

Welcome to Lake County's LCBHS MHSA Public Hearing for the FY 2025-26 Annual Update!

¡Bienvenido a la audiencia pública de MHSA de LCBHS del Condado de Lake para la próxima Actualización Anual de 2025-26!

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

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

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

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

Demographic Survey Link (or scan QR code):
<https://tinyurl.com/FY25-26-Demographic-Form>



Lake County's LCBHS MHSA Public Hearing for the FY 2025-26 Annual Update



Welcome & Introductions

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

Name



Pronouns



Program



Agenda & Objectives



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Agenda

- MHSA Training & Education
 - MHSA Background
 - Annual Update & Community Planning Process
- Behavioral Health Services Act (BHSA) Overview & Q&A
- Community Needs Assessment Findings
- Proposed FY 25-26 MHSA Program Modifications
- FY 25-26 MHSA Program Budget Request
- Public Comment and Discussion

Objectives

- Present proposed MHSA Annual Update developed with community input
- Provide opportunity for stakeholders to provide public comment

Meeting Tips



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- For those attending in person, there will be a coordinator at each site to help manage the 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.
- Please save any substantive comments, questions, or feedback. Clarifying questions may be asked during the presentation by raising your hand or entering your question into the chat.
- If you are attending in person, raise your hand and an on-site coordinator will let us know there is a question or enter your question into the chat.

How to Contribute to the Discussion



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Contribute to the discussion by:



Computer: To speak through your computer, select the *Raise* icon at the top of the screen and press the *Mic* icon when ready to speak.



Phone: To speak over the phone, “raise hand” by pressing *5 and unmute by pressing *6.



Chat: To share a comment using the chat feature, click on the *Chat* icon at the top of the screen and type your comment into the chat box. A meeting facilitator will review your comment.



E-mail: Send your comments over email to Scott.Abbott@lakecountycalifornia.gov

Mental Health Services Act: Training & Education

MHSA Background



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

Wellness,
Recovery, &
Resilience

Cultural
Competence

Client- &
Family-Driven
Services

Integrated
Service
Experience

Community
Collaboration

MHSA Overview



CSS: Community Services & Supports (76%)

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

PEI: Prevention & Early Intervention (19%)

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

INN: Innovation (5%)

Test new approaches that may improve outcomes

WET: Workforce Education & Training

Build, retain, and train public mental health workforce

CFTN: Capital Facilities & Technology Needs

Infrastructure support (electronic health record, MH facilities)



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FY24-25 MHSA Programs

Community Services and Supports (CSS)	Prevention & Early Intervention (PEI)	Innovation (INN)
<ul style="list-style-type: none">• Crisis Access Continuum• Full-Service Partnerships<ul style="list-style-type: none">• Child & Adult FSP Programs• Forensic Mental Health Partnership (FSP)• Older Adult Access (FSP)• Trauma-Focused Co-Occurring Disorder Screening & Treatment• Peer Support Recovery Centers*• Native American Peer Counseling• Parent Partner Support*• Outreach & Engagement*	<ul style="list-style-type: none">• Early Intervention Services• Family Stabilization & Well-Being• Older Adult Outreach & Prevention• Peer Support Recovery Centers*• Outreach & Engagement*• Postpartum Depression & Screening• Mental Health First Aid• Prevention Mini-Grants• Statewide, Regional, & Local Projects	<ul style="list-style-type: none">• No INN projects during this period <div>Capital Facilities & Technology Needs (CFTN)</div> <ul style="list-style-type: none">• Capital Facilities• Electronic Health Record Project <div>Workforce Education & Training (WET)</div> <ul style="list-style-type: none">• Workforce, Education, & Training

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



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MHSA Background & Overview

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

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

Annual Update & Community Planning Process



Purpose of Annual Update:

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

- Program status and service accomplishments in FY 2023-24
- Program changes beginning in FY 2025-26, based on needs assessment and stakeholder input



Community Planning Process:

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

PEI Evaluation Reporting



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

PEI Annual Report:

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

PEI Three-Year Evaluation Report:

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

The FY 2025-26 Annual Update includes LCBHS' FY 2021-24 PEI 3-Year Evaluation Report. LCBHS has been working with all programs to strengthen data collection and outcome reporting, and PEI programs to strengthen PEI-specific reporting.

MHSA Planning



Program planning shall be developed with local community members 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

Roles & Responsibilities



Community Members

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

Behavioral Health Services Department

Develop Annual Update that is reflective of community needs, priorities, and identified strategies

Mental Health Advisory Board

Assure community involvement, review and advise on the MHSA Annual Update, and conduct Public Hearing

Board of Supervisors

Review and approve the MHSA Annual Update

RDA Consulting

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



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MHSA Planning Activities

Phase I: Kickoff (Dec '24)

- Kickoff with LCBHS
- Document and regulatory review
- Materials development

Phase II: Needs Assessment (Jan - Mar '25)

- Conduct Community Meeting
- Launch Community Survey
- Collect Program Data

Phase III: Program Planning (Mar - Apr '25)

- Synthesize community input on needs and services
- Community report-back and planning meeting

Phase IV: Plan Development (Apr - Jun '25)

- Develop Annual Update
- Public Posting
- Public Hearing
- Finalize Annual Update & present to BOS

Mental Health Services Act: Training & Education

Community Poll

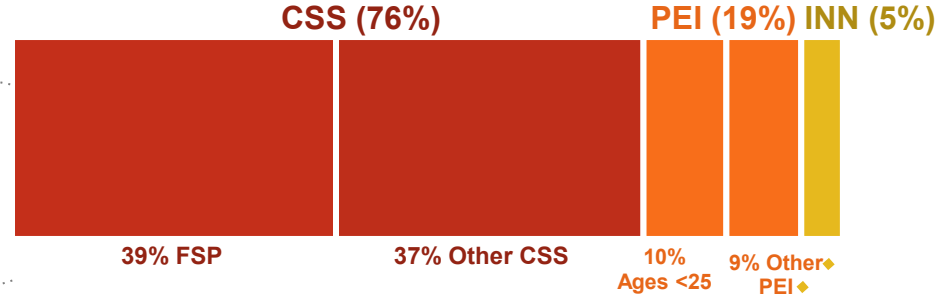
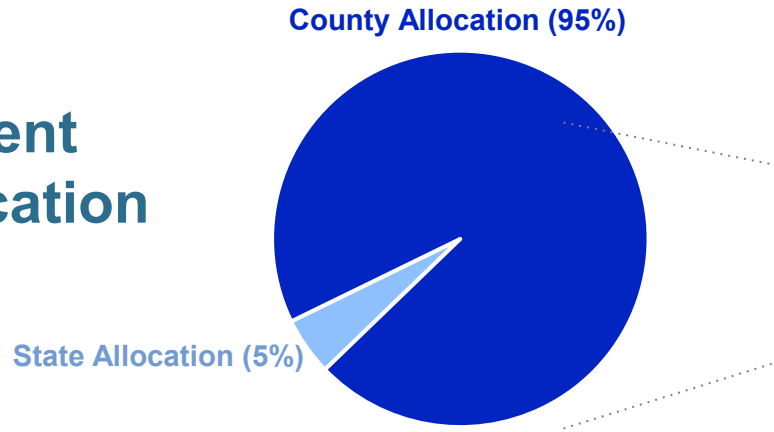
Behavioral Health Services Act (BHSA) Overview and Q&A

Proposition 1 Overview

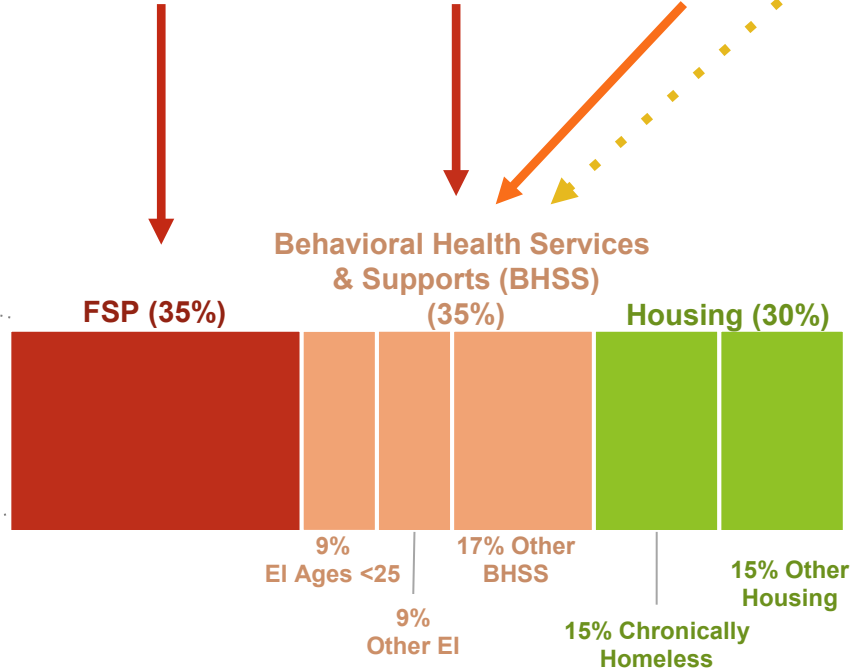
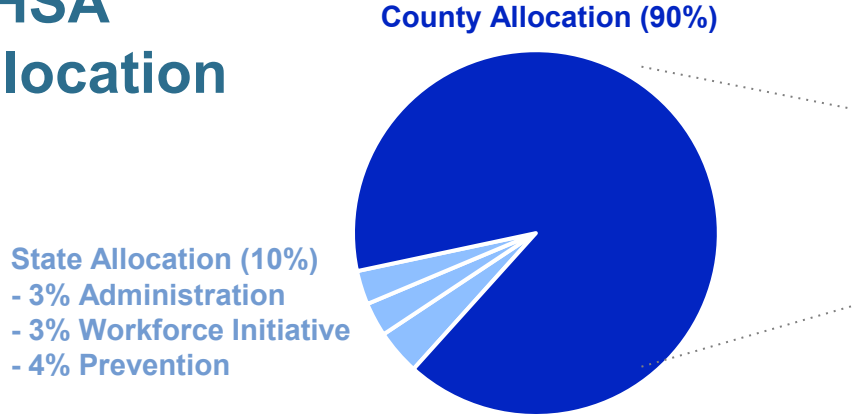


- Proposition 1 passed in March 2024 and is intended to “modernize” MHSA and expand housing and treatment options for those with serious mental illness
- Proposition 1 has two key components:
 1. **Behavioral Health Infrastructure Bond Act (AB 531)** authorizes ~\$6.4 billion to build or develop inpatient and residential treatment and permanent supportive housing
 1. **The Behavioral Health Services Act (SB 326)** amends the Mental Health Services Act
 - **Renames the MHSA** the Behavioral Health Services Act (BHSA)
 - **Expands services** to include substance use treatment
 - **Revises the distribution of funding** to prioritize housing
 - **Establishes expanded oversight and accountability measures, including an integrated plan** for mental health and substance use services

Current Allocation



BHSA Allocation



Housing Interventions & Small County Exemptions



- 30% of BHSA funding must be used for Housing Interventions to increase access to housing for those who are homeless or at risk of homelessness
- Small counties (population <200,000) that meet specific criteria (e.g., unhoused population, existing community resources) can request to opt out of the 30% housing intervention allocation which would keep funding similar to how it is now under MHSA
- LCBHS has started and will continue to gather community input about whether to request the small county exemption to opt out of the 30% housing allocation (pending eligibility)

Learn more: Housing listening session PPT (September 2024):

<https://www.dhcs.ca.gov/BHT/Documents/9-12-24-Public-Listening-Session-BHT-Housing-Interventions.pdf>



Ongoing - Counties continue fiscal modeling to determine local impacts of reform and continue to convey potential changes to stakeholders and county leadership should Prop 1 pass.

Key BHSA Dates:

Throughout 2025: State issues BHSA policy and reporting guidance

FY 2025-26: Planning process begins for first BHSA 3-Year Integrated Plan

By June 2026: County BOS must approve the first BHSA 3-Year Integrated Plan

July 1, 2026: Transition to new BHSA funding categories and new 3-Year Integrated BHSA Plan is in place

March 2024
DHCS will engage CBHDA and CSAC no later than March 15, 2021, to evaluate statewide estimate related to BHSA admin cost for inclusion in the Governor's FY 2024-25 May Revision.

March 2024 – July 1, 2026
DHCS will engage BHSOAC, CBHDA, counties and other stakeholders regarding transition planning; developing state metrics; FSP standards and levels of care; EBP/CDEPs, template for new annual report replacing ARER, etc. CBHDA will work with Legislature on clean-up bills and with the Administration on secondary guidance.

July 1, 2025
Counties can start using BHSA funds to pay for the new admin costs up to 2% of their annual BHSA revenue received.

By June 30, 2026
The county BOS must approve the first BHSA Three-Year Integrated Plan for FYs 2028/27- 2028/29 and counties must submit approved document to both DHCS and the BHSOAC.

Note per WIC § 5063.04 (e)(3)(A)(i), DHCS "may impose a corrective action plan, monetary sanctions, or temporarily withhold payments to the county or Medi-Cal behavioral health delivery system" for late submissions.

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

Due to CBHDA Feb 2nd

Counties to provide estimates of administrative costs to CBHDA to inform proposed State's Budget May Revision. Statewide estimates to be developed by CBHDA and CSAC for submission to DHCS as required by SB 326.

March 5, 2024

Presidential Primary Election will be held, and voters will determine whether Prop 1 passes.

January 1, 2025 – June 30, 2026

New BHSA 18-month fiscal transition period begins. Counties to start implementing new CPP process; e.g., engage expanded stakeholders; participate in MCPs and Public Health community assessments; begin developing new Integrated Plan for ALL funding sources. WIC § 5063.03 related to stakeholders and local review process is operable January 1, 2025. Small rural counties may make requests for exemptions from 30% Housing allocation and FSP EBP but need to factor in a minimum of 30 days for DHCS to respond to request and impact on your local review process and schedule.

Counties will need to complete the local review process including stakeholder engagement, post Plan document for 30-day public comment, hold public hearing with local advisory board and get on BOS calendar in order to have the Plan approved on time.

July 1, 2026

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

TBD 2028

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

Learn More: BHSA Resources



DHCS Behavioral Health Transformation Webpage:

<https://www.dhcs.ca.gov/BHT/Pages/home.aspx>

MHSA Modernization (Proposition 1) (LCBHS):

<https://www.lakecountycalifornia.gov/1689/MHSA-Modernization-Proposition-1>

Behavioral Health Transformation Listening Sessions (DHCS):

<https://www.dhcs.ca.gov/BHT/Pages/Stakeholder-Engagement.aspx>

DHCS BHSA Policy Manual:

<https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/1-policy-manual-introduction>

AB 531 Behavioral Health Infrastructure Bond Act of 2023 Legislation:

https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB531

SB 326 Behavioral Health Services Act Legislation:

https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB326



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Questions?

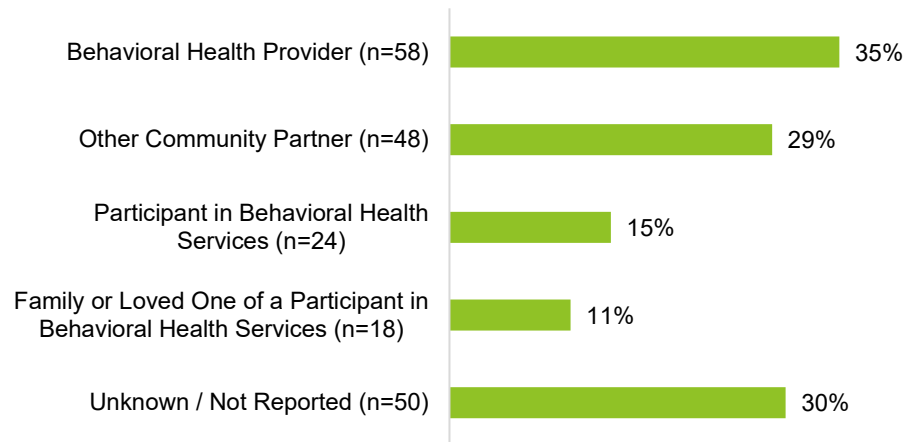
Community Needs Assessment: Key Findings

Needs Assessment: Participation

CPPP Activity	Activity Date(s)	Participants
Community Survey	1/14/25 - 2/21/25	49
Community Meetings (2)	1/29/25 & 3/27/25	115
TOTAL PARTICIPANTS*		164 PARTICIPANTS

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

CPPP Participants (N=164)



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

Community Survey Findings

LCBHS Services Provided

- Perceptions about whether Lake County's behavioral health services meet the community's needs were mixed
- Respondents generally felt that **peer support services meet the needs of the community they serve while prevention and early intervention services do not**

Access to LCBHS Services

- Most participants **knew how to access behavioral health services**
- Participants generally felt it was **not easy to get an appointment**

Experience with LCBHS Services

- Most participants had **positive perceptions of the LCBHS service experience**

LCBHS System Strengths



Welcoming,
caring, and
passionate staff



Approachable,
engaged, and
innovative leadership



Available, easy to
access, and
responsive services



Creative outreach
methods



Responsive, helpful,
and effective crisis
services



Effective peer-led
model

"The staff at Behavioral Health are Truly Outstanding! They work their darndest to meet and exceeds the needs of their clients."

- Community Survey Respondent

"They are accessible 24/7, are peer-led, and responsive and wholistic."

- Community Survey Respondent

Gaps and Persistent Needs

Suicide
Prevention

Substance Use

Follow-up
Support

Services for mild-
to moderate-
needs

Prevention

"Often people receive services or make it through a program...but are not given the tools to succeed afterwards and often end up back in a similar situation/ falling through the cracks."

- Community Survey Respondent

"I feel that LCBH struggles, as most agencies do, to prevent or address serious mental illness or substance use before they develop."

- Community Survey Respondent

Lake County Populations in Need



Young children & teens



Older adults



Unhoused individuals



Historically
marginalized groups

“While we’ve gone leaps and bounds with unhoused folks...being able to access services in that moment when people are ready to get help, it’s a huge challenge and gap in our system. When someone’s ready for help and they don’t qualify and they get another number, they give up.”

- Community Meeting #1 Small Group Discussion Participant

Opportunities to Address LCBHS System Needs and Challenges



Increase the number of staff and providers



Improve service accessibility



Share program information across the community



Improve cultural responsiveness



Improve staff and cross-agency/program collaboration



Improve the service environment and experience

"While the peer support centers provide a valuable service, there isn't enough staff to provide effective services consistently."

- Community Survey Respondent

"Cultural competency trainings that are focused more on the local population could also be beneficial to those working within these populations."

- Community Survey Respondent

Proposed FY 2025-26 MHSA Programs & Modifications

FY25-26 MHSA Programs & Significant Program Modifications



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Community Services and Supports (CSS)

- Crisis Access Continuum
- **Full-Service Partnerships (Modified)**
 - Child & Adult FSP Programs
 - Forensic Mental Health Partnership (FSP)
 - Older Adult Access (FSP)
- **Trauma-Focused Co-Occurring Disorder Screening & Treatment (Ending)**
- Peer Support Recovery Centers*
- Native American Peer Counseling
- Parent Partner Support*
- Outreach & Engagement*

Prevention & Early Intervention (PEI)

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

Innovation (INN)

- **Enhanced Analytics - PHI Dashboards (New)**

Capital Facilities & Technology Needs (CFTN)

- Capital Facilities
- Electronic Health Record Project

Workforce Education & Training (WET)

- Workforce, Education, & Training

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

FY25-26 MHSA Programs & Significant Modifications



Significant Program Modifications:

- **End Trauma-Focused Co-Occurring Screening & Treatment** as a standalone program and formalize services as part of FSP programming
- **Strengthen FSP programming** with integration of services and resources from Trauma-Focused Co-Occurring Disorder Screening & Treatment Services
- **Implement a new INN project**, the Enhanced Analytics - PHI dashboards, in partnership with CalMHSA

Other LCBHS Strategies to Address Community Needs

Service Awareness, Outreach, and Access

- Enhanced our presence on **Social Media** and have department newsletter
- Increased **LCBHS presence at community events** (e.g., Lakeport Concerts in the Park) to raise awareness of suicide prevention, stigma, and services
- **Suicide Prevention Awareness Health Fair** at local community college to promote suicide prevention education and mental health wellness
- Fully implemented **Mobile Crisis Services**
- Mobile Crisis Services and the Peer Support Centers are doing **street outreach**
- Continuing to **refine the Access process**, including a closed loop referral system

Service Coordination

- Training more staff in **Pathways HUB** to improve care coordination*
- **Partnering with other community-based entities to develop emergency, transitional, and permanent housing** as well as Eviction Prevention Services
- **Developing partnerships with other county entities for service coordination** (e.g., sharing a facility with Probation where the Justice Involved program is located)
- Peer Support Centers are **access points for housing** Coordinated Entry
- Improved **collaboration between the Peer Support Centers and clinical services**

Services for Specific Populations

- Continuing to develop **Native American Peer Counseling program** with Pathfinders*
- Working with **tribal entities to improve access and offer more behavioral health services** (e.g., NA meetings at the Circle of Native Minds, Natives in Recovery Group, and Hands Up support group)
- Hired **Outreach & Prevention Specialist for Older Adult population** services
- The **opening of Pallesen's Place** with 20 units of housing for behavioral health clients*
- The Peer Support Centers are focused on providing **peer-led support groups**

Workforce, Education & Training/ Capital Facilities & Technology

- Implemented Medi-Cal **Peer Support Specialist** training and certification
- Continuing to **integrate Peer Support Services more within LCBHS programs**
- Finishing **participation in Regional WET Partnership**
- Remodeling the **South Shore facility***

*Denotes initiatives using other funding sources beside MHSA funding

FY 2025-26 MHSA Program Budget Request

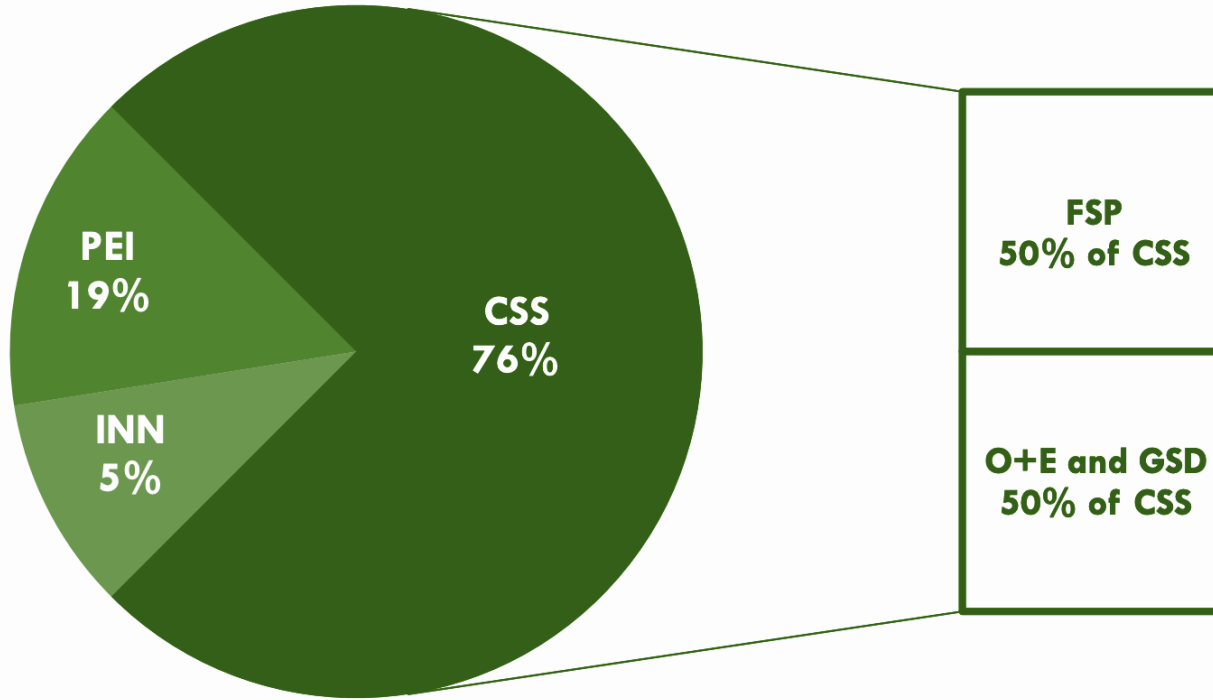
MHSA Funding Overview

- MHSA (and BHSA) funding comes from a 1% tax on income over \$1 million
- MHSA funding is dispersed to the 58 counties based on population rather than need
- MHSA funding ebbs and flows each year based on the amount of personal income over \$1 million each year in California
- In addition to MHSA funding received, counties can carry over unspent MHSA funding to the next year
- Counties have 5 years to use unspent funds or they revert back to the state

Fiscal Year	Estimated Statewide MHSA Funding	Estimated Lake County MHSA Funding
FY 2023-24	~\$4.6 Billion	\$6.7 Million*
FY 2024-25	~\$3.6 Billion	\$7.2 Million*
FY 2025-26	~\$3.1 Billion	\$5.1 Million
FY 2026-27	~\$3.6 Billion	\$5.7 Million

*Actual amounts listed. FY 2024-25 includes an estimate of the June 2025 allocation.

MHSA Allocation Requirements



FY 2025-26 Estimated MHSA Budget Request

MHSA Component	FY25-26 Estimated Expenditures
Community Services & Supports (CSS)	\$5,610,000
Prevention & Early Intervention (PEI)	\$1,360,000
Innovation (INN)	\$95,000
Workforce, Education, and Training (WET)	\$265,000
Capital Facilities & Technology Needs (CFTN)	\$1,139,534
TOTAL	\$8,469,534

Annual Revenue and Expenditure Reports (ARER)

- Purpose: Used to report MHSA fund expenditures and identify interest earned and unspent funds on an annual basis
- Lake County's ARERs are available online through the LCBHS webpage:
 - Fiscal Year 2023-24 ARER:*
<https://www.lakecountycalifornia.gov/DocumentCenter/View/13942/Annual-Revenue-and-Expenditure-Report-FY23-24?bidId=>
 - ARERs from past fiscal years:
<https://www.lakecountycalifornia.gov/Archive.aspx?AMID=46>

Next Steps



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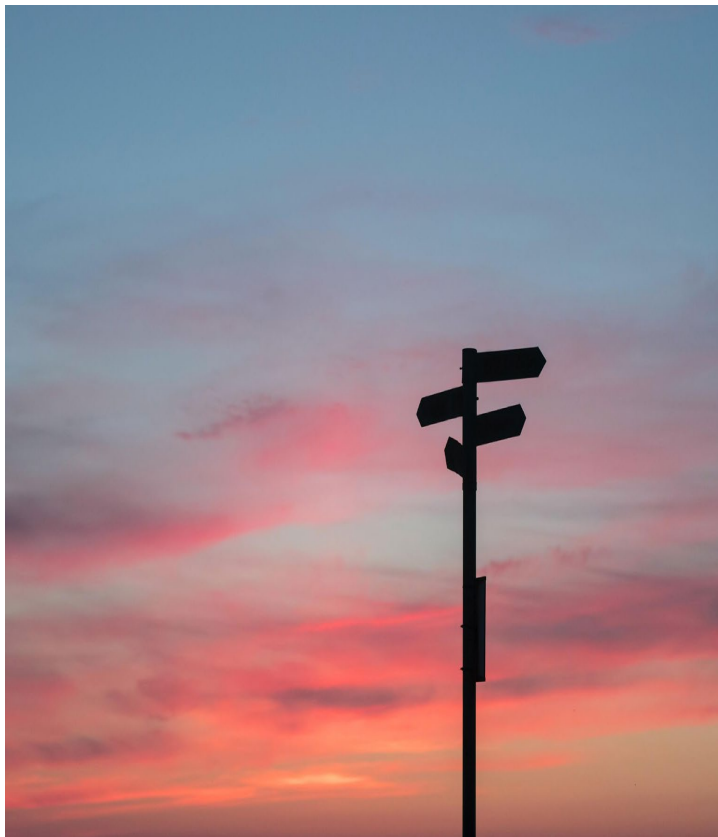
Next Steps

Finalize Annual Update with Public Comments

Present Annual Update to
Board of Supervisors for Approval

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

Public Comment & Discussion



LCBHS

Public Comment

(Please keep comments to 3 minutes)

Meeting Feedback



We invite you to take our brief survey to share any feedback about this meeting. For in-person attendees, paper feedback forms are also available.

Feedback survey URL (or scan QR code):
<https://tinyurl.com/FY25-26-Feedback-PublicHearing>



Thank you!



Access recording and slides on this website:

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

If you have any questions or comments, please contact:

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