographic information for each program is presented in the program overviews below. Among individuals for which data was available, consumers represented the following demographics:

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

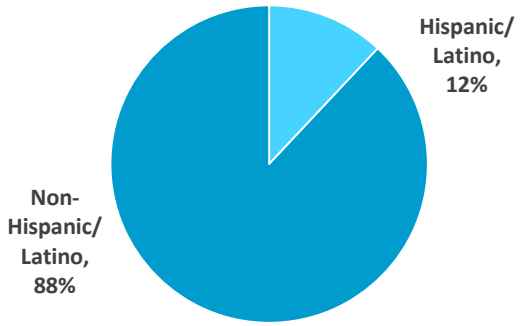
[15] This number represents programs that received only CSS funds from MHSA. Lake County's Peer Support Centers program received a combination of CSS and PEI funds and is reported only in the PEI section. The Parent Partner Support position is also housed at the Family Support Center, therefore consumer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

[16] Unavailable data includes race for 4% of individuals, ethnicity for 10% of individuals, gender for 11% of individuals, sexual orientation for 95% of individuals, veteran status for 9% of individuals, disability status for 19% of individuals, and disability type for 63% of individuals.

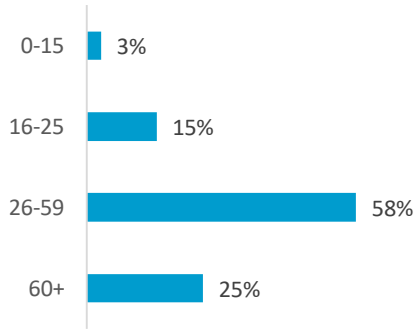
### Race (n=239)[17]



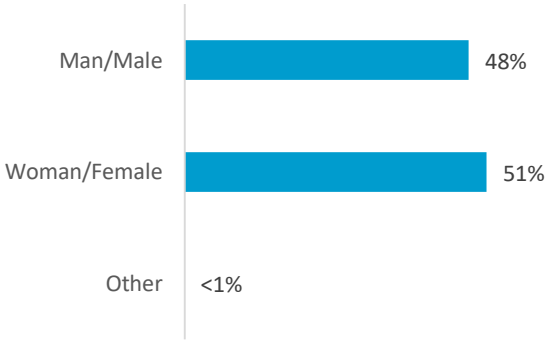

### Ethnicity (n=222)



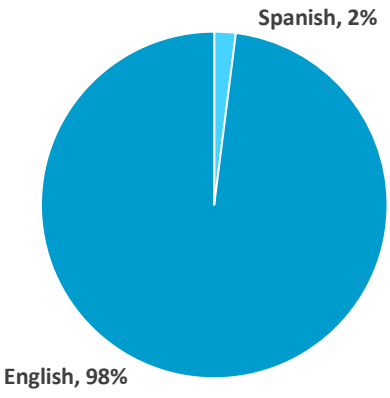

### Age Range (n=247)



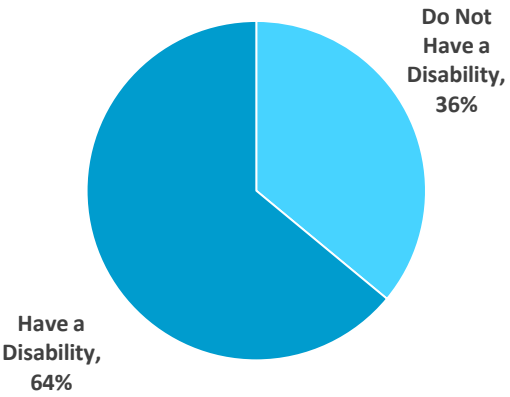

### Current Gender Identity (n=247)



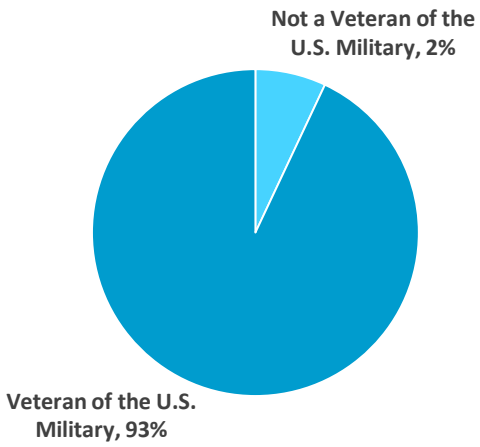

### Language (n=247)




### Disability Status (n=199)



### Veteran Status[18] (n=226)




### Sexual Orientation

Sexual orientation was available for 5% (n=12) of consumers. While 83% of individuals were straight/heterosexual and 17% were gay/lesbian, this data is unreliable given the low reporting rate.

[17] Percentages total more than 100% because respondents were asked to select all that apply. Other includes Asian, Black/African American, Native Hawaiian/Other Pacific Islander, Other. Proportions total more than 100% because individuals were permitted to select all that apply.

[18] Not a veteran of the United States Military includes individuals currently on active or reserve duty in the United States, or who served in another country's military.

## CSS Program Overviews

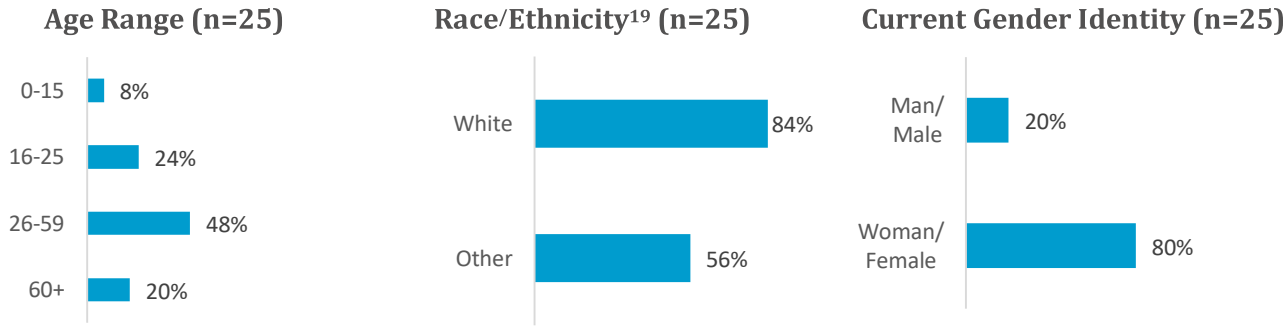
### Crisis Access Continuum

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Full-Service Partnership<br>☐ General System Development<br>☒ Outreach & Engagement | | | |
| **Target Population(s):** | ☐ Children<br>Age 0 – 15 | ☒ Transitional Age Youth<br>Age 16 – 25 | ☒ Adult<br>Age 26 – 59 | ☒ Older Adult<br>Age 60+ |
| **Underserved Population(s):** Individuals experiencing/who recently experienced a mental health crisis | | | | |
| **Number served:** 25 | | **Total Cost:** $1,692 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 200 | **Proposed Budget:** $275,000 | | **Cost per Person:** $1,375 | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 100 | **Proposed Budget:** $275,000 | | **Cost per Person:** $2,750 | |

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

The Crisis Access Continuum connects individuals experiencing mental health challenges to the local crisis hotline, a peer-run warm line, and intervention services. The program provides outreach and engagement services to consumers who have recently been hospitalized for mental health reasons or released from a 5150 crisis evaluation. The program also 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.

#### Crisis Access Continuum: Consumer Demographic Information




[19] Other includes American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, Two or More Races, and Hispanic.

### Crisis Access Continuum: Program Outcomes, Successes & Challenges

The team was able to safety plan and prevent consumer hospitalizations approximately 65% of the time. Staff also employed a variety of tools to help in a crisis, including (1) seeing where the client is at and if they have family to lean on, (2) motivational interviewing for individuals who are particularly guarded, (3) shelters and motels as appropriate, and (4) medical staff and law enforcement for support accessing medication or transporting clients to hospitals. Each case the team sees is different, and problem solving and thinking out of the box to suit the client's needs is a must.

This past year the team faced many challenges due to COVID 19—particularly learning how to operate in a remote environment. Historically, the program has placed individuals in motels during a crisis, however motels have not been used as much due the limited availability. Instead, the team pivoted to refer clients to shelters or encourage them to stay with family or friends as appropriate. When a client is seen in crisis and they are not held, they are offered outreach and an intake appointment, and staff typically continues outreach until the client feels comfortable to discontinue.

### Crisis Access Continuum: Anticipated Activities for FY 21-22

Crisis Access Continuum will continue to implement the program as described above.

## Forensic Mental Health Partnership

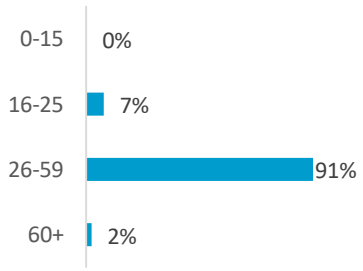
| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Full-Service Partnership<br>☐ General System Development<br>☒ Outreach & Engagement | | | |
| **Target Population(s):** | ☐ Children<br>Age 0 – 15 | ☒ Transitional Age Youth<br>Age 16 – 25 | ☒ Adult<br>Age 26 – 59 | ☒ Older Adult<br>Age 60+ |
| **Underserved Population(s):** Individuals involved in the justice system with mental health needs | | | | |
| **Number served:** 55 | | **Total Cost:** $9,234 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 75 | | **Proposed Budget:** $110,000 | | **Cost per Person:** $1,467 |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 75 | | **Proposed Budget:** $110,000 | | **Cost per Person:** $1,467 |

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

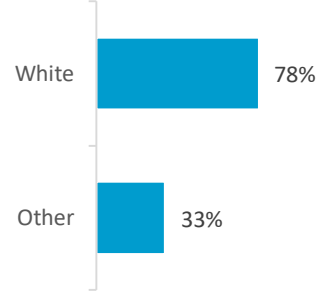
The Forensic Mental Health Partnership program is targeted at individuals who are involved in the justice system, including through Probation, recent incarceration in the jail or juvenile hall, and/or awaiting court. The goal is for clients to complete mental health programs successfully and reduce their risk of incarceration. Individuals are referred to the program by local agencies or through self-referrals. Program staff assist clients in addressing their mental health needs, 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. Ultimately, the program promotes recovery and reduces recidivism in this population.

### Forensic Mental Health Partnership: Consumer Demographic Information

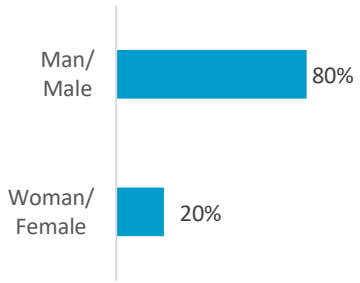
**Age Range (n=55)**




**Race/Ethnicity[20] (n=55)**




**Current Gender Identity (n=55)**




[20] Other includes American Indian/Alaska Native, Asian, Black/African American, Other, and Two or More Races, Hispanic.

### Forensic Mental Health Partnership: Outcomes, Successes & Challenges

The forensics team has assisted clients with successfully maintaining their mental health stability and meeting their basic needs.

The team has struggled with staffing issues, including staff turnover and being understaffed.

### Forensic Mental Health Partnership: Anticipated Activities for FY 21-22

Forensic Mental Health Partnership will continue to implement the program as described above.

## Full-Service Partnerships

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☒ Full-Service Partnership<br>☐ General System Development<br>☐ Outreach & Engagement | | | |
| **Target Population(s):** | ☒ Children<br>Age 0 – 15 | ☒ Transitional Age Youth<br>Age 16 – 25 | ☒ Adult<br>Age 26 – 59 | ☒ Older Adult<br>Age 60+ |
| **Underserved Population(s):** Individuals with SMI and co-occurring disorders | | | | |
| **Number served:** 119 | | **Total Cost:** $367,842 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 110 | | **Proposed Budget:** $2,500,000 | | **Cost per Person:** $22,727 |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 65 | | **Proposed Budget:** $2,500,000 | | **Cost per Person:** $38,462 |

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

The Full-Service Partnerships program is designed for adults who have been diagnosed with a severe mental illness or co-occurring mental health and substance abuse disorders and would benefit from an intensive service program. The program also serves youth (up to age 25) as needed. The foundation of the Full-Service Partnerships is doing "whatever it takes" to help individuals on their path to recovery and wellness. The program engages the target populations thru assessments, crisis intervention, and other community referrals. FSP provides a full range of clinical and non-clinical services, including:

*Clinical Services*

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

*Non-Clinical Services*

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

## Full-Service Partnerships: Consumer Demographic Information

**Table 4. FSP Consumer Demographics, Fiscal Year 2019-2020**

| Demographic Characteristic | Number Served | Percent |
|---|---|---|
| **Age** | | |
| Children/Youth (0-15) | 5 | 4% |
| Transition Age Youth (16-25) | 25 | 21% |
| Adult (26-59) | 74 | 62% |
| Older Adult (60+) | 15 | 13% |
| **Race/Ethnicity**[21] | | |
| Caucasian/White | 99 | 83% |
| Other[22] | 20 | 17% |
| Hispanic/Latino | 16 | 15% |
| **Language** | | |
| English | 115 | 97% |
| Spanish | 4 | 3% |
| **Current Gender Identity** | | |
| Female | 70 | 59% |
| Male | 48 | 40% |
| Other | 1 | 1% |
| **Disability Status** | | |
| Have a Disability | 68 | 57% |
| Do Not Have a Disability | 35 | 29% |
| Unknown/Not Reported | 16 | 13% |
| **Total** | **119** | **100%** |

## Full-Service Partnerships: Outcomes, Successes & Challenges

The program has a high success rate of reducing and preventing psychiatric hospitalizations as well as assisting clients in maintaining stability in the community while addressing their medication and individual rehabilitation needs. Among 40 clients for whom data was available:

- Two clients experienced two mental health or substance use emergencies while in the FSP program, compared to 21 clients who experienced 35 emergencies in the year prior to FSP engagement.
- One client experienced 40 psychiatric hospitalization days while in the FSP program, compared to 13 clients who experienced 298 psychiatric hospitalization days in the year prior to FSP engagement.
- No clients experienced arrests or days in custody while in the FSP program, compared to 5 clients who experienced 9 arrests and 4 clients who experienced 574 days in custody during the year prior to FSP engagement.

[21] Percentages total more than 100% because respondents were asked to select all that apply.
[22] Other includes American Indian/Alaska Native, Asian, African American/Black, Asian/Pacific Islander, Other, and Unknown.

As with any program there are sure to be challenges. We address those challenges by striving to improve our performance through trainings and constant monitoring of the program by accessing client outcomes.

### Full-Service Partnerships: Anticipated Activities for FY 21-22

Full-Service Partnerships will continue to implement the program as described above. Due to an increasing need for more intensive mental health services in the community, the FSP program may ultimately serve a greater number of people in the upcoming fiscal year than anticipated.

## Older Adult Access

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Full-Service Partnership<br>☐ General System Development<br>☒ Outreach & Engagement | | | |
| **Target Population(s):** | ☐ Children<br>Age 0 – 15 | ☐ Transitional Age Youth<br>Age 16 – 25 | ☐ Adult<br>Age 26 – 59 | ☒ Older Adult<br>Age 60+ |
| **Underserved Population(s):** Older adults, including Latinx and Native American communities | | | | |
| **Number served:** 39 | | **Total Cost:** $18,673 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 240 | | **Proposed Budget:** $220,000 | **Cost per Person:** $917 | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 240 | | **Proposed Budget:** $220,000 | **Cost per Person:** $917 | |

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

The older adult access program includes services provided to older adults through LCBHS and a community-based provider, Konocti Senior Support. The county recognized that the older adult population is underserved, and decided to increase support to this group by providing mental health services for older adults with moderate to severe mental illness through LCBHS and for older adults with mild mental health issues through Konocti Senior Support. The program components are described in greater detail below:

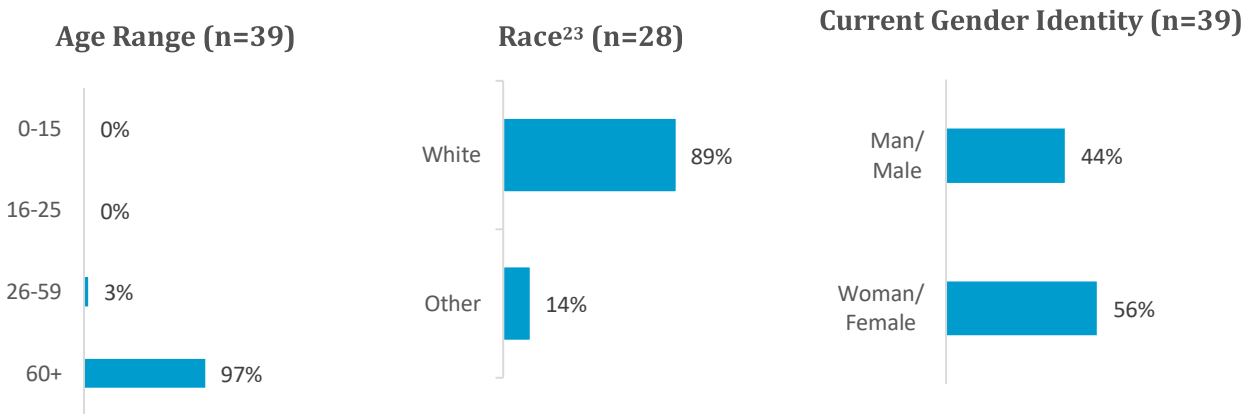
*Konocti Senior Support – Senior Peer Counseling*

Senior Peer Counseling recruits and trains seniors to be peer counselors. After initial training, volunteers receive ongoing training and supervision from the director. The director screens new referrals and completes an assessment. During non-pandemic times, all visits and assessments are face to face in the home of the client, currently all services are via phone. Volunteers and director keep abreast of resources around the lake and engage in mutual training, referrals, etc. The target population is seniors over 55 years of age in Lake County who are homebound, isolated, and may suffer from mild anxiety and/or depression. During the 2019-2020 fiscal year activities proceeded as planned, with the exception of no home visits due to shelter in place orders.

*LCBHS System of Care*

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

## Older Adult Access: Consumer Demographic Information




## Older Adult Access: Outcomes, Successes & Challenges

*Konocti Senior Support – Senior Peer Counseling*

The program was able to work with 12 unduplicated seniors during this period. Seniors were engaged and benefitted from the weekly visit and counseling. Counselors were able to link clients up with resources (e.g., free legal aid, foodbanks, and senior centers). In one case, a client was followed when she moved to where she had more support from family. The counselor kept tabs with her to help with the transition. During this period, as shelter-in-place was instituted late March, counselors were able to address anxiety and increased isolation by weekly phone contact. Counselors also took on new clients. Not a single volunteer left during this period, and met regularly via telehealth for training and supervision.

Senior Peer Counseling has experienced an ongoing struggle to recruit more volunteers. Preparations are being made to update recruiting materials and utilize local media more.

*LCBHS System of Care*

The program utilized zoom and in-person services as able due to COVID restrictions to provide services and resources needed. Case managers assisted clients in meeting their medication appointments and obtaining medical care, either through transportation and/or assistance in navigating the health care systems, to address physical and medical concerns that often affect their mental health symptoms. Staff participated in training on Adult Protective Services, which included information about what constitutes reportable abuse and neglect and how to report. Staff also participated in strength-based trainings, to develop the skills to identify client and help them meet their identified goals. Staff supported clients in interviewing IHSS providers and completing housing applications, and clients saw improvements in their symptoms and gained additional coping skills.

LCBHS Older Adult Access experienced challenges with the lack of services and resources available in the community due to COVID-19 and the resulting shelter-in-place orders. The program also experienced challenges shifting to virtual services because many older adults do not have access to or are not well-

[23] Other includes American Indian/Alaska Native, Asian, African American/Black, Other, and Hispanic.

versed in navigating computers and technology in this manner. Case managers worked with clients to support technology literacy, particularly around Zoom, virtual groups, and online resources.

### Older Adult Access: Anticipated Activities for FY 21-22

Older Adult Access will continue to implement the program as described above. In addition, the Senior Peer Counseling component anticipates providing volunteers with stipends for each visit, which they hope will incentivize greater volunteer participation. LCBHS System of Care hopes to add groups for older adults to address mental health needs, including depression, anxiety, aging, and mortality.

## 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. Therefore, data on number and demographics of individuals served is reported on in the Peer Support Center section of this report.*

| **FY 2019 – 2020 Program Overview** | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Full-Service Partnership<br>☐ General System Development<br>☒ Outreach & Engagement | | | |
| **Target Population(s):** | ☒ Children<br>Age 0 – 15 | ☒ Transitional Age Youth<br>Age 16 – 25 | ☒ Adult<br>Age 26 – 59 | ☒ Older Adult<br>Age 60+ |
| **Underserved Population(s):** Families, parents and caretakers with children and TAY, grandparents | | | | |
| **Number served:** N/A | | **Total Cost:** $38,540 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** N/A | | **Proposed Budget: $70,000** | **Cost per Person:** N/A | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** N/A | | **Proposed Budget: $70,000** | **Cost per Person:** N/A | |

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

Parent Partner Support provides assistance for families involved with the County mental health system. 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. 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.

### Parent Partner Support: Consumer Demographic Information

See the Peer Support Center section of this report for consumer demographic information.

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

This year the parent partner position has been a bit of a struggle due to the pandemic with the stay-at-home restrictions. Therefore, the Parent Partner spent a lot of time planning programing and developing virtual support. Gradually as there became more flexibility, the Parent Partner was able to help some families in the community with their challenges that they were going through, particularly with the effects of the stay-at-home restrictions had on children. The Parent Partner worked closely with community partners such as Middletown School District and was able to network with agencies such as Catholic Charities and the Lake County Office of Education to help parents and families in the community.

Additionally, the Parent Partner has worked with a few parents of clients assigned to the LCBHS Children's Team. Parents referred to the Parent Partner have had telephone support.

For this upcoming year, the Parent Partner is excited with the opportunities available, due to the lessened restrictions, to really be able to work with families and put her skills as a parent partner to work.

### Parent Partner Support: Anticipated Activities for FY 21-22

The Parent Partner Support position will continue to perform the job responsibilities described above.

## Trauma-Focus Co-Occurring Disorder

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Full-Service Partnership<br>☐ General System Development<br>☒ Outreach & Engagement | | | |
| **Target Population(s):** | ☐ Children<br>Age 0 – 15 | ☒ Transitional Age Youth<br>Age 16 – 25 | ☒ Adult<br>Age 26 – 59 | ☒ Older Adult<br>Age 60+ |
| **Underserved Population(s):** Individuals with co-occurring mental health and substance use disorders | | | | |
| **Number served:** 9 | | **Total Cost:** $2,330 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 18 | | **Proposed Budget:** $100,000 | **Cost per Person:** $5,555 | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 70 | | **Proposed Budget:** $100,000 | **Cost per Person:** $1,429 | |

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

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

Clients undergo an initial screening and are evaluated on a triage in terms of severity and level of impairments. After an initial screening, program staff perform a complete bio-psycho-social assessment to provide an accurate diagnosis of a client's familial and historical background, presenting issues, level of impairments, and needs to be addressed. A treatment plan is developed, and appropriate referrals are made for psychiatric evaluation or SUD services.

According to medical necessity and availability, eligible clients receive ongoing, weekly trauma-informed co-occurring psychotherapy. Alternatively, clients can also be referred to specific topical groups, such as DBT, Depression, or Anger Management, which provide a combination of psychoeducation and group process.

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

Given that demographic information is available for fewer than 10 consumers, demographic information is not reported.

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

Concessions for providing mental health services via telephone and telehealth have increased the convenience and accessibility of reaching clients wherever they are staying, including at homeless

shelters. With the added advantage of telephone or Zoom sessions, the program hopes attendance and participation will increase substantially. Transportation to and from appointments has been a perennial challenge for clients in Lake County and proven a major impediment in getting access to care. Many clients do not have reliable vehicles due to poverty or lack of resources. Public transportation schedules run infrequently, are times-taking and cumbersome to navigate. Telephone sessions and telehealth via Zoom appear to be the new standard.

Under COVID restrictions, all in-person meetings were cancelled due to health concerns from the pandemic. This shutdown has disrupted delivery of mental health services in any number of ways. Clients with unreliable telephone service were left isolated and became incommunicado overnight. While telephone sessions and telehealth via Zoom provided a convenient remedy, there were drawbacks. As with any 'convenience' there are discrepancies between substitute and original service -- in-person care and physical interaction. Some clients felt disappointed, protested or otherwise lost interest. Clients who either had no computer access or a cell phone without Zoom capability could not enroll in Zoom Groups. As a result, both Co-Occurring Groups, which had been ongoing for years, were cancelled.

In addition to being diagnosed with co-occurring disorders, individuals in the Trauma-Focused Co-Occurring Disorder program have complex needs, including poverty, poor health outcomes, familial responsibilities, and limited support systems. The program must screen and triage interested clients based on severity and level of impairments because the demand for services is much greater than LCBHS capacity.

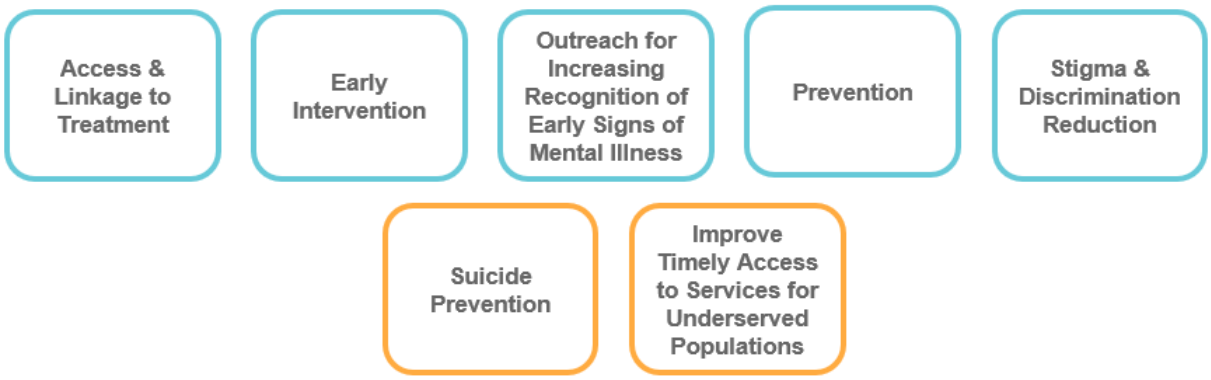
### Trauma-Focus Co-Occurring Disorder: Anticipated Activities for FY 21-22

It will take some time for the program and staff to adjust to "the new normal" post COVID. It is projected that telephone sessions will continue and more Zoom meetings, both individually and in groups, will be adopted to accommodate the increased demand for services and the unavailability of in-person/group meetings (at least for the time being). Through the increase in Zoom groups, the program anticipates reaching more consumers. Beyond these changes, program activities will continue as described above.

## 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 6. 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. Current Lake County CSS 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 | Modified |
| **Older Adult Outreach and Prevention: Friendly Visitor Program** | Improve Timely Access to Services for Underserved Populations | 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 |
| **Prevention Mini Grants** | Prevention | Continuing |
| **Statewide, Regional, and Local Projects** | Stigma & Discrimination Reduction; Suicide Prevention | Continuing |
| **Street Outreach** | Access & Linkage to Treatment | New |

Through the CPP process, stakeholders supported all current PEI programs. The MHSA Planning Team proposes the continuation of current programs.

### Reporting Requirements

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

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

In addition, counties are required to report on PEI demographic and service data in both the MHSA Annual Update and PEI Annual Update. This section combines these reports to streamline reporting. Finally, per the MHSOAC's regulations, programs have different reporting requirements depending on which PEI service area they fall under, therefore the information included in this report varies across programs.

The goal of the PEI report is to understand the populations that key MHSA-funded services reach and the impact of services on those populations. This PEI report has limited information on program and service outcomes due to data capacity limitations as described in the Data Collection Barriers and Opportunities section below.

### Community Engagement

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

**Community Program Planning Meetings**

The Team presented a detailed description of the PEI component at the community planning meetings, which were open to all community members. At the first CPP meeting, a representative from each PEI program provided an update on program activities, including any changes due to COVID-19. These meetings were also an opportunity to collect stakeholder feedback on MHSA programs, including PEI programs, and efforts in the county.

**CSS and PEI Information Session**

The MHSA Planning Team also organized a CSS and PEI reporting information session for representatives from all CSS and PEI programs (also described in the *CSS and PEI Data Collection Technical Assistance* section above). At the session, the Team shared the history of MHSA, the purpose of the PEI component, the impetus for PEI-specific reporting requirements, and a detailed description of the specific data elements. The team also provided resources (e.g., responses to frequently asked questions, a copy of the information session slides) to all program representatives and conducted technical assistance sessions with programs who were interested in additional support.

### 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 two years, the MHSA Planning Team has begun working with individual programs to identify outcome metrics 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.

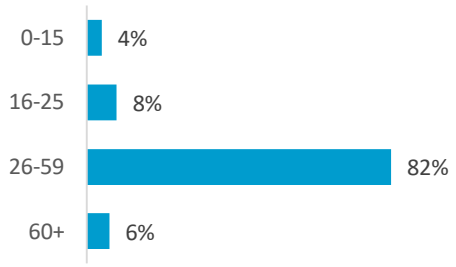
## PEI Program Consumer Demographic and Service Data

During FY 2019-2020, 7,568 unique individuals[24] received PEI services across five MHSA-funded programs, including Early Intervention Services, Family Stabilization and Well-Being: The NEST, Older Adult Outreach and Prevention: Friendly Visitor Program, the five Peer Support Recovery Centers, and Postpartum Depression Screening and Support: Mother-Wise. For Prevention Mini-Grants and Statewide, Regional, and Local projects, data was only available for some initiatives. Those programs are not included in this analysis, however available data on numbers served is presented in the *PEI Program Overviews* section. In addition, demographic data was only available for *duplicated* individuals served at the La Voz de Esperanza Peer Support Center (N=4,074), rather than unique individuals (N=1,416). Demographic data was also not available for Mental Health First Aid, but will be available in the future. Finally, data was not available across all demographics for every program, therefore the information presented in this section may not reflect the complete profile of all individuals served by PEI programs in Lake County during FY 2019-2020.[25] Among individuals for which data was available, consumers represented the following demographics:

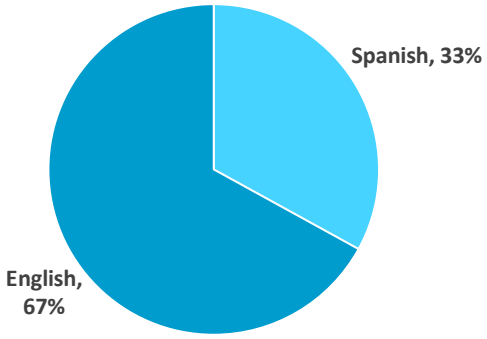
[24] This number represents the unique individuals served by each program and may duplicate consumers who are receiving services from more than one program.

[25] Unavailable data includes age range for 22% of individuals, race for 65% of individuals, ethnicity for 56% of individuals, language for 49% of individuals, current gender identity for 27% of individuals, sexual orientation for 53% of individuals, veteran and disability status for 98% of individuals, and disability type for 100% of individuals.

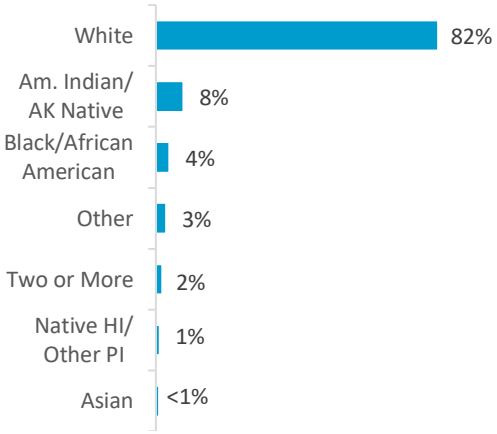
### Age Range (n=8,017)



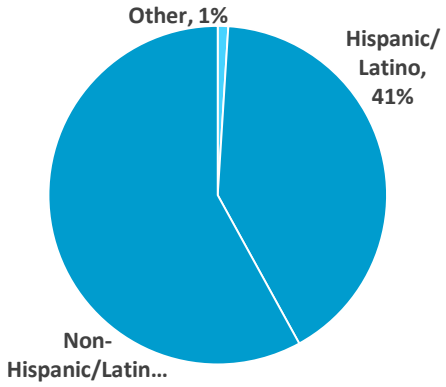

### Language (n=5,181)



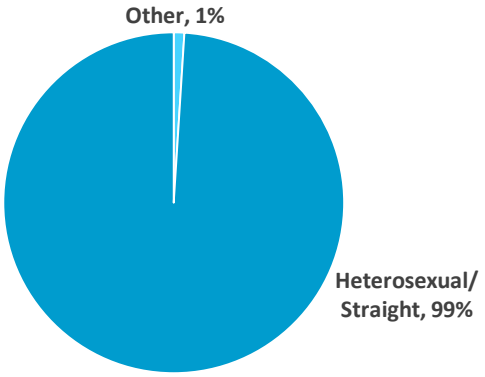

### Race (n=3,637)



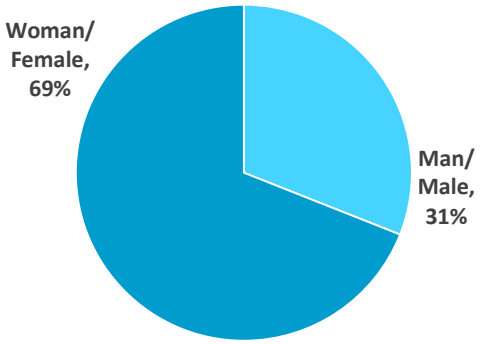

### Ethnicity (n=4,482)




### Sexual Orientation (n=4,817)[26]




### Current Gender Identity (n=7,440)




Veteran, disability type, and disability status were each available for 2% of consumers (230 and 217 individuals, respectively). While 85% of individuals were veterans of the United States military and 8% of individuals had a disability, this data is unreliable given the low reporting rate.

[26] Other includes Gay/Lesbian and Bisexual.

## PEI Program Overviews

Please see *Appendix A* for additional program information, including program evaluation methodology, outcomes, and a description of how each program is consistent with all applicable MHSA General Standards.

### Early Intervention Services

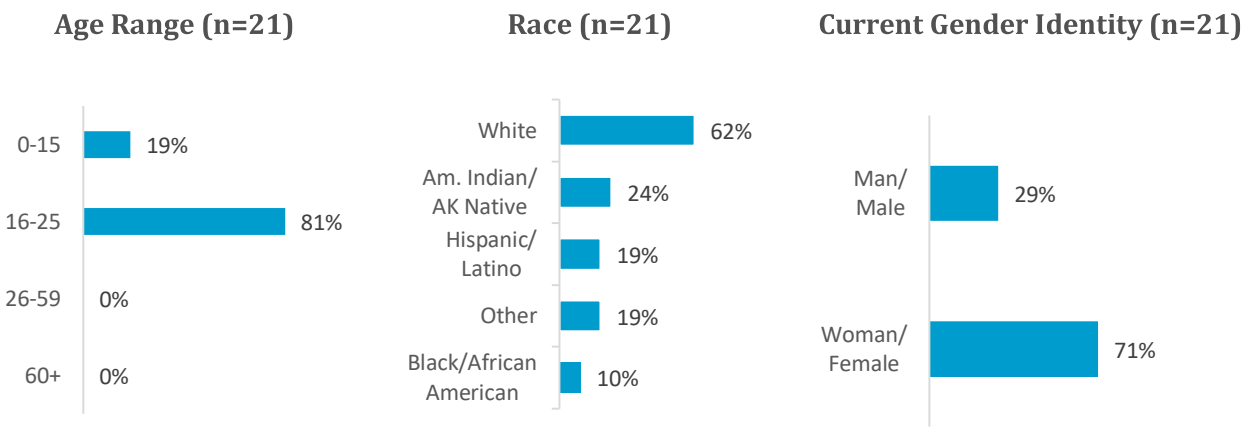
| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Prevention ☒ Early Intervention ☐ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☐ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☒ Children Age 0 – 15 | ☒ Transitional Age Youth Age 16 – 25 | ☐ Adult Age 26 – 59 | ☐ 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:** 21 | | **Total Cost:** 9,039 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 96 | | **Proposed Budget:** $200,000 | **Cost per Person:** $2,083 | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 100 | | **Proposed Budget:** $200,000 | **Cost per Person:** $2,000 | |

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

The objective for the Early Interventions Services (EIS) Program is to provide early detection and intervention for youth and young adults (ages 15-25) who are developing early signs of psychosis (i.e., hallucination, delusions) and mood disorders to decrease the duration of untreated psychosis and mood disorders before the disorders becomes disabling. This goal is to be accomplished through broad community-based outreach with rapid referral to reduce the duration of untreated psychosis and mood disorders; comprehensive assessment to determine eligibility; and by utilizing a team-based Coordinated Specialty Care (CSC) Model. The CSC model is a holistic approach which includes case management, recovery-oriented psychotherapy, relapse prevention, family education, family therapy, educational support, vocational support/training, pharmacotherapy, and coordination with primary care doctors.

The program engages target populations in collaboration with Lake County Child Welfare Services, Lake County Probation Services, Adventist Health and the Peer Support Centers.

### Early Intervention Services: Consumer Demographic Information[27]




### Early Intervention Services: Outcomes, Successes & Challenges

EIS hired one full time case manager who is specifically focused on the EIS team. The program provided recovery-oriented psychotherapy on at least a bi-weekly basis and utilized a client-centered approach that integrates the Strengths Based Model, Motivational Interviewing, CBT, DBT, and Solution Focused techniques. EIS also provided relapse prevention through psychotherapy and individual rehab services. In addition, EIS offered psychoeducation and family therapy to families on an as needed basis through a collaborative effort with the Parent Partner Support staff member at the Family Support Center. Educational and vocational training/support was provided through individual rehab, case management and collaboration with the Department of Rehabilitation; pharmacotherapy was provided through LCBHS psychiatric services; and EIS staff coordinated with primary care physicians as needed to address underlying health concerns. Additional training was provided to support Motivational Interviewing and weekly Strength Based Model supervision.

The primary challenges the EIS program faced were related to capacity, training and community outreach. Capacity issues were directly linked to staffing. At the start of the fiscal year the team consisted of one full time staff, the team lead/therapist. This was addressed by hiring one full time individual rehab specialist and one full time case manager, however the staff in these positions require additional training for effective implementation of the EIS model. Additionally, psychotherapy capacity for individuals and families needs to be increased.

### Early Intervention Services: Anticipated Activities for FY 21-22

In addition to continuing the activities described above, EIS plans to increase outreach activities through a variety of channels. EIS plans to implement a coordinated specialty care model as well as implement a supported employment component to services. Additionally, EIS plans to collaborate with Redwood Community Services (RCS) to engage foster youth, school districts, and faith-based organizations by providing training on early detection of psychosis and mood disorder screening tools. EIS also plans to

[27] Race: Other includes Asian, Native Hawaiian/Other Pacific Islander, Other, and Two or More Races.

increase community outreach to underserved populations by attending community events and collaborating with community leaders from underserved populations. Additionally, staff will educate the community about the EIS program through local social media networks to raise awareness and decrease stigma.

In order to address the staff training issue outlined above, the rehab specialist and case manager will receive training on Cognitive Behavioral Therapy for Psychosis (CBT-P), the Wellness Recovery Action Plan (WRAP) model, PRIME, and Structured Interview for Psychosis-risk Syndromes (SIPS). Program staff anticipate EIS will continue to increase the number of consumers given the addition of new staff. Additionally, psychotherapy capacity will be addressed by increasing group therapy intervention and contracting with a telehealth agency for additional psychotherapy sessions. The program also plans to form a Project Advisory Group (to include administrative and clinical staff, parents, and consumers) which will meet quarterly, and hire a program evaluator to gather and assess data on baseline comprehensive clinical assessments.

## Family Stabilization and Well-Being: The NEST

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☒ Prevention ☐ Early Intervention ☐ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☐ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☒ Children Age 0 – 15 | ☒ Transitional Age Youth Age 16 – 25 | ☒ Adult Age 26 – 59 | ☐ Older Adult Age 60+ |
| **Underserved Population(s):** Young parents, individuals who identify as Latinx and Native American. | | | | |
| **Number served:** [28] 18 | | **Total Cost:** $399,305 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 40 | **Proposed Budget:** $221,000 | **Cost per Person:** $5,525 | | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 16 | **Proposed Budget:** $221,000 | **Cost per Person:** $13,812 | | |

### 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.

**Participating in the annual *Pinwheels for Prevention* competition in support of *National Child Abuse Prevention Month***

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

[28] Because the NEST is a 15-month program, it is possible that the program does not have high turnover in a single year. Some participants enter the program pregnant, and some enter 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.

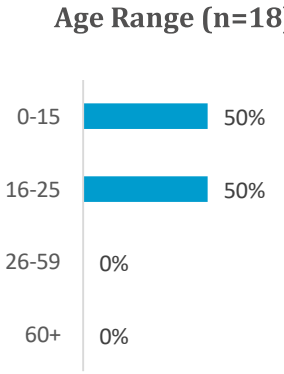
- Screening tools: GAD 7 (anxiety scale), PHQ 9 (depression scale) and the Adult Needs and Strengths Assessment (ANSA) for any adult wherein mental health may be a concern
- Therapeutic intervention as determined by medical necessity
- Evidence-Based Life Skill Programming
- Residential and Community-based Intensive Case Management

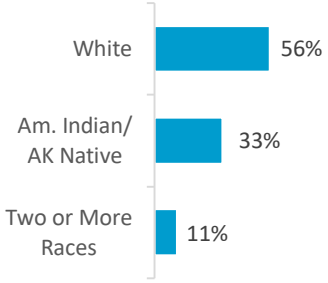
In addition, the NEST is connected to and has a history of supporting young families from Tribal and Latinx communities. The agency and NEST have close relationships with Lake County Tribal Health Consortium and receives many referrals from their health care facilities. The NEST is also closely connected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

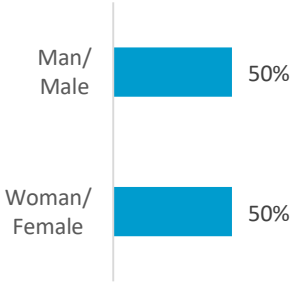
**The NEST garden getting ready for spring**

*"While the N.E.S.T is known for offering a safe place for women and children; for me, it has offered so much more. Not only has the NEST assisted me with getting childcare for my daughter, the NEST has also assisted me with saving money, (going to) school, and locating housing. I have been able to peacefully and safely parent my child in a clean and neat environment and will always be thankful for the extra guidance in this relentless journey."*
*- NEST Consumer*

### The NEST: Consumer Demographic Information



### The NEST: Outcomes, Successes & Challenges

The most notable success within the NEST program was staff's ability to maintain services and support despite the multitude of unforeseeable challenges in the 19/20 FY. NEST staff provided approximately 105 on-site, in-person skills training courses in addition to a multitude of other on-site services such as Case Management, Linkage, mental health services, and other client-driven supports. NEST participants accessed Harbor Youth Resource Center services over 1,700 times to meet a variety of needs including Life Skills classes, art groups, support groups, and other acute resources to meet their immediate needs including hygiene supplies, clothing, food, and transportation support.

*"I have learned many important life skills that I will continue to utilize throughout my life. I have also learned many things about myself and have gained so much personal growth thanks to this amazing program."*
*- NEST Consumer*

**NEST child participates in Toy Giveaway event**

The most significant challenges throughout the past FY included the state mandated shelter-in-place guidelines due to the COVID-19 pandemic, PG&E Public Safety Power Shutoff (PSPS) events, and a reduction in staffing due to a medical condition. While key activities were able to continue, staff was creative in meeting these needs during these difficult times. In collaboration with the local Youth Resource Center, the Harbor on Main, NEST participants were still able to receive life skill classes on-site. Most NEST youth lost food during the prolonged PSPS events and relied on local food banks for interim support. NEST and Harbor staff adjusted right along with youth and adapted their cooking classes to utilize the resources they received from these food banks and produce pantries.

When the pandemic first reached Lake County, the NEST (along with other residential programs and shelters) were advised not to adjust the population of their programs unless the benefit greatly outweighed the risks to the other clients. This meant that we may not have been able to meet our anticipated number for clients served in this year. This also impacted another family who would have completed the program in the midst of this pandemic. In response to the potential undue hardship this may have caused the family and to protect them from being at risk for exposure, the NEST made a one-time exception to allow this family to remain in the program until the family had adequate support and resources to stay safe and healthy.

### The NEST: Anticipated Activities for FY 21-22

The NEST will continue to implement the program as described above.

## Mental Health First Aid

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☐Continuing | ☒Modified | |
| **Service Area:** | ☐ Prevention ☐ Early Intervention ☐ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☒ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☐ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☒ Children Age 0 – 15 | ☒ Transitional Age Youth Age 16 – 25 | ☐ Adult Age 26 – 59 | ☐ Older Adult Age 60+ |
| **Underserved Population(s):** Transition-age youth and rural populations | | | | |
| **Number served:** 154 | | **Total Cost:** *Unavailable* | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** N/A | **Proposed Budget:** N/A | **Cost per Person:** N/A | | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 300 | **Proposed Budget:** $20,000 | **Cost per Person:** $67 | | |

### 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). The six-hour Youth MHFA training provides adults who work with youth the skills they need to reach out and provide initial support to youth who may be developing a mental health or substance use problem and help connect them to the appropriate care. The Teen MHFA 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 in Teen MHFA.

### Mental Health First Aid: Potential Responders and Settings Engaged

Potential Responders: Staff from Probation, the Sheriff's Office, Behavioral Health, and schools; counselors, 10th grade students, and individuals from the Latinx, Native American, and older adult communities.

Setting Engaged: Lake County Office of Education, Middletown High School, Middletown Library, LCBHS Clinic (Lucerne), Circle of Native Minds Peer Support Recovery Center

### Mental Health First Aid: Consumer Demographic Information

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

### Mental Health First Aid: Outcomes, Successes & Challenges

Sixty-three individuals attended Youth Mental Health First Aid trainings from July 2019 through September 2019. Staff from Probation, the Sheriff's Office, and Behavioral Health attended these

trainings, as did educators, counselors, and individuals from the Latinx, Native American, and older adult communities. In addition, 91 students in 10th grade participated in Teen Mental Health First Aid classes.

The key challenge for this program is having people follow through with their commitment to attend and fully participate in the program through completion.

### Mental Health First Aid: Anticipated Activities for FY 21-22

Due to COVID-19, Mental Health First Aid activities have slowed. Trainings have been paused until lead instructors are trained to teach virtually or COVID-19 restrictions are lifted. Once the lead instructors are trained to teach virtually, on-line courses will be offered on Youth and Adult Mental Health First Aid. The program is awaiting instructions on how to proceed with Teen Mental Health First Aid.

## Older Adult Outreach and Prevention: Friendly Visitor Program

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Prevention ☐ Early Intervention ☐ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☒ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☐ Children Age 0 – 15 | ☐ Transitional Age Youth Age 16 – 25 | ☐ Adult Age 26 – 59 | ☒ Older Adult Age 60+ |
| **Underserved Population(s):** Older adults, including who identify as Latinx and Native American. | | | | |
| **Number served:** 9 | | **Total Cost:** $67,622 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 30 | **Proposed Budget:** $42,140 | **Cost per Person:** $1,405 | | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 30 | **Proposed Budget:** $42,140 | **Cost per Person:** $1,405 | | |

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

The Friendly Visitor program recruits and trains volunteers to visit homebound seniors. Friendly Visitors are volunteers over the age of 20 who provide home-based outreach, emotional support, companionship, and referrals to services for seniors over the age of 55. Keeping potentially isolated seniors connected helps increase their independence and gives them something to look forward to on a weekly basis.

### Friendly Visitor Program: Consumer Demographic Information

Given that the program served fewer than 10 consumers, demographic information is not reported.

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

The Friendly Visitor volunteers were able to visit nine homebound seniors with volunteers bring playing cards, putting together puzzles and other things of interest keeping them from being lonely and depressed.

Recruiting volunteers can be a struggle. The program is trying to address this issue by offering stipends and outreaching through local media.

### Friendly Visitor Program: Access to Services and Linkages to Treatment

Volunteers were able to link clients to resources such as food banks, in-home supportive services (IHSS), senior centers, senior housing, CalFRESH, and virtual events.

*At this time the program does not have the capacity to track referrals to mental health services and programs or non-mental health supports.*

### Friendly Visitor Program: Anticipated Activities for FY 21-22

The Friendly Visitor program will continue to implement the program as described above, and hopes to recruit additional volunteers.

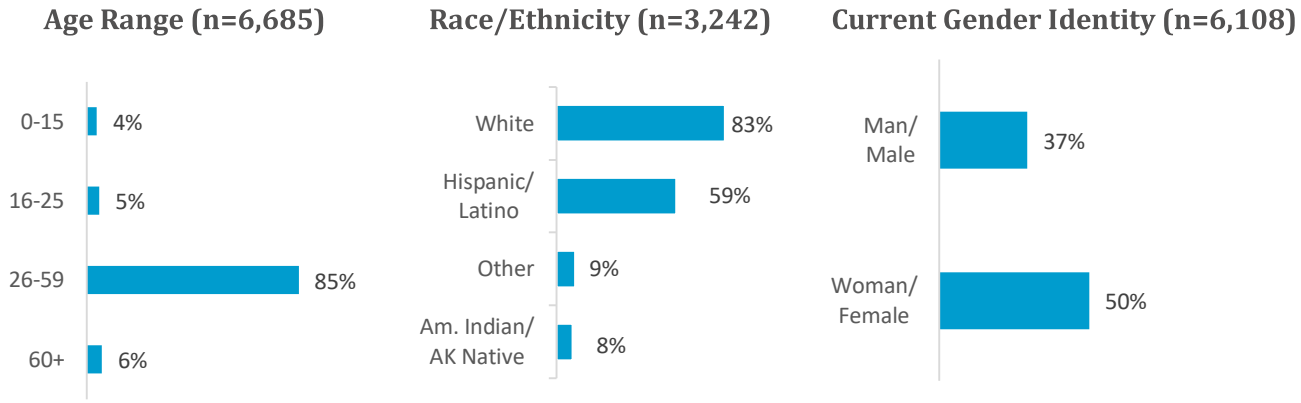
## Peer Support Recovery Centers: Big Oak, Circle of Native Minds, Harbor on Main, La Voz de Esperanza, Family Support Center

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☒ Prevention ☐ Early Intervention ☐ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☒ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☒ Children<br>Age 0 – 15 | ☒ Transitional Age Youth<br>Age 16 – 25 | ☒ Adult<br>Age 26 – 59 | ☒ Older Adult<br>Age 60+ |
| **Underserved Population(s):** Native American and Latinx populations; unhoused individuals; TAY youth and families, including those who identify as LGBTQ+ | | | | |
| **Number served:** 6,283 | | **Total Cost:** $ 235,980 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 5,699 | **Proposed Budget: $750,000**<br>PEI: $200,000<br>CSS – Outreach & Engagement: $400,000<br>CSS – Peer Support: $150,000 | | **Cost per Person:** $126 | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served: 7,799**<br>Youth (0-25): 161<br>Adults (26-59): 6,335<br>Seniors (60+): 1,303 | **Proposed Budget:**<br>PEI: $200,000<br>CSS – Outreach & Engagement: $400,000<br>CSS – Peer Support: $150,000 | | **Cost per Person:** $96 | |

### 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 new Family Support Center in Middletown. All centers are managed by LCBHS, with the exception of Harbor on Main, which is overseen by a community-based provider. A variety of education, prevention, and early intervention service, programs, and activities are run through the centers. The concepts of wellness, recovery, and resiliency are embedded in the programming in all locations. Peer Support Recovery Centers have split funding from CSS and PEI. PEI funds are used to support the Centers' prevention and support services and CSS funds are used to support the Centers' peer support and community outreach and engagement services. During the last fiscal year, LCBHS intended to add 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. Due to limitations resulting from COVID-19, two of the outreach positions have been filled. LCBHS hopes to hire the other two outreach workers in FY 21-22.

### Peer Support Recovery Centers: Consumer Demographic Information[29]




### Peer Support Recovery Centers: 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 pillar of each center is peer support. Peer staff members with lived experience serve consumers and provide access to clinical services, peer support, socialization, and companionship. Staff routinely attend cultural competency trainings. Bilingual interpreters are accessed when needed. Underserved populations such as people experiencing homelessness and those afflicted by substance use are treated in a non-judgmental and respectful manner. Staff pay careful attention to cultural, linguistic, and age-appropriate approaches, as well as helping clients develop and self-manage their own approach to wellness and empowerment.

Staff attend internal case management meetings with the ACCESS Team and crisis team treatment team, as well as work with the housing coordinator to identify housing needs of consumers and to link community members to treatment services as needed. Staff also attend direct care meetings, housing navigator meetings, and provide outreach services to local housing shelters.

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, 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 centers help 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. Staff work on educating the community on severe mental illness, substance use disorders, and the importance of good nutrition. The Centers also works with the Lake County Patients' Rights Advocates to ensure that the people we work with are provided equitable services while being respected.

[29] Includes unique consumers for the Big Oak Peer, Harbor on Main, Circle of Native Minds Center, and Family Support centers and total duplicated consumers for the La Voz de Esperanza center.

## 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 local housing shelters and other community agencies in assisting community members with applying for benefits/assistance, obtaining housing, medical care, and mental health or substance use treatment services.

### Big Oak: Outcomes, Successes & Challenges


The Center's pop up care trailer event operated consistently, providing community members during power shut offs and other local emergencies the opportunity to care for their mental and physical health. The monthly food giveaways provided healthy food to community members, approximately 350 people monthly. Staff also provided a daily check-in group on Facebook throughout the pandemic. In addition, the Big Oak Center strived to meet people where they were. During the Heroes of Health event, a participant mentioned to staff that the Big Oak Peer Support Center was an amazing place with people that

**Client Success Story**

For over a year, a peer was consistently offered referrals to the housing shelter and substance use and mental health treatment services. This peer refused assistance repeatedly, however staff continued developing a trusting relationship with the peer and offering other services (food, bus tickets, clothing, showers, and an ear). This peer hit his rock bottom, and after sleeping in the freezing rain over many nights the peer came to the center and stated that he was ready for help. Staff called Elijah House to arrange placement at the housing shelter, provided him with bus passes, and walked him to the bus stop. The peer has returned to the center expressing gratitude for the assistance and is currently housed at the shelter. He is engaged in substance use and mental health services.

care and that the staff go above and beyond to make sure their basic needs are met. There have also been numerous comments on Facebook stating the gratitude for the services that people have received.

Challenges during this time included the COVID-19 pandemic and lack of digital literacy and equity among staff and community members. In addition, Big Oak continues to experience challenges measuring the number of unduplicated clients served due to limitations with the County's data system. LCBHS is working to develop a new process for recording participants to accurately assess unique individuals served.

### Big Oak: Anticipated Activities for FY 21-22

In addition to a continuation of the activities above, Big Oak will have more collaboration with the clinical team on providing support services for those that they serve. There will also be more community engagement as the pop-up care event expands the available resources and the outreach van is implemented.

## Circle of Native Minds Peer Support Center

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


The Circle of Native Minds is a peer support center that provides culturally relevant wellness-oriented services to the Native American Community. This 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: Outcomes, Successes & Challenges

Circle of Native Minds utilized virtual platforms for service delivery. The Center also resurrected the elders Pathfinders group, which is comprised of the seven local tribes. The Center hired of a new cultural specialist, and delivered 25 prayers to each of the tribal communities

The main challenge was the shutdown due to the pandemic, as the center was closed and staff were out of center. Also, the new cultural specialist was hired shortly before the pandemic and did not have a chance to get settled in the position. In addition, Circle of Native Minds continues to experience challenges measuring the number of unduplicated clients served due to limitations with the County's data system. LCBHS is working to develop a new process for recording participants to accurately assess unique individuals served.

### Circle of Native Minds: Anticipated Activities for FY 21-22

In addition to a continuation of the activities above, Circle of Native Minds will engage with the tribal communities in the community gardens; hold virtual cultural dances that will be distributed to the elders; take medicine shells to local tribal members and families while providing blessings; outreach to local shelters for housing, suicide prevention, and cultural history; hold teen talking circles; and hold an elder/teen talking circle and dinner.

## Harbor on Main Peer Support Center

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

**Harbor Staff**

The overall goal of the Harbor is to increase safety, well-being, and self-sufficiency to ensure a successful transition to independent adulthood for transition-age youth (TAY), ages 16-25. We aim to achieve these goals by providing the following key services and activities: Peer Support, Community Outreach and Engagement, and Targeted Support Groups. The Harbor did experience the adverse impacts of the COVID-19 pandemic and mandated shelter-in-place guidelines during the FY 19-20. These mandates required the Harbor to be closed to the public and limit services to being virtual or via appointment.

The Harbor on Main has made several adjustments to marketing and outreach materials to improve their reach of TAY youth and the underserved populations in Lake County. Marketing materials are distributed in both English and Spanish and are distributed through various mediums including virtually through listshares, social media, and press releases. Timely access to services is achieved the moment a participant walks through the doors of the center. Youth have immediate access to resource to meet their acute and long-term needs including food, hygiene products, clothing, and referrals for services

*"The best thing about the Harbor for me and my kids are the Thursday night dinners, the clothing closet, hygiene shelf, and the staff. Staff is always there to help/assist, even if it's just support for something the Harbor can't help with directly, staff is always there - very resourceful, educated, and friendly".*
*- Consumer*

### Harbor on Main: Outcomes, Successes & Challenges

**Annual Thankfulness Feast**

Successes include the creative methods in which the Center attempted to reach youth and the community at-large. While the resource center was closed for drop-in services, the Harbor continued to provide virtual, "On the Road," and 1:1 services in alignment with CDC guidelines and regulations, with approval from Redwood

Community Services leadership. When the Shelter in Place order was implemented, the Harbor was forced to close down to the public; however, the Harbor was able to continue facilitating these classes via "On the Road" services at the TAY Family Stabilization program, the NEST. Since this cohort was considered a single household, the Harbor was able to continue to provide learning opportunities on-site at the residential facility. In an effort to reach Harbor youth not enrolled in the NEST program, courses were shared virtually via social media platforms such as Facebook and Instagram. Though the Harbor was able to maintain these services with NEST clients, there were still modifications to ensure client and community safety:

- Youth were no longer permitted to help prepare or serve meals. Certified staff led instructional courses with activities to maintain youth engagement and learning. For example, staff would print out the recipes for meals in advance, but alter the recipe to be a "fill-in-the-blank" worksheet. Youth only learned the answers if they were paying attention to the course instruction.
- Staff wore all required PPE and followed guidelines for social distancing and sanitization. All cooking utensils and dishes were either disposable or washed after a single use.

**Thursday Night Dinner**

The Harbor also began providing "parking lot" services to meet some of the acute needs of people in our community. Services included a free sack lunch or breakfast, water, hygiene supplies and transit passes. Staff were prepared to make referrals for services and promoted virtual services as often as possible. The way in which the Harbor was able to adjust their approach to continue to meet the needs of the TAY youth in Lake County is a success on its own.

*"I love Thursday night dinners, staff is always helpful with transportation"*
*- Consumer*

Key challenges of FY 2019-2020 are significantly related to the COVID-19 Pandemic, the mandated Shelter-In-Place orders, and local public safety power shutoff events. These experiences adversely impacted the Harbor's ability to reach and serve TAY youth in Lake County throughout various periods within the fiscal year. Mandated closures forced the resource center to consider alternative methods of engagement which included online "virtual" services through our social media accounts. Social media sites were updated with automatic responses guiding youth towards resources for mental health crisis if they needed immediate assistance. Sites were also updated to include opportunities to make an appointment to meet with Peer Support or gain access to other resources.

The Harbor's data system continues to be a challenge due to the inability to create custom reports or pull necessary information to report outcomes and track referrals. Harbor staff is working with their Information Services department to resolve these issues, but has limited capacity to create an entirely new data system.

### Harbor on Main: Anticipated Activities for FY 21-22

In addition to the activities described above, The Harbor anticipates that they will continue providing virtual or hybrid services throughout the next fiscal year in response to ongoing Shelter-in-place

mandates. Because it is difficult to predict when these mandates will be lifted, the Harbor is exploring additional venues and opportunities to expand our service reach during this challenging time. We anticipate that the changes to these services will greatly impact our service numbers and ability to collect important client demographics to report.

## La Voz de Esperanza Peer Support Center

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

La Voz de Esperanza (La Voz) has become an incredibly influential program in Lake County. La Voz receives mental health referrals from Beacon providers such as Lake Side Clinic, Adventist Health, LCFRC, LLHS, KVHS, and Pomo Elementary. The Center also provides outreach to the Latino community in Lake County. La Voz activities include:

- Latino Support Groups
- Mental Health Groups
- Alcoholic Anonymous
- Arts/crafts groups
- Children Activity group (after school)
- ESL Classes
- Citizenship Classes
- Peer Support
- Outreach & Engagement
- Referrals to Mental Health/AODS SERVICES
- Domestic Violence Support/Referrals
- Housing Referrals
- Food Drive (Every 4th Monday of the month)

In addition, La Voz helps the Latino community apply for benefits such as for MediCal, CalFresh, Social security/disability, unemployment, and housing.

### La Voz de Esperanza: Outcomes, Successes & Challenges

La Voz met program objectives, including high attendance at center activities and support groups.

La Voz continues to experience challenges measuring the number of unduplicated clients served due to limitations with the County's data system. LCBHS is working to develop a new process for recording participants to accurately assess unique individuals served.

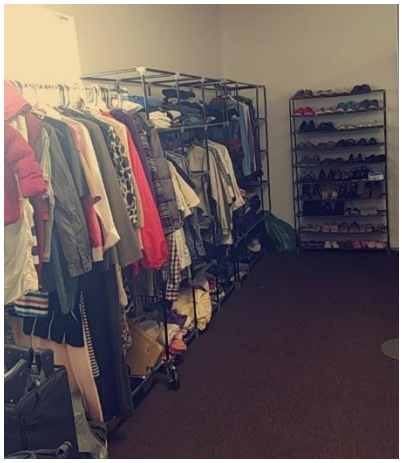
### La Voz de Esperanza: Anticipated Activities for FY 21-22

Center activities will continue as described above.

## 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. The Center currently offers these groups over Zoom, Facebook Room, and in person. The Center also has a clothing closet and hosts a 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: Outcomes, Successes & Challenges

Due to COVID-19, the center was not open as much as anticipated. However, during December the Family Support Center got the clothing closet up and running. Individuals came to the center and were able to take bags of clothes for their families.

The Family Support Center opened in February 2020 and had to close at the end of March due to the pandemic. During the time the Center was open, staff distributed flyers and conducted a lot of outreach to the community. The Center is slowly getting people in the doors and assisting them, as well as working on community connections with different agencies. In addition, the Family Support Center continues to experience challenges measuring the number of unduplicated clients served due to limitations with the County's data system. LCBHS is working to develop a new process for recording participants to accurately assess unique individuals served.

**Client Success Story**

The clothing closet received some really nice donations, with clothing items that were new with tags. One of the mothers who came into the Family Support Center stated she was able to get Christmas gifts for some of her kids. She explained that she was laid off from work due to COVID and was having a hard time financially. She was so grateful that the Center offered the clothing closet and that she was able to get items for her children.

### Family Support Center: Anticipated Activities for FY 21-22

In addition to the activities described above, the Family Support Center is working on getting a shower trailer at least once a week and hoping to set up a food giveaway at least one per month.

## Postpartum Depression Screening and Support: Mother-Wise

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☒ Prevention ☐ Early Intervention ☐ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☐ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☐ Children Age 0 – 15 | ☒ Transitional Age Youth Age 16 – 25 | ☒ Adult Age 26 – 59 | ☐ Older Adult Age 60+ |
| **Underserved Population(s):** Perinatal participants (maternal mental health screening, support, and services are highly limited in Lake County) | | | | |
| **Number served:** 1,284 | | **Total Cost:** $308,138 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 999 | | **Proposed Budget:** $115,000 | **Cost per Person:** $115 | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 1,350 | | **Proposed Budget:** $115,000 | **Cost per Person:** $85 | |

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

Mother-Wise offers consistent opportunities for social support to new and expecting mothers in effort to prevent, or limit severity of, Perinatal Mood and Anxiety Disorders (PMADs). Mothers receive support through:

- Weekly home visits with a trained "Saathi" volunteer - temporarily suspended (COVID-19) and replaced by regular follow-up communication with staff
- In-person through 2/2020, then temporarily suspended (COVID-19) and replaced by text/video posting and virtual trained facilitator-led meetings and online mothers' group
- Tangible items through "Mom-to-Mom Closet" of donated supplies
- Connection to a network of local resources

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

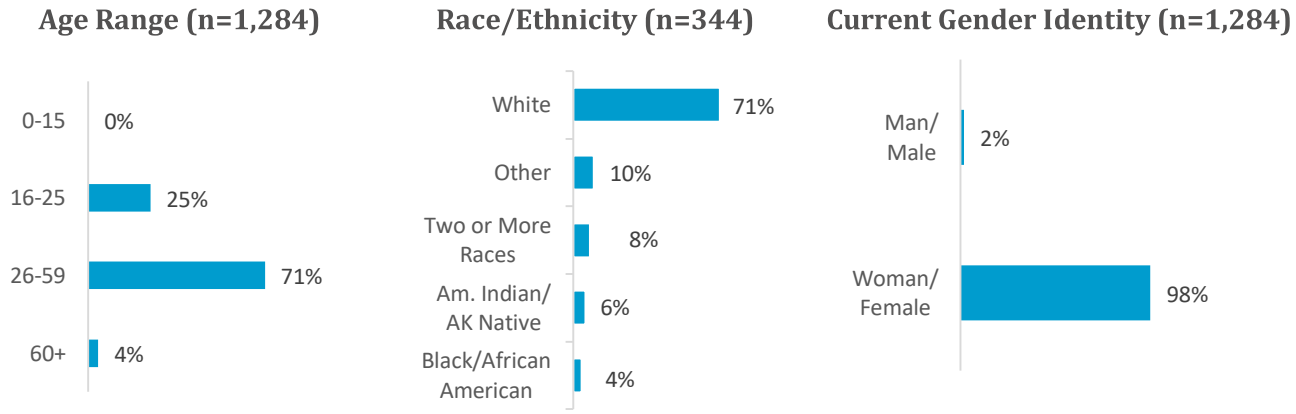
- PMAD Screening and Early Identification through use of Edinburgh Postnatal Depression Scale (EPDS)
- PMAD Awareness and Training for health professions, volunteers, and staff
- In-Home Visits from trained Saathi to support and screen mothers for depression using EPDS - temporarily suspended (COVID-19)
- In-Person Social Support for Mothers: Mother-Wise hosts weekly groups for moms and babies, led by a trained facilitator.

- Mom-to-Mom Closet, which provides donated maternity and baby items, including diapers, formula, clothes and more.
- Outreach and engagement through social media

Perinatal participants are engaged by the program through carefully cultivated outreach that imparts a sense of welcoming and acceptance. This approach encourages participants to seek and accept assistance when, and if, they need it, whether through referrals to resources in the community or by way of tangible Mom-to-Mom Closet items. Participants are also engaged through staff and/or Saathi volunteer contact and follow-up that focuses on offering non-judgmental support, while in-person and online mothers' groups invite them to become part of a larger local community.

The program also reaches out to perinatal individuals of the underserved teenage, LGBTQIA+, and Latinx populations. Expectant and new teenage mothers are often engaged through Mother-Wise maintaining positive relationships with other programs in the community that offer services specific to teens, in addition to targeted outreach efforts and a consistent reputation that inspires word-of-mouth and formal referrals to younger expectant and new mothers. Mother-Wise reaches out to LGBTQIA+ individuals by sharing information with the community that utilizes inclusive content and language and recognizes that pregnancy, birth, and the mental health that accompany these experiences are not limited to motherhood. In sharing this information, the program encourages qualified LGBTQIA+ birthing persons, birthing partners, and non-gestational partners to engage and receive services. Mother-Wise also reaches out to Latinx individuals by receiving referrals for and connecting with Spanish-speaking participants; the program plans to further engage this underserved population by hiring a Spanish-speaking staff member to follow up with and lead a group for participants who primarily speak Spanish or are bilingual.

### Mother-Wise: Consumer Demographic Information[30]




[30] Race: Other includes Asian, Native Hawaiian/Other Pacific Islander, and Other. Race and ethnicity data were limited compared to other demographic characteristics.

### Mother-Wise: Outcomes, Successes & Challenges

Mother-Wise achieved the following outcomes:

*Increased utilization of supports:* COVID-19 reduced Mother-Wise's ability to conduct in-person outreach and education. In place, the program worked remotely with other organizations like Sutter's Safe Sleep Class conference call to talk about maternal mental health and connect with local mothers. Mother-Wise also utilized social media to target outreach and education to the program's Facebook followers, delivering an average of 814 post views to over 4,000 viewers while simultaneously serving 1,433 online mothers' group members.

*Improved scores on Edinburgh Postnatal Depression Scale (EPDS):* EPDS screenings were not conducted regularly within the program once in-person services were temporarily suspended, as they are typically administered with participants at in-person office appointments. In adapting to remote services, Mother-Wise built and launched the program's website with the EPDS screening tool included digitally. Staff can now share a link with participants and screen them online.

*Individuals report feeling better supported after connecting with Mother-Wise*. In honor of Maternal Mental Health Awareness Month, the online mothers' group asked moms to share what motherhood is truly like for them. One participant commented:

*"Thank you...I am finally starting to recognize my own mental health...It is nothing to be ashamed about. We MUST all share and talk about our experiences. Who knows what mom might be reading these posts...and finally seek professional help."*
*- Participant*

One of Mother-Wise's key successes arose in response to COVID-19 and the need to adapt to no-contact services. The program's Saathi volunteer home visiting and weekly in-person mothers' groups generally serve as opportunities to connect with expectant and new mothers, provide support, and conduct screening measures. With these two services temporarily suspended, Mother-Wise staff utilized the online mothers' group to identify 97 additional qualified perinatal participants, establish routine follow-ups, and build supportive relationships with them. This practice was then integrated into the program's general activities and is slated to expand greatly over the course of the next fiscal year.

Another key success of the program was the ability of staff to provide appropriate referrals to therapists, support groups, community organizations, and other local resources despite shelter-in-place orders and the sudden closure of many in-person services due to COVID-19. Of the 97 additional qualified participants that staff identified and consistently followed up with, 21 (approximately 20%) were connected with therapists, therapy provider services, and support groups.

In terms of challenges, Mother-Wise is very dependent on financial backing of other agencies to serve its clients. As such, the program lacks a number of resources – including staffing – that could better support the program.

### Mother-Wise: Anticipated Activities for FY 21-22

In the upcoming Fiscal Year, Mother-Wise plans to continue with current activities, slowly reinstate in-person essential services that were temporarily suspended due to COVID-19, add a bilingual staff member/group facilitator and a Mom-to-Mom Closet Coordinator position, and collaborate with other TAY service providers to establish peer groups for young moms. As mentioned, Mother-Wise is also in the process of becoming a non-profit corporation. After achieving non-profit status, Mother-Wise hopes to geographically expand all services to the Clearlake area through the addition of another office in Clearlake or Lower Lake.

## Prevention Mini Grants

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☒ Prevention ☐ Early Intervention ☐ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☐ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☒ Children Age 0 – 15 | ☒ Transitional Age Youth Age 16 – 25 | ☒ Adult Age 26 – 59 | ☒ Older Adult Age 60+ |
| **Underserved Population(s):** Native American, Latinx, individuals who have a disability, older adults | | | | |
| **Number served:** 231[31] | | **Total Cost:** $32,408 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 1,600 | **Proposed Budget:** $25,000 | **Cost per Person:** $250 | | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 250-400 | **Proposed Budget:** $25,000 | **Cost per Person:** $62-$100 | | |

### 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 grant programs included:

- Hospice Services of Lake County: Memory to Legacies-Senior Appreciation
- Hospice Services of Lake County: Wings of Hope-Family Bereavement Camps
- Hospice Services of Lake County: Day of the Dead-Light Up A Life and Loving Through Loss
- School Based- Wings of Hope Bereavement Counseling
- Sew & Talk: Inter-generational Social Healing Circle
- "Patient No More" Museum Exhibit
- RCS The Harbor on Main Rise up Life Skills Workshop
- Positivity Party: It's a Family Affair
- Latino Wellness Institute

### Prevention Mini Grants: Consumer Demographic Information

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

### Prevention Mini Grants: Outcomes, Successes & Challenges

Select outcomes, successes, and challenges include:

[31] Data in number served was unavailable for three grantees - Hospice Services of Lake County: Wings of Hope-Family Bereavement Camps, "Patient No More" Museum Exhibit, and RCS The Harbor on Main Rise up Life Skills Workshop.

- Positivity Party: It's a Family Affair was a multi-cultural event with a workshop conducted by Camp Fame where an African drumming routine was taught and later performed. Live music provided a cultural mix of dancing where people from all different backgrounds came together to enjoy and have fun without the presence of drugs and alcohol. Initially the staff leading the event were concerned about the lack of awareness about the event, and engaged in outreach activities in the community to encourage people to attend.
- Sew & Talk: Inter-generational Social Healing Circles were an opportunity for older adults, Native American, and Latino groups to find camaraderie and healing through the facilitated workshops of intergenerational sew and talk. COVID-19 prevented three workshops from occurring at the end of March. Instead, funds were used to purchase sewing machines to be used in future classes and workshops.
- RCS The Harbor on Main Rise up Life Skills Workshop was the first evidence-based life skills program implemented within the Harbor on Main Youth Resource Center (YRC) since the move into their permanent location. The Rise Up Life Skills Program graduated a total of 20 youth from the workshops. In total, the YRC saw approximately 48 youth engage in these workshops, most of whom attended at least 50% of one of the sessions. Another notable success is the improved self-esteem of the youth who completed the Rise Up Program. Based on a self-reported self-esteem inventory, youth reported progress in at least three different areas of self-esteem in comparison to their initial scores at the beginning of each workshop. One of the most significant challenges of this program was adhering to proposed timelines for completion of the project. At the start of the funding period, Lakeport experienced significant wildfires which adversely impacted the start and completion dates of the program. In addition, there was a high rate of staff turnover at the same time of the wildfires.
- "Patient No More" Museum Exhibit told the story of how 100 people, mostly with disabilities occupied the Federal Building in San Francisco as part of a civil rights movement. Through this exhibit, the organizers were able to bring in speaker Anthony Tusler, who participated in the protest, as well as several people from People Services to speak about the history of their program in Lake County, and their work program.

### Prevention Mini Grants: Anticipated Activities for FY 21-22

Program activities will continue as described above.

## Statewide, Regional, and Local Projects

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified | |
| **Service Area:** | ☐ Prevention ☐ Early Intervention ☐ Access & Linkage to Treatment<br>☒ Stigma and Discrimination Reduction ☒ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☐ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☐ Children Age 0 – 15 | ☒ Transitional Age Youth Age 16 – 25 | ☒ Adult Age 26 – 59 | ☒ Older Adult Age 60+ |
| **Underserved Population(s):** N/A[32] | | | | |
| **Number served:** 700 | | **Total Cost:** $27,859 | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** 700 | **Proposed Budget:** $40,000 | | **Cost per Person:** $57 | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 700 | **Proposed Budget:** $30,000 | | **Cost per Person:** $43 | |

### 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 Know 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.
- **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: Consumer Demographic Information

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

### Statewide, Regional, and Local Projects: Outcomes, Successes & Challenges

The Suicide Prevention hotline fielded 257 calls in 2019 and 140 calls in 2020.

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

The County held 11 QPR training classes at three local high schools for approximately 270 9th grade students. The County also held 10 Know the Signs classes at two local middle schools and one local elementary school for approximately 200 7th graders and 75 8th graders. In addition, the County distributed Know the Signs coasters, coffee sleeves, and posters to local businesses for display. Posters were posted at in local businesses with high traffic volume—such as grocery stores, coffee shops, and dollar stores—as well as in pharmacies and health clinics.

### Statewide, Regional, and Local Projects: Anticipated Activities for FY 21-22

Program activities will continue as described above.

## Street Outreach

| FY 2019 – 2020 Program Overview | | | | |
|---|---|---|---|---|
| **Status:** | ☒New | ☐Continuing | ☐Modified | |
| **Service Area:** | ☐ Prevention ☐ Early Intervention ☒ Access & Linkage to Treatment<br>☐ Stigma and Discrimination Reduction ☐ Suicide Prevention<br>☐ Outreach for Increasing Recognition of Early Signs of Mental Illness<br>☐ Improve Timely Access to Services for Underserved Populations | | | |
| **Target Population(s):** | ☒ Children Age 0 – 15 | ☒ Transitional Age Youth Age 16 – 25 | ☒ Adult Age 26 – 59 | ☒ Older Adult Age 60+ |
| **Underserved Population(s):** Native American and Latinx communities, TAY, unhoused individuals, and families with children | | | | |
| **Number served:** N/A | | **Total Cost:** N/A | | |
| **FY 2020-2021 Program Projections** | | | | |
| **Number to be Served:** N/A | | **Proposed Budget:** N/A | **Cost per Person:** N/A | |
| **FY 2021-2022 Program Projections** | | | | |
| **Number to be Served:** 700 | | **Proposed Budget:** $110,000 | **Cost per Person:** $143 | |

### Street Outreach: Program Description and Key Activities

With the increase of prevention/outreach staff and at the recommendation of stakeholders, the goal of this program is to spend more time out in the community doing outreach. Through another grant, 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 offer assistance, provide linkages, and provide resources such 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 will be able to respond to referrals when other first responders, such as law enforcement, identify someone who needs some assistance for their mental health. This ability will be able to expand the scope of the Crisis Continuum. The van will have the ability to transport someone to a place of assistance if the need presents itself.

### Street Outreach: Consumer Demographic Information

Demographic information is not yet available because this is a new program.

### Street Outreach: Outcomes, Successes & Challenges

Outcomes, successes, and challenges are not yet available because this is a new program.

### Street Outreach: Anticipated Activities for FY 21-22

Program activities will be implemented as described above.

# Innovation

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.

## Full Cycle Referral and Consumer-Driven Care Coordination

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

For activities, service, and financial data from FY 2019-2020 on this program, please see Appendix E for LCBHS's *MHSA Annual Innovation Project Report, Fiscal Year 2019-2020.* MHSA INN funding for the Full Cycle Referral and Consumer-Driven Care Coordination project will be concluding at the end of FY2020-21; however, Lake County is leveraging Whole Person Care grant funding administered through the Department of Health Care Services (DHCS) to support project implementation beyond FY2020-21.

## Multi-County Full Service Partnership Innovation Collaborative

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

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

LCBHS management and community stakeholders have consistently identified the need for clear, consistent, and reliable data and outcomes to assist programs in identifying goals, measuring success and pinpointing areas that may need improvement. LCBHS aims to establish, identify, and define clear guidelines ("guardrails") for each step in a client's journey through FSP to support decision making and

provide clients with a clear vision for their experience in the program, while retaining the flexible "whatever it takes" FSP philosophy.

Lake County Behavioral Health Services seeks to participate in the multi-county initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. Participation in the multi-county FSP Innovation Collaborative will allow Lake County Behavioral Health Services to address current challenges and center FSP programs and services around meaningful outcomes for participants. In addition, this project will provide LCBHS the opportunity to share and exchange knowledge with other counties participating in this project and through the statewide learning community.

For more information about the proposed innovation plan and budget request, please see *Appendix F. Multi-County Full Service Partnership Innovation Collaborative – Lake County Innovation Plan.*

# Workforce, Education, and Training Programs

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

## Workforce Education and Training

| FY 2019 – 2020 Program Overview | | | |
|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified |
| **Total Cost:** $124,194 | | | |
| **FY 2020-2021 Program Projections** | | | |
| **Proposed Budget:** $235,000 | | Trainings and Staff Development: $57,000<br>Financial Incentive Program: $40,000<br>Career Pathways Program: $40,000<br>WET Coordinator: $75,000<br>Electronic Learning System: $23,000 | |
| **FY 2021-2022 Program Projections** | | | |
| **Proposed Budget:** $235,000 | | Trainings and Staff Development: $57,000<br>Financial Incentive Program: $40,000<br>Career Pathways Program: $40,000<br>WET Coordinator: $75,000<br>Electronic Learning System: $23,000 | |

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

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

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

### Workforce Education and Training: Outcomes, Successes & Challenges

**WET Collaborative:** During FY19-20, LCBHS continued to work with the Superior Region on the Regional WET Collaborative. By participating and contributing to the collaborative, California's Office of Statewide Health Planning and Development (OSHPD) will contribute a two for one match in the collaborative project. The Superior Region collaborative has decided the funds will be used for 1) Undergraduate College/University Scholarships, 2) Clinical Master & Doctoral Graduate Education Stipends, 2) Loan

Repayment, and 3) Staff Retention Activities. Lake County would contribute $54,479 and by participating in the collaborative, will have the following:

| Program | Funding for each Program | Number of Lake County Participants |
|---|---|---|
| Undergraduate College/University Scholarships | $1,000 | 3 |
| Clinical Master & Doctoral Graduate Education Stipends | $8,000 | 9 |
| Loan Repayment | $11,000 | 12 |
| Staff Retention Activities | Across the Regional Collaborative | |

**Staff Training:** WET funds paid for 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.

**Launching of e-learning System:** LCBHS subscribed to RELIAS and its Behavioral Health Solutions component. There are hundreds of trainings available, many including continuing education units (CEUs), and LCBHS was able to upload recorded trainings LCBHS had conducted. LCBHS is also currently working on creating training plans for all employees—particularly when onboarding new staff—and annual trainings as well as trainings specialized by job description/roles.

**Hiring of a WET Coordinator:** In the last quarter of FY20-21, LCBHS hired a WET Coordinator. This position will be working 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 will facilitate LCBHS' Training Committee and 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 21-22

In FY21-22, LCBHS will continue working with the Superior Region Collaborative to make WET programs available to staff and community members. Additionally, LCBHS plans to develop a career ladder with support of the WET Coordinator.

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

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

# Capital Facilities and Technology

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

## Capital Facilities

| FY 2019 – 2020 Program Overview | | | |
|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified |
| **Total Cost:** $468,803 | | | |
| **FY 2020-2021 Program Projections** | | | |
| **Proposed Budget:** 350,000 | | | |
| **FY 2021-2022 Program Projections** | | | |
| **Proposed Budget:** $250,664 | | | |

### Capital Facilities: Program Description and Key Activities

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

### Capital Facilities: Outcomes, Successes & Challenges

Due to the pandemic, capital facilities improvements were not possible in FY19-20. As a result, upgrades and improvements to the LCBHS South Shore Clinic project were postponed.

### Capital Facilities: Anticipated Activities for FY 21-22

With the pandemic dissipating, LCBHS anticipates that improvements to the South Shore building may begin in FY21-22, carrying over the funding from previous years.

## Lake County Electronic Health Record Project

| FY 2019 – 2020 Program Overview | | | |
|---|---|---|---|
| **Status:** | ☐New | ☒Continuing | ☐Modified |
| **Total Cost:** $9,847 | | | |
| **FY 2020-2021 Program Projections** | | | |
| **Proposed Budget:** $50,000 | | | |
| **FY 2021-2022 Program Projections** | | | |
| **Proposed Budget:** $200,000 | | | |

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

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

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

LCBHS' endeavor to obtain a new Electronic Health Record (EHR) has been delayed due to the current vendor being unable to guarantee California readiness. After reviewing a number of potential EHRs, the department decided to go into a collaborative of other county behavioral health departments to find an EHR that all could use and maintain a coalition, along with CalMHSA, to ensure the EHR will continue to meet counties' needs.

### Lake County Electronic Health Record Project: Anticipated Activities for FY 21-22

The funding for the EHR will be carried over to FY21-22 as a new system is sought.

# VI. Fiscal Year 2021-2022 Expenditure Plan

## Funding Summary

**Mental Health Services Act Annual Update: FY2021-22 Expenditure Plan**
**Funding Summary**

County: Lake County | Date: June 2021

| | 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 2021-22 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years* | 7,938,289 | 1,160,627 | 1,054,200 | 343,666 | 664 | |
| 2. Estimated New FY 2021-22 Funding | 3,589,020 | 897,352 | 236,084 | | | |
| 3. Transfer in FY 2021-22[a/] | 685,000 | | | 235,000 | 450,000 | 0 |
| 4. Access Local Prudent Reserve in FY 2021-22 | 0 | 0 | | | | 0 |
| 5. Estimated Available Funding for FY 2021-22 | 12,212,309 | 2,057,979 | 1,290,284 | 578,666 | 450,664 | |
| **B. Estimated FY 2021-22 MHSA Expenditures** | 3,895,000 | 1,003,140 | 359,390 | 235,000 | 450,664 | |
| **C. Estimated FY 2021-22 Unspent Fund Balance** | 8,317,309 | 1,054,839 | 930,894 | 343,666 | (0) | |

| **D. Estimated Local Prudent Reserve Balance**** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2021 | 836,050 |
| 2. Contributions to the Local Prudent Reserve in FY 2021-22 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2021-22 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2022 | 836,050 |

## Community Services and Supports (CSS) Component)

**Mental Health Services Act Annual Update: FY2021-22 Expenditure Plan**
**Community Services and Supports (CSS) Component**

County: Lake County | Date: June 2021

| | Fiscal Year 2021-22 | | | | | |
|---|---|---|---|---|---|---|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **FSP Programs** | | | | | | |
| 1. Full Service Partnership (including Housing Access) | 2,500,000 | 2,000,000 | 500,000 | | | |
| **Non-FSP Programs** | | | | | | |
| 1. Crisis Access Continuum | 275,000 | 265,000 | 10,000 | | | |
| 2. Forensic Mental Health Partnership | 110,000 | 85,000 | 25,000 | | | |
| 3. Older Adult Access - Senior Peer Counseling/SOC | 220,000 | 180,000 | 40,000 | | | |
| 4. Parent Partner Support | 70,000 | 70,000 | | | | |
| 5. Trauma-Focused Co-Occurring Disorder Screening & Treatment | 100,000 | 65,000 | 35,000 | | | |
| 6. Peer Support Centers: Outreach and Engagement | 400,000 | 400,000 | | | | |
| 7. Peer Support Centers: Peer Support | 150,000 | 150,000 | | | | |
| **CSS Administration*** | 680,000 | 680,000 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 4,505,000 | 3,895,000 | 610,000 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 64.2% | | | | | |

# Prevention and Early Intervention (PEI) Component

**Mental Health Services Act Annual Update: FY2021-22 Expenditure Plan**
**Prevention and Early Intervention (PEI) Component**

County: Lake County Date: June 2021

| | Fiscal Year 2021-22 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 221,000 | 221,000 | | | | |
| 2. Peer Support Recovery Centers | 200,000 | 200,000 | | | | |
| 3. Prevention Mini-Grants | 25,000 | 25,000 | | | | |
| 4. Postpartum Depression Screening and Support: Mother-Wise | 115,000 | 115,000 | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 5. Early Intervention Services | 200,000 | 150,000 | 50,000 | | | |
| **PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illne** | | | | | | |
| 6. Mental Health First Aid | 20,000 | 20,000 | | | | |
| **PEI Programs - Access and Linkage to Treatment** | | | | | | |
| 7. Street Outreach | 110,000 | 10,000 | | | | 100,000 |
| **PEI Programs - Improve Timely Access to Services for Underserved Populations** | | | | | | |
| 8. Older Adult Outreach and Prevention - The Friendly Visitor Program | 42,140 | 42,140 | | | | |
| **PEI Programs - Suicide Prevention** | | | | | | |
| 9. Suicide Prevention | 20,000 | 20,000 | | | | |
| **PEI - Stigma and Discrimination Reduction** | | | | | | |
| 10. Statewide & Regional Projects | 30,000 | 30,000 | | | | |
| **PEI Administration** | 170,000 | 170,000 | | | | |
| **PEI Assigned Funds** | 0 | 0 | | | | |
| **Total PEI Program Estimated Expenditures** | 1,153,140 | 1,003,140 | 50,000 | 0 | 0 | 100,000 |

## PEI Priority Area: Estimated Allocation

| PEI PROGRAM | PEI PRIORITY AREAS: Childhood Trauma Prevention and Early Intervention | Early Detection, Intervention, and Suicide Prevention | Youth Outreach and Engagement | Older Adult Services | Culturally Competent Services |
|---|---|---|---|---|---|
| Early Intervention Services | ■ | ■ | | | |
| Family Stabilization and Wellbeing: NEST | ■ | | | | |
| Mental Health First Aid | | ■ | | | |
| Older Adult Outreach and Prevention - The Friendly Visitor Program | | | | ■ | |
| Peer Support Recovery Centers | | | ■ | | ■ |
| Postpartum Depression Screening and Support: Mother-Wise | | ■ | | | |
| Prevention Mini-Grants | ■ | ■ | ■ | ■ | ■ |
| Statewide, Regional Projects & Local Projects | ■ | ■ | ■ | | |
| Street Outreach | ■ | ■ | ■ | ■ | ■ |
| Suicide Prevention | | ■ | | | |
| **Estimated Percent of PEI Funding*** | **51%** | **46%** | **32%** | **16%** | **29%** |

*Estimated funding percentages across PEI Priority Areas add up to greater than 100% as several programs target multiple priority areas.

## Innovation (INN) Component

**Mental Health Services Act Annual Update: FY2021-22 Expenditure Plan**
**Innovations (INN) Component**

County: Lake County — Date: June 2021

| | Fiscal Year 2021-22 | | | | | |
|---|---|---|---|---|---|---|
| | 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. New Project (s): FSP Collaborative | 339,390 | | | | | |
| **INN Administration** | 20,000 | | | | | |
| **Total INN Program Estimated Expenditures** | 359,390 | 0 | 0 | 0 | 0 | 0 |

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

**Mental Health Services Act Annual Update: FY2021-22 Expenditure Plan**
**Workforce, Education and Training (WET) Component**

County: Lake County — Date: June 2021

| | Fiscal Year 2021-22 | | | | | |
|---|---|---|---|---|---|---|
| | 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. Training and Staff Development | 57,000 | 57,000 | | | | |
| 2. Financial Incentive Program | 40,000 | 40,000 | | | | |
| 3. Career Pathways Program | 40,000 | 40,000 | | | | |
| 4. WET Coordinator | 75,000 | 75,000 | | | | |
| 5. Electronic Learning System | 23,000 | 23,000 | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 235,000 | 235,000 | 0 | 0 | 0 | 0 |

## Capital Facilities and Technological Needs (CFTN) Component

**Mental Health Services Act Annual Update: FY2021-22 Expenditure Plan**
**Capital Facilities/Technological Needs (CFTN) Component**

County: Lake County — Date: June 2021

| | Fiscal Year 2021-22 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 250,664 | 250,664 | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 1. Lake County Electronic Health Record Project | 200,000 | 200,000 | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 450,664 | 450,664 | 0 | 0 | 0 | 0 |

# VII. Appendices

## Appendix A: Community Meeting Flyers

**Lake County Behavioral Health Services** invites you to participate in the:

**Mental Health Services Act**
**FY20-21 Program Planning Meeting**

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

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

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

**Date:** Thursday February 4th
**Time:** 10:00am – 12:00pm*
*Zoom technical assistance will be provided from 9:30-10:00am
**Web Link:** https://zoom.us/j/91600687440
**Dial-In:** Phone Number: 669-900-6833
Meeting ID: 916 0068 7440

**Please RSVP by emailing your name** and direct any questions to:
Patricia Russell, LCBHS MHSA Analyst
patricia.russell@lakecountyca.gov

**We also invite you to take our online survey to share your experiences with LCBHS programs and services during the COVID-19 pandemic:**
https://tinyurl.com/2020-MHSA-survey
The survey is available in both English and Spanish, and must be completed by February 15th.

LCBHS

**Los Servicios de Salud del Comportamiento del Condado de Lake**
le invitan a participar en:

**Mental Health Services Act**
**Reunión para la Planificación de Programas del Año Fiscal 20-21**

¿Es usted un proveedor, una parte interesada o simplemente un miembro de la comunidad interesado en la Mental Health Services Act (Prop 63)? ¿O es usted un consumidor de salud mental, familiar o amigo? ¿O simplemente disfruta asistir a un centro de apoyo de pares?

**¡Por favor, únase a la próxima**
**Reunión del Comité de Tomadores de Decisiones de MHSA!**
Discutiremos los programas de salud del comportamiento de MHSA y los servicios que se ofrecerán el año que entra. ¡Todos son bienvenidos! ¡Sus opiniones son esenciales!

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

**Fecha:** Jueves 4 de febrero
**Hora:** 10:00am – 12:00pm*
*Se dará asistencia técnica de Zoom de 9:30-10:00am
**Liga de Zoom:** https://zoom.us/j/91600687440
**Teléfono:** Número: 669-900-6833
ID de la reunión: 916 0068 7440

**Por favor, confirme su asistencia enviando su nombre por correo electrónico** y dirija cualquier pregunta a Patricia Russell a patricia.russell@lakecountyca.gov

Si necesita apoyo de traducción al español para participar en la reunión, informe a Patricia Russell antes del 25 de enero.

**También le invitamos a contestar una encuesta en línea para compartir sus experiencias con los programas y servicios de LCBHS durante la pandemia de COVID-19:**
https://tinyurl.com/2020-MHSA-survey
Se podrá contestar hasta el 15 de febrero.

LCBHS

LCBHS

Lake County Behavioral Health Services invites you to participate in the:

**Mental Health Services Act**
**FY20-21 Program Planning Meeting #2**

Do you, a friend, or family member receive mental health services or attend a peer support center? Or are you a provider or community member interested in mental health services or the Mental Health Services Act (Proposition 63)?

**Please join us for the second MHSA Stakeholder Community Meeting!**
This is the second of two meetings. We will share key findings about community needs based on stakeholder input, discuss MHSA mental health programs and services for the upcoming year, and explore ways to address the most pressing issues.

**All are welcome to attend! Your input is essential!**

The meeting will be held over Zoom and you can join by computer or dial-in by phone.

**Date:** Thursday April 15th
**Time:** 10:00am – 11:30am*
*Zoom technical assistance will be provided from 9:45-10:00am
**Web Link:** https://zoom.us/j/99450062890
**Dial-In:** Phone Number: 669-900-6833
Meeting ID: 994 5006 2890

**Please RSVP by emailing your name and any questions to:**
Patricia Russell, LCBHS MHSA Analyst: Patricia.Russell@lakecountyca.gov

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

## Public Hearing Notice

### Lake County Behavioral Health

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

**MHSA Annual Update for**
**Fiscal Year 2020-2021**

**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, June 22, 2021 and ends at 5:00 p.m. on Wednesday, July 21, 2021.** 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 5 p.m. on Wednesday, July 21, 2021.** Please use the attached comment form.

II. **A Public Hearing will be held by the Lake County Behavioral Health Services Advisory Board on Thursday, July 22, 2021 at 10:00am – 12:00pm** for the purpose of receiving further public comment on the MHSA Annual Update for Fiscal Year 2020-2021. 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:**

Public Hearing URL Link: https://zoom.us/j/92790775964
Public Hearing Dial-in Information:
Phone Number: 669-900-6833
Meeting ID: 927 9077 5964

**Peer Support Center In-Person Meeting Locations:**

- La Vos Esperanza Latino Peer Support Center: 14585 Suite B Olympic Dr., Clearlake.
- Circle of Native Minds Peer Support Center: 845 Bevins 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 2020-2021** or other MHSA documents via Internet, follow this link to the Lake County website:
http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm

IV. Printed copies of the MHSA Annual Update for Fiscal Year 2020-2021 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 Vos Esperanza Latino Peer Support Center: 14585 Suite B Olympic Dr., Clearlake.
- Circle of Native Minds Peer Support Center: 845 Bevins 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.

To obtain a copy by mail, or to request an accommodation or translation of the document into other languages or formats, call 707-274-9101 before 5:00 p.m., by Tuesday, June 29, 2021.

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

**Public Comment Period: July 14, 2020 through August 12, 2020**

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

**MHSA Three-Year Program and Expenditure Plan for**
**Fiscal Years 2020-21 through 2022-23**

**Document is posted on the Internet at:**
**http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm**

**PERSONAL INFORMATION (optional)**

Name: _____

Agency/Organization: _____

Phone Number: _____Email address: _____

Mailing address: _____

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

___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):***

# Proof of Public Hearing Notice

Lake County Publishing
**Lake County Record-Bee**
2150 S. Main St., PO Box 849
Lakeport, CA 95453
(707) 263-5636
advertising@record-bee.com

COUNTY OF LAKE, MENTAL HEALTH SERVICES
ATTN: ACCOUNTS PAYABLE
PO BOX 1024
LUCERNE, CA 95460-1024

*Account Number:* 2110116

*Ad Order Number:* 0006587734

*Customer's Reference / PO Number:* Notice of Public Hearing

*Publication:* Lake County Record-Bee

*Publication Dates:* 06/29/2021, 07/06/2021, 07/13/2021, 07/20/2021

*Amount:* $992.68

*Payment Amount:* $0.00

1

*Invoice Text:* R821714
Lake County Behavioral Health
**NOTICE OF 30-DAY PUBLIC COMMENT PERIOD & NOTICE OF PUBLIC HEARING**
**MHSA Annual Update for Fiscal Year 2020-2021**

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6/29,7/6,7/13,7/20/2021

2

Lake County Publishing
**Lake County Record-Bee**
2150 S. Main St., P O Box 849
Lakeport, CA 95453
(707) 263-5636
advertising@record-bee.com

2110116

COUNTY OF LAKE, MENTAL HEALTH SERVICES
ATTN: ACCOUNTS PAYABLE
PO BOX 1024
LUCERNE, CA 95460-1024

## Affidavit of Publication
## STATE OF CALIFORNIA
## County of Lake

I, Audrey Taylor, being first duly sworn, depose and say: That at and during all the dates and times herein mentioned I was, and now am the legal clerk of the Lake County Record-Bee, a newspaper published for the dissemination of local or telegraphic news and intelligence of a general character, having a bona fide subscription list of paying subscribers, and which is, and has been, established, printed and published at regular intervals, to-wit: Daily (except Sunday and Monday) in the City of Lakeport, County and State aforesaid, for more than one year preceding the date of the publication below mentioned, a newspaper of general circulation, as that term is defined by Section 6,000 et al, of the Government Code of the State of California, and is not and was not during any said times, a newspaper devoted to the interests or denomination, or for any members of such classes, professions, trades, callings, races or denominations.

That at, and during all of said dates and times herein mentioned, affiant had and now has knowledge and charge of all notes and advertisements appearing in said newspaper, that the notice of which the annexed is printed copy, was published each week in the regular and entire issue of one or more number of the said newspaper during the period and times of publication thereof, to-wit:

For 4 issues published therein on the following dates, viz: 06/29/2021, 07/06/2021, 07/13/2021, 07/20/2021,

that said notice was published in said newspaper proper and not in a supplement; that said notice, as so published, was set in type not smaller than nonpareil, and was preceded with words printed in black face type not smaller than nonpareil, describing and expressing in general terms the purport and character of said notice, as fully appears from the exact copy of said notice, which is hereto annexed as aforesaid.

Executed this 22th day of July, 2021 at Lakeport, California. I hereby declare under penalty of perjury that I have read the foregoing and that it is true and correct.

Audrey Taylor, Legal Clerk

Legal No. **0006587734**

R821714
Lake County Behavioral Health
**NOTICE OF 30-DAY PUBLIC COMMENT PERIOD & NOTICE OF PUBLIC HEARING**
**MHSA Annual Update for Fiscal Year 2020-2021**

**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, June 22, 2021 and ends at 5:00 p.m. on Wednesday, July 21, 2021.** 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 5 p.m. on Wednesday, July 21, 2021.** Please use the attached comment form.
II.**A Public Hearing will be held by the Lake County Behavioral Health Services Advisory Board on Thursday, July 22, 2021 at 10:00am – 12:00pm** for the purpose of receiving further public comment on the MHSA Annual Update for Fiscal Year 2020-2021. 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:**
Public Hearing URL Link: https://zoom.us/j/92790775964
Public Hearing Dial-in Information:
Phone Number: 669-900-6833
Meeting ID: 927 9077 5964
**Peer Support Center In-Person Meeting Locations:**
•La Vos Esperanza Latino Peer Support Center: 14585 Suite B Olympic Dr., Clearlake.
•Circle of Native Minds Peer Support Center: 845 Bevins 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.
II.**To review the MHSA Annual Update for Fiscal Year 2020-2021** or other MHSA documents via Internet, follow this link to the Lake County website:
http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm
IV.Printed copies of the MHSA Annual Update for Fiscal Year 2020-2021 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 Vos Esperanza Latino Peer Support Center: 14585 Suite B Olympic Dr., Clearlake.
•Circle of Native Minds Peer Support Center: 845 Bevins 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.
To obtain a copy by mail, or to request an accommodation or translation of the document into other languages or formats, call 707-274-9101 before 5:00 p.m., by Tuesday, June 29, 2021.
6/29,7/6,7/13,7/20/2021

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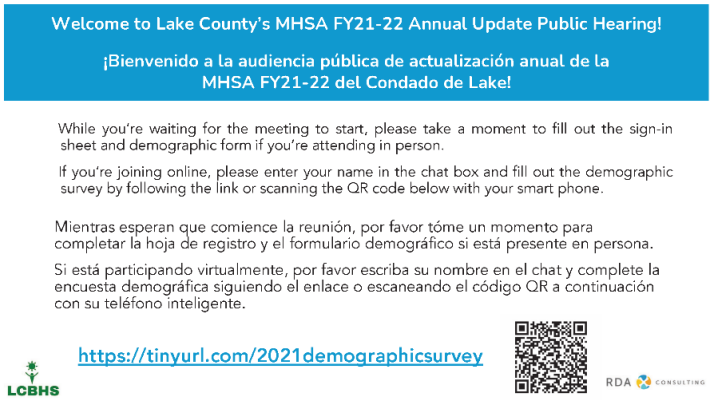
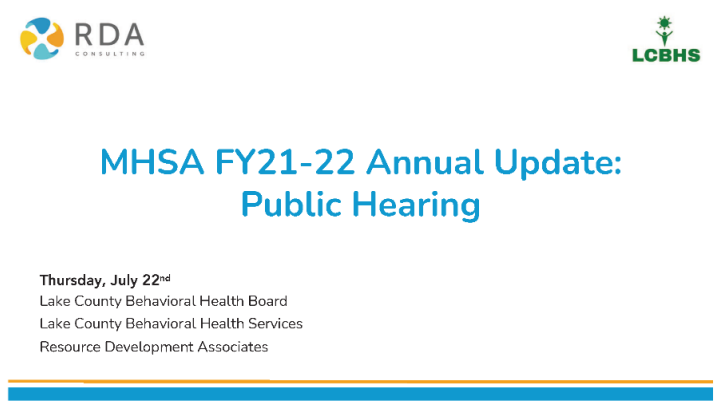
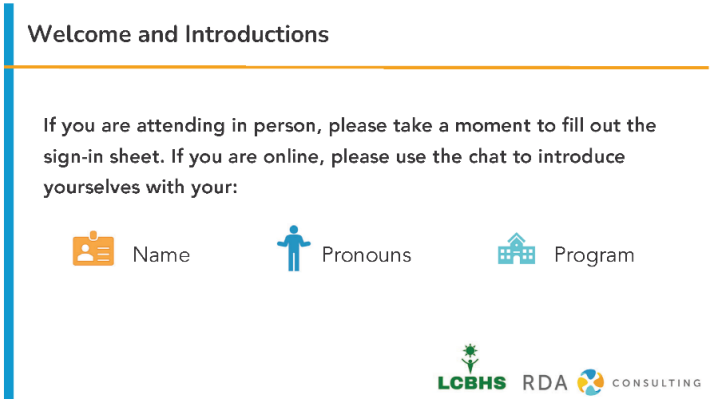
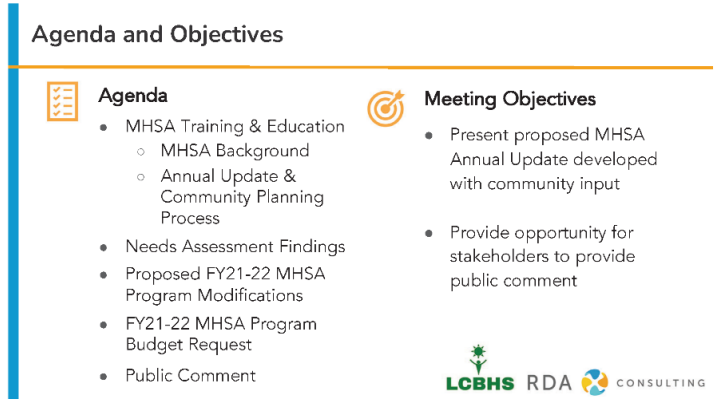
## Public Hearing Slides (English)



## Meeting Tips

### 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 for the Public Comment portion of the meeting.
  - 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.

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## Mental Health Services Act: Training & Education

### MHSA Background & Overview

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


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## MHSA Background & 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)

## MHSA Background & Overview: FY20-21 MHSA Programs

**Community Services and Supports (CSS)**
- Crisis Access Continuum
- Forensic Mental Health Partnership
- Full-Service Partnerships
- Older Adult Access
- Parent Partner Support
- Trauma-Focused Co-Occurring Disorder Screening & Treatment

**Prevention & Early Intervention (PEI)**
- Early Intervention Services
- Family Stabilization & Well-Being
- Older Adult Outreach & Prevention
- Peer Support Recovery Centers
- Postpartum Depression & Screening
- Prevention Mini-Grants
- Statewide, Regional, & Local Projects

**Innovation (INN)**
- Full Cycle Referral & Consumer-Driven Care Coordination

**Capital Facilities & Technology Needs (CFTN)**
- Capital Facilities
- Electronic Health Record Project

**Workforce Education & Training (WET)**
- Workforce, Education, & Training

## MHSA Background & Overview: FY20-21 MHSA Programs

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

http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm

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## Annual Update & Community Planning Process: Overview

**Purpose of Annual Update:**
To provide updates to the adopted MHSA Three-Year Program and Expenditure Plan for FY2020–2023, including:
- Program status and service accomplishments in FY19-20
- Program changes beginning in FY2021-22, 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

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## Annual Update & Community Planning Process: Overview

**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)

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## Annual Update & Community Planning Process: Roles and Responsibilities

**Stakeholders**
Present individual perspectives and lived experiences and share reflections of emerging strategies to meet the community's needs

**Behavioral Health Services Department**
Develop MHSA Program Update that is reflective of community needs, priorities, and identified strategies

**Behavioral Health 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**
Collect and present findings on the current system, offer recommendations for the future, facilitate discussions, and compile information into the MHSA Annual Update

## Annual Update & Community Planning Process: MHSA Planning Activities

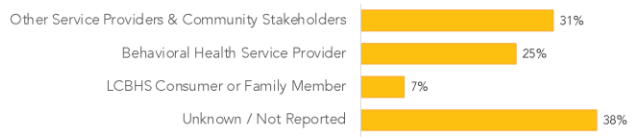
| Phase I: Kickoff | Phase II: Needs Assessment | Phase III: Program Planning | Phase IV: Plan Development |
|---|---|---|---|
| • Kickoff with LCBHS<br>• Document and regulatory review<br>• Materials development | • Conduct Community Meeting<br>• Launch Community Survey<br>• Collect Program Data | • Synthesize stakeholder input on needs and services<br>• Identify potential updates to the MHSA Plan | • Develop Annual Update<br>• Public Posting (June 22)<br>• **Public Hearing (July 22)**<br>• Finalize Annual Update & present to BOS (August) |
| **December '20** | **January - March '21** | **April - May '21** | **May – August '21** |

## Community Needs Assessment Findings

## Needs Assessment Participation

| Activity | Date | Participants |
|---|---|---|
| Community Meetings | February 2021 & April 2021 | 104 |
| Community Survey | January – March 2021 | 17 |
| **TOTAL** | | **121** |

**Survey and Community Meeting Stakeholder Affiliation**




## Key Themes: Strengths and Challenges

### STRENGTHS

- **Telehealth and virtual services** help some consumers continue engaging in services
- LCBHS is **leveraging social media** to share information
- There is greater **compassion and understanding** of mental health challenges

### CHALLENGES

- **Telehealth and virtual services** are not accessible to or appropriate for everyone
- Some community members and providers **lack the necessary technology** for virtual services
- **Outreach has been more challenging** with social distancing and in-person restrictions

## Key Themes: Community Needs

### COMMUNITY NEEDS

- **Populations experiencing increased needs:**
  - **Teens**
  - Older Adults
  - Chronically homeless
  - Parents of young children / teens
  - Clearlake and south County
- **Increased needs and demand for services:** mood disorders, substance use, suicidal ideation
- **More complex needs** with other financial, relational, social stressors
- **Increased options for service delivery:** in-home, field-based, tech loans
- **More outreach and prevention services**, particularly for mild-to-moderate needs
- **Transportation assistance and support** as programs reopen
- **More community health workers and peer support counselors** to extend the workforce
- Improved **internal collaboration** between LCBHS and contract providers
- Improved **coordination** between LCBHS and **external agencies**
- Better integration of **disaster and emergency preparedness plans** into mental health service delivery
- **Improved collection, use, and sharing of data** to inform decision-making

## Key Themes: Proposed Strategies to Meet Needs

### STRATEGIES

- **Funding to provide technology** to those in need
- Leverage partnerships and community resources to **develop home-visiting programs**
- Expand **outreach & prevention services**
- Promote and **strengthen 211 services and other resource directories**
- Conduct **regular meetings with LCBHS and contract providers**
- **Partner with external agencies** to provide and coordinate services
- **Create virtual or hybrid training** options for programs (e.g., MHFA)
- Create an **older adult support network**
- Provide more **parenting resources and support**
- Bolster **youth mental health services**
- Create more training opportunities for **Community Health Workers & Peer Support Counselors**
- Provide **incentives to recruit/retain workforce**

## Proposed FY21-22 MHSA Program Modifications

### FY21-22 MHSA Program Modifications

**Community Services and Supports (CSS)**

- Crisis Access Continuum
- Forensic Mental Health Partnership
- Full-Service Partnerships
- Older Adult Access
- Parent Partner Support
- Trauma-Focused Co-Occurring Disorder Screening & Treatment

**Prevention & Early Intervention (PEI)**

- Early Intervention Services
- Family Stabilization & Well-Being
- ***Mental Health First Aid (Modified)***
- Older Adult Outreach & Prevention
- Peer Support Recovery Centers
- Postpartum Depression & Screening
- Prevention Mini-Grants
- Statewide, Regional, & Local Projects
- ***Street Outreach Program (New)***

**Innovation (INN)**

- Full Cycle Referral & Consumer-Driven Care Coordination *(MHSA funding ending, but program continuing)*
- ***Multi-County Full Service Partnership Innovation Collaborative (New)***

**Capital Facilities & Technology Needs (CFTN)**

- Capital Facilities
- Electronic Health Record Project

**Workforce Education & Training (WET)**

- Workforce, Education, & Training

### FY21-22 MHSA Program Modifications

**New Programs and Modifications:**

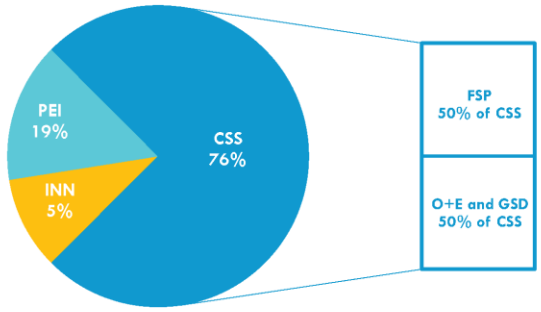
- **Street Outreach Program:** New mobile outreach services offering mental health services, resources, referrals, and service linkages
- **Multi-County FSP Innovation Collaborative:** New statewide collaborative to develop and implement data-driven strategies to better coordinate FSP delivery, operations, data collection, and evaluation.
- **Mental Health First Aid:** Expansion and designation as stand-alone program of existing initiative training community members on how to identify and respond to signs of mental illness

**Other Notable Progress Updates:**

- LCBHS **hired WET coordinator** to lead workforce training, recruitment, and retention efforts
- **Early Intervention Services received grant** to strengthen early psychosis programming
- LCBHS **awarded Whole Person Care grant** to support care coordination efforts

## FY21-22 MHSA Program Budget Request

## MHSA Allocation Requirements




## LCBHS FY21-22 MHSA Program Budget Request Summary

| MHSA Component | FY21-22 Estimated MHSA Expenditures |
|---|---|
| All Community Services & Supports (CSS) Programs | $3,895,000 |
| All Prevention & Early Intervention (PEI) Programs | $1,003,140 |
| All Innovation (INN) Programs | $359,390 |
| All Workforce, Education, and Training (WET) Programs | $235,000 |
| All Capital Facilities & Technology Needs (CFTN) Programs | $450,664 |
| TOTAL | **$5,943,194** |

## Public Comment & Discussion

## How to Contribute to the Discussion

There is a 3-minute time limit on comments. Contribute to the discussion by:

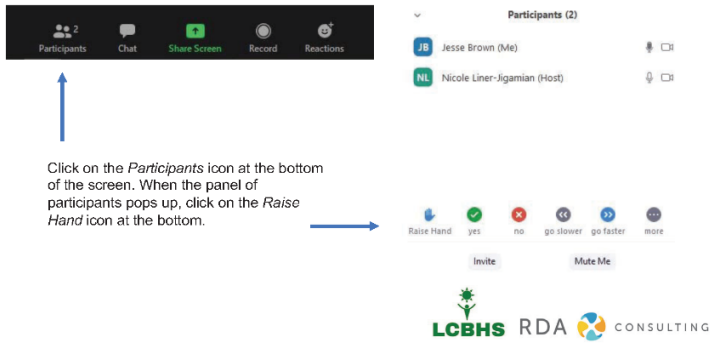
**Computer:** To speak through your computer click on the *participants* icon at the bottom of the screen and select the *raise hand* icon. If you are attending in-person, raise your hand and the on-site coordinator will select the *raise hand* icon on your behalf.

**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 Patricia.Russell@lakecountyca.gov or call Scott Abbott at 707-274-9101 x26124 by the end of the day today.

## Participant Hand Raise




Click on the *Participants* icon at the bottom of the screen. When the panel of participants pops up, click on the *Raise Hand* icon at the bottom.

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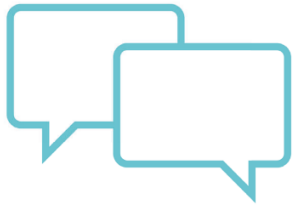
## Public Comment



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## Next Steps

## Next Steps

- Develop plan: May - June 2021
- Post for public comment: June 22, 2021
- Public Hearing: July 22, 2021
- Present update to Board of Supervisors: August 2021

## Meeting Follow-up Survey

We invite you to take our brief survey to share any feedback about this meeting, and to provide any additional comments about the MHSA FY21-22 Annual Update. For in-person attendees, paper feedback forms are also available.

Los invitamos a realizar nuestra breve encuesta para compartir cualquier comentario sobre esta reunión y para proporcionar comentarios adicionales sobre la actualización anual de la MHSA FY21-22. Para aquellos que atendieron en persona, los formularios de comentarios en papel también están disponibles en cada sitio.

https://tinyurl.com/mhsafeedback

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LCBHS

## Thank you!

Scott Abbott, Scott.Abbott@lakecountyca.gov
Jamie Dorsey, jdorsey@rdaconsulting.com
Nicole Liner-Jigamian, nliner@rdaconsulting.com

## Public Hearing Slides (Spanish)


## Consejos para reuniones

### Consejos para reuniones

- Para los que asisten en persona, habrá un coordinador en cada sitio para ayudar a manejar la junta de Zoom y facilitara la participación de los que asistieron.
- Si se une virtualmente, por favor encuentre un lugar silencioso, sin distracciones con buena conexión a internet o teléfono, si es posible. Considere cerrar cualquier aplicación innecesaria para mejorar el rendimiento de Zoom.
- Por favor guarde todos los comentarios, preguntas o reacciones para la parte de Comentario Publico de la reunión.
  - Preguntas aclaratorias se podrán hacer durante la presentación levantando su mano o presentando su pregunta en el chat.
  - Si asiste en persona, levante su mano y un coordinador de sitio nos dejara saber que hay una pregunta o puede escribir su pregunta en el chat.

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## Ley de Servicios de Salud Mental: Entrenamiento y Educación

### Historial y descripción general de MHSA

- Proposición 63 fue aprobada en el 2 de noviembre de 2004
- Impuesto de 1% en ingresos superando $1 millón para *ampliar* y *transformar* los servicios para salud mental


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## Historial y descripción general de MHSA: Componentes de MHSA

**CSS: Servicios y apoyos comunitarios (76%)**
Alcance y servicios directos para disturbios emocionales graves o enfermedades mentales graves (todas las edades)

**PEI: Prevención e intervención temprana (19%)**
Prevenir el desarrollo de problemas de salud mental y detectar e intervenir con señales tempranas

**INN: Innovación (5%)**
Probar nuevos enfoques que puedan mejorar los resultados

**WET: Educación y entrenamiento de la fuerza laboral**
Construir, retener y entrenar a la fuerza laboral de salud mental publica

**CFTN: Instalaciones de capital y necesidades tecnológicas**
Soporte de infraestructura (historia clínica electrónica, instalaciones de MH)

## Historial y descripción general de MHSA: Programas de MHSA para FY20-21

**Servicios y apoyos comunitarios (CSS)**
- Continuo de acceso de crisis
- Asociación de forense y salud mental
- Asociaciones de servicio completo
- Acceso para adultos mayores
- Apoyo para madres/padres y pareja
- Detección y tratamiento enfocado en el trauma para trastornos concurrentes

**Prevención e Intervención Temprana (PEI)**
- Servicios de intervención temprana
- Estabilización y bienestar familiar
- Alcance y prevención para adultos mayores
- Centros de recuperación y apoyo de compañeros
- Depresión posparto y detección
- Mini-becas de prevención
- Proyectos estatales, regionales y locales

**Innovación (INN)**
- Remisión de ciclo completo y coordinación de atención impulsada por el consumidor

**Instalaciones de capital y necesidades tecnológicas (CFTN)**
- Instalaciones de capital
- Proyecto de historia clínica electrónica

**Fuerza laboral, Educación y Entrenamiento (WET)**
- Fuerza laboral, educación y entrenamiento

## Historial y descripción general de MHSA: Programas de MHSA

Para aprender más sobre los programas de MHSA, por favor visite el sitio web de MHSA de LCBHS:

http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm

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## Actualización anual y Proceso de Planificación Comunitaria: Descripción general

**Propósito de Actualización Anual:**

Para proporcionar actualizaciones al Programa de tres años y al Plan de gastos de la MHSA adoptado para el año fiscal 2020-2023, que incluyen:

- Estado del programa y logros de los servicios en el año fiscal 19-20
- Cambios en el programa a partir del año fiscal 21-22, basados en la evaluación de necesidades and aportes de las partes interesadas

**Proceso de Planificación Comunitaria:**

La MHSA tiene la intención de que haya un proceso significativo de partes interesadas para proporcionar experiencia en la materia para el desarrollo de planes centrados en la utilización de los fondos de la MHSA a nivel local.

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## Actualización anual y Proceso de Planificación Comunitaria: Descripción general

**La planificación del programa se desarrollará con las partes interesadas locales, que incluyen:**

- Adultos y personas mayores con enfermedades mentales graves
- Familias de niños, adultos y adultos mayores con enfermedades mentales graves
- Proveedores de servicios de salud mental
- Agencias de fuerzas policiales
- Agencias de educación
- Agencias de servicios sociales
- Veteranos y representantes de organizaciones de veteranos
- Proveedores de servicios de alcohol y drogas
- Organizaciones de atención medica
- Otros intereses importantes

Source: WIC Section 5848. (a)

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## Actualización anual y Proceso de Planificación Comunitaria: Funciones y responsabilidades

**Partes interesadas**
Presentar perspectivas de individuales y experiencias vividas y compartir reflexiones sobre estrategias emergentes para satisfacer las necesidades de la comunidad

**Departamento de Servicios de Salud Conductal**
Desarrollar la Actualización del Programa MHSA que refleje las necesidad, prioridades y estrategias identificadas de la comunidad

**Junta de Salud Conductal**
Asegurar la participación de las partes interesadas, revisar y asesorar sobre la Actualización anual de MHSA y realizar una audiencia pública

**Junta de Supervisores**
Revisar y aprobar la Actualización Anual de MHSA

**RDA**
Recopilar y presentar hallazgos sobre el sistema actual, ofrecer recomendaciones para el futuro, facilitar discusiones y recopilar información en la Actualización Anual de MHSA

## Actualización anual y Proceso de Planificación Comunitaria: Actividades de planificación de MHSA

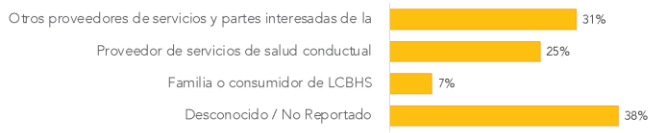
| Fase I: Inicio | Fase II: Evaluación de Necesidades | Fase III: Planificación de programas | Fase IV: Desarrollo del Plan |
|---|---|---|---|
| • Inicio con LCBHS<br>• Revisión de documentos y normativas<br>• Desarrollo de materiales | • Llevar a cabo una Reunión Comunitaria<br>• Lanzar Encuesta Comunitaria<br>• Recopilar datos del programa | • Sintetizar los aportes de las partes interesadas sobre las necesidades y los servicios<br>• Identificar posibles actualizaciones al Plan de MHSA | • Desarrollar la Actualización Anual<br>• Publicación Publica (junio 22)<br>• **Audiencia Publica (julio 22)**<br>• Finalizar la Actualización Anual y presentarla a BOS (agosto) |
| diciembre '20 | enero – marzo '21 | abril – mayo '21 | mayo – agosto '21 |

## Hallazgos de la Evaluación de las Necesidades de la Comunidad

## Participación en la evaluación de las necesidades

| Actividad | La fecha | Los participantes |
|---|---|---|
| Reuniones Comunitarias | febrero 2021 y abril 2021 | 104 |
| Encuesta Comunitaria | enero – marzo 2021 | 17 |
| TOTAL | | 121 |

**Encuesta y afiliación de partes interesadas de la comunidad**




## Temas Clave: Fortalezas y Desafíos

**FORTALEZAS**

- **Telesalud y servicios virtuales** ayudan a algunos consumidores a seguir participando en los servicios
- LCBHS está **aprovechando las redes sociales** para compartir información
- Hay una mayor **compasión y comprensión** de los desafíos de salud mental

**DESAFÍOS**

- **Telesalud y servicios virtuales** no son accesibles ni apropiados para todos
- Algunos miembros de la comunidad y proveedores les hace **falta la tecnología necesaria para los servicios virtuales**
- **Alcance ha sido más desafiante** con el distanciamiento social y las restricciones en persona

## Temas Clave: Necesidades de la Comunidad

**Necesidades de la Comunidad**

- **Populaciones que experimentan mayores necesidades:**
  - **Adolescentes**
  - Adultos Mayores
  - Personas sin hogar crónicamente
  - Padres de niños pequeños / adolescentes
  - Clearlake y condado de sur
- **Aumento de las necesidades y la demanda de servicios:** trastornos del estado de ánimo, consumo de sustancias, ideación suicida
- **Necesidades más complejas** con otros factores estresantes financieros, relacionales y sociales
- **Aumento de opciones para la prestación de servicios:** préstamos para tecnología en el hogar, en el campo
- **Más alcance y servicios de prevención**, particularmente para necesidades de leves a moderadas
- **Asistencia y apoyo para el transporte** a medida que se reabren los programas
- **Más trabajadores de salud comunitarios y consejeros de apoyo de pares** para ampliar la fuerza laboral
- Mejor **colaboración interna** entre LCBHS y proveedores contratados
- Mejor **coordinación** entre LCBHS y **agencias externas**
- Mejor integración de **los planes de preparación para desastres y emergencias** en la prestación de servicios de salud mental
- **Mejor recopilación, uso e intercambio de datos** para informar la toma de decisiones

## Temas Clave: Estrategias Propuestas para Satisfacer las Necesidades

**ESTRAGIAS**

- **Financiamiento para brindar tecnología** a quienes la necesitan
- Aprovechar las asociaciones y los recursos comunitarios para **desarrollar programas de visitas domiciliarias**
- Ampliar **alcance y servicios de prevención**
- Promover y **fortalecer los servicios de 211 y otros directorios de recursos**
- Llevar a cabo **reuniones regulares con LCBHS y proveedores contratados**
- **Asociarse con agencias externas** para proporcionar y coordinar servicios
- **Crear opciones de entrenamientos virtuales o híbridos** para programas (por ejemplo, MHFA)
- Crear una **red de apoyo para adultos mayores**
- Proporcionar más **recursos y apoyo para los padres**
- Fortalecer los **servicios de salud mental para jóvenes**
- Crear más oportunidades de entrenamiento para los **trabajadores comunitarios de la salud y los consejeros de apoyo entre pares**
- Brindar **incentivos para contratar/mantener fuerza laboral**

## Modificaciones del Program MHSA del año fiscal 21-22

### Modificaciones del Program MHSA del año fiscal 21-22

| Servicios y apoyos comunitarios (CSS) | Prevención e Intervención Temprana (PEI) | Innovación (INN) |
|---|---|---|
| • Continuo de acceso de crisis | • Servicios de intervención temprana | • Remisión de ciclo completo y coordinación de atención impulsada por el consumidor *(finalización de la financiación de MHSA, pero el programa continúa)* |
| • Asociación de forense y salud mental | • Estabilización y bienestar familiar | • ***Colaborativo de Innovación de Asociación de Servicio Completo de varios condados (Nuevo)*** |
| • Asociaciones de servicio completo | • ***Primeros Auxilios para la Salud Mental (Modificado)*** | **Instalaciones de capital y necesidades tecnológicas (CFTN)** |
| • Acceso para adultos mayores | • Alcance y prevención para adultos mayores | • Instalaciones de capital |
| • Apoyo para madres/padres y pareja | • Centros de recuperación y apoyo de compañeros | • Proyecto de historia clínica electrónica |
| • Detección y tratamiento enfocado en el trauma para trastornos concurrentes | • Depresión posparto y detección | **Fuerza laboral, Educación y Entrenamiento (WET)** |
| | • Mini-becas de prevención | • Fuerza laboral, educación y entrenamiento |
| | • Proyectos estatales, regionales y locales | |
| | • ***Programa de Alcance en la Calle (Nuevo)*** | |

### Modificaciones del Program MHSA del año fiscal 21-22

**Programas Nuevos y Modificaciones:**

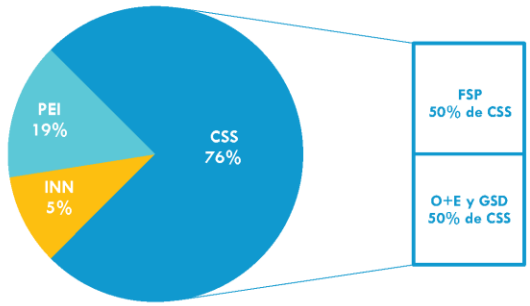
- **Programa de Alcance en la Calle:** Nuevos servicios de alcance móvil que ofrecen servicios, recursos, referencias y vínculos de servicios de salud mental
- **Colaborativo de Innovación de FSP de varios condados:** nueva colaboración en todo el estado para desarrollar e implementar estrategias basadas en datos para coordinar mejor la entrega, las operaciones, la recopilación de datos y la evaluación del FSP
- **Primeros Auxilios de Salud Mental:** expansión y designación como programa independiente de una iniciativa existente que entrena a los miembros de la comunidad sobre cómo identificar y responder a los signos de enfermedad mental

**Otras Actualizaciones de Progreso Notables:**

- LCBHS **contrató a un coordinador WET** para dirigir los esfuerzos de entrenamiento, reclutamiento y retención de la fuerza laboral
- **Los Servicios de Intervención Temprana recibieron una beca** para fortalecer los programas de psicosis temprana
- LCBHS **recibió la beca Whole Person Care** para apoyar los esfuerzos de coordinación de cuidado

## Solicitud de Presupuesto para el año fiscal 21-22

## Requisitos de asignación de MHSA




## Resumen de Solicitud de Presupuesto para el año fiscal 21-22

| Componentes de MHSA | Gastos totales estimados para FY21-22 |
|---|---|
| Todos los programas Servicios y apoyos comunitarios (CSS) | $3,895,000 |
| Todos los programas Prevención e intervención temprana (PEI) | $1,003,140 |
| Todos los programas Innovación (INN) | $359,390 |
| Todos los programas Educación y entrenamiento de la fuerza laboral (WET) | $235,000 |
| Todos los programas Instalaciones de capital y necesidades tecnológicas (CFTN) | $450,664 |
| TOTAL | $5,943,194 |

## Discusión y Comentarios Públicos

## Como contribuir a la discusión

Hay un límite de tiempo de 3 minutos para los comentarios. Contribuya a la discusión de la siguiente manera:

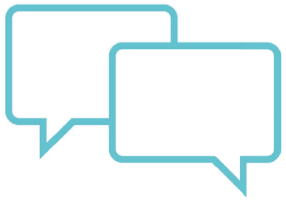
**Computadora:** Para hablar a través de su computadora, haga clic en el ícono de participantes en la parte baja de la pantalla y seleccione el ícono de levantar la mano. Si asiste en persona, levante la mano y el coordinador en el lugar seleccionará el icono de levantar la mano en su nombre.

**Teléfono:** Para hablar por teléfono, "levante la mano" oprimiendo *9.

**Chat:** Para compartir un comentario usando la función de chat de Zoom, haga clic en el icono de chat en la parte baja de la pantalla y escriba su comentario en el cuadro de chat. Un facilitador de la reunion revisará su comentario.

**Correo Electrónico:** Envíe sus comentarios por correo electrónico Patricia.Russell@lakecountyca.gov o llame a Scott Abbott al 707-274-9101 x26124 al final del día de hoy.

## Comentarios Públicos



LCBHS RDA CONSULTING

## Próximos Pasos

## Próximos Pasos

- Desarrollar la Actualización Anual: mayo - junio 2021
- Publicación Publica: 22 de junio de 2021
- Audiencia Publica: 22 de julio de 2021
- Presentarla la Actualización Anual a BOS : agosto 2021

## Eencuesta de reunión

Lo invitamos a realizar nuestra breve encuesta para compartir cualquier comentario sobre esta reunión y para proporcionar comentarios adicionales sobre la actualización anual de la MHSA FY21-22. Para los asistentes en persona, los formularios de comentarios en papel también están disponibles en cada sitio.

https://tinyurl.com/mhsafeedback

LCBHS RDA CONSULTING

# ¡Gracias!

Scott Abbott, Scott.Abbott@lakecountyca.gov
Jamie Dorsey, jdorsey@rdaconsulting.com
Nicole Liner-Jigamian, nliner@rdaconsulting.com

# Appendix C: Public Comments

The following comments were received after the public hearing via a meeting feedback form. Many of the comments concerned the meeting format and logistics, while others were about the mini grants, LCBHS outreach efforts, and services for the Hispanic/Latino community. In some cases, comments have been summarized and edited for clarity.

| Comment | Response |
|---|---|
| **Programmatic Questions & Comments** | |
| How many mini grants were given out last year? | LCBHS distributed nine mini grants in FY 20-21. |
| Need more outreach to Peers at Peer support centers, schools, youth advisory board and other youth activities, and post flyers in peer and community centers. | LCBHS is currently expanding the number of outreach workers and working with our contractor, RCS, to reach out to these areas. |
| There is a need for more resources and funding for mental health services for the Hispanic/Latinx community in Lake County. | LCBHS is very aware of meeting the needs of this population, continuously recruiting for Spanish speaking staff. Additionally, as many of this community do not want to seek out mental health services, LCBHS has La Voz de la Esperanza Centro Latino, a peer support center that offers culturally sensitive interventions. As mentioned elsewhere, LCBHS is adding a prevention-outreach specialist to do more c. |
| Offer more activities and classes at the La Voz Peer Support Center (e.g., sewing classes, toys/activities specifically for girls, etc.). | La Voz de la Esperanza Centro Latino Peer Support Center is ever trying to better its services provided. This suggestion will be passed on to La Voz. |
| **Meeting Format and Logistics** | |
| More consumers may participate if meetings are held on days when there are more consumers at the Peer Support Centers. | LCBHS will continue to work with the Peer Support Centers and community stakeholders to determine the best day to hold future public hearings and improve stakeholder participation. Hybrid meetings of both online Zoom meetings coupled with attendance at the peer support centers is planned to continue, even past the pandemic. LCBHS is dedicated to creating opportunities for consumers and family members to attend stakeholder meetings. |

| | |
|---|---|
| Provide snacks [at the Peer Support Centers for meetings with in-person participation]. | So noted. |
| Although informative, a brief general description of what is being said and future plans would be helpful for the general public. | LCBHS will continue to make meeting information available through flyers, newspaper and social media postings, and providing information on our website both in English and Spanish. |
| I thought the hybrid meeting went well. I am glad to see that resources are being used to accommodate the community to have more attend. | Thank you. |
| Keep the virtual\in-person hybrid model. | LCBHS intends to continue virtual/in person hybrid meetings in the future. |

# Appendix D: PEI Annual Update Supplementary Program Information

## Program Outcomes

### Early Intervention Services

**Early Intervention Services: Negative Outcomes the Program Aims to Reduce**

☒ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☒ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☒ Unemployment
☒ Other: Psychiatric hospitalization

**Early Intervention Services: Description of Indicators to Assess Outcomes**

Evaluation is a current growth area of Early Intervention Services and the program anticipates hiring a program evaluator during FY 2020-2021 to support data collection and analysis.

**Early Intervention Services: Data Collection Process**

See above.

**Early Intervention Services: Outcomes**

See above.

### Family Stabilization and Well-Being: The NEST

**The NEST: Negative Outcomes the Program Aims to Reduce**

☐ Incarceration
☒ Homelessness
☐ Prolonged Suffering
☒ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☒ Unemployment
☐ Other:

**The NEST: Description of Indicators to Assess Outcomes**

The NEST improves health and well-being through the evidence-based practice of providing housing in tandem with wraparound services. The program 1) increases or maintains the safety of families, 2) increases the well-being of children and families by increasing protective factors, and 3) improves family self-sufficiency by developing healthy problem-solving skills. Fidelity to the practice will be ensured through the program model, which offers all participants with the same suite and depth of services.

The NEST engages participants through an individualized and client-driven approach that emphasizes family involvement and natural, community-based supports. By connecting young families to natural supports and their community, we foster supportive living and the ability to identify resources to meet their needs in the future – we do this using an individualized approach that is centered around each specific family's needs and desires. With staff support, participants develop their own Independent Transitional Living Plans which identifies personal and family goals. These plans are reviewed during Child and Family Team Meetings and updated as needed. Participants are assessed at intake of their knowledge of life skills to understand the level of support individuals and families may need in order to achieve independence and improve child and family wellbeing.

The NEST's programming is designed to meet the unique needs of the TAY population and their families by utilizing the "family voice and choice" approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement in the program. Planning is grounded in family members' perspectives and recorded in their personalized independent transitional living plans. The NEST team strives to provide options and choices that reflects family values and preferences while promoting safety, stability and permanency. NEST staff intentionally focus on meeting families where they are at using a strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

Programming and services at the NEST are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and increasing self-determination. A significant number of youths who enter into the program are basic-skills deficient and have minimal knowledge of resources and services available to meet their needs. The NEST hosts a variety of formal workshops and informal support groups that build resilience and promote wellness in a collaborative and social environment. Groups and workshops are facilitated in-house and within their community. All NEST youth are connected to the local Peer Support Centers and partnering agencies that perform a variety of services to promote permanency, safety and child and family wellbeing.

**The NEST: Data Collection Process**

NEST Consumers participate in quarterly satisfaction surveys to assess the following:

1. The number of parent participants who report increase in well-being
2. The number of parents who report having the knowledge and skills to provide a safe, stable home for their children
3. The number of youth on probation who recidivate
4. The number of participants who leave program with stable long-term housing

These indicators are evaluated on a quarterly basis as well as at the beginning and end of participation in the NEST program. To evaluate individual outcomes per MHSA requirements, Pre/Post surveys are utilized. Quarterly surveys are used to evaluate program performance and assess client need/progress on an ongoing basis.

**The NEST: Outcomes**

1. 98% of parent participants reported an increase in well-being
2. 97% of parent participants reported having the knowledge and skills to provide a safe, stable home for their children
3. 0% of youth on probation recidivated
4. 88% of participants exited the program with stable, long-term housing

## Mental Health First Aid

**Mental Health First Aid: Negative Outcomes the Program Aims to Reduce**

☐ Incarceration
☐ Homelessness
☒ Prolonged Suffering
☐ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☐ Unemployment
☒ Other: Stigma

**Mental Health First Aid: Description of Indicators to Assess Outcomes**

MHFA and LCBHS staff will work together to identify indicators and develop internal infrastructure to routinely and accurately track and report program outcomes.

**Mental Health First Aid: Data Collection Process**

See above.

**Mental Health First Aid: Outcomes**

See above.

## Older Adult Outreach and Prevention: Friendly Visitor Program

**Friendly Visitor Program: Negative Outcomes the Program Aims to Reduce**

☐ Incarceration
☐ Homelessness
☐ Prolonged Suffering
☐ Removal of Children from their Homes
☐ School Failure or Dropout
☒ Suicide
☐ Unemployment
☐ Other:

**Friendly Visitor Program: Description of Indicators to Assess Outcomes**

Friendly Visitor program and LCBHS staff will work together to identify indicators and develop internal infrastructure to routinely and accurately track and report program outcomes.

**Friendly Visitor Program: Data Collection Process**

See above.

**Friendly Visitor Program: Outcomes**

See above.

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

**Peer Support Recovery Centers: Negative Outcomes the Program Aims to Reduce**

**Big Oak**

☒ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☒ Removal of Children from their Homes
☐ School Failure or Dropout
☒ Suicide
☒ Unemployment
☐ Other:

**Circle of Native Minds**

☒ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☒ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☐ Unemployment
☐ Other:

**Harbor on Main**

☐ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☐ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☒ Unemployment
☒ Other: Substance use/misuse, food insecurity, intimate partner violence, child abuse

**La Voz de Esperanza**

☐ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☒ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☒ Unemployment
☐ Other:

**Family Support Center**

☐ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☒ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☐ Unemployment
☐ Other:

**Big Oak, Circle of Native Minds, La Voz de Esperanza, Family Support Center: Description of Indicators to Assess Outcomes**

The Peer Support Recovery Centers and LCBHS staff will work together to identify indicators and develop internal infrastructure to routinely and accurately track and report program outcomes.

**Big Oak, Circle of Native Minds, La Voz de Esperanza, Family Support Center: Data Collection Process**

See above.

**Big Oak, Circle of Native Minds, La Voz de Esperanza, Family Support Center: Outcomes**

See above.

**Harbor on Main: Description of Indicators to Assess Outcomes**

The Harbor provides a milieu of services to address negative outcomes including those to meet acute needs like transportation, clothing, food and hygiene which reduce the potential for long term suffering, school failure or drop out, suicide, unemployment, and even homelessness. The Harbor has a direct connection to residential programs and shelters to address homelessness. The Center also facilitates life skills classes, support groups, and parenting classes which all reduce the potential for TAY to become or continue experiencing homelessness, suffering, school failure/drop out, suicide, and unemployment. The Harbor also provides referrals to substance use disorder programs, and domestic violence shelters.

**Harbor on Main: Data Collection Process**

Client demographic and service data is collected via daily sign in sheets, group attendance logs, and service tracking. These indicators were entered into "C and F Data Portal." This system does not allow for custom forms or reports which means the program was unable to track and report outcomes effectively. The Harbor is seeking guidance and exploring alternative options to meet this data reporting requirement in the next FY. At this time, the Harbor does not have the ability to track referrals and outcomes when they are sent outside of the agency and resource center. The Harbor can and will track their outgoing referrals in the next fiscal year.

**Harbor on Main: Outcomes**

See above.

## Postpartum Depression Screening and Support: Mother-Wise

**Mother-Wise: Negative Outcomes the Program Aims to Reduce**

☐ Incarceration
☐ Homelessness
☒ Prolonged Suffering
☐ Removal of Children from their Homes
☐ School Failure or Dropout
☒ Suicide
☐ Unemployment
☒ Other: Preventing and/or reducing the effects of PMADs on moms and their families

**Mother-Wise: Description of Indicators to Assess Outcomes**

*Monitoring for negative changes related to PMAD by screening with the EPDS:* The Edinburgh Postnatal Depression Scale was chosen as an indicator of negative outcomes as it is a validated screening tool for depression and anxiety in the perinatal period. The EPDS can be offered in-person or by phone and then scored by program staff.

*Changes in screening scores for those receiving support:* EPDS scores can be tracked over time to monitor for negative outcomes. The EPDS can be given in pregnancy, within the first two weeks after giving birth, and over the course of the first year postpartum to monitor for changes, compare scores, and show general trends related to depression and anxiety. Staff can utilize these screening scores to help tailor the support that is offered to each screened program participant.

*# individuals who utilize the supports Mother-Wise offers:* Current year participants for each service offered within the program demonstrate need within the community and offer hints towards the overall prevalence of PMADs within Lake County.

*# individuals who report feeling better supported after connecting with Mother-Wise:* Mother-Wise serves as a prevention and early intervention program by supporting expecting and new mothers before they

begin feeling anxious or depressed and/or as soon as it is indicated that they could use the program's services. Engagement occurs through the cultivation of a welcoming and genuinely nonjudgmental approach that encourages moms to speak up when, and if, they need support. Therefore participants reporting feeling better supported after connecting with Mother-Wise serves as a true indicator of whether or not negative outcomes are occurring and if the program is meeting its objectives.

*Anecdotal evidence and testimonials:* The impact that Mother-Wise makes may be large, but the individual stories that demonstrate the support the program offers are just as important as the overall outcome. Staff works to serve each unique participant in a way that is tailored to their distinct experience. Anecdotal evidence and testimonials also increase engagement as Mother-Wise's word-of-mouth reputation builds trust within the community and encourages new and expecting mothers to seek out the program's services when, and if, they need support.

**Mother-Wise: Data Collection Process**

Staff delivered simple evaluation questions in the preferred language of the participant, and with word choice that was appropriate for their apparent level of understanding. Whenever possible, the evaluator was a team member who had rapport with the family (through 2/2020, then temporarily suspended due to COVID-19). Staff administered and tracked the following:

- *PMAD screening with EPDS:* Pre and post screenings were conducted before and regularly after program supports were in place by trained team members at key locations (through 2/2020, then temporarily suspended due to COVID-19).
- *# individuals who utilize supports:* The program administrator ensured that each individual who engaged with the program was logged, and totals were calculated at the end of the fiscal year.
- *# individuals who report feeling better supported:* Pre and post surveys were given at the beginning and end of program participation (through 2/2020, then temporarily suspended due to COVID-19).

Outcomes were compiled and analyzed on an annual and semi-annual basis.

**Mother-Wise: Outcomes**

*Monitoring for negative changes related to PMAD by screening with the EPDS:* Changes in EPDS scores were difficult to track in the previous fiscal year as in-person services were temporarily suspended due to COVID-19. The Mother-Wise website was developed over the second half of the year and included a digital EPDS form that staff can now utilize and score remotely.

*Changes in screening scores for those receiving support:* Repeat screening was conducted for participants prior to in-person services being temporarily suspended due to COVID-19, and then were not conducted for the remainder of the fiscal year.

Participant numbers for the following indicators were reported at the end of the fiscal year but cannot be accessed currently due to staff turn-over and a change in data tracking program software:

- # individuals who utilize the supports Mother-Wise offers

- # individuals who report feeling better supported after connecting with Mother-Wise:
- Anecdotal evidence and testimonials

## Prevention Mini-Grants

**Prevention Mini-Grants: Negative Outcomes the Program Aims to Reduce**

☐ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☐ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☐ Unemployment
☐ Other:

**Prevention Mini-Grants: Description of Indicators to Assess Outcomes**

Given that Prevention Mini-Grants fund a variety of prevention-focused programs, LCBHS staff will identify indicators that are applicable across grantees and develop internal infrastructure to routinely and accurately track and report outcomes.

**Prevention Mini-Grants: Data Collection Process**

See above.

**Prevention Mini-Grants: Outcomes**

See above.

## Statewide, Regional, and Local Projects

**Statewide, Regional, and Local Projects: Negative Outcomes the Program Aims to Reduce**

☐ Incarceration
☐ Homelessness
☐ Prolonged Suffering
☐ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☐ Unemployment
☒ Other: Stigma and discrimination

**Statewide, Regional, and Local Projects: Description of Indicators to Assess Outcomes**

Local projects include a variety of different activities and trainings. LCBHS staff will identify indicators that are applicable across projects and develop internal infrastructure to routinely and accurately track and report outcomes.

LCBHS contracts its services for Statewide and Regional Projects through CalMHSA and cannot track indicators for specific projects.

**Statewide, Regional, and Local Projects: Data Collection Process**

See above.

**Statewide, Regional, and Local Projects: Outcomes**

See above.

## Street Outreach

**Street Outreach: Negative Outcomes the Program Aims to Reduce**

☒ Incarceration
☒ Homelessness
☒ Prolonged Suffering
☒ Removal of Children from their Homes
☒ School Failure or Dropout
☒ Suicide
☐ Unemployment
☒ Other: Substance use/misuse, food insecurity, intimate partner violence, child abuse

**Street Outreach: Description of Indicators to Assess Outcomes**

As this is a new program, Street Outreach and LCBHS staff will work together to identify indicators and develop internal infrastructure to routinely and accurately track and report program outcomes.

**Street Outreach: Data Collection Process**

See above.

**Street Outreach: Outcomes**

See above.

## PEI Annual Update: MHSA General Standards

### Early Intervention Services

The EIS Program reflects MHSA general standards as follows: (1) Community collaboration: a cornerstone of the program is collaboration with various community partners to address the needs of the clients to support integration into the community, and target disadvantaged and underserved populations. (2) Cultural competence: the team participated in a UC Davis training on Anti-Racist Practices for Mental Health Providers and a training on working with Native American Populations. Seek to hire team members from various cultures and backgrounds. (3 & 4) Client & Family driven: utilize a Strength Based approach, CBT, DBT, MI and Solution Focused Techniques, all of which have foundation in a client centered/client driven approach. Facilitate client/family meetings that focus on the client's progress in treatment, where families and clients are empowered to state their needs and strengths are highlighted. Provide psychoeducation and psychotherapy to clients and their families. (5) Wellness, Recovery & Resilience focused: the EIS model by nature encompasses wellness, recovery and resilience. (6) Integrated services experiences: provide a holistic approach that incorporates client's family/support network, education, vocational skills, psychiatry and care with a general physician.

### Family Stabilization and Well-Being: The NEST

*Community Collaboration:* The NEST regularly engages with community partners to share information, resources and services for TAY youth and their families such as: Sexual Health and Reproduction Education, Sexual Assault and Intimate Partner Violence Crisis Services and Education, Windows Between Worlds Healing Art groups (Lake Family Resource Center); Parenting classes and support groups (Lake County office of Education Healthy Start Program, First Five Lake County, Easter Seals North Bay, Mother Wise, Lake Family Resource Center, Early Head Start, North Coast Opportunities, Sutter Lakeside Hospital); Medically-related Transportation assistance (Partnership Health Plan of California, Sutter Lakeside Care-A-Van); Financial Literacy (Umpqua Bank and Community First Credit Union); as well as connections to eligibility benefits and services like Supplemental Nutrition Assistance Program, Medi-Cal enrollment, Cal Works, TANF, etc. (Lake County Department of Social Services). The NEST is also a proudly sponsored by the non-profit organization Soroptimist International of Clearlake who host welcome home and baby showers, holiday parties, fundraisers, as well as facilitating the recruitment of donations for participants.

*Cultural Competency:* RCS, Inc. policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful. RCS is committed to compliance with all applicable laws providing equal access to services. This commitment applies to all persons involved in RCS operations and prohibits unlawful discrimination by any employee of RCS, including supervisors and coworkers. Services provided by RCS, Inc. and the NEST are designed to effectively engage and retain individuals of diverse ethnic/racial, cultural, and linguistic populations as

well as utilizing the strengths and forms of healing that are unique to the individual, the family, and or their culture/community.

*Client Driven:* The NEST engages participants through an individualized and client-driven approach that emphasizes family involvement and natural, community-based supports. By connecting young families to natural supports and their community, we foster supportive living and the ability to identify resources to meet their needs in the future – we do this using an individualized approach that is centered on each specific family's needs and desires. With staff support, participants develop their own Independent Transitional Living Plans which identifies personal and family goals. These plans are reviewed during Child and Family Team Meetings and updated as needed. Participants are assessed at intake of their knowledge of life skills to understand the level of support individuals and families may need in order to achieve independence and improve child and family wellbeing.

*Family Driven:* The NEST's programming is designed to meet the unique needs of the TAY population and their families by utilizing the "family voice and choice" approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement in the program. Planning is grounded in family members' perspectives and recorded in their personalized independent transitional living plans. The NEST team strives to provide options and choices that reflects family values and preferences while promoting safety, stability and permanency. NEST staff intentionally focus on meeting families where they are at using a strength-based, person-centered approaches to motivate engagement while empowering youth and families to be the agent of change in their own lives.

*Wellness, Recovery, and Resilience Focused:* Programming and services at the NEST are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, by promoting accountability and increasing self-determination. A significant number of youths who enter into the program are basic-skills deficient and have minimal knowledge of resources and services available to meet their needs. The NEST hosts a variety of formal workshops and informal support groups that build resiliency and promote wellness in a collaborative and social environment. Groups and workshops are facilitated in-house and within their community. All NEST youth are connected to the local Peer Support Centers and partnering agencies that perform a variety of services to promote permanency, safety and child and family wellbeing.

*Integrated Service Experiences for Clients and their Families:* TAY and their children who participate in the NEST program are frequently concurrently enrolled in inter-agency and community-based programs. The NEST coordinates with county providers such as behavioral health, health care providers, housing programs, substance use programs and other social service agencies to bridge any gaps between the services offered at the NEST which may impact their ability to achieve stability and permanency. Children at the NEST are enrolled in Home Visiting programs through Lake County Tribal Health and Lake Family Resource Centers, which are then connected to service providers such as Easter Seals for assessments and referrals to early education programs. Youth entering into the NEST are connected to social service agencies to ensure that they are receiving all benefits of which they are entitled.

### Mental Health First Aid

The Mental Health First Aid program provides education about wellness, recovery, and resiliency with the belief that individuals experiencing mental health challenges can get better and use their strengths to stay well. The Mental Health First Aid program serves adults and youth (both available in English and Spanish), public safety workers, Fire/EMS workers, workplaces, veterans, older adults, rural communities, and higher education. The program also includes a specific Teen Mental Health First Aid component designed for high school students (beginning in 10th grade). Providing mental health first aid training to individuals within the same community (e.g., schools, families, and adults who work with youth) increases awareness of information, tools, and strategies to prevent and improve mental health issues, reduce stigma, and create opportunities for communication around these issues.

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

The program works closely with Hospice, home care agencies, and wellness centers. The program conducts regular trainings and meetings at wellness outreach centers. The program includes client-driven treatment plans, and includes family at the client's request when they are present. Services are aimed at self-determination and helping clients find their own solutions Clients and their families are offered information and referrals to all appropriate services available.

### 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, CalWORKs, 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.

### Street Outreach

Street Outreach, 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 those in need where they are, 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 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.

## Appendix E. Annual Innovation Project Report, Fiscal Year 2019-2020

# Lake County Behavioral Health Services Innovation Project

**MHSA Annual Innovation Project Report, Fiscal Year 2019-2020**

**Prepared by:**

**Resource Development Associates**

**December 2020**

## Table of Contents



This report was developed by Resource Development Associates in December 2020 under contract with the County of Lake, Behavioral Health Services Department.

Stephanie Bimar, MA
Deirel Marquez Perez
Kevin Wu, MPH

**About Resource Development Associates**

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

## Lake County Behavioral Health Services Innovation Project Overview

Studies suggest that health technology, or eHealth, can be an effective tool to provide outreach and access to care regardless of a consumer's socioeconomic status, race, ethnicity, or geographic location.[1] The Lake County Behavioral Health Services (LCBHS) Innovation Project utilizes "Network of Care", an existing online information and communication portal for community-level health and social services.[2] Although the Network of Care (NOC) system is used by various counties across the nation, the Innovation Project creates a new, tailored NOC online information portal that integrates a closed loop referral process and virtual care coordination capabilities. This new portal provides the County's diverse behavioral health consumers with accessible tools to empower them to manage their treatment and health. It also serves to facilitate continuous and consistent consumer-provider communication, increase interagency communication, and provide tailored information on available and appropriate behavioral health services to both consumers and providers.

One of the critical issues in the mental health community is that consumers are often referred to mental health services but may not experience actual linkages to those referred services. For a variety of reasons, it can be challenging for consumers to conduct the steps between receiving a referral notice from one mental health facility and then following through to see the referred-to provider at another mental health facility. This issue is significant in Lake County as well as in other counties throughout California. The LCBHS Innovation Project provides a mechanism to close the referral loop as well as address a large gap in accountability and information sharing across referring providers, both of which actively support increased referred consumer linkages to mental health services. Thus, the successful implementation of this project in Lake County can lead to far reaching, positive impacts throughout California.

**Phase I: Closed Loop Referral System.** In Phase I of the LCBHS MHSA Innovation Project, LCBHS collaborated with Trilogy Integrated Resources to modify its existing Network of Care online information portal to create an electronic closed loop referral system for LCBHS' suite of outpatient mental health services. The purpose of the electronic closed loop referral system is to provide a single centralized location for participating providers to input their consumer referral information data. Then, when a referral is made and entered into the system, the system automatically notifies the referred-to provider of the incoming referral. Providers can use the system to manage their referrals, update information about whether the consumer received a service or attended an appointment, and indicate if they were able to assist the consumer, among other things. The system tracks the referral information and makes it available via reports, allowing LCBHS and evaluators to measure outcomes and effectiveness. This closed loop referral system serves to bridge many gaps in referral pathways between LCBHS and its many provider organizations.

[1] eHealth Initiative. 2012. A Study and Report on the Use of eHealth Tools for Chronic Disease Care among Socially Disadvantaged Populations.
[2] Network of Care website. Lake County Behavioral Health. http://lake.networkofcare.org/mh/

**Phase II: Virtual Care Coordination.** In Phase II of the LCBHS MHSA Innovation Project, LCBHS will draw from lessons learned in Phase I to develop an expanded online information portal that continues to track closed loop referrals as well as provide a virtual care coordination platform. The care coordination platform would include an interactive, user-friendly consumer portal, allowing quick access to a variety of information relating to their treatment and recovery. This expanded functionality will provide a secure virtual location for consumers to upload, view, manage and share their documents (e.g., assessments, health records, demographic information) with those involved in supporting their recovery, including providers they are referred to. Consumers determine which records they would like to share and with whom, while the system maintains consumer confidentiality.

LCBHS' new online information portal will become a central point of access for all behavioral health-related referrers, providers, and clinicians in Lake County and surrounding areas. It will bridge information gaps by establishing communication pathways between consumers, provider agencies, and community partners and help track information about consumers' service needs and participation. LCBHS is actively supporting interagency collaboration and increased mental health service linkages for consumers by providing this enhanced, consumer-focused online information portal.

## Goals and Objectives

The LCBHS Innovation Project is a novel approach to linking consumers to referred mental health services and creating a platform for consumer-driven care coordination. The goals of this project include the following:

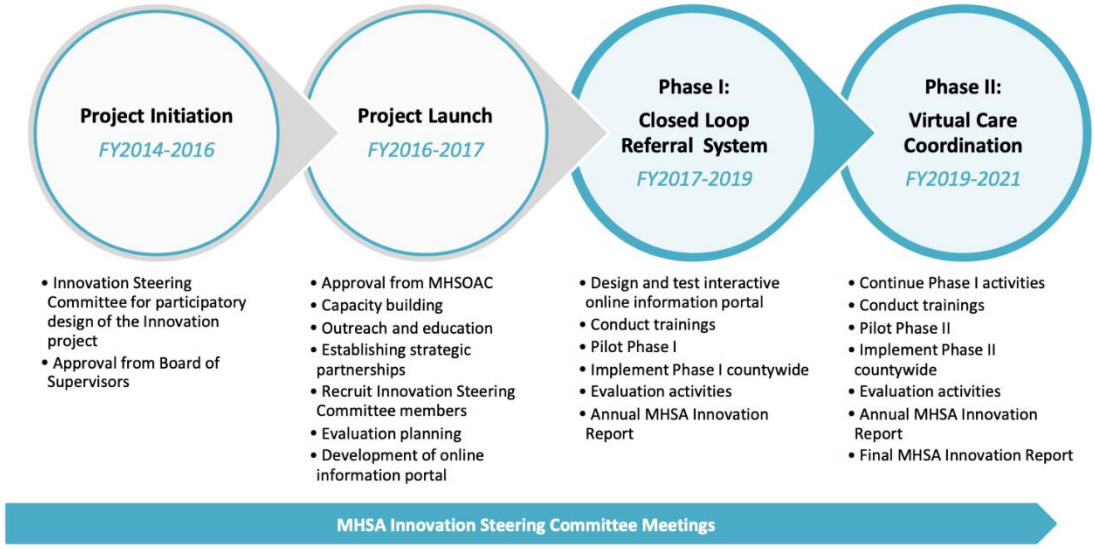
- Establish a robust consumer-driven online health portal and information management system that blends referral tracking, consumer education and resource awareness, and service coordination;
- Support LCBHS providers and consumers to shorten and close the referral loop that consumers experience between the time they receive a mental health referral and when they follow up to actually see the referred-to provider; and
- Utilize data collected from this project to inform where referrals are unsuccessful or need process improvement, as well as to provide insights on barriers to accessing services.

Ultimately, the LCBHS Innovation Project aims to increase access to quality services and improve outcomes for consumers by efficiently connecting them to appropriate mental health services and directly engaging them in the management of their service needs and wellness progress.

## Project Timeline

The LCBHS Innovation Project involved rigorous stakeholder engagement and participatory planning activities from 2014 through 2016. In March 2016, the Board of Supervisors formally approved the Lake County MHSA Innovation Project. LCBH submitted the MHSA Annual Update report in August 2016, which included the Innovation Plan. The following diagram outlines the timeline of implementation, evaluation, and stakeholder engagement activities from Fiscal Years (FY) 2014 through 2021 (Figure 1).

**Figure 1. Timeline for Lake County Behavioral Health Services MHSA Innovation Project, Fiscal Years 2014-2021**



## Project Approach and Analysis

LCBHS contracted with Resource Development Associates (RDA) in the early phases of the project to conduct an evaluation of the Innovation Project. In alignment with previous years, RDA facilitated a participatory evaluation planning process to engage the Lake County MHSA Innovation Steering Committee in designing and implementing the evaluation to:

- Meet MHSOAC and INN reporting guidelines;
- Evaluate the Lake County Behavioral Health Services' Innovation Project outcomes;
- Contribute to the continuous learning of the MHSA Innovation Steering Committee;
- Contribute to state-wide learning and disseminate findings to stakeholders throughout California;
- Inform continuous quality improvement practices; and
- Build the capacity of stakeholders to use data to inform decision-making.

The evaluation is informed by the theory of change framework (Appendix A. LCBHS Innovation Project Theory of Change), which outlines the planned activities for the Innovation Project and the intended outcomes. The purpose of evaluation is to measure the intended outcomes of the Innovation Project. Due to the extended timeframe required for detecting mental health outcomes and systems-level change, long-term outcomes are not included in the scope of this evaluation.

### Data Collection and Analysis

RDA worked with LCBHS to identify and obtain data from multiple sources to address the evaluation questions (Table 1). The findings in this report focus on the first two evaluation questions, as Phase II has not been implemented.

RDA obtained **quantitative data** from the online information portal to measure and characterize the population served, referrals processed through the system, and the outcomes of referrals. In addition, RDA conducted a key informant interview with LCBHS staff to gather **qualitative data** about program implementation. RDA used descriptive statistics to examine frequencies and ranges of quantitative data. RDA synthesized qualitative and quantitative findings to better understand program implementation, strengths, and challenges in FY19-20.

**Table 1. Evaluation Questions**

| Project Phase | Evaluation Questions |
|---|---|
| **Phase I: Closed Loop Referral System** | 1. Does closed-loop referral tracking support more successful referrals and lead to increased service access and receipt? |
| | 2. How will system-wide tracking of closed-loop referrals increase capacity to engage in data-driven decision-making? |
| **Phase II: Virtual Care Coordination** | 3. How will implementation of a virtual care coordination platform increase the wellness and recovery of participating consumers? |
| | 4. How does engaging consumers in the management of their own care via consumer-driven care coordination increase consumer perceptions of service quality and relevance? |
| | 5. How does Lake County Behavioral Health's Innovation Project implementation contribute to improved collaboration a) amongst providers and b) between consumers and their providers? |

## Environmental Context and Limiting Factors

As with any program implementation and evaluation project, limitations exist. Amidst the current COVID-19 pandemic and statewide "stay-at-home" orders (which began in early-March 2020), LCBHS and providers across the county were challenged to adapt their service models and programs to a virtual care setting. This allowed consumers to continue receiving services remotely during this time. Due to the unknown and evolving nature of the COVID-19 public health crisis, project activities may be further impacted moving forward. Additionally, Lake County was also impacted by several wildfires in FY19-20, including five fires within the County itself. While there may or may not have been a direct impact on consumers, program staff, and other stakeholders, the community as a whole is nonetheless affected by the fire incidents in the region. These incidents limited the project from moving into implementing Phase II project activities as planned.

## Participant Characteristics

A total of 49 consumers were served by the LCBHS Innovation Project in FY19-20, representing 49 total referrals to mental health services. The majority identified as female (63%) and were adults (54%). While most referrals were made to consumers who reside in non-rural areas, 16% of referrals were made to consumers who live in rural areas. The majority of consumers referred identified as white (43%) or Hispanic (18%).

**Table 2. Demographic Profile of LCBHS Innovation Project Consumers, FY19-20 (N=49)**

| Characteristic | Population | % of Total |
|---|---|---|
| **Gender** | | |
| Female | 31 | 63% |
| Male | 16 | 33% |
| Other or Unknown | 2 | 4% |
| **Age** | | |
| Adult *(18 – 81 years old)* | 26 | 54% |
| Children *(Less than 18 years old)* | 22 | 46% |
| **Ethnicity** | | |
| White | 21 | 43% |
| Hispanic | 9 | 18% |
| Other or Unknown | 19 | 39% |
| **Residency**[3] | | |
| Non-Rural | 39 | 80% |
| Rural | 8 | 16% |
| Unknown | 2 | 4% |

## Evaluation and Project Findings

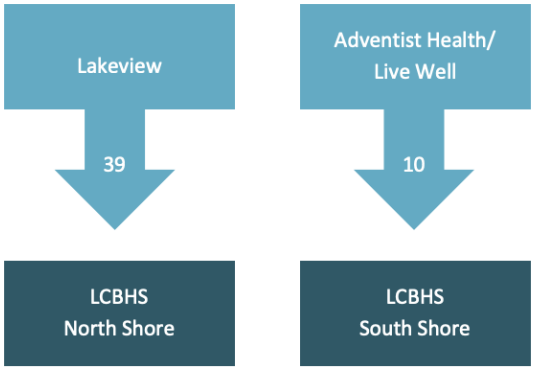
The following section presents findings from the evaluation, reporting on each of the process and outcome evaluation questions. Overall, the findings indicate that providers continued to refer consumers to LCBHS and, on average, the referral process from initiation to close took a little over a month. There were fewer referrals made than in previous years, and only a handful of consumers who decided to accept treatment. When interpreting these findings, it is important to note the global COVID-19 pandemic and local wildfires to Lake County that undoubtedly had effects on consumers and providers abilities to utilize the LCBHS Innovation Project.

### Referral Outcomes

For the Phase I pilot, consumers were referred from the partner agencies, Adventist Health/Live Well and Lakeview, to LCBHS. Consumers generally had mild to moderate mental health symptoms and were referred to LCBHS as a step-up (i.e., needing a higher level of behavioral health care than the referring partner agency can provide). Referrals that came from Lakeview (n=39) went to LCBHS North Shore. Referrals from Adventist Health/Live Well (n=10) went to LCBHS South Shore.

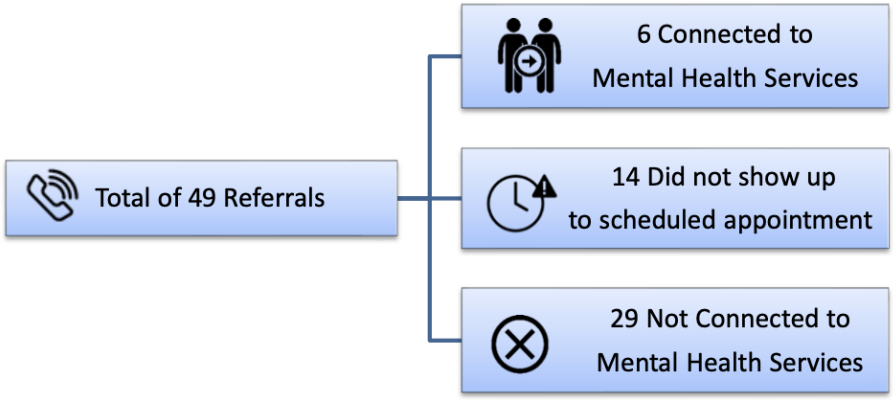
[3] Rural areas are defined as having less than 2,500 residents, while non-rural areas are defined has having 2,500 or more residents.

**Figure 2. Most referrals were made to LCBHS North Shore by Lakeview**




Among the 49 referrals to mental health services made in FY19-20, few consumers were connected to mental health services (n=6, 12%). Although most consumers were referred to LCBHS providers, the majority did not make appointments (57%). There were many referrals made where consumers were unresponsive to attempts to schedule appointments. There were many referred consumers who were not connected to services because they declined services, did not show up for their scheduled appointments, were unreachable by the providers (who made several attempts to reach them), or for other reasons (e.g., disconnected phone number, under 5 years of age).

**Figure 3. Outcomes of Referrals to Mental Health Services, FY19-20 (N=49)**




LCBHS and partner agency staff worked maintain efficiency of the referral process. Among referrals that resulted in clients successfully accepting treatment, the initial referral communication step took an average of three days. Four of the six consumers who accepted treatment scheduled appointments the

same day the referral was accepted; however, it took the other two consumers 47 and 99 days to schedule their appointments after several attempts. Overall, the length of time for processing a referral was an average of 40 days.

## Key Project Implementation and Operational Learnings

During FY19-20, LCBHS continued to implement Phase I activities and plan for the upcoming Phase II, achieving several key accomplishments along the way. One of the key project successes was partnering with Care Coordination Systems (CCS) to provide the technology to be able to implement Phase II. Prior to the COVID-19 stay-at-home orders, LCBHS actively maintained community and stakeholder engagement, continuing to lay the groundwork for Phase II with members of the MHSA Innovation Steering Committee. Finally, the County was awarded with a Whole Person Care pilot program grant, which the County will leverage to support the Innovation Project.

### Partnership with Care Coordination Systems

Early in FY19-20, LCBHS was focused on planning the implementation of Phase II and had identified Care Coordination Systems (CCS) as a partner that would be able to bring their care coordination software platforms to Lake County. CCS' software is tied to the Pathways Community Hub Model, an evidence-based model for community care coordination that utilizes a network of regionally based coordinators providing care to at-risk client populations. CCS' software supports care coordinators with data collection and information sharing within the region by functioning as a digital resource that includes a referral system and community health record platform. This ensures that individuals who are most at-risk are linked to the services that will improve their outcomes.

LCBHS invited stakeholders to participate in several demonstration sessions that showed the tools that CCS developed and presented information at stakeholder meetings (e.g., Lake County Cares, Continuum of Care, County Health Leadership Network). During this time, LCBHS and CCS were becoming more familiar with each other and the care coordination needs of the Lake County community and stakeholders, and began to collaborate more closely with one another.

Given internal agency contracting processes and the COVID-19 pandemic, the contracting process between LCBHS and CCS took much longer than expected. These factors put the CCS project implementation on a brief hold for several months. The County and CCS executed the final contract agreement shortly after FY19-20 (in September 2020), which is celebrated as a major step toward Phase II and moving the project forward.

### Community and Stakeholder Engagement and Support

LCHBS engaged community members and stakeholders, including the MHSA Innovation Steering Committee in similar demonstration activities to build support amongst stakeholders. RDA facilitated MHSA Innovation Steering Committee meetings in October 2019 and February 2020 to share updates with members and gather their initial input on the CCS Pathways Community HUB Model and the technology

platforms it had to offer. These efforts were designed to help LCBHS get the community on board and aware of what the CCS tools could do for the providers in the community and the systems of care that exist. It was crucial during this year that LCBHS continued to communicate that the CCS tools could make an impact on the overall health and welfare of the community, as it will help everyone to coordinate their efforts and work together to improve the overall health of the community. Quarterly attendance at these meetings was strong and LCBHS has been able to identify partners and individuals who will be able to champion the work moving forward into the next phase of the project.

## Whole Person Care Grant

The State of California's Health and Human Services Agency, Department of Health Care Services (DHCS) has successfully piloted Whole Person Care (WPC) programs for the past several years. WPC pilot programs are meant to deliver a patient-centered approach to health, behavioral health, and social services with the goal of improved health and well-being. In 2019-20, the Governor's Budget allocated $20 million in funding for counties to initiate future WPC pilot programs with multi-year spending authority through FY24-25. The funding from the WPC grant can be used for administrative and programmatic activities, including program planning and development, staffing, IT infrastructure, program governance, training, ongoing data collection, and much more.

LCBHS identified the potential for the WPC grant as a way to support the aim of the Innovation Project. Particularly in vulnerable populations, this integrated and coordinated approach to supporting the whole person is much needed. LCBHS envisioned the WPC grant as a way to fund beyond the technology and tools for virtual care coordination, and include care coordinator staff, infrastructure for care coordination, training, and program planning. LCBHS submitted an application to DHCS and was awarded a WPC grant with $555,136.76 allocated to be spent over five years. The first year of the WPC pilot program in the County will coincide with the planning and early implementation of Phase II in FY20-21.

## Changes to Innovation Project during FY19-20

In FY19-20, the planned implementation of Phase II of the LCBH MHSA Innovation Project was placed on a brief hiatus as contracts were being executed, however, Phase I activities were still implemented as planned.

## Future Directions for FY20-21

In the next fiscal year, the Innovation Project will continue activities related to Phase I while planning and ramping up the pilot of Phase II. LCHBS will continue to engage the community and key stakeholders through quarterly MHSA Innovation Steering Committee meetings and additional avenues.

## Phase I: Closed Loop Referral System

In FY20-21, LCBHS plans to continue using the online information portal from Phase I Closed Loop Referral System to track mental health referrals. The two agencies piloting the platform, Lakeview and Adventist Health, will continue to use the system to track referrals.

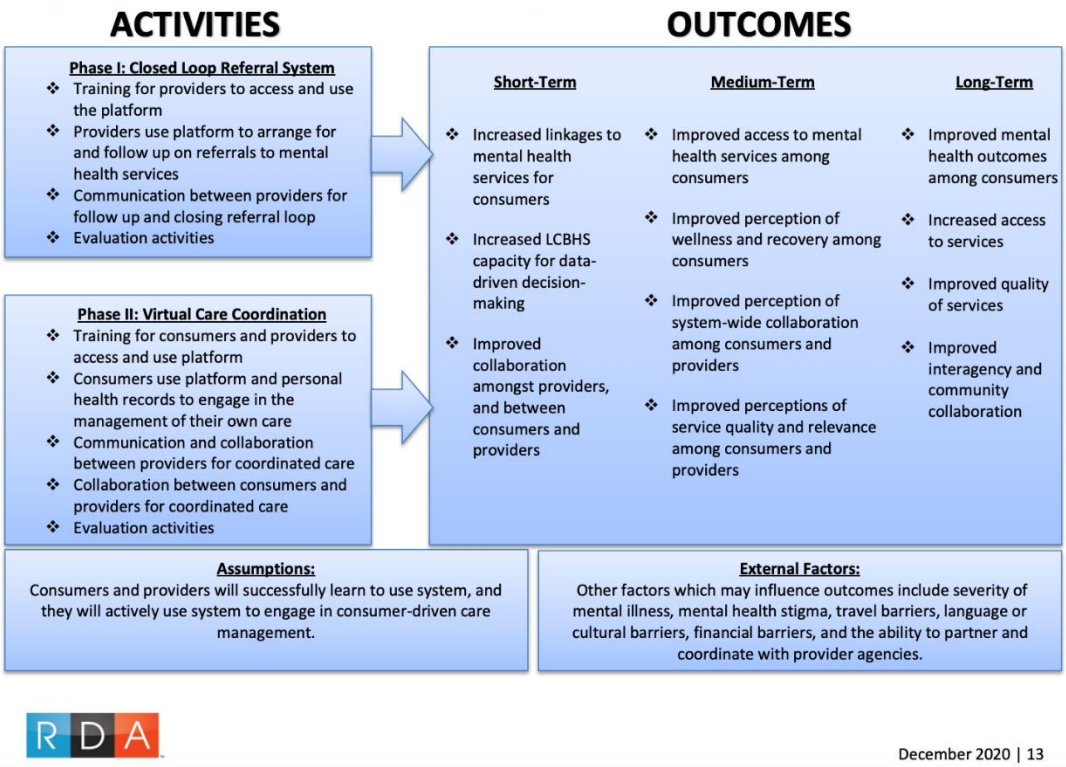
## Phase II: Virtual Care Coordination

LCBHS will develop the Phase II implementation plan with input from the MHSA Innovation Steering Committee and community members. LCBHS and CCS will launch the Phase II pilot of the virtual care coordination platform once the implementation strategy has been refined and partners in the community have been trained. In addition, LCBHS will also continue to meet with strategic partners to ensure appropriate handling of personal health information, leveraging and integrating with existing processes and systems, and fostering strong relationships as a foundation for future successful collaboration.

## Stakeholder Engagement

LCBHS and RDA will continue to convene the MHSA Innovation Steering Committee on a quarterly basis and gather input on Phase II throughout the implementation process. The MHSA Innovation Steering Committee will leverage their learnings and increased capacity for data-driven decision from Phase I: Closed Loop Referral to provide thought partnership for Phase II: Virtual Care Coordination. The MHSA Innovation Steering Committee will continue to engage in participatory evaluation activities to collaboratively gain insights from the evaluation data and develop recommendations on how to further improve the existing public mental health services referral pathways and care coordination processes in Lake County.

## Appendix A. LCBHS Innovation Project Theory of Change



# Appendix F. Multi-County Full Service Partnership Innovation Collaborative

**INNOVATION PROJECT PLAN**

**Participating Counties:** Fresno[33]; Sacramento; San Mateo[34]; San Bernardino; Siskiyou; Ventura

**Project Title:** Multi-County Full Service Partnership (FSP) Innovation Project

**Duration of Project:** January 1, 2020 through June 30, 2024 (4.5 years)

## Section 1: Innovation Regulations Requirements Categories

**General Requirement:** An Innovative Project must be defined by one of the following general criteria. The proposed project:

**X** 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 nonmental health context or setting to the mental health system

☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

**Primary Purpose:** An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

☐ Increases access to mental health services to underserved groups

**X** Increases the quality of mental health services, including measured outcomes

**X** Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

[33] Fresno County has already submitted an Innovation Project plan to the MHSOAC detailing its plans to participate in this project; this plan was approved by the MHSOAC in June 2019.

[34] San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but intends to participate in the broader effort and, thus, is included here and in the Multi-County FSP Innovation Project plan.

# Section 2: Project Overview

## Primary Challenge

Since the creation of the Mental Health Services Act (MHSA) in 2004, California has made significant strides in improving the lives of those most in need across the state. In particular, Full Service Partnerships (FSP) support people with the most severe and often co-occurring mental health needs. These MHSA-funded FSP programs are designed to apply a "whatever it takes" approach to serving and partnering with individuals living with severe mental illness. In many counties, FSP programs are effectively improving life outcomes and staff can point to success stories, highlighting dedicated staff and programs tailored to specific cultural groups and ages.

Despite the positive impact of FSP, the program has yet to reach its full potential. Many Californians with serious mental illness still struggle to achieve fuller, more independent lives and achieve the outcomes that MHSA prioritizes (i.e., reduced criminal justice involvement, incarceration, unnecessary hospitalizations, in-patient stays, and homelessness).

Counties and FSP providers have identified two barriers to improving and delivering on the "whatever it takes" promise of FSP:

The first is a *lack of information* about which components of FSP programs deliver the greatest impact. To date, several counties have strived to establish FSP programs to address specific populations and specific underserved regions, but data collection has been limited or inconsistently implemented. Additionally, there have been few coordinated efforts or comprehensive analyses of this data. This has resulted in an approach to program development that is, in its most noble of intent, driven by a desire to serve the community, but based often only on a best guess as to what will be effective. Counties desire a more data-driven approach to program development and continuous improvement, one rooted in shared metrics that paints a more complete picture of how FSP clients are faring on an ongoing basis, is closely aligned with clients' needs and goals, and allows comparison across programs, providers, and geographies. As one participating county (San Bernardino) described during an early planning meeting for this project, "Community members, FSP staff, and clinicians have identified an opportunity for data collection [and metrics] to be better integrated with assessment and therapeutic activities." These metrics might move beyond the current state-required elements and allow the actionable use of data for more effective learning and ongoing program refinement. Several counties and their provider staff, for example, indicate that FSP data is collected for state-mandated compliance and does not inform decision-making or service quality improvements. In addition, data is collected within one system, typically by FSP providers; however, meaningful FSP outcomes are designed to be measured with cross-agency data (such as health care, criminal justice, etc.), meaning many counties are reliant on self-reported progress toward outcomes rather than verified sources.

The second barrier is *inconsistent FSP implementation*. FSP's "whatever it takes" spirit has allowed necessary flexibility to adapt the FSP model for a wide variety of populations and unique local contexts. At the same time, this flexibility inhibits meaningful comparison and a unified standard of care across the state. During early planning conversations for this project, several counties indicated the need to improve how their county collects and uses FSP program data, particularly as it relates to creating consistent and meaningful criteria for eligibility, referral, and graduation. As one participating county (San Bernardino) described, "consumers have expressed interest in a standardized format for eligibility criteria and [seek] consistency in services that are offered and/or provided." While some variation to account for local

context is to be expected, standardizing these processes using data, evidence, and best practices from across California offers the promise of significant performance improvements and better client outcomes.

To-date, several initiatives have worked on related challenges but have not identified solutions that are directly applicable to this dual-natured problem, or they have not attempted to apply solutions in a statewide context. Specifically:

- While Los Angeles (LA) County's Department of Mental Health has attempted to address these two primary challenges via their FSP transformation pilot, it remains to be seen whether the metrics, strategies, and data-driven continuous improvement approach is directly applicable to other California counties, or whether their solutions need further customization and refinement in order to be used as a statewide model. Through this Multi-County FSP Innovation Project, counties will also seek to compare and leverage needs and solutions from Los Angeles County, determining how their metrics and processes can be adapted to be relevant to California counties of all geographies and sizes.

- In 2011 and 2014, the Mental Health Services Oversight and Accountability Commission (MHSOAC) supported two efforts[35] that, at a high level, worked to develop priority indicators of both consumer- and system-level mental health outcomes through leveraging existing data, develop templates and reports that would improve understanding of FSP impact on these outcomes, and identify gaps and redundancies in existing county data collection and system indicators. However, these efforts did not work to implement these changes in a collective, consistent multi-county manner, nor did they focus on additional FSP elements such as eligibility and graduation criteria. This effort also did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs.

## Proposed Project

This project responds to the aforementioned challenges by reframing FSP programs around meaningful outcomes and the partner (client) experience. This Multi-County FSP Innovation Project represents an innovative opportunity for a diverse group of participating counties (Fresno, Sacramento, San Bernardino, San Mateo, Siskiyou, and Ventura) to develop and implement new data-driven strategies to better coordinate FSP service delivery, operations, data collection, and evaluation.

The MHSOAC has supported Third Sector in leading counties through the process of developing and implementing this Multi-County FSP Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSP programs. A San Francisco-based nonprofit, Third Sector has helped behavioral and mental health programs nationwide create an improved focus on outcomes, guiding government agencies through the process of implementing and sustaining outcomes-oriented, data-driven services focused on improved meaningful life outcomes. *Section 4: INN Project Budget and Source of Expenditures* below further describes Third Sector's experience and approach to transitioning social services programs to an outcomes orientation. Third Sector will act as the overall project lead and project manager, developing recommendations and

[35] The 2011 effort was undertaken by the UCLA Center for Healthier Children, Families, and Communities and EMT Associates. The 2014 effort was undertaken by the UCLA Center for Healthier Children, Families, and Communities and Trylon.

customized strategies, leading working group calls and collaborating with each participating county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and adjusting responsively to any challenges.

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. Staff will examine what matters in improving individual wellness and recovery and take a data-informed approach to program design, evaluation, and continuous improvement, leading to more effective and responsive FSP programs. 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

*Collaboration with a Statewide FSP Outcomes-Driven FSP Learning Community:* In addition to the county-specific implementation technical assistance (TA) proposed in this Innovation Project, counties participating in this Innovation Project have co-developed and will participate in a concurrent, statewide Outcomes-Driven FSP Learning Community that Third Sector is leading with funding from the MHSOAC. County MHSA and FSP staff, FSP providers, FSP clients, and other community stakeholders will engage in an interactive learning process that includes hearing and sharing lived experiences and developing tools to elevate FSP participant voice. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan and the Outcomes-Driven FSP Learning Community, helping each group build upon the work of the other, and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

### Rationale for Using the Proposed Approach

Over the past several months, a broad group of counties (beyond the six counties participating in this Innovation Project) and Third Sector have convened to further unpack these challenges in a collective setting. Specifically, counties and Third Sector have collaborated in several virtual and in-person convenings to develop (i) an initial baseline understanding of counties' current FSP programs, including unique assets and challenges as it relates to defining and measuring important FSP client outcomes; data collection, data sharing, and data use; FSP services and population guidelines; and ongoing FSP performance management and continuous improvement processes, and (ii) an initial, shared plan for implementing outcomes-focused FSP improvements. Counties have expressed interest in developing a

consistent and understandable framework for data collection and reporting across counties that better encourages actionable analysis of outcomes data and helps counties track the adoption of evidence-based practices.

The activities and goals proposed by this project are directly informed by these efforts and designed to respond to common challenges, capacity needs, and shared opportunities for FSP program improvements cited by counties.

This approach is also inspired by Los Angeles County Department of Mental Health's (LACDMH) journey to similarly focus their FSP programs on meaningful outcomes. This Innovation Project will build off LACDMH's early successes, implement adjusted strategies and approaches that are appropriate for a statewide context, and facilitate broader statewide exchange of collective learning and shared opportunities for improving FSP programs.

### Number and Description of Population(s) Served

This project focuses on transforming the data and processes counties use to manage their FSP programs to improve performance at scale; it does not entail direct services for FSP clients. Accordingly, we have not estimated the number of individuals that will be served or identified specific subpopulations of focus. This project will build outcomes-focused approaches across a variety of age-specific and population-specific FSP programs statewide, exploring and identifying key commonalities and relevant differences by population of focus, and building a flexible, scalable set of strategies that can be further implemented statewide.

## Research on the Innovative Component

This Innovation Project presents a new opportunity and innovative practice for participating counties in several ways:

### 1. Systems-Level Changes to Accelerate Performance

Instead of piloting a new FSP service or intervention, this project will reduce barriers that prevent counties from leveraging data and evidence to deliver better outcomes in FSP programs. While piloting and testing new service interventions remains a key tool for driving mental health services innovation, far too often promising innovations are expected to take root in systems that lack the infrastructure or capacity to support them—leading to suboptimal replication, challenges disseminating learnings, or failure to scale. This Innovation Project seeks to address those structural barriers by accelerating counties' ongoing efforts to use data and shared outcome goals to continuously improve their FSP programs, and do so in a manner that centers on increasing statewide learning.

### 2. County-Driven Origins with Statewide Impacts

This project also represents an opportunity for counties to drive state progress on reporting requirements, data collection, and data use. Many counties have individually struggled to track FSP client outcomes and make meaningful use of the existing data, but have to-date approached this problem alone. Recognizing these gaps and the power of a collective effort, counties themselves took the initiative to form this project as a response to their individual FSP program challenges and after hearing reflections on Los Angeles County Department of Mental Health's FSP transformation.

The county-driven origins of this project, paired with support from the MHSOAC, present a unique opportunity for participating counties to both (i) pursue county-specific implementation efforts that will drive lasting improvements within their *individual* FSP programs, and (ii) exchange learnings from these

implementation efforts with other counties via a structured Outcomes-Driven FSP Learning Community designed to help increase *statewide* consensus on core FSP components and develop shared recommendations for state-level changes to FSP data requirements and guidelines.

### 3. Introducing New Practices for Encouraging Continuous Improvement and Learning

This project proposes to introduce new data-driven practices for managing FSP programs that center on improving clients' experiences and life outcomes and aim to increase consistency in how FSP programs are administered within and *across* different counties. It aims to develop and pilot continuous improvement processes and actionable data use strategies that are tailored to each participating county's specific context, and to generate new learning and shared consensus around FSP program and performance management best practices, alongside other participating counties. For example, a county may implement a new data dashboard that helps better illustrate client utilization of emergency services over time. This dashboard could be used to understand the relationship between an incoming client's needs, FSP services delivered, and changes in emergency services utilization over time. With this newly clarified data, county staff and/or providers would be able to understand and collaboratively discuss how different clients' needs should determine the services they receive, based on the historical success of other, similar clients.

### 4. Building on Individual County Progress to Create a Statewide Innovative Vision

This project will build on the continuous improvement tools and learnings emerging from Third Sector's existing work with the Los Angeles County Department of Mental Health's (LACDMH) FSP transformation, which centered on understanding and improving core FSP outcomes across all age groups, inclusive of improving stable housing, reducing emergency services utilization, and reducing criminal justice involvement. LACDMH's FSP transformation efforts have led to the development of new continuous improvement-focused "Learning Collaboratives" (regular meetings for providers and LACDMH to review outcomes data and discuss new service approaches), have surfaced new learnings and questions (e.g., how to define and measure positive FSP life outcomes like "meaningful use of time"), and have better standardized FSP programs via clarified enrollment and graduation criteria. This project presents an opportunity to deeply explore these learnings and tools at a statewide level in a collaborative manner, bringing counties together to explore and identify which FSP changes and innovations that LACDMH pursued (or purposefully did not pursue) might be most relevant and applicable across counties and, importantly, what modifications are necessary to implement these learnings at a state-level. More specifically, counties will explore how these changes may need to be adopted to meet the needs of counties with a variety of different attributes (e.g., smaller counties, more rural counties, counties with fewer program staff, counties with fewer contracted FSP programs, counties with different ethnic and racial makeups), balancing the desire for increased consistency with the spirit of meeting local context and needs.

### 5. Building Upon Existing Data-Focused Multi-County Collaborations

In addition, this project differs from existing, data-focused multi-county Innovation Projects in its focus on *implementing and applying* data insights to refine current learning and continuous improvement practices within FSP programs.

Four California counties are currently participating in an FSP "classification" pilot study sponsored by the MHSOAC and in partnership with the Mental Health Data Alliance. Through surveys of specific programs, this "classification" pilot seeks to identify specific components of FSP programs that are associated with high-value outcomes, namely early exits. The "classification" study can create and already has produced valuable learning on how counties can define outcomes like early exit and what FSP program

characteristics map to a specified outcome. Moreover, it is an important demonstration of the value of collecting, maintaining, and sharing descriptive information about FSP program profiles that counties can correlate to FSP client outcomes.

However, the "classification" pilot does not propose to support counties in *applying* such learnings to their FSP programs, or in creating sustainable data feedback loops that leverage existing data to drive more real-time, continuous program improvements. Additionally, as a pilot, it is limited to the four participating counties and to a select few FSP programs and types (TAY, Adult, and Older Adult). Counties participating in this Multi-County FSP Innovation Project may look at the entire range of FSP services (including Child). Finally, this project will regularly connect with a larger group of counties than the scope of the "classification" pilot allows, leveraging the statewide Outcomes-Driven FSP Learning Community that is open to all counties (beyond the six counties contributing funds in this Innovation Project proposal) and that will encourage broader statewide input and collaboration.

In 2011, the UCLA Center for Healthier Children, Families, and Communities and EMT Associates, with support from the MHSOAC, developed templates and reports on statewide and county-specific data that would improve understanding of MHSA's impact, as well as evaluated existing statewide data on FSP impact. While this effort worked to identify current data collection practices and develop data templates, it did not suggest new outcomes domains, data collection, or metrics. Moreover, this effort did not focus on creating actionable continuous improvement strategies that would improve the quality and consistency of FSP programs and services.

Similarly, in 2014, the UCLA Center for Healthier Children, Families, and Communities and Trylon, with support from the MHSOAC, reviewed existing data to develop priority indicators of both consumer- and system-level mental health outcomes and understand trends and movement in these indicators over time. This effort also identified gaps and redundancies in existing county data collection and system indicators. However, it did not attempt to *implement* new and consistent outcomes and metrics across multiple counties, nor did it develop regular continuous improvement processes that would leverage these specific measures in an action-oriented, data-informed manner.

This Innovation Project will go beyond both the 2011 and 2014 UCLA-led projects by focusing on both the implementation of new data collection and data use strategies, improving consistency and clarity of program guidelines (especially those around cultural or other specific types of services, eligibility, and graduation), and better understanding the connection between FSP services and outcomes. In this manner, this proposed Multi-County FSP Innovation Project proposes a new approach by expanding the extent to which counties attempt to align and create consistency.

### 5. Proposing Changes to State-level FSP Data Requirements

Building from the above, this project also intends to surface specific data collection and data use elements that counties can use to track their FSP outcome goals in a more streamlined, consistent fashion that can be feasibly applied across the state. Through this project, counties will develop a more cohesive vision around which data elements and metrics are most relevant and recommend changes to statewide FSP data requirements that better prioritize and streamline their use. Ultimately, these recommendations will aim to better support counties in understanding who FSP serves, what services it provides, and which outcomes clients ultimately achieve.

## Stakeholder Input

Through individual discussions and group convenings, Third Sector and participating counties have discussed several strategies to ensure that the Multi-County FSP Innovation Project aligns with each county's goals, including priorities expressed in stakeholder forums. The Appendix includes more detail about each county's specific stakeholder needs, how this project addresses these needs, and how community planning processes in each county have impacted the overall project vision.

To date, Third Sector has supported counties in sharing the project with local stakeholders by providing summary materials (i.e. project descriptions and talking points) and answers to frequently asked questions. These materials were requested by counties and designed to be accessible to a broad audience. Counties such as Sacramento and San Bernardino have already used and adapted these for community planning meetings, soliciting feedback that has helped to inform this plan. Currently, all participating counties have shared this project as a part of their three-year plan, annual update, or standalone proposal for public comment and county Board of Supervisors' review.

Furthermore, this project intends to engage county stakeholders—including program participants, frontline staff, and other key community partners—throughout its duration. In the implementation stage, engagement activities may include consulting and soliciting feedback from stakeholders when defining the outcome goals, metrics, service components, and referral and graduation criteria. Counties may choose to do this through focus groups, interviews, and working group discussions. Counties may also invite participants or community representatives to participate in statewide Outcomes-Driven FSP Learning Community events. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future county meetings that are open to the public. Additional description of these activities can be found in the *Work Plan and Timeline* section below.

## Learning Goals and Project Aims

This project expects to contribute new learnings and capacities for participating counties throughout the county-specific TA and evaluation activities involved. Specifically, this project will seek to assess two types of impacts: (A) the overall impact and influence of the project activities and intended changes to current FSP practices and program administration ("systems-level impacts"), and (B) the overall improvements for FSP client outcomes ("client-level impacts"). These two types of measures will help determine whether the practices developed by this project simplify and improve the usefulness of data collection and management and cross-county collaboration, and whether these practices support the project's ultimate goal of improving FSP client outcomes. Guiding evaluation questions that this project aims to explore include, but are not limited to, the following, as divided by each type of impact:

### A) Systems-Level Impacts

Systems-level impacts will be assessed both within each county to understand local administration changes, as well as across counties to assess the impact of the multi-county, collaborative approach. Guiding evaluation questions to understand changes to individual county FSP administration are:

1. What was the process that each participating county and Third Sector took to identify and refine FSP program practices?
2. What changes to counties' original FSP program practices were made and piloted?
3. Compared to current FSP program practices, do practices developed by this project streamline, simplify, and/or improve the overall usefulness of data collection and reporting for FSP programs?

4. Has this project improved how data is shared and used to inform discussions within each county on FSP program performance and strategies for continuous improvement?
5. How have staff learnings through participation in this FSP-focused project led to shared learning across other programs and services within each participating county?

Beyond the above county-level learning goals, the project also aims to understand the value of a collaborative, multi-county approach via understanding the level of county collaboration, the quality of it, and its ultimate impact. Guiding evaluation questions to assess the collaborative nature of this project include, but are not limited to:

6. What was the process that participating counties and Third Sector took to create and sustain a collaborative, multi-county approach?
7. What concrete, transferrable learnings, tools, and/or recommendations for state-level change have resulted from the Outcomes-Driven FSP Learning Community and collective group of participating counties?
8. Which types of collaboration forums and topics have yielded the greatest value for county participants?

### B) Client-Level Impacts

9. What impacts has this project and related changes created for clients' outcomes and clients' experiences in FSP?

## Evaluation and Learning Plan

This project will include two types of learning and evaluation.

First, Third Sector and the counties will pursue a number of evaluation and data analysis activities throughout the duration of the project (as described in the *Work Plan and Timeline* section below) to better understand and measure current FSP outcomes and identify appropriate strategies for improving these outcomes.

Second, Third Sector and the California Mental Health Services Authority ("CalMHSA") will support counties in identifying, procuring, and establishing an ongoing governance structure for partnering with a third-party evaluator. This third-party evaluator ("evaluator") will provide an independent assessment of the project's impacts and meaningfully assess the above learning goals via an evaluation. These efforts will support counties in articulating a meaningful, data-informed impact story to share across the state about the specific actions pursued through this project and the resulting learnings.

Counties have expressed a desire to prioritize onboarding this evaluator in the early stages of the project. The counties have emphasized the importance of having this partner involved in any initial efforts to approximate counties' baseline FSP practices and performance, as well as provide appropriate time to execute any data-sharing agreements required for the evaluator to gather and assess outcomes data across each of the participating counties. Currently, counties have identified RAND Corporation as a potential evaluation partner, given that RAND has previously partnered with counties through CalMHSA

and brings previous experience evaluating FSP programs in LA County. Participating counties, Third Sector,[36] and CalMHSA are currently taking steps to contract and onboard this evaluation partner.

A description and example measures for each of the nine evaluation questions follows below. Counties, with support from Third Sector and the evaluator, will develop and finalize these measures after contracting with the evaluator. The evaluation plan will include a timeline for defined deliverables and will crystallize these evaluation questions, outcome measures, data-sharing requirements and resulting evaluation activities. Evaluation planning activities will also include developing and confirming a strategy for each county to gather and collect data consistently, both for the purposes of creating a baseline understanding of current FSP program practices and performance, as well as for gathering data required for the evaluation.

The table below proposes potential qualitative and quantitative measures to assess both systems-level and client-level impacts. As described above, these system-level impacts will assess the positive value and changes experienced by participating counties and community stakeholders. These systems-level measures will be tracked during and following the initial 23-month implementation TA period, and directly answer guiding evaluation questions 1-8 above. Additionally, this project proposes to measure overall improvements in FSP client outcomes that may occur during the project timeframe (client-level impacts), to better understand evaluation question 9 above.

[36] Third Sector will support counties in identifying and onboarding an evaluation partner, developing an ongoing governance structure for collaborating with the evaluator, and finalizing outcome measures and required data collection strategies through Third Sector's TA period (i.e., through November 2021). Third Sector does not plan to have an ongoing role in the Evaluation period (December 2021 through June 2024).

| | *Example Measures* | *Example Data Source* | *Relevant Evaluation Questions* |
|---|---|---|---|
| ***Systems-Level Impacts*** | | | |
| | Policy changes that a county, the Department of Health Care Services (DHCS), or the MHSOAC implemented as a result of the project | Qualitative interviews of participating counties, state agencies | 2, 5, 7 |
| | New FSP service approach as a result of the project | Qualitative interviews of participating counties, observational data from local FSP programs | 2, 4, 5, 7 |
| | New data sharing mechanisms and/or agreements created to support ongoing evaluation, feedback, and analysis of disparities | Qualitative interviews of participating counties | 3, 4, 7 |
| | Improvements or changes to FSP continuous improvement practices | Qualitative interviews of participating counties | 2, 3, 4, 5, 7 |
| | New FSP metrics or data elements measured in each county | Qualitative interviews of participating counties | 2, 3, 4, 5, 7 |
| | FSP metrics or data elements removed by each county due to lack of relevance or usefulness | Qualitative interviews of participating counties | 2, 3, 4, 5, 7 |

| *Example Measures* | *Example Data Source* | *Relevant Evaluation Questions* |
|---|---|---|
| Overall staff and clinician satisfaction with quality and impact of outcome measures selected, changes to data collection practices and service guidelines | Survey and/or qualitative interviews of participating counties | 2, 3, 4, 8 |
| Increased confidence from staff and clinicians that measures tracked are meaningful for participants and/or are regularly reviewed and used to inform programs | Survey and/or qualitative interviews of participating counties | 3, 4, 8 |
| Increased understanding across providers and/or county staff of how priority outcomes are defined and the corresponding data collection and reporting requirements | Survey and/or qualitative interviews of participating counties and local staff | 3, 4, 8 |
| ***Client- and Program Level Impacts*** | | |
| *Changes in cross-system outcomes, such as:* | | |
| Increased percentage of housing-insecure FSP clients connected with housing supports | Self-report via existing outcomes collections systems; data from local housing agencies | 9 |
| Decreased recidivism for justice-involved FSP clients | Self-report via existing outcomes collections systems; data from local jails, and state prisons | 9 |

| *Example Measures* | *Example Data Source* | *Relevant Evaluation Questions* |
|---|---|---|
| Decreased use of emergency psychiatric facilities | Self-report via existing outcomes collections systems; billing records from local hospitals via the county Mental Health Plan | 9 |
| Increased percentage of clients engaging in recreational activities, employment, and/or other forms of meaningful use of time | Self-report via existing outcomes collections systems; additional | 9 |
| | new state and local data sharing agreements targeting tax and employment data | |
| Increased percentage of clients graduating FSP successfully | Enrollment and retention data from county FSP providers | 9 |
| Increased program graduation rates for clients due to increased capacity (i.e., exits because clients are stable and re-integrated into the community) | Enrollment and retention data from county FSP providers | 9 |
| *Additional client-level outcomes, such as:* | | |
| Reduced FSP outcome disparities (i.e. disparities by race, ethnicity, and language) | Comparison of pre- and post-outcomes on existing outcomes collections systems | 9 |

| *Example Measures* | *Example Data Source* | *Relevant Evaluation Questions* |
|---|---|---|
| Timely access to programs and services aligned with individuals' long-term goals | FSP provider services and billing records | 9 |
| Decreased utilization of crisis services in counties (e.g., emergency rooms, mental health, justice) due to increased emphasis on prevention and wellbeing | Data from county hospitals, jails, FSP providers | 9 |

Note that the time period for observing and evaluating changes in outcomes and metrics may end sooner (e.g., end of 2023), so as to provide sufficient time for the evaluator to measure and synthesize evaluation findings and to share this information with counties. Third Sector, the evaluator, and participating counties will determine the exact measures and an appropriate evaluation methodology for assessing client-level impacts during the project.

Participating counties will identify and finalize these measures, data sources, and associated learning goals during the first year of the project, memorialized in a shared evaluation plan, with advisory support from Third Sector and the evaluator. As mentioned above, it will be beneficial to the overall project and the project's evaluation plan to identify and partner with an evaluator prior to finalizing the specific learning metrics, given the complex and systems-level nature of these changes. While the measures listed above are preliminary ideas and priorities identified by participating counties, Third Sector, the evaluator, and the counties will work to refine these measures in the first year of this project.

The evaluation plan will include a timeline for defined deliverables and will crystallize these evaluation questions, outcome measures, data-sharing requirements and resulting evaluation activities. Third Sector, participating counties, and the evaluator will also carefully consider and discuss strategies for mitigating possible unintended consequences when designing the evaluation and selecting measures to be tracked (e.g., any perverse incentives to graduate clients from FSP before they are ready). During the first year of the project, the evaluator and Third Sector will also support counties in identifying the appropriate method and steps to develop an accurate baseline of these measures.

See the *Budget Narrative* section below for additional detail on the evaluation activities.

# Section 3: Additional Information for Regulatory Requirements

## Contracting

Participating counties intend to contract with a technical assistance provider to support counties with project implementation activities. As described above in the *Proposed Project* section, the MHSOAC has supported Third Sector (a San Francisco-based nonprofit) in leading counties through the process of developing and implementing this Innovation Project, as well as in facilitating a broader statewide exchange of collective learning and shared opportunities for improving FSP programs. Third Sector will act as the overall project lead and project manager, developing recommendations and customized strategies, leading working group calls and collaborating with each county to meaningfully elevate stakeholder voice, while ensuring the project remains on schedule and responding to any challenges.

Participating counties will also identify and contract with an evaluation partner during the first year of the project. The evaluation partner will support counties in designing and implementing a shared strategy for assessing the project impact.

Counties plan to contract with Third Sector and the evaluation partner through the existing Joint Powers Agreement (JPA) via CalMHSA. The JPA sets forward specific governance standards to guide county relationships with one another, Third Sector, and the evaluator and ensure appropriate regulatory compliance. CalMHSA will also develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties. As further detailed in Section 4, counties intend to use a portion of the Multi-County FSP Innovation Project budget to pay CalMHSA for this support.

## Community Program Planning

The Appendix to the Innovation Plan includes more detail about each participating county's specific stakeholder needs, how this project addresses these needs, and what the overall community planning process has involved in each county. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input throughout the duration of this project, including participation via specific focus group and stakeholder interview activities outlined in the project work plan.

## Alignment with Mental Health Services Act General Standards

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

## Cultural Competence and Stakeholder Involvement in Evaluation

This project intends to engage each county's stakeholders (i.e., program participants, frontline staff, and other key community partners) throughout its duration, including in evaluation activities. Example engagement activities may include, but are not limited to:

- Asking for input from FSP provider staff, clients or client representatives, partner agencies, and other stakeholders (via focus groups, interviews, surveys, and/or working group discussions) as counties identify and define outcome goals, develop meaningful metrics for tracking these goals over time, identify key FSP service components, and surface opportunities to clarify and streamline referral and graduation criteria
- Sharing and reviewing data gathered and analyzed throughout this project—including in the Evaluation period—with community members to gather additional input and insight in interpreting trends
- Inviting clients and/or client representatives to participate in statewide Outcomes-Driven FSP Learning Community events
- Soliciting qualitative feedback from stakeholders on how this project has helped (or hindered) FSP service delivery in each county and opportunities for further improvement
- Sharing learnings and regular updates from this project with stakeholders at MHSA community planning meetings and county-specific stakeholder committees

## Innovation Project Sustainability and Continuity of Care

This Innovation Project does not propose to provide direct services to FSP clients. Each contractor (Third Sector; the third-party evaluator; CalMHSA) will operate in an advisory or administrative capacity and will not provide services to FSP clients. Throughout project implementation, participating counties will ensure continuity of FSP services, without disruption as result of this project.

Participating counties are strongly interested in sustaining any learnings, practices, and/or new statewide collaborative structures developed through this Innovation Project that demonstrate effectiveness in meeting the project goals. The Multi-County FSP Innovation Project work plan includes dedicated time and resources for sustainability planning among counties and Third Sector throughout each phase of the project. During the first two phases of the Implementation TA period (Landscape Assessment and Implementation), Third Sector will work closely with each participating county to ensure sustainability and transition considerations are identified and prioritized in developing new strategies for implementation, and that, by the conclusion of the project, county staff have the capacity to continue any such new strategies and practices piloted through this project.

In addition, the final two months of the Implementation TA period provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Participating counties 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. These plans are further described below in the *Work Plan and Timeline* section). Counties will also use findings from the evaluation to identify which specific practices or changes were most effective for achieving the different client- and systems-level impacts that the project will measure, prioritizing these for continuation in future years.

Similarly, while Third Sector will organize and facilitate the statewide Outcomes-Driven FSP Learning Community in 2020, the counties and Third Sector intend for the Learning Community to be largely county-driven and county-led. The counties and Third Sector will gather feedback on the efficacy of the

Learning Community at various points throughout the first year of the project (2020) and will develop a plan for continuing prioritized activities in an ongoing fashion, whether through county-led facilitation, ongoing Third Sector support, and/or another strategy. The counties and Third Sector welcome and hope to solicit the MHSOAC's input in these conversations.

## Data Use and Protection

Third Sector does not intend to request, collect, or hold client-level Personally Identifiable Information (PII) and/or Protected Health Information (PHI) during this Innovation Project. Participating counties may only provide Third Sector with de-identified and/or aggregate data related to their FSP programs. Any such de-identified and/or aggregate data provided will be stored electronically within secure file sharing systems and made available only to employees with a valid need to access.

Should the third-party evaluator require access to individual level data and/or PII/PHI, CalMHSA, the evaluator and counties will take steps to ensure appropriate data protections are put in place and necessary data use agreements are established.

## Communication and Dissemination Plan

Throughout the ideation and development of this Innovation Project, Third Sector has maintained ongoing conversation with the MHSOAC to share updates on county convenings, submit contract deliverables, solicit feedback about project decisions, discuss areas of further collaboration, and generally ensure alignment of interests, goals, and expectations. As the project progresses and moves into a phase of county-specific landscaping and implementation TA, Third Sector will continue to share regular updates, questions, and deliverables with Commission staff. These updates may include summaries of common challenges that participating counties experience on their FSP programs, from state-level data collection and reporting to performance management and continuous improvement practices. Based on these common challenges, participating counties intend to develop a set of shared recommendations for changes to state-level data requirements. Through the statewide Outcomes-Driven FSP Learning Community, these recommendations will be co-created and informed by counties across the state. Third Sector will share regular updates on Learning Community workshops and may invite Commission staff to attend select events. Additionally, Third Sector and the counties will collaborate with the MHSOAC to determine if and when presentations to the Commission may be valuable for further disseminating project learnings.

As the implementation phase of work comes to a close, Third Sector will work with participating counties to develop a plan for sustaining new outcomes-focused, data-driven strategies. This will include developing a communication plan for sharing project activities, accomplishments, and takeaways with the MHSOAC and DHCS. Third Sector will share counties' recommended revisions to state data requirements, and it will initiate discussions about opportunities for the MHSOAC and DHCS to streamline and clarify guidelines and requirements, supporting more effective and responsive FSP programs. Third Sector will also share insights about the process itself, from Innovation Plan development to implementation TA, and reflect on the successes and challenges of these efforts, promoting a discussion about the sustainability and scalability of future Innovation Projects.

## Work Plan and Timeline

### Project Activities and Deliverables and Timeline

The Multi-County FSP Innovation Project will begin in January 2020 and end in June 2024 for a total project duration of 4.5 years. The project will be divided into two periods: an Implementation TA period and an Evaluation period. Throughout project implementation, counties will ensure continuity of FSP services.

In the first 23-month Implementation TA period, Third Sector will work directly with each participating county to understand each county's local FSP context and provide targeted, county-specific assistance in implementing outcomes-focused improvements. Third Sector will leverage a combination of regular (weekly to biweekly) virtual meetings or calls with counties' core project staff, regular site visits and in person working groups, and in-person stakeholder meetings, in order to advance the project objectives.

These efforts will build on learnings and tools developed in Third Sector's work with the Los Angeles

County Department of Mental Health, as well as Third Sector's previous partnerships with other California and national behavioral health, human services, justice, and housing agencies. Each county will receive dedicated technical support with a combination of activities and deliverables tailored for their unique county context, while also having access to shared resources and tools applicable across all FSP programs and counties.

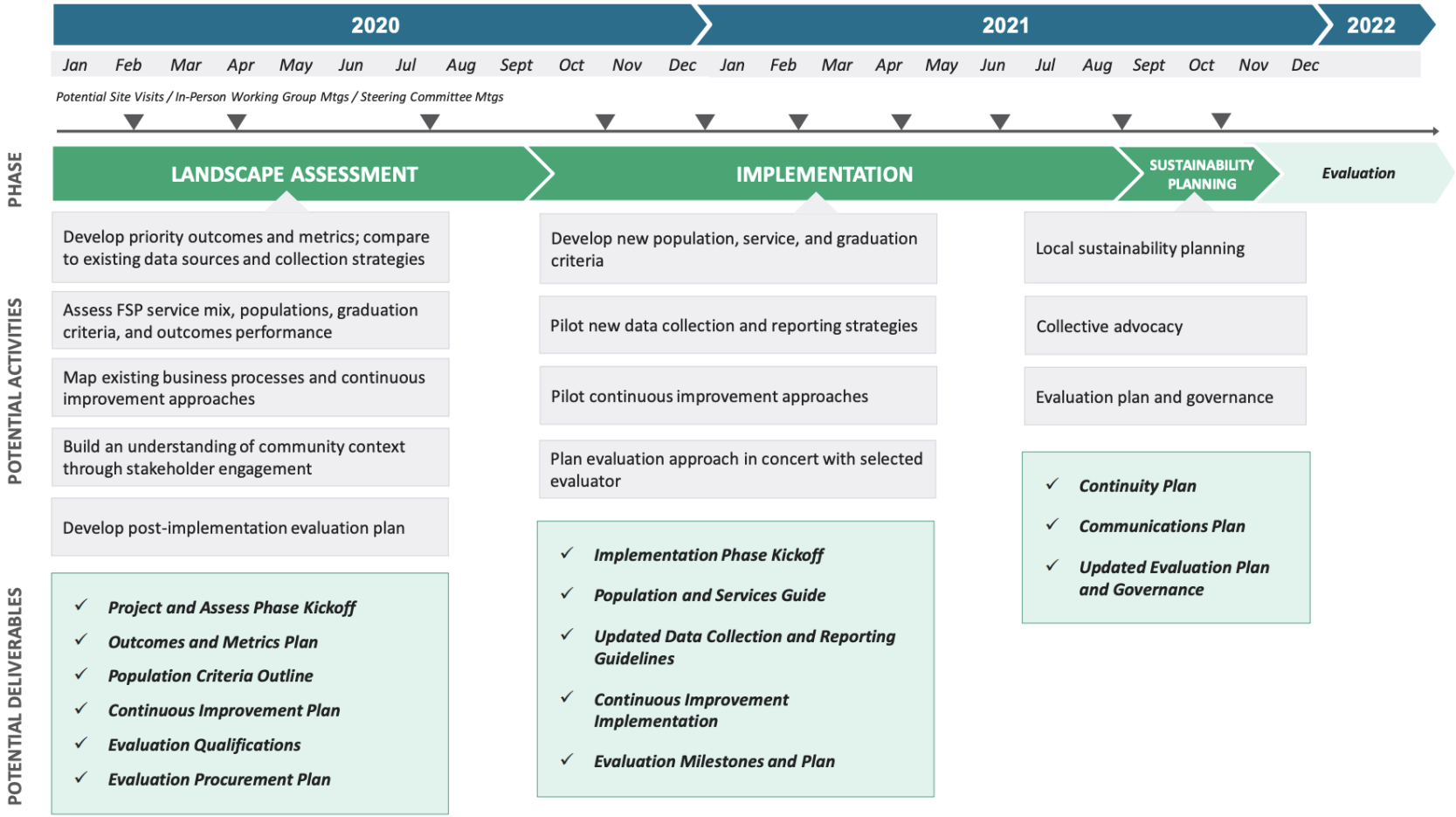
This Implementation TA period will be divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning). The activities and deliverables outlined below are illustrative, as exact phase dates, content, and sequencing of deliverables will depend on each county's needs and goals. County staff and Third Sector will collaborate over the next several months to identify each county's most priority activities and goals and to create a unique scope of work to meet these needs. See ***Figure 1*** below for an illustrative Implementation TA work plan and timeline by phase.

In the second period of the project, participating counties will pursue an evaluation, conducted by a third-party evaluator, with the goal of assessing the impacts and learning that this project produces.[37]

This Evaluation Period and the overall Multi-County FSP Innovation Project will conclude at the end of June 2024.

[37] Note that this evaluator will also be a part of the Implementation TA period, given the importance of having this partner involved in any initial efforts to approximate counties' baseline FSP practices and performance, as well as to provide appropriate time to execute any data use agreements required for the evaluator to gather and assess outcomes data across each of the participating counties. Additional details on the timeline and plan for onboarding an evaluation partner follow in the sections below.

***Figure 1**: Illustrative Implementation TA Work Plan*



## Phase 1: Landscape Assessment

The Landscape Assessment phase will act as a ramp-up period and an opportunity for Third Sector to learn about each county's context in further detail, including local community assets, resources, and opportunities, existing FSP program practices, and performance on existing outcomes measures. Building off of templates from national mental and behavioral health projects, Third Sector will customize deliverables and activities for each county's local FSP context. During this phase, Third Sector will work with county staff to lead working groups and interviews, analyze county data, and facilitate meetings with local stakeholders to identify opportunities for improvement. County staff will share data and documents with Third Sector and provide guidance on local priorities and past experiences. Other example activities may include conducting logic models and root cause analyses to create consensus around desired FSP outcomes, reviewing current outcomes and performance data to understand trends, and gathering qualitative data about the client journey and staff challenges. By the end of this phase, each participating county will have an 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 the Implementation phase.

Third Sector will produce a selection of the following illustrative deliverables, as appropriate for each county's unique context and needs:

- *Outcomes and Metrics Plan:* Recommended improved FSP outcomes and metrics to understand model fidelity and client success, including recommended areas of commonality, alignment, and consistency across counties
- *Population to Program Map:* A map of current FSP sub-populations, FSP programs, and community need, to illuminate any potential gaps or opportunities
- *Population Criteria Outline:* Recommended changes to population eligibility criteria, service requirements, and graduation criteria
- *Current State to Opportunity Map*: A map of metrics and existing data sources, including identification of any gaps and opportunities for improved linkages and continuity (e.g., auto population of fields, removal of duplicate metrics, linking services or billing data to understand trends, opportunities to use additional administrative data sources to validate self-reported data)
- *Outcomes Performance Assessment*: An assessment of provider and clinic performance against preliminary performance targets, leveraging existing data and metrics
- *Process Map*: A process map identifying current continuous improvement and data-sharing processes and opportunities for improvement
- *Implementation Plan:* An implementation plan for new continuous improvement processes, both internal (i.e., creating improved feedback loops and coordination between county data, funding, and clinical or program teams) and external (i.e., creating improved feedback loops between county teams and contracted providers)

During this phase, Third Sector and the counties will develop a set of qualifications and work plan for procuring a third-party evaluator. Example evaluator-led activities and deliverables include:

- Recommended evaluation methodology (e.g., randomized control trial, quasi-experimental method, etc.)
- Work plan for executing any required data-use agreements and/or Institutional Review Board
- (IRB) approvals that may be necessary to implement the evaluation
- Evaluation plan that identifies specific outcomes, metrics, data sources and timeline for measuring client- and systems-level impacts

- Final impact report

Counties will select an evaluator based upon the qualifications and work plan described above. Following procurement and/or onboarding as appropriate, Third Sector, counties, and the evaluator will develop a scope of work detailing the exact deliverables and activities that the evaluator will lead as part of the evaluation, and any associated planning and preparing (e.g. validation of baseline FSP practices and performance) that should occur during the Implementation phase.

## Phase 2: Implementation

Third Sector will provide individualized guidance and support to each county through the Phase 2 Implementation process, piloting new strategies that were developed during Phase 1. Understanding limitations on staff capacity, Third Sector will support county staff by preparing materials, analyzing and benchmarking performance data, helping execute on data-sharing agreements, and leading working group or project governance meetings. County staff will assist with local and internal coordination in order to meet project milestones. Additional activities in Phase 2 may include the following: improving coordination across county agencies to create a human-centered approach to client handoffs and transfers, completing data feedback loops, and developing new referral approaches for equitable access across client FSP populations. As a result of this phase, county staff will have piloted and begun implementing new outcomes-oriented, data-driven strategies.

With Third Sector's implementation support, participating counties may achieve a selection of the following deliverables in Phase 2:

- *Referral Strategies*: Piloted strategies to improve coordination with referral partners and the flow of clients through the system
- *Population and Services Guide*: New and/or revised population guidelines, service requirements, and graduation criteria
- *Updated Data Collection and Reporting Guidelines*: Streamlined data reporting and submission requirements
- *Data Dashboards:* User-friendly data dashboards displaying performance against priority FSP metrics
- *Continuous Improvement Process Implementation:* Piloted continuous improvement and business processes to create clear data feedback loops to improve services and outcomes
- *Staff Training:* Staff trained on continuous improvement best practices
- *FSP Framework:* Synthesized learnings and recommendations for the FSP framework that counties and Third Sector can share with the broader statewide Outcomes-Driven FSP Learning Community for further refinement
- *FSP Outcomes and Metrics Advocacy Packet:* Recommendations on improved FSP outcomes, metrics, and data collection and sharing practices for use in conversations and advocacy in stakeholder forums and with policy makers.

## Phase 3: Sustainability Planning

Throughout Phases 1 and 2, Third Sector will work closely with each participating to ensure sustainability and transition considerations are identified and prioritized during implementation, and that, by the conclusion of the project, county staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 will provide additional time and dedicated focus for sustainability planning, whereby Third Sector will work with participating counties to understand the success of the

changes to-date and finalize strategies to sustain and build on these new data-driven approaches. Participating counties 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. Specific Phase 3 activities may include articulating lessons learned, applying lessons learned to other mental health and social service efforts, creating ongoing county work plans, and developing an FSP impact story. As a result of Phase 3, each participating county will have a clear path forward to continue building on the accomplishments of the project.

Third Sector will produce a selection of the following deliverables for each county:

- *Project Case Study:* A project case study highlighting the specific implementation approach, concrete changes, and lessons learned
- *Continuity Plan*: A continuity plan that identifies specific activities, timelines and resources required to continue to implement additional outcomes-oriented, data-driven approaches
- *Project Toolkit:* A project toolkit articulating the specific approaches and strategies that were successful in the local FSP transformation for use in similarly shifting other mental health and related services to an outcomes orientation
- *Communications Plan:* A communications strategy articulating communications activities, timelines, and messaging
- *Project Takeaways*: Summary documents articulating major takeaways for educating statewide stakeholders on the value of the new approach
- *Evaluation Work Plan and Governance:* An evaluation work plan to assist the counties and the evaluation partner in project managing the Evaluation period

### Expected Outcomes

At the end of this project, each participating county will have clearly defined FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing outcomes data to support meaningful comparison, learning, and evaluation. The specific implementation activities may vary based on the results of each county's landscape assessment, but may include the following: piloting new referral processes, updating service guidelines and graduation criteria, using qualitative and quantitative data to identify program gaps, sharing data across providers, agencies, and counties, streamlining data practices, improving data-reporting formats, implementing data-driven continuous improvement processes, and recommending changes to state-level data requirements.

## Section 4: INN Project Budget and Source of Expenditures

### Overview of Project Budget and Sources of Expenditures: All Counties

The total proposed budget supporting six counties in pursuing this Innovation Project is approximately

$4.85M over 4.5-years. This includes project expenditures for four different primary purposes: Third Sector implementation TA ($2.87M), fiscal and contract management through CalMHSA ($.314M), third-party evaluation ($0.596M), as well as additional expenditures for county-specific needs ("County-Specific Costs") ($1.07M).

All costs will be funded using county MHSA Innovation funds, with the exception of San Mateo County which will contribute available one-time CSS funding. Counties will contribute varying levels of funding towards a collective pool of resources that will support the project expenditures (excluding County-

Specific Costs, which counties will manage and administer directly). This pooled funding approach will streamline counties' funding contributions and drawdowns, reduce individual project overhead, and increase coordination across counties in the use of these funds. See *Figure 2* below for the estimated total sources and uses of the project budget over the 4.5-year project duration across all six participating counties. The Appendix includes additional detail on each county's specific contributions and planned expenditures.

## Budget Narrative for Shared Project Costs

Consultant Costs and Contracts: Each county is contributing funding to a shared pool of resources that will support the different contractor and consultant costs associated with the project. These costs include support from Third Sector (implementation TA), CalMHSA (fiscal and contract management), and the third-party evaluator (evaluation). These consultants and contractors will operate across the group of participating counties, in addition to supporting each individual county with its own unique support needs.

The total amount of consultant and contractor costs is approximately $3.78M across all six counties over the 4.5 year timeline. A description of each of these three cost categories follows below.

### Third Sector Costs

As described in the *Project Activities and Deliverables* section above, Third Sector will lead counties through individualized implementation TA over a 23-month timeframe (January 2020 through

November 2021). The total budget for Third Sector's TA across all six counties is $2.87M over the full 23month TA period. These costs will fund Third Sector teams who will provide a wide range of dedicated technical assistance services and subject matter experience to each individual county, as they pursue the goals of this Innovation Plan. Third Sector staff will leverage regular site visits to each county, in addition to leading weekly to biweekly virtual meetings with different working groups, developing recommendations for the project Steering Committee, and supporting county staff throughout each of the three implementation TA phases.

Based in San Francisco and Boston, Third Sector is one of the leading implementers of outcomes-oriented strategies in America. Third Sector has supported over 20 communities to redirect over $800M in public funds to data-informed, outcomes-oriented services and programs. Third Sector's experience includes working with the Los Angeles County Department of Mental Health to align over $350M in annual MHSA FSP and PEI funding and services with the achievement of meaningful life outcomes for well over 25,000 Angelenos; transforming $81M in recurring mental health services in King County, WA to include new performance reporting and continuous improvement processes that enable the county and providers to better track each providers' monthly performance relative to others and against specific, county-wide performance goals; and advising the County of Santa Clara in the development of a six-year, $32M outcomes-oriented contract intended to support individuals with serious mental illness and complex needs through the provision of community-based behavioral health services.

### CalMHSA Costs

Six counties (San Mateo, Sacramento, San Bernardino, Ventura, Siskiyou, and Fresno) have selected to contract using the existing Joint Powers Agreement (JPA) via CalMHSA. CalMHSA will act as the fiscal and contract manager for this shared pool of resources through the existing JPA. The JPA sets forward specific governance standards to guide county relationships with one another, Third Sector, and the evaluator. CalMHSA will develop participation agreements with each participating county that will further memorialize these standards and CalMHSA's specific role and responsibilities in providing fiscal and contract management support to the counties.

CalMHSA charges an estimated 9% for its services. Rates are based on the specific activities and responsibilities CalMHSA assumes. The total estimated cost of CalMHSA's services across all six counties, assuming a 9% rate, are $.314M over the total duration of the project.

### Evaluation Costs

Third Sector and the counties will determine the appropriate procurement approach and qualifications for a third-party evaluator during the first nine months of the project. Counties have expressed a desire to prioritize onboarding an evaluator in the early stages of the project. Currently, counties have identified RAND Corporation as a potential evaluation partner, as RAND has previously partnered with counties through CalMHSA and brings previous experience evaluating FSP programs in Los Angeles County. Once selected, counties intend to contract with the evaluator via the JPA administered through CalMHSA. Third Sector and CalMHSA will support counties in determining the appropriate statement of work, budget, and funding plan for the third-party evaluator.

The current budget projects a total evaluation cost of approximately $.596M. The evaluator will be responsible for developing a formal evaluation plan, conducting evaluation activities, and producing an evaluation report. Estimated costs assume that the counties, Third Sector, and the to-be-determined third-party evaluator will collaborate to develop a uniform evaluation approach and set of performance metrics, with corresponding metric definitions that can be applied consistently across all counties. Costs are estimates and subject to change. Additional charges, such as academic overhead rates and/or the costs for completing any required data sharing agreements, may apply. If any additional information emerges that will increase costs beyond the initially budgeted amounts, the counties, CalMHSA and Third Sector will work in partnership with the MHSOAC to identify appropriate additional funding.

## Budget Narrative for County-Specific Costs

The remaining project costs are intended to support additional, county-specific expenditures. Counties will fund these costs directly, rather than through a pooled funding approach. A summary of the total $1.07M in County-Specific Costs across all six counties follows below. The Appendix includes additional detail of each county's specific expenditures within these categories:

Personnel Costs

Total personnel costs (county staff salaries, benefits) for all counties are approximately $844,000 over 4.5 years and across six counties. Each county's appendix, attached, details the specific personnel that this will support.

Operating Costs

Total operating costs for counties are approximately $233,000 over 4.5 years and across six counties. Operating costs support anticipated travel costs for each county and requisite county-specific administrative costs. Each county's appendix, attached, details their specific operating costs.

Non-Recurring Costs

This project will not require any technology, equipment, or other forms of non-recurring costs.

| **FIGURE 2: BUDGET BY FUNDING SOURCE AND FISCAL YEAR** |
|---|
| **EXPENDITURES** |

| **Personnel Costs (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
|---|---|---|---|---|---|---|---|
| 1 | Salaries | $116,271 | $181,117 | $187,502 | $137,735 | $128,071 | $750,696 |
| 2 | Direct Costs | $15,454 | $26,614 | $27,945 | $10,323 | $4,700 | $85,036 |
| 3 | Indirect Costs | $1,409 | $2,856 | $2,999 | $624 | $624 | $8,512 |
| 4 | Total Personnel Costs | $133,134 | $210,587 | $218,446 | $148,682 | $133,395 | $844,244 |
| **Operating Costs (travel, hotel)** | | **FY 19/20** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** |
| 5 | Direct Costs | $20,390 | $24,390 | $24,390 | $24,390 | $12,390 | $105,950 |
| 6 | Indirect Costs | $9,785 | $29,293 | $29,293 | $29,293 | $29,294 | $126,958 |
| 7 | Total Operating Costs | $30,175 | $53,683 | $53,683 | $53,683 | $41,684 | $232,908 |
| **Non-Recurring Costs (technology, equipment)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 8 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10 | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 11a | Direct Costs (Third Sector) | $487,424 | $1,515,954 | $681,278 | $186,000 | $0 | $2,870,655 |
| 11b | Direct Costs (CalMHSA) | $34,502 | $197,029 | $72,085 | $6,564 | $4,687 | $314,866 |
| 11c | Direct Costs (3rd Party Evaluator) | $10,417 | $101,649 | $101,649 | $196,649 | $186,232 | $596,596 |
| 12 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13 | Total Consultant Costs | $532,343 | $1,814,632 | $855,012 | $389,213 | $190,919 | $3,782,117 |
| **Other Expenditures (explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 14 | Program/Project Cost | $0 | $0 | $0 | $0 | $0 | $0 |
| 15 | | $0 | $0 | $0 | $0 | $0 | $0 |
| 16 | Total Other Expenditures | $0 | $0 | $0 | $0 | $0 | $0 |
| **BUDGET TOTALS** | | | | | | | |
| Personnel | | $133,134 | $210,587 | $218,446 | $148,682 | $133,395 | $844,244 |
| Direct Costs | | $552,733 | $1,839,022 | $879,402 | $413,603 | $203,309 | $3,888,067 |
| Indirect Costs | | $9,785 | $29,293 | $29,293 | $29,293 | $29,294 | $126,958 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Total Innovation Project Budget** | **$695,652** | **$2,078,902** | **$1,127,141** | **$591,578** | **$365,998** | **$4,859,269** |

| **BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **ADMINISTRATION:** | | | | | | | |
| **A.** | **Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1. | Innovative MHSA Funds | $621,032 | $1,617,209 | $899,869 | $393,991 | $178,828 | $3,710,929 |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | $64,203 | $360,044 | $125,623 | $938 | $938 | $551,744 |
| **6.** | **Total Proposed Administration** | **$685,235** | **$1,977,253** | **$1,025,492** | **$394,929** | **$179,766** | **$4,262,673** |
| **EVALUATION:** | | | | | | | |
| **B.** | **Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1. | Innovative MHSA Funds | $10,417 | $52,085 | $52,085 | $147,085 | $136,668 | $398,340 |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | $0 | $49,564 | $49,564 | $49,564 | $49,564 | $198,256 |
| **6.** | **Total Proposed Evaluation** | **$10,417** | **$101,649** | **$101,649** | **$196,649** | **$186,232** | **$596,596** |
| **TOTAL:** | | | | | | | |
| **C.** | **Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1. | Innovative MHSA Funds | $631,449 | $1,669,294 | $951,954 | $541,076 | $315,496 | $4,109,269 |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | $64,203 | $409,608 | $175,187 | $50,502 | $50,502 | $750,000 |
| **6.** | **Total Proposed Expenditures** | **$695,652** | **$2,078,902** | **$1,127,141** | **$591,578** | **$365,998** | **$4,859,269** |
| | | | | | | | |
| *If "Other funding" is included, please explain. | | | | | | | |

*San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. Estimated amounts are provided in the table above. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but is committed to participating in the broader effort and, thus, is included here and in the Multi-County FSP Innovation Project plan.

# Innovation Plan Appendix

## Appendix Overview

The following appendix contains specific details on the local context, local community planning process (including local review dates), and budget details for four of the six counties participating in the Multicounty FSP Innovation Project:

1. Sacramento County
2. San Bernardino County
3. Siskiyou County
4. Ventura County

The other two participating counties, Fresno County and San Mateo County, are not included in this appendix for the following reasons:

5. Fresno County has already submitted an Innovation Project plan to the MHSOAC detailing its plans to participate in this project. This plan was approved by the MHSOAC.
6. San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local community program planning process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project. San Mateo County is not submitting a proposal to use INN funds but is participating in the broader effort and thus is included here.

Budget summaries for both Fresno and San Mateo, however, are included for additional reference regarding the total budget across all counties.

Each county appendix describes the county-specific local need for this Multi-County FSP Innovation Project. Though there are slight differences among participating counties' in terms of highest priority and/or specificity of local need, the response to this local need will be similar among counties through the execution of the Innovation Plan.

Through this Innovation Project proposal, participating counties seek to engage in a statewide initiative seeking to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Multi-County FSP Innovation Project plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow each participating county to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable participating counties to:

- Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation
- Explore how appropriate goals and metrics may vary based on population (e.g., age, acuity, etc.)

- Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices
- Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning
- Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified)

This project will also provide participating counties the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

In addition to outlining county-specific local need and community planning processes, each county appendix outlines a budget narrative and county budget request by fiscal year, with detail on specific budget categories.

# Appendix: Sacramento County

## County Contact and Specific Dates

- Primary County Contact: Julie Leung; leungj@saccounty.net; (916) 875-4044
- Date Proposal was posted for 30-day Public Review: November 18, 2019
- Date of Local Mental Health Board hearing: December 18, 2019
- Date of Board of Supervisors (BOS) approval: January 14, 2020

## Description of the Local Need

Sacramento County has eight (8) FSP programs serving over 2,100 individuals annually. Each FSP serves a specific age range or focuses on a specific life domain. While a majority of the FSP programs serve transition-aged youth (18+), adults and older adults, one FSP serves older adults only, another one serves TAY only, and two serve all ages. Further, one serves Asian-Pacific Islanders, one serves preadjudicated youth and TAY, and two support individuals experiencing or at risk of homelessness. A new FSP serving TAY (18+), adults and older adults will be added to Sacramento County's FSP service array this fiscal year. This new FSP will utilize the evidence-based Strengths case management model.

While FSP programs provide the opportunity to better serve specific age and cultural groups who need a higher level of care, Sacramento County seeks to establish consistent FSP service guidelines, evaluate outcomes, and disseminate best practices across all FSP programs. Community members, staff, and clinicians have identified opportunities to strengthen the connection between client outcome goals and actual services received and provided by FSP programs. Providers and county department staff do not share a consistent, clear understanding of FSP service guidelines, and providers and peer agencies do not currently have a forum to meet regularly and share learnings and best practices or discuss opportunities. Overall, stakeholders would like to see FSP data used in an effective, responsive way that informs decision-making and improves service quality. Additionally, county staff would like to update inconsistent or outdated standards for referral, enrollment, and graduation.

## Description of the Response to Local Need

Through this Innovation proposal, Sacramento County seeks to participate in the statewide initiative for the purpose of increasing counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement, develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow Sacramento County to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable Sacramento County to:

- Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation
- Explore how appropriate goals and metrics may vary based on population (e.g., age, acuity, life domain example: homelessness, unemployment, etc.)
- Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices
- Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning

- Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified)

In addition, this project will provide Sacramento County the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

## Description of the Local Community Planning Process

The community planning process includes participation from the Sacramento County Mental Health Steering Act (MHSA) Steering Committee, Mental Health Board, Board of Supervisors, community based organizations, consumers and family members and community members. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of the community. Since this process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The Multi-County FSP Innovation Project was introduced to stakeholders at the May 16, 2019 Mental Health Services Act Steering Committee meeting. Further, at the October 17, 2019 MHSA Steering Committee meeting, the Multi-County FSP Innovation Project was presented and discussed. The Steering Committee voted in full support of Sacramento County Division of Behavioral Health Services, opting into this project with Innovation funding.

At the October 17, 2019 MHSA Steering Committee meeting, 24 committee members were in attendance and 17 public members attended. The MHSA Steering Committee is comprised of one primary member and one alternate from the following groups: Sacramento County Mental Health Board; Sacramento County's Behavioral Health Director; three (3) Service Providers (Child, Adult, and Older Adult); Law Enforcement; Adult Protective Services/Senior and Adult Services; Education; Department of Human Assistance; Alcohol and Drug Services; Cultural Competence; Child Welfare; Primary Health; Public Health; Juvenile Court; Probation; Veterans; two (2) Transition Age Youth (TAY) Consumers; two (2) Adult Consumers; two (2) Older Adult Consumers; two (2) Family Members/Caregivers of Children age 0 – 17; two (2) Family Members/Caregivers of Adults age 18 – 59; two (2) Family Members/Caregivers of Older Adults age 60+; and one (1) Consumer At-large. Some members of the committee have volunteered to represent other multiple stakeholder interests including Veterans and Faith-based/Spirituality.

The Multi-County FSP Innovation Project was posted as an attachment to the MHSA Fiscal Year 2019-20 Annual Update from November 18 through December 18, 2019. The Mental Health Board conducted a Public Hearing on December 18, 2019, beginning at 6.00 p.m. at the Grantland L. Johnson Center for Health and Human Services located at 7001A East Parkway, Sacramento, California 95823. No public comments regarding this Innovation Project were received. The plan was presented for Board of Supervisors approval on January 14, 2020.

## County Budget Narrative

Sacramento County will contribute up to $500,000 over the 4.5-year project period to support this statewide project. As of this time, Sacramento County intends to use MHSA Innovation funding subject to reversion at the end of FY19-20 for the entirety of this contribution.

As detailed below, Sacramento County will pool funding with other counties to support consultant and contracting costs. This $500,000 will support project management and technical assistance (e.g. Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation.

## Budget and Funding Contribution by Fiscal Year and Specific Budget Category

| BUDGET BY FUNDING SOURCE AND FISCAL YEAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| **EXPENDITURES** | | | | | | | |
| **Personnel Costs (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1 | Salaries | $0 | $0 | $0 | $0 | $0 | $0 |
| 2 | Direct Costs | $0 | $0 | $0 | $0 | $0 | |
| 3 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | |
| 4 | Total Personnel Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Operating Costs (travel, hotel)** | | **FY 19/20** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** |
| 5 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 6 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 7 | Total Operating Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Non-Recurring Costs (technology, equipment)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 8 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10 | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 11a | Direct Costs (Third Sector) | $48,594 | $269,134 | $91,990 | $0 | $0 | $409,718 |
| 11b | Direct Costs (CalMHSA) | $5,252 | $30,341 | $11,147 | $938 | $936 | $48,614 |
| 11c | Direct Costs (Evaluator) | $- | $10,417 | $10,417 | $10,417 | $10,417 | $41,668 |
| 12 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13 | Total Consultant Costs | $53,846 | $309,892 | $113,554 | $11,355 | $11,353 | $500,000 |
| | | | | | | | |
| **Other Expenditures (explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 14 | Program/Project Cost | $0 | $0 | $0 | $0 | $0 | $0 |
| 15 | | $0 | $0 | $0 | $0 | $0 | $0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 16 | Total Other Expenditures | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **BUDGET TOTALS** | | | | | | | |
| Personnel | | $0 | $0 | $0 | $0 | $0 | $0 |
| Direct Costs | | $53,846 | $309,892 | $113,554 | $11,355 | $11,353 | $500,000 |
| Indirect Costs | | $0 | $0 | $0 | $0 | $0 | $0 |
| **Total Individual County Innovation Budget*** | | $53,846 | $309,892 | $113,554 | $11,355 | $11,353 | $500,000 |
| **CONTRIBUTION TOTALS** | | | | | | | |
| Individual County Contribution | | $54,849 | $312,943 | $114,455 | $8,876 | $8,876 | $500,000 |
| Additional Funding for County-Specific Project Costs | | $0 | $0 | $0 | $0 | $0 | $0 |
| **Total County Funding Contribution** | | $54,849 | $312,943 | $114,455 | $8,876 | $8,876 | $500,000 |

# Appendix: San Bernardino County

## County Contact and Specific Dates

- Primary County Contacts: Francesca Michaels Francesca.michaels@dbh.sbcounty.gov, 909-2524018; Karen Cervantes, kcervantes@dbh.sbcounty.gov, 909-252-4068
- Date Proposal was posted for 30-day Public Review: November 27, 2019
- Date of Local Mental Health Board hearing: January 2, 2020
- Calendared date to appear before Board of Supervisors: June 9, 2020

## Description of the Local Need

San Bernardino County Department of Behavioral Health is dedicated to including diverse consumers, family members, stakeholders, and community members in the planning and implementation of MHSA programs and services. The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. It empowers community members to generate ideas, contribute to decision making, and partner with the county to improve behavioral health outcomes for all San Bernardino County residents. San Bernardino is committed to incorporating best practices in the planning processes that allow consumer and stakeholder partners to participate in meaningful discussions around critical behavioral health issues. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

San Bernardino County has eight (8) FSP programs serving an estimated three thousand-four hundred fifty-eight (3,458) individuals annually. Two (2) of these assist underserved children and youth living with serious emotional disturbance; one (1) serves Transitional Age Youth (TAY); four (4) serve adults with serious mental illness, and one (1) program specifically focuses on older adult populations. In addition to San Bernardino County FSP programs targeting specific age ranges, the programs are designed to serve unique populations such as those experiencing homelessness, who may be involved in criminal or juvenile justice, individuals transitioning from institutional care facilities, and high frequency users of emergency psychiatric services and hospitalizations, however all programs provide full wraparound services to the consumer. The specificity and number of these FSP programs are both an asset and a challenge. While they enable our county to better serve specific age, cultural, and geographic groups, our county stakeholders express the desire to establish consistency in FSP service guidelines or disseminate best practices across county regions, programs, or while transferring FSP services from one county to another. San Bernardino County intends to focus this project on Adult Full Service Partnership programs.

Through public forums, community members have identified the need for consistency in FSP services across regions, programs, and counties to better serve and stabilize consumers moving from one geographic region or program to another. Consumers have also expressed interest in a standardized format for eligibility criteria and consistency in services that are offered and/or provided. Community members, FSP staff, and clinicians have also identified an opportunity for data collection to be better integrated with assessment and therapeutic activities.

## Description of the Response to Local Need

Through this Innovation proposal, San Bernardino County seeks to participate in the statewide initiative seeking to increase counties' collective capacity to gather and use data to better design, implement, and manage Adult FSP programs and services. The key priorities outlined in the Innovation Plan (i.e., improve how counties define and track priority outcomes, develop processes for continuous improvement,

develop a clear strategy for tracking outcomes and performance measures, updating and disseminating clear FSP service guidelines, improving enrollment and referral process implementation consistency) will allow San Bernardino County to address current challenges and center FSP programs and services around meaningful outcomes for participants. Specifically, participating in this project and aligning with the identified priorities will enable San Bernardino County to:

- Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation
- Explore how appropriate goals and metrics may vary based on population (e.g., age, acuity, etc.)
- Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices
- Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning
- Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified

In addition, this project will provide San Bernardino County the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community. This learning will not only contribute to improved participant outcomes and program efficiency, but may also help facilitate statewide changes to data requirements.

## Description of the Local Community Planning Process

The community planning process helps the county determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from 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 including the Board of Supervisors, and the Behavioral Health Commission. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared with stakeholders during the following:

- Community Advisory Policy Committee (CPAC), July 18, 2019
- Asian Pacific Islander Awareness Subcommittee, September 13, 2019
- Santa Fe Social Club, September 16, 2019
- African American Awareness Subcommittee, September 16, 2019
- Yucca Valley One Stop TAY Center, September 16, 2019
- Native American Awareness Subcommittee, September 17, 2019
- Transitional Age Youth (TAY) Subcommittee, September 18, 2019
- Serenity Clubhouse, September 19, 2019
- Co-Occurring and Substance Abuse Subcommittee, September 19, 2019
- Consumer and Family Member Awareness Subcommittee, September 23, 2019
- Central Valley FUN Clubhouse, September 24, 2019
- Ontario One Stop TAY Center, September 25, 2019
- Latino Awareness Subcommittee, September 26, 2019

- Older Adult Awareness Subcommittee, September 26, 2019
- A Place to Go Clubhouse, September 26, 2019
- Amazing Place Clubhouse, September 27, 2019
- Victorville One Stop TAY Center, September 27, 2019
- 2nd and 4th District Advisory Committee, October 10, 2019
- Disability Awareness Subcommittee, October 15, 2019
- 1st District Advisory Committee, October 16, 2019
- Community Advisory Policy Committee, October 17, 2019
- LGBTQ Awareness Subcommittee, October 22, 2019
- Women Awareness Subcommittee, October 23, 2019

Stakeholder feedback received was in favor of the Multi-County FSP Innovation Project with **96% of stakeholders in support** of the project, 4% neutral, and 0% opposed. A draft plan will be publicly posted for a 30-day comment period tentatively beginning on November 27, 2019. No feedback was received. The Plan was presented before the San Bernardino County Behavioral Health Commission on January 2, 2020. San Bernardino County will request Board of Supervisors review and final approval in February or March of 2020 (following the MHSOAC's review and approval process).

## County Budget Narrative

San Bernardino County requests to contribute a total of $979,634 in MHSA Innovation funds to support this project over the 4.5-year project duration. This funding is not currently subject to reversion. A portion of these funds ($386,222) will cover San Bernardino County-specific expenditures, while the remainder ($593,412) will go towards the shared pool of resources that counties will use to cover shared project costs (i.e. Third Sector TA; CalMHSA; third-party evaluation):

- ***Personnel Costs:*** Costs in this category include salaries and benefits for the time spent by .10 of the Innovation Program Manager as well .5 of the Program Specialist II who will be the lead on this project. Salaries and benefits include a 3% increase to allow for cost of living increases each year. Based on current rates for administrative costs, San Bernardino County will allocate $349,272 for 4.5 years of personnel costs.
- ***Operating Costs:*** Costs in this category include travel and administrative costs that will be incurred by staff traveling to meetings for this project. Additional operating costs anticipated include printing materials for community stakeholder meetings, meeting space costs, as well as incentives to encourage stakeholder participation is consistent and ongoing. San Bernardino County anticipates operating costs, including travel, up to $36,950 over the 4.5 years, or $7,390 per year, which may vary based on the number of staff traveling and the number of in-person meetings. Costs will also vary on the number of additional stakeholder meetings held.
- ***Consultant Costs:*** The remaining amount, $588,778, will support project management and technical assistance (e.g. Third Sector's technical assistance in project implementation), fiscal intermediary costs (CalMHSA), and evaluation. The evaluation total for San Bernardino County's contribution is $41,668 or 4% of the allocated budget.

The budget totals includes 36% of the budget for personnel costs with the remaining 64% going to direct costs associated with the project including county operating costs and the consultant costs. Note that all of San Bernardino's funding contributions would come from MHSA Innovation funding. See the below tables for an estimated breakdown of budget expenditures and requested funds by fiscal year.

## Budget and Funding Contribution by Fiscal Year and Specific Budget Category

| BUDGET BY FUNDING SOURCE AND FISCAL YEAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| **EXPENDITURES** | | | | | | | |
| **Personnel Costs (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1 | Salaries | $65,787 | $67,760 | $69,794 | $71,887 | $74,044 | $349,272 |
| 2 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 3 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 4 | Total Personnel Costs | $65,787 | $67,760 | $69,794 | $71,887 | $74,044 | $349,272 |
| | | | | | | | |
| **Operating Costs (travel, hotel)** | | **FY 19/20** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** |
| 5 | Direct Costs | $7,390 | $7,390 | $7,390 | $7,390 | $7,390 | $36,950 |
| 6 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 7 | Total Operating Costs | $7,390 | $7,390 | $7,390 | $7,390 | $7,390 | $36,950 |
| | | | | | | | |
| **Non-Recurring Costs (technology, equipment)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 8 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10 | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 11a | Direct Costs (Third Sector) | $58,353 | $326,706 | $113,435 | $0 | $0 | $498,494 |
| 11b | Direct Costs (CalMHSA) | $5,850 | $33,338 | $12,188 | $938 | $938 | $53,250 |
| 11c | Direct Costs (Evaluator) | $0 | $10,417 | $10,417 | $10,417 | $10,417 | $41,668 |
| 12 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13 | Total Consultant Costs | $64,203 | $370,461 | $136,040 | $11,355 | $11,355 | $593,412 |
| | | | | | | | |
| **Other Expenditures (explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 14 | Program/Project Cost | $0 | $0 | $0 | $0 | $0 | $0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 15 | | $0 | $0 | $0 | $0 | $0 | $0 |
| 16 | Total Other Expenditures | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **EXPENDITURE TOTALS** | | | | | | | |
| Personnel | | $65,787 | $67,760 | $69,794 | $71,887 | $74,044 | $349,272 |
| Direct Costs | | $71,593 | $377,851 | $143,430 | $18,745 | $18,745 | $630,362 |
| Indirect Costs | | $0 | $0 | $0 | $0 | $0 | $0 |
| **Total Individual County Innovation Budget*** | | $137,380 | $445,611 | $213,224 | $90,632 | $92,789 | $979,634 |
| **CONTRIBUTION TOTALS** | | | | | | | |
| Individual County Contribution | | $64,203 | $370,461 | $136,040 | $11,355 | $11,355 | $593,412 |
| Additional Funding for County-Specific Project Costs | | $73,177 | $75,150 | $77,184 | $79,277 | $81,434 | $386,222 |
| **Total County Funding Contribution** | | $137,380 | $445,611 | $213,224 | $90,632 | $92,789 | $979,634 |

# Appendix: Siskiyou County

## County Contact and Specific Dates

The primary contact for Siskiyou County is:

Camy Rightmier

Email: crightmier@co.siskiyou.ca.us

Tel: 530-841-4281

Siskiyou County's local review dates are listed in the table below. More detail on Siskiyou's stakeholder engagement process can be found in the "Local Community Planning Process" section.

| Local Review Process | Date |
|---|---|
| Innovation Plan posted for 30-day Public Review | December 10, 2019 |
| Local Mental Health Board Hearing | January 21, 2020 |
| Board of Supervisors (BOS) approval | February 4, 2020 |

## Description of Local Need

Siskiyou County operates two FSP programs, a Children's System of Care (CSOC) and an Adult System of Care (ASOC) program that combined serve approximately 230 individuals annually. Program eligibility is determined by diagnosis and risk factors pursuant to the MHSA regulations for FSP criteria. Each Partner is assigned a clinician and case manager that work in the appropriate system of care as determined by the Partner's age. FSP programs may also receive psychiatric services and/or peer support services upon referral by the primary service provider. Many Partners also receive services through the county Wellness Center.

Due to the specificity and flexibility of the FSP program, the county has encountered difficulty developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices. Siskiyou County utilizes the Data Collection Reporting (DCR) database developed by the State to track outcomes, however, this tool has not been useful with regard to informing treatment or promoting quality improvements.

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. Throughout numerous focus groups where outcomes have been shared, the Department has recognized that consumers are not interested in the measurement of progress, rather they are solely focused on the amelioration of the problem. Therefore, Siskiyou County Behavioral Health rarely receives feedback on outcome data and is evaluating the program in order to find a meaningful way in which to share the data that will encourage collaborative feedback.

Conversations with Siskiyou County FSP staff and clinicians have revealed that outcome goals and metrics are not regularly reassessed or informed by community input, nor are they well-connected to actual services received and provided by FSP programs. There is not a shared, clear understanding of FSP service guidelines among providers and county department staff, and interpretation and

implementation of these guidelines varies widely. Data is collected for compliance and does not inform decision-making or service quality improvements, and data is collected within one system, with limited knowledge of cross-agency outcomes. Further, standards for referral, enrollment, and graduation are inconsistent, outdated, or non-existent.

## Response to Local Need

Through this Innovation proposal, Siskiyou County Behavioral Health seeks to participate in the statewide initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Siskiyou County Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified).

In addition, this project will provide Siskiyou County Behavioral Health the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community.

## Local Community Planning Process

The community planning process helps Siskiyou County determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Board, providers, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in stakeholder groups in March 2019, where the proposed use of Innovation funds was well-received. A draft plan was posted for a 30-day comment period beginning on December 10, 2019. No comments were received during the public comment period. Siskiyou presented this plan at a public hearing with the local mental health board on January 21, 2020. Siskiyou County submitted a final plan (incorporating any additional feedback received) to its Board of Supervisors for review and approval on February 4, 2020.

## County Budget Narrative

Siskiyou County will contribute up to $700,000 of MHSA Innovation Funds over the 4.5-year project period to support this statewide project. As of this time, Siskiyou County does not intend to use funding subject

to reversion for this contribution. As detailed below, Siskiyou County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Siskiyou County's funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs*: Siskiyou County anticipates travel costs up to $16,000 over the 4.5 years, or approximately $3,500 per year, which may vary based on the number of staff traveling and the number of in-person convenings. Including estimated administrative costs, Siskiyou County will allocate approximately $178,000 for 4.5 years of personnel costs.
- *Shared Project Costs*: The remaining amount, $506,000, will support project management and technical assistance (e.g. Third Sector's technical assistance in project implementation), fiscal intermediary costs, and third-party evaluation support

## Siskiyou County Budget Request and Expenditures by Fiscal Year

| **BUDGET BY FUNDING SOURCE AND FISCAL YEAR** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **EXPENDITURES** | | | | | | | |
| **Personnel Costs (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1 | Salaries | $17,578 | $35,616 | $37,396 | $7,771 | $7,771 | $106,132 |
| 2 | Direct Costs | $10,597 | $21,514 | $22,590 | $4,700 | $4,700 | $64,101 |
| 3 | Indirect Costs | $1,409 | $2,856 | $2,999 | $624 | $624 | $8,512 |
| 4 | Total Personnel Costs | $29,584 | $59,986 | $62,985 | $13,095 | $13,095 | $178,745 |
| | | | | | | | |
| **Operating Costs (travel, hotel)** | | **FY 19/20** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **Total** |
| 5 | Direct Costs | $2,000 | $4,000 | $4,000 | $4,000 | $2,000 | $16,000 |
| 6 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 7 | Total Operating Costs | $2,000 | $4,000 | $4,000 | $4,000 | $2,000 | $16,000 |
| | | | | | | | |
| **Non-Recurring Costs (technology, equipment)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 8 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10 | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11a | Direct Costs (Third Sector)* | $58,353 | $100,000 | $61,983 | $0 | $0 | $220,336 |
| 11b | Direct Costs (CalMHSA) | $5,850 | $33,338 | $12,188 | $938 | $938 | $53,252 |
| 11c | Direct Costs (Evaluator) | $0 | $10,417 | $10,417 | $105,417 | $105,417 | $231,668 |
| 12 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13 | Total Consultant Costs | $64,203 | $143,755 | $84,588 | $106,355 | $106,355 | $505,256 |
| | | | | | | | |
| **Other Expenditures (explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 14 | Program/Project Cost | $0 | $0 | $0 | $0 | $0 | $0 |
| 15 | | $0 | $0 | $0 | $0 | $0 | $0 |
| 16 | Total Other Expenditures | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **EXPENDITURE TOTALS** | | | | | | | |
| Personnel | | $29,584 | $59,986 | $62,985 | $13,095 | $13,095 | $178,745 |
| Direct Costs | | $64,203 | $143,755 | $84,588 | $106,355 | $106,355 | $505,256 |
| Indirect Costs | | $2,000 | $4,000 | $4,000 | $4,000 | $2,000 | $16,000 |
| **Total Individual County Innovation Budget*** | | $95,787 | $207,741 | $151,573 | $123,450 | $121,450 | $700,001 |
| **CONTRIBUTION TOTALS** | | | | | | | |
| Individual County Contribution | | $64,203 | $143,755 | $84,588 | $106,355 | $106,355 | $505,256 |
| Additional Funding for County Specific Project Costs | | $31,584 | $63,986 | $66,985 | $17,095 | $15,095 | $194,745 |
| **Total County Funding Contribution** | | $95,787 | $207,741 | $151,573 | $123,450 | $121,450 | $700,001 |

* Third Sector will provide additional support and capacity to Siskiyou County, beyond the amount Siskiyou is able to contribute using county Innovation dollars alone. This is intended to support the objectives of Third Sector's contract with the Commission, i.e. that this Multi-County FSP Innovation Project make effort to support and provide meaningful capacity to counties with limited financial resources to participate in the project.

# Appendix: Ventura County

## County Contact and Specific Dates

The primary contacts for Ventura County are:

Kiran Sahota

Email: kiran.sahota@ventura.org Tel: (805) 981-2262

Hilary Carson

Email: hilary.carson@ventura.org

Tel: (805) 981-8496

Ventura County's local review dates are listed in the table below. More detail on Ventura's stakeholder engagement process can be found in the "Local Community Planning Process" section.

| Local Review Process | Date |
|---|---|
| Innovation Plan posted for 30-day Public Review | December 17, 2019 |
| Local Mental Health Board Hearing | January 27, 2020 |
| Board of Supervisors (BOS) approval | March 10, 2020 |

## Description of Local Need

Ventura County has 7 FSP programs serving 619 individuals in the 2018/19 fiscal year. Each of these programs has a specific focus, yet they overlap in the age groupings as compared to age groupings as prescribed by MHSA regulations. One (1) of these serves juveniles currently on probation, 1 of these programs serves transition age youth, 4 serve adults age 18 years and older, and another serves older adults. The majority of these programs focus on individuals who are currently experiencing or at risk of experiencing incarceration, substance abuse, or homelessness. Eligibility is determined by the following factors: experience or at risk of incarceration, substance abuse, homelessness, hospitalization, or removal from the home, as well as the individual's age and a case manager or clinician recommendation.

The specificity and number of these FSP programs is both an asset and a challenge. While they enable our county to better serve specific age, cultural, and geographical groups, our county often struggles to establish consistent FSP service guidelines, evaluate outcomes, or disseminate best practices.

A common, recurring theme at community engagement gatherings has resonated toward offering more concentrated care for the seriously and persistently mentally ill homeless population. Along this line, Ventura County conducted a Mental Health Needs Assessment recently that indicated a need to address issues of homelessness and dual diagnosis as priority populations. Ventura County FSP services are fewer for those under 18 years of age and with respect to ethnicity. There has been consistent communication in Santa Paula and Oxnard community meetings to stress the need to increase services in breadth and depth to the Latinx community. A more cohesive suite of services for step up and step down crisis aversion. To this end, Ventura County has opened up two Crisis Stabilization Units in the past two years however the feedback continues to be that there is need for more to be done.

Conversations with Ventura County FSP staff and clinicians have revealed that outcome goals and metrics are not regularly reassessed or informed by community input, nor are they well-connected to actual services received and provided by FSP programs. There is not a shared, clear understanding of FSP service guidelines among providers and county department staff—interpretation and implementation of these guidelines varies widely. Further, there is not a standard documented model of care designed for each FSP age grouping (Youth, TAY, Adult, and Older Adult). FSP has a different meaning and objectives within each group, but is not formally documented. As age categories are further documented, identifying the idiosyncratic challenges particular to each target group due to the needs being very different.

Staff and clinicians have also indicated that data is collected for state mandated compliance and does not inform decision-making or service quality improvements. In addition, data is collected within one system, but outcomes are designed to be measured with cross-agency data collection systems (such as health care, criminal justice, etc.) meaning many counties are reliant on self-reported progress toward outcomes rather than verified sources. Providers and peer agencies do not have a forum to meet regularly and share learnings and best practices or discuss opportunities. Standards for referral, enrollment, and graduation are inconsistent or outdated. Finally, there is a need for more clarity in the understanding of FSP funding allowances. The "whatever it takes" category is especially open to interpretation and there's no standard across counties to compare approved expenditures or to know what resources are available through FSP funds

## Response to Local Need

Through this Innovation proposal, Ventura County seeks to participate in the statewide initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage

FSP services. The key priorities outlined in the Innovation Plan will allow Ventura County Behavioral Health to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified).

In addition, this project will provide Ventura County Behavioral Health the opportunity to share and exchange knowledge with other counties through the statewide Outcomes-Driven FSP Learning Community.

## Local Community Planning Process

The community planning process helps Ventura County determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, and community members. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

The project was shared in the following Behavioral Health Advisory Board subcommittee meetings:

- Adult Committee on Thursday, November 7, 2019
- Executive Meeting on Tuesday, November 12, 2019
- Prevention Committee on Tuesday, November 12, 2019
- Youth & Family Committee on Wednesday, November 13, 2019
- TAY Committee on Thursday, November 21, 2019
- General Meeting on Monday, November 18, 2019

This project was shared as a part of the 3 year-plan update in the section of proposed use of Innovation funds. A more detailed draft plan proposal was posted for a 30-day public comment period beginning on December 16, 2019. The Behavioral Health Advisory Board held a public hearing on the proposed plan on January 27, 2020. The plan will be revised based on any feedback received, after which it is scheduled to go before the Ventura County Board of Supervisors for review and final approval on March 10, 2020.

## County Budget Narrative

Ventura County will contribute $979,634 using MHSA Innovation funds over the 4.5-year project period to support this statewide project. As of this time, Ventura County intends to use funding subject to reversion at the end of FY 19-20 for the entirety of this contribution.

As detailed below, Ventura County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Ventura County's funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs:* Ventura County anticipates travel costs up to $13,000 over the 4 years, or $3,000 per year, which may vary based on the number of staff traveling and the number of in-person convening's. Based on current rates for administrative costs, Ventura County will allocate $296,801 for 4 years of personnel costs. The following positions have been allocated at a few hours annually over the next few years in order to achieve the project goals of system change.
    - Senior Project Manager
    - Program Administrator
    - Quality Assurance Administrator
    - Electronic Health Record System Coordinator
    - Behavioral Health Clinician
- *Shared Project Costs:* The remaining amount, $593,412 will support project management and technical assistance (e.g., Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation.

## County Budget Request by Fiscal Year

The table below depicts Ventura County's year-over-year contribution to the Multi-County FSP Innovation Project.

## County Budget Request and Expenditures by Fiscal Year and Budget Category

| BUDGET BY FUNDING SOURCE AND FISCAL YEAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| **EXPENDITURES** | | | | | | | |
| **Personnel Costs (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1 | Salaries | $21,531 | $65,797 | $67,771 | $44,909 | $46,256 | $246,264 |
| 2 | Direct Costs | | | | | | |
| 3 | Indirect Costs | | | | | | |
| 4 | Total Personnel Costs | $21,531 | $65,797 | $67,771 | $44,909 | $46,256 | $246,264 |
| | | | | | | | |
| **Operating Costs (travel, hotel)** | | **FY 19/20** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** |
| 5 | Direct Costs | $1,000 | $3,000 | $3,000 | $3,000 | $3,000 | $13,000 |
| 6 | Indirect Costs | $9,785 | $29,293 | $29,293 | $29,293 | $29,294 | $126,958 |
| 7 | Total Operating Costs | $10,785 | $32,293 | $32,293 | $32,293 | $32,294 | $139,958 |
| | | | | | | | |
| **Non-Recurring Costs (technology, equipment)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 8 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10 | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 11a | Direct Costs (Third Sector) | $58,353 | $326,706 | $113,435 | $0 | $0 | $498,494 |
| 11b | Direct Costs (CalMHSA) | $5,850 | $33,338 | $12,188 | $938 | $938 | $53,250 |
| 11c | Direct Costs (Evaluator) | $0 | $10,417 | $10,417 | $10,417 | $10,417 | $41,668 |
| 12 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13 | Total Consultant Costs | $64,203 | $370,461 | $136,040 | $11,355 | $11,355 | $593,412 |
| | | | | | | | |

| **Other Expenditures (explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
|---|---|---|---|---|---|---|---|
| 14 | Program/Project Cost | $0 | $0 | $0 | $0 | $0 | $0 |
| 15 | | $0 | $0 | $0 | $0 | $0 | $0 |
| 16 | Total Other Expenditures | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **EXPENDITURE TOTALS** | | | | | | | |
| Personnel | | $21,531 | $65,797 | $67,771 | $44,909 | $46,256 | $246,264 |
| Direct Costs | | $65,203 | $373,461 | $139,040 | $14,355 | $14,355 | $606,412 |
| Indirect Costs | | $9,785 | $29,293 | $29,293 | $29,293 | $29,294 | $126,958 |
| **Total Individual County Innovation Budget*** | | $96,519 | $468,551 | $236,104 | $88,557 | $89,905 | $979,634 |
| **CONTRIBUTION TOTALS** | | | | | | | |
| Individual County Contribution | | $64,203 | $370,461 | $136,040 | $11,355 | $11,355 | $593,412 |
| Additional Funding for County-Specific Project Costs | | $32,316 | $98,090 | $100,064 | $77,202 | $78,550 | $386,222 |
| **Total County Funding Contribution** | | $96,519 | $468,551 | $236,104 | $88,557 | $89,905 | $979,634 |

# Appendix: Fresno County Budget Tables

As mentioned above, Fresno County submitted an Innovation Project proposal to the MHSOAC in June 2019, detailing Fresno's participation in this project. This plan has been approved by the commission and thus. Additional appendix detail on local need is not included here as this information is more comprehensively outlined in Fresno's Innovation Plan proposal.

A summary of Fresno's approved budget follows below. Note that the approved Fresno County budget includes costs for Third Sector, CalMHSA and the third-party evaluation in a single total under "Other Project Expenditures"), approximately $840,000 total over the 4.5 years.

| **COUNTY BUDGET REQUEST BY YEAR** | | | | | | |
|---|---|---|---|---|---|---|
| | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| **Fresno County Funding Contribution** | $237,500 | $237,500 | $237,500 | $237,500 | $0 | $950,000 |

| **BUDGET BY FUNDING SOURCE AND FISCAL YEAR** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **EXPENDITURES** | | | | | | | |
| **Personnel Costs (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 1 | Salaries | $11,375 | $11,944 | $12,541 | $13,168 | $0 | $49,028 |
| 2 | Direct Costs | $4,857 | $5,100 | $5,355 | $5,623 | $0 | $20,935 |
| 3 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 4 | Total Personnel Costs | $16,232 | $17,044 | $17,896 | $18,791 | $0 | $69,963 |
| | | | | | | | |
| **Operating Costs (travel, hotel)** | | **FY 19/20** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** |
| 5 | Direct Costs | $10,000 | $10,000 | $10,000 | $10,000 | $0 | $40,000 |
| 6 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 7 | Total Operating Costs | $10,000 | $10,000 | $10,000 | $10,000 | $0 | $40,000 |
| | | | | | | | |
| **Non-Recurring Costs (technology, equipment)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 8 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10 | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |

| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
|---|---|---|---|---|---|---|---|
| 11 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 12 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13 | Total Consultant Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Other Expenditures (explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 14 | Program/Project Cost | $221,685 | $210,456 | $209,604 | $198,292 | $0 | $840,037 |
| 15 | | $0 | $0 | $0 | $0 | $0 | $0 |
| 16 | Total Other Expenditures | $221,685 | $210,456 | $209,604 | $198,292 | $0 | $840,037 |
| | | | | | | | |
| **BUDGET TOTALS** | | | | | | | |
| Personnel | | $11,375 | $11,944 | $12,541 | $13,168 | $0 | $49,028 |
| Direct Costs | | $14,857 | $15,100 | $15,355 | $15,623 | $0 | $60,935 |
| Indirect Costs | | $221,685 | $210,456 | $209,604 | $198,292 | $0 | $840,037 |
| **Total Individual County Innovation Budget*** | | $247,917 | $237,500 | $237,500 | $227,083 | $0 | $950,000 |

# Appendix: San Mateo County Budget Tables

As noted above, San Mateo County does not have MHSA INN funds available to commit to this project, but instead intends to use unspent MHSA CSS funds to participate in the goals and activities of this project, alongside other counties. These are one-time funds that have been designated and approved through a local Community Program Planning (CPP) process to meet a similar purpose and set of objectives as the Multi-County FSP Innovation Project.

## Local Community Planning Process

On October 2, 2019, the San Mateo County MHSA Steering Committee reviewed a "Plan to Spend" onetime available funds, developed from input received through the following:

- The previous MHSA Three-Year Plan CPP process - 32 community input sessions
- Behavioral Health and Recovery Services budget planning - 3 stakeholder meetings
- Additional targeted input sessions to further involve community-based agencies, peers, clients and family members in the development of the Plan to Spend including:

  ○ MHSARC Older Adult Committee – June 5, 2019 ○ MHSARC Adult Committee – June 19, 2019 ○ MHSARC Youth Committee – June 19, 2019 ○ Contractor's Association – June 20, 2019 ○ Office of Consumer and Family Affairs/Lived Experience Workgroup – July 2, 2019 ○ Peer Recovery Collaborative – August 26, 2019

The Plan to Spend included $500,000 to better align San Mateo's FSP programming with

BHRS goals/values and improve data collection and reporting. The proposed Multi-County FSP Innovation Project was brought forward as the means to accomplish this goal. San Mateo's local mental health board, the Mental Health and Substance Abuse and Recovery Commission (MHSARC), reviewed the Plan to Spend and on November 6, 2019 held a public hearing, reviewed comments received and voted to close the 30-day public comment period. The Plan to Spend was subsequently approved by the San Mateo County Board of Supervisors on April 7, 2020. The Plan to Spend also included $250,000 for any ongoing needs related to FSP program improvements. San Mateo has brought forward the proposed Multi-County FSP Innovation Project as the means to accomplish this longer-term goal. The update to the Plan to Spend will be included in the current San Mateo County FY 2020-2023 Three-Year Plan and Annual Update, which will be brought to the San Mateo County Board of Supervisors for approval, likely in August 2020. San Mateo is not submitting a proposal to use INN funds. Detailed appendix information is thus not included below, though a summary of San Mateo's intended funding amounts and expenditures follows below. Note that, like other counties, these amounts are subject to change and further local input and approval.

| **COUNTY BUDGET REQUEST BY YEAR** | | | | | | |
|---|---|---|---|---|---|---|
| | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| **San Mateo County Funding Contribution** | $500,000 | $250,000 | $0 | $0 | $0 | $750,000 |

| **BUDGET BY FUNDING SOURCE AND FISCAL YEAR** |
|---|
| **EXPENDITURES** |

| **Personnel Costs (salaries, wages, benefits)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
|---|---|---|---|---|---|---|---|
| 1 | Salaries | $0 | $0 | $0 | $0 | $0 | $0 |
| 2 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 3 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 4 | Total Personnel Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| **Operating Costs (travel, hotel)** | | **FY 19/20** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** |
| 5 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 6 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 7 | Total Operating Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Non-Recurring Costs (technology, equipment)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 8 | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10 | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
| 11a | Direct Costs (Third Sector) | $58,353 | $326,706 | $113,435 | $0 | $0 | $498,494 |
| 11b | Direct Costs (CalMHSA) | $5,850 | $33,338 | $12,188 | $938 | $938 | $53,250 |
| 11c | Direct Costs (Evaluator) | $0 | $49,564 | $49,564 | $49,564 | $49,564 | $198,256 |
| 12 | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13 | Total Consultant Costs | $64,203 | $409,608 | $175,187 | $50,502 | $50,502 | $750,000 |
| | | | | | | | |

| **Other Expenditures (explain in budget narrative)** | | **FY 19/20** | **FY 20/21** | **FY 21/22** | **FY 22/23** | **FY 23/24** | **Total** |
|---|---|---|---|---|---|---|---|
| 14 | Program/Project Cost | $0 | $0 | $0 | $0 | $0 | $0 |
| 15 | | $0 | $0 | $0 | $0 | $0 | $0 |
| 16 | Total Other Expenditures | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **BUDGET TOTALS** | | | | | | | |
| Personnel | | $0 | $0 | $0 | $0 | $0 | $0 |
| Direct Costs | | $64,203 | $409,608 | $175,187 | $50,502 | $50,502 | $750,000 |
| Indirect Costs | | $0 | $0 | $0 | $0 | $0 | $0 |
| **Total Individual County Budget*** | | $64,203 | $409,608 | $175,187 | $50,502 | $50,502 | $750,000 |

# Appendix G. Multi-County Full Service Partnership Innovation Collaborative – Lake County Innovation Plan

## Lake County Innovation Plan

### County Contact and Specific Dates

The primary contact for Lake County is:

Scott Abbott

**Email:** scott.abbott@lakecountyca.gov

**Tel:** 707-274-9101

Lake County Behavioral Health Services' (LCBHS) upcoming local review dates are listed in the table below. More detail on Lake's stakeholder engagement process can be found in the "Local Community Planning Process" section.

| Local Review Process | Date |
|---|---|
| Innovation Plan posted for 30-day Public Review | June 22, 2021 |
| Local Mental Health Board Hearing | July 22, 2021 |
| Board of Supervisors (BOS) approval, or calendared date to appear before BOS | August 17, 2021 |

### Description of Local Need

Lake County operates four Full Service Partnership (FSP) programs: Children's, Transitional Age Youth, Adult, and Older Adult programs that combine to serve approximately 120 individuals annually. Program eligibility is determined by diagnosis and risk factors pursuant to the Mental Health Service Act (MHSA) regulations for FSP criteria. Each Partner is assigned a clinician and case manager that work in the appropriate program as determined by the Partner's age receiving treatment services such as case management and linkages, rehabilitation, therapy, and ongoing assessment and plan development. FSPs may also receive psychiatric services and/or housing support services upon referral by the primary service provider. Many Partners also receive services through the peer support centers around the county.

Due to the specificity and flexibility of the FSP program, the county has encountered difficulty developing consistent FSP service guidelines, evaluating outcomes, and disseminating best practices. Lake County utilizes the Data Collection Reporting (DCR) database developed by the State to track outcomes, however, due to a variety of systematic and technical challenges the DCR has limited utility for informing treatment decisions or promoting quality improvements.

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. Though outcome measurements are desired, up until recently LCBHS has rarely received program feedback based on quantitative outcome data and has relied on qualitative data and reports obtained from the Electronic Health Record. Conversations with Lake County FSP staff and clinicians have revealed that outcome goals and metrics are not regularly reassessed or informed by community input, nor are they well-connected to actual services received and provided by FSP programs.

LCBHS is seeking to establish, identify, and define clear guidelines ("guardrails") for each step in a client's journey through FSP to support decision making and provide clients with a clear vision for their experience in the program, while retaining the flexible "whatever it takes" FSP philosophy. Historically, ambiguity around these steps has resulted in confusion and unexpected challenges for clinicians and clients, and made it difficult to manage the program with a data-driven approach. For example, without clear standards for engagement, LCBHS has struggled to set targets for regular contact with clients that are tailored to the client's needs and stage of recovery. If these targets were in place and informed by relevant outcomes data on an ongoing basis, LCBHS would be able to more effectively allocate clinician and case worker time to meet clients "where they are" while focusing resources where they are needed most. Similarly, clear standards for graduation from FSP would give clients a long-term goal to work towards, while facilitating more consistent, tailored services as clients progress in their recovery.

### Response to Local Need

Through this Innovation proposal, Lake County Behavioral Health Services seeks to participate in the statewide initiative to increase counties' collective capacity to gather and use data to better design, implement, and manage FSP services. The key priorities outlined in the Innovation Plan will allow Lake County Behavioral Health Services to address current challenges and center FSP programs and services around meaningful outcomes for participants. More specifically, participating in this project and aligning with the identified priorities will enable the department to:

1. Develop a clear strategy for how outcome goals and performance metrics can best be tracked using existing state and/or county-required tools to support meaningful comparison, learning, and evaluation.
2. Explore how appropriate goals and metrics may vary based on population.
3. Update and disseminate clear FSP service guidelines using a common FSP framework that reflects clinical best practices.
4. Create or strengthen mechanisms for sharing best practices and fostering cross-provider learning.
5. Improve existing FSP performance management practices (i.e., when and how often program data and progress towards goals is discussed, what data is included and in what format, how next steps and program modifications are identified).

In addition, this project will provide Lake County Behavioral Health Services the opportunity to share and exchange knowledge with other counties participating in this project and through the statewide learning community.

### Local Community Planning Process

The community planning process helps Lake County determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of county residents. The community planning process includes participation from the Board of Supervisors, Behavioral Health Advisory Board, providers, community-based organizations, consumers, community members and partners. Since the community planning process is ongoing, stakeholders will continue to receive updates and provide input in future meetings.

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 will also be shared in the MHSA Fiscal Year 2020 – 21 Annual Update and at the quarterly Innovations Steering Committee scheduled for June 17, 2021.

A draft plan will be publicly posted for a 30-day comment period beginning on June 22, 2021 and will be presented at the Lake County Mental Health Board Hearing on July 22. The plan will be revised based on feedback received and is scheduled to go before the Lake County Board of Supervisors for review and final approval on August 17, 2021 (following the MHSOAC's review process).

### County Budget Narrative

Lake County will contribute up to $765,000 over the 4.5-year project period to support this statewide project. As detailed below, Lake County will pool most of this funding with other counties to support consultant and contracting costs, with a small portion of Lake County's funding also set aside for county staff travel and administrative costs:

- *County Travel and Administrative Costs*: Lake County anticipates travel costs up to $7,450 over the 4.5 years, which may vary annually based on the number of staff traveling and the number of in-person convenings.

- *Shared Project Costs*: The remaining amount, $757,500 will support project management and technical assistance (e.g., Third Sector's technical assistance in project implementation), fiscal intermediary costs, and evaluation.

### Lake County Total Budget Request by Fiscal Year

The table below depicts Lake County's year-over-year contribution to the Innovation Project.

**Table 1**

| | FY 21/22 | FY 22/23 | FY 23/24 | FY 24/25 | FY 25/26 | Total |
|---|---|---|---|---|---|---|
| **Individual County Contribution to the Collaborative*** | $339,390 | $339,390 | $28,740 | $28,740 | $28,740 | $765,000 |

### Lake County Budget by Fiscal Year and Specific Budget Category

**Table 2**

| **BUDGET BY FUNDING SOURCE AND FISCAL YEAR** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **EXPENDITURES** | | | | | | | |
| **Personnel Costs (salaries, wages, benefits)** | | **FY 21/22** | **FY 22/23** | **FY 23/24** | **FY 24/25** | **FY 25/26** | **Total** |
| 1. | Salaries | $0 | $0 | $0 | $0 | $0 | $0 |
| 2. | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 3. | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 4. | Total Personnel Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Operating Costs** | | **FY 21/22** | **FY 22/23** | **FY 23/24** | **FY 24/25** | **FY 25/26** | **Total** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **(travel, hotel)** | | | | | | | |
| 5. | Direct Costs | $1,490 | $1,490 | $1,490 | $1,490 | $1,490 | $7,450 |
| 6. | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 7. | Total Operating Costs | $1,490 | $1,490 | $1,490 | $1,490 | $1,490 | $7,450 |
| | | | | | | | |
| **Non-Recurring Costs (technology, equipment)** | | **FY 21/22** | **FY 22/23** | **FY 23/24** | **FY 24/25** | **FY 25/26** | **Total** |
| 8. | Direct Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 9. | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 10. | Total Non-Recurring Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **Consultant Costs/Contracts (training, facilitation, evaluation)** | | **FY 21/22** | **FY 22/23** | **FY 23/24** | **FY 24/25** | **FY 25/26** | **Total** |
| 11a. | Direct Costs (Third Sector) | $310,000 | $310,000 | $0 | $0 | $0 | $620,000 |
| 11b. | Direct Costs (CalMHSA) | $27,900 | $27,900 | $2,250 | $2,250 | $2,250 | $62,550 |
| 11c. | Direct Costs (Evaluator) | $0 | $0 | $25,000 | $25,000 | $25,000 | $75,000 |
| 12. | Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| 13. | Total Consultant Costs | $337,900 | $337,900 | $27,250 | $27,250 | $27,250 | $757,550 |
| | | | | | | | |
| **Other Expenditures (explain in budget narrative)** | | **FY 21/22** | **FY 22/23** | **FY 23/24** | **FY 24/25** | **FY 25/26** | **Total** |
| 14. | Program/Project Cost | $0 | $0 | $0 | $0 | $0 | $0 |
| 15. | | $0 | $0 | $0 | $0 | $0 | $0 |
| 16. | Total Other Expenditures | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | | | | | |
| **BUDGET TOTALS** | | | | | | | |
| Personnel | | $0 | $0 | $0 | $0 | $0 | $0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Direct Costs | $339,390 | $339,390 | $28,740 | $28,740 | $28,740 | $765,000 |
| Indirect Costs | $0 | $0 | $0 | $0 | $0 | $0 |
| **Total Individual County Innovation Budget*** | $339,390 | $339,390 | $28,740 | $28,740 | $28,740 | $765,000 |