2026 - 2029 Integrated Plan

Lake County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to 3.A. Purpose of the Integrated Plan .

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.A. General Information .

General Information

County, City, Joint Powers, or Joint Submission
County

Entity Name
Lake County

Behavioral Health Agency Name
Lake County Behavioral Health Services

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County Behavioral Health System Overview

Please provide the city/county behavioral health system (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 3.E.2 General Requirements.

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook.For related policy information, refer to 2.B.3 Eligible Populations and 3.A.2 Contents of the Integrated Plan.

Children and Youth

In the table below, please report the number of children and youth (under 21) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	**Number of Children and Youth Under Age 21**
Received Medi-Cal Specialty Mental Health Services (SMHS)	426
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	46
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	17
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	0

Criteria	Number of Children and Youth Under Age 21
Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs	<11*
Were chronically homeless or experiencing homelessness or at risk of homelessness	0
Were in the juvenile justice system	281
Have reentered the community from a youth correctional facility	<11*
Were served by the Mental Health Plan and had an open child welfare case	21
Were served by the DMC County or DMC-ODS plan and had an open child welfare case	11

Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	18

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row.**Counts may be duplicated as individuals may be included in more than one category**.

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	223
Received Medi-Cal SMHS	1143
Received DMC or DMC-ODS services	509
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	132
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	40

Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	12
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	<11*
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	<11*
Were in the justice system (on parole or probation and not currently incarcerated)	5001
Were incarcerated (including state prison and jail)	<11*
Reentered the community from state prison or county jail	17
Received acute psychiatric services	26

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate

12

Admitted for 14-day and 30-day periods of intensive treatment
0

Admitted for 180-day post certification intensive treatment
0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs
<11*

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)
0

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?
No

Please describe the local data used during the planning process
We used current data

If desired, provide documentation on the local data used during the planning process

Local CARE Act Implementation

Identify the specific service components within your 3-year Integrated Plan that will support CARE participants. Explain how the county will ensure these individuals receive priority access and specialized coordination within the broader behavioral health continuum, including housing if appropriate.
Lake County Behavioral Health Services will support CARE participants through existing access, assessment, crisis, medication support, Specialty Mental Health Services, Full-Service Partnership, case management, peer support, rehabilitation, substance use disorder referral, and housing coordination pathways.

CARE participants will receive priority review and coordinated linkage based on clinical need, court timelines when applicable, safety concerns, and housing instability. Lake County Behavioral Health Services will identify a lead point of contact to coordinate outreach, service matching, documentation, court-related

communication when required, and follow-up with involved providers and partners.

Housing needs will be screened during CARE engagement. When housing instability is identified, Lake County Behavioral Health Services will coordinate with local housing partners, the Lake County Continuum of Care, Behavioral Health Services Act Housing Interventions when eligible and available, and Medi-Cal managed care plan Transitional Rent pathways when applicable. County housing commitments will be made consistent with Department of Health Care Services rules, available funding, eligibility, and local housing capacity.

Describe how CARE referral pathways will be integrated into existing referral and service pathways within the county behavioral health system.

CARE referrals will be integrated into existing Lake County Behavioral Health Services access, crisis, outpatient, hospital, court, and community referral workflows. Referrals may come from the court, hospitals, crisis providers, family members, first responders, community partners, outpatient providers, or other county agencies.

Upon receipt, Lake County Behavioral Health Services will determine whether the referral requires CARE review, voluntary engagement, crisis response, Specialty Mental Health Services screening, medication support, substance use disorder referral, housing coordination, or another service pathway. The county will document referral source, outreach attempts, clinical review, disposition, service linkage, and follow-up actions.

Required CARE activities, including review of court-related referrals, engagement efforts, documentation, and coordination with the court when applicable, are current implementation responsibilities. Expanded referral tracking, partner training, and enhanced cross-system coordination will continue to develop in phases as staffing and resources permit.

Describe the process for identifying and redirecting individuals who are potentially eligible for CARE to alternative pathways when a formal petition is not required or appropriate. For individuals redirected from CARE, describe how the county will confirm and document successful connection to services.

Lake County Behavioral Health Services will use a least-restrictive review process to determine whether an individual may be better served through voluntary services or another pathway instead of a formal CARE petition. Redirection may occur when the individual does not appear to meet CARE criteria, is willing to engage voluntarily, is already connected to appropriate services, requires crisis response, or has needs better addressed through behavioral health access, medication support, substance use disorder services, housing resources, primary care, or other community supports.

For individuals redirected from CARE, Lake County Behavioral Health Services will document the reason for

redirection, services offered, referrals made, outreach attempts, barriers, and follow-up actions. Successful connection may be confirmed through completed screening, scheduled or attended intake, provider assignment, warm handoff, voluntary service acceptance, or confirmation from a partner agency.

The Department of Health Care Services recognizes voluntary engagement outside CARE proceedings as a valid outcome, including cases where a petition is dismissed because the person successfully engages in services outside court jurisdiction.

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Does the county behavioral health system use an Electronic Health Record (EHR)?
Yes

Please select which of the following EHRs the county uses
SmartCare

County participates in a Qualified Health Information Organization (QHIO)?
Yes

Please select which QHIO the county participates in
SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with Behavioral Health Information Notice (BHIN) 22-068 and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website
https://lcbh.lakecountyca.gov/1712/Patient-Access-Provider-Directory-API

Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs 23-056 , 23-057 , and 24-016 . Does the county wish to disclose any implementation challenges or concerns with these requirements?
No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to 6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction .

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in SAMHSA's PATH Grant during the Integrated Plan period?
No

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any MHBG set-asides during the Integrated Plan period?
Yes

Please select all set asides that the county behavioral health system plans to participate in under the MHBG

Children's System of Care Set-Aside
Discretionary/Base Allocation
Dual Diagnosis Set-Aside
First Episode Psychosis Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

Yes

Please describe these challenges or concerns:

Lake County's primary challenges include rural access barriers and workforce recruitment/retention limitations affecting timely availability of some substance use prevention, treatment, and recovery services. The County is addressing these challenges through phased implementation, strengthened referral pathways, training/technical assistance, and expanded coordination with community partners to improve access and continuity of care.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any SUBG set asides during the Integrated Plan period?

Yes

Please select all set-asides that the county behavioral health system participates in under SUBG

Adolescent/Youth Set-Aside
Discretionary
Perinatal Set-Aside
Primary Prevention Set-Aside

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

Yes

Please describe these challenges or concerns:
Lake County's primary challenges include rural access barriers and workforce recruitment/retention limitations affecting timely availability of some substance use prevention, treatment, and recovery services. The County is addressing these challenges through phased implementation, strengthened referral pathways, training/technical assistance, and expanded coordination with community partners to improve access and continuity of care.

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for OSF during the Integrated Plan period?
Yes

Please check all set asides the county behavioral health system participates in under OSF Exhibit E
Connect People Who Need Help to The Help They Need (Connections to Care)
First Responders
Leadership, Planning, and Coordination
Prevent Misuse of Opioids
Prevent Overdose Deaths and Other Harms (Harm Reduction)
Support People in Treatment and Recovery
Treat Opioid Use Disorder (OUD)

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns
Implementation challenges include rural access barriers, limited provider capacity, and the need for strong cross-system coordination and data-sharing to support timely overdose prevention and linkage to treatment. The County will use OSF investments to strengthen harm reduction outreach, expand linkage pathways (including post-overdose follow-up), and support workforce and partner capacity-building aligned with the County's overdose reduction priorities.

Bronzan-McCorquodale Act

The county behavioral health system is mandated to provide the following community mental health services as described in the Bronzan-McCorquodale Act (BMA).
a. Case Management
b. Comprehensive Evaluation and Assessment
c. Group Services
d. Individual Service Plan
e. Medication Education and Management
f. Pre-crisis and Crisis Services
g. Rehabilitation and Support Services
h. Residential Services
i. Services for Homeless Persons
j. Twenty-four-hour Treatment Services
k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below. Select all services that are funded with BMA funds:
Assertive Community Treatment (ACT)
Clubhouse Services
Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
Forensic Assertive Community Treatment (FACT)
Individual Placement and Support (IPS) Model of Supported Employment

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the Public Safety Realignment (2011 Realignment)
a. Drug Courts
b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)

c. Regular and Perinatal Drug Medi-Cal Services
d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns
Lake County's primary challenges relate to rural geography and workforce recruitment/retention, which can impact timeliness and capacity for some service elements. The County mitigates these challenges through contracted provider partnerships, field-based services where feasible, and coordination with justice partners to support linkage to Medi-Cal behavioral health services. At this time, Lake County does not anticipate barriers that would prevent compliance with Public Safety Realignment requirements.

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under SMHS authority (no action required).
a. Adult Residential Treatment Services
b. Crisis Intervention
c. Crisis Residential Treatment Services
d. Crisis Stabilization
e. Day Rehabilitation
f. Day Treatment Intensive
g. Mental Health Services
h. Medication Support Services
i. Mobile Crisis Services
j. Psychiatric Health Facility Services
k. Psychiatric Inpatient Hospital Services
l. Targeted Case Management
m. Functional Family Therapy for individuals under the age of 21
n. High Fidelity Wraparound for individuals under the age of 21
o. Intensive Care Coordination for individuals under the age of 21
p. Intensive Home-based Services for individuals under the age of 21
q. Multisystemic Therapy for individuals under the age of 21

r. Parent-Child Interaction Therapy for individuals under the age of 21
s. Therapeutic Behavioral Services for individuals under the age of 21
t. Therapeutic Foster Care for individuals under the age of 21
u. All Other Medically Necessary SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?
CSC for FEP
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns
Lake County is a small rural county with persistent behavioral health workforce recruitment and retention constraints, which can affect the pace of implementing and scaling optional specialty service models. The County has elected to provide Coordinated Specialty Care (CSC) for First Episode Psychosis and Peer Support Services as of June 30, 2026. Lake County is also actively evaluating implementation feasibility for additional optional models (including ACT/FACT, IPS Supported Employment, and Clubhouse Services) and is working with the DHCS-contracted Centers of Excellence to assess eligible populations, staffing requirements, fidelity expectations, and phased implementation pathways consistent with local capacity and BHSA guidance.

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in DMC-ODS Program

Drug Medi-Cal Organized Delivery System (DMC-ODS)
The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required)
a. Care Coordination Services
b. Clinician Consultation
c. Outpatient Treatment Services (ASAM Level 1)

d. Intensive Outpatient Treatment Services (ASAM Level 2.1)
e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services
f. Mobile Crisis Services
g. Recovery Services
h. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
i. Traditional Healers and Natural Helpers
j. Withdrawal Management Services
k. All Other Medically Necessary Services for individuals under age 21 for individuals under age 21
l. Early Intervention for individuals under age 21

Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?
Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?
Yes

Please describe these challenges or concerns
Lake County's primary challenges relate to rural geography and workforce recruitment/retention, which can affect timely access to the full continuum of ASAM levels of care. The County is addressing these challenges through contracted provider partnerships, phased expansion of services, and strengthened referral and care coordination workflows. Peer Support Services are being implemented to improve outreach and engagement, reduce barriers to treatment entry, and strengthen continuity during transitions, including coordination with newly approved MAT services and overdose prevention priorities.

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service
N/A

Care Transitions

Has the county implemented the state-mandated Transition of Care Tool for Medi-Cal Mental Health Services **(Adult and Youth)?**

Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

Yes

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see 3.E.6 Statewide behavioral health goals

Population-Level Behavioral Health Measures

The statewide behavioral health goals and associated population-level behavioral health measures must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the Policy Manual Chapter 2, Section C.

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to E.6.1 Population-level Behavioral Health Measures.

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to E.6.2 Primary and Supplemental Measures.

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex
Spoken Language

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults
Above

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults
Below

For children/youth
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Lake County slightly underperforms the State average for SMHS and overperforms the State average for NSMHS. In general, the Hispanic and Spanish-speaking populations, encompassing both adults and youth, have lower penetration rates for both SMHS and NSMHS, despite making up a large portion of the total population. The Black and Asian American and Pacific Islander (AAPI) populations additionally have lower rates, though they also account for a smaller percentage of the overall population. With respect to sex, males generally have a lower penetration rate for both SMHS and NSMHS.

There was no disparity level data available through the DHCS dashboard for the DMC-ODS penetration rate or initiation of substance use disorder treatment in Lake County.

Specialty Mental Health Services (SMHS) Penetration Rates
- Age: Adults aged 57-68 in Lake County have a notably lower penetration rate (2.6%) compared to statewide (4.1%), despite a much higher proportion of adults 45-64 being Medi-Cal eligible (44.1% vs. 30.1% statewide). Children aged 6-11 also have a lower rate (3.2% vs. 4% statewide). This is a concern because Lake County has a significantly larger Medi-Cal eligible child population (77% vs. 55% statewide).
- Race & Ethnicity: Hispanic adults have the lowest penetration rate (1.6%) while accounting for 19% of Lake

County's population. Additionally, Lake County residents identifying as American Indian/Alaska Native (2.2% vs. 5.5% statewide) and Black residents (4.2% vs. 7.1% statewide) have lower rates than the state. For children, Hispanic children have the lowest rate (2%) while accounting for a much larger proportion of the county's child population (48%).
- Sex: Lake County has similar penetration rates for adult males and females (3.4% each). However, if following a similar pattern as the state level, penetration rates for males would be expected to be higher.
- Written Language: Spanish speakers have a significantly lower penetration rate (0.4%) than English speakers (3.8%), mirroring the statewide trend.

Non-Specialty Mental Health Services (NMHS) Penetration Rates
- Age: For adults, the NSMHS penetration rate increases with age, except for adults 69+, which have the second-lowest NSMHS penetration rate of all age groups (17.4%) after adults 21-32 (15.9%). Similarly for youth, the NSMHS penetration rate increases with age, with a sharp increase for children 12-17 (15.2%) and youth 18-20 (14.4%) compared to other age groups (ranging from 4.4% to 8.9%).
- Race & Ethnicity: White adults have the highest penetration rate (20.7%), and Asian or Pacific Islanders have the lowest (10.5%). Hispanic adults have the second-lowest rate (11.8%) despite being 19% of the adult population. Black children have the highest penetration rate (15%), significantly higher than the County average (13.4%), though they are only 7% of the child population. Hispanic children have the lowest rate (7.4%), despite accounting for 48% of all children.
- Sex: The NSMHS penetration rate is higher for females than males in both adults and children. This difference is much more significant among adults (23.2% for females vs. 13.3% for males).

Lake County's FY 2023-24 External Quality Review (EQR) report, using the LCBHS Mental Health Plan data, also reported penetration rates as a performance measure assessing access to care. The report identified disparities across some demographic groups. According to the EQR report, penetration rates for ages 0-5 (0.75%), 6-17 (5.38%), and 21-64 (4.08%) are lower than what is seen in other small counties (1.31%, 5.83%, 4.53% respectively) and statewide (1.82%, 5.65%, 4.03% respectively). Age groups 18-20 and 65+ had comparable or higher penetration rates than the state (note: 65+ age group was seen to have the second-lowest NSMHS penetration rate of all age groups based on the state provided data). Moreover, by race/ethnicity, the Hispanic/Latino (1.94%) and African American (5.38%) populations have penetration rates below the statewide rates (3.51% and 7.08% respectively). In addition, from 2020 to 2022, the Hispanic/Latino population's penetration rates have remained consistently lower (half of what is seen for the state rate), with minimal increase over time (1.85%, 1.86%, and 1.94%). The African American population penetration rate, although low, has experienced some improvement (increase) over time.

In addition, Lake County's Community Health Needs Assessment (2022) (CHNA) identified Access to Care as a high priority need. The CHNA discussed barriers to healthcare access and provided data to identify groups most impacted. Notably, the CHNA named health literacy and educational attainment as possible barriers and looked at the percentage of adults in the county without a high school diploma. The CHNA reported that 13.6% of adults in Lake County have no high school diploma, compared to 16% statewide. However,

this rate is higher across some racial/ethnic groups, including the Black and African American (21.3%), Native American or Alaska Native (32.9%), Asian (22.3%), and Native Hawaiian or Pacific Islander (38.5%) populations, as well as those identifying with multiple races (22.4%) and those identifying as another race (33.5%). The CHNA also reports spoken language as a potential barrier to accessing care, with 24% of the Hispanic population (ages 5 and older) having limited English proficiency. Lastly, the CHNA cites lack of medical insurance coverage as a barrier to access to care and found that the percent of people without insurance coverage is higher for the Black (9.4%), multi-race (11.9%), and Native American and Alaska Native (16.3%) populations compared to the statewide rate (8.7%).

Details regarding Lake County's Disparity Analysis for Access to Care, along with all other Behavioral Health Goals, are presented in the accompanying document, entitled: Lake County Disparity Analysis_FINAL_20260324

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Lake County Behavioral Health Services (LCBHS) is implementing several strategies beginning July 1, 2026 to increase access to behavioral health services across the county. As a rural county with workforce shortages and transportation barriers, LCBHS focuses on strengthening coordinated service delivery across the full behavioral health continuum, including early intervention, outpatient treatment, intensive services, and outreach and engagement.

To improve access to care for populations with lower penetration rates—particularly children and youth, Hispanic and Spanish-speaking populations, and individuals living in rural communities—LCBHS will expand outreach and engagement efforts through partnerships with community-based organizations, schools, and health care providers. Outreach strategies will include culturally and linguistically appropriate engagement activities, community education, and targeted outreach to underserved populations identified through county data and the Community Health Needs Assessment.

LCBHS will also continue strengthening its continuum of care through the implementation and expansion of several key program models. These include Coordinated Specialty Care (CSC) services for individuals experiencing first episode psychosis as part of the county's Early Intervention programs, Full-Service

Partnership (FSP) services for individuals with the most intensive behavioral health needs, and High-Fidelity Wraparound services for children and youth under age 21. These programs provide intensive care coordination, family-centered services, and multidisciplinary supports designed to reduce barriers to care and improve service engagement.

In addition, LCBHS will continue expanding crisis response services, medication-assisted treatment (MAT) for substance use disorders, and integrated behavioral health and substance use disorder treatment services. The county will maintain partnerships with community providers, primary care providers, emergency medical services, and schools to improve referral pathways and ensure individuals are connected to services more quickly following behavioral health crises or emergency department visits.

These strategies are informed by multiple data sources, including DHCS population-level behavioral health measures, the county's External Quality Review (EQR) reports, the Community Health Needs Assessment (CHNA), and community input gathered during the Behavioral Health Services Act Community Planning Process. These data sources identified disparities in service penetration rates and barriers to care among several populations, guiding LCBHS in prioritizing outreach, early intervention, and intensive service programs to improve access to behavioral health services across Lake County.

File Upload
Lake County Disparity Analysis_FINAL_20260324.pdf

Please identify the category or categories of funding that the county is using to address the access to care goal
BHSA Behavioral Health Services and Supports (BHSS)
BHSA Full Services Partnership (FSP)
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)
Community Mental Health Block Grant (MHBG)
Substance Use Block Grant (SUBG)

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people

by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Lake County's homeless rate is nearly double the statewide rate and exhibits more pronounced disparities by age, race, and ethnicity than the state overall. Age-related disparities are significant, with children (under 18), young adults (18-24), and adults aged 35-44 experiencing homelessness at substantially higher rates in Lake County than statewide averages. Among children, younger students (grades TK-2) face a higher rate of homelessness than older students. Additionally, notable disparities exist across race and ethnicity. American Indian and Alaska Native adults and students experience homelessness at a disproportionately high rate—the highest among all ethnicities—despite representing a smaller segment of the overall population. Conversely, Hispanic individuals have a much lower overall rate of homelessness than the County average, though Hispanic/Latino students still experience high rates of homelessness. Lastly, more males than females experience homelessness in Lake County.

There was no disparity-level data available through the DHCS dashboard for the three Homelessness supplemental measures in Lake County: PIT Count Rate of People Experiencing Homelessness with Severe Mental Illness, PIT Count Rate of People Experiencing Homelessness with Chronic Substance Abuse, and Rate of People Experiencing Homelessness Who Accessed Services from a Continuum of Care.

Point-in-Time (PIT) Count Rate of People Experiencing Homelessness
- Age: Lake County has a higher proportion of households with children experiencing homelessness (8% vs. 5% statewide). Rates of homelessness are significantly higher than the state for children 0-17 (2.5x higher), young adults 18-24 (3.1x higher), and adults 35-44 (2.5x higher), with the 35-44 age group having the highest rate in the county (201 per 10,000).

- Race & Ethnicity: The disparity is most significant for American Indian, Alaska Native, or Indigenous (AIAN) individuals, who have a homelessness rate of 590 per 10,000, which is more than twice that of any other group. AIAN individuals account for 21% of the homeless population while making up only 3% of the county population. Black individuals also have a disproportionately high rate (129 per 10,000) compared to White (80 per 10,000) or Latino (25 per 10,000) residents.
- Sex: Males account for 60% of all individuals experiencing homelessness but only 50.2% of the total population.

K–12 Public School Students Experiencing Homelessness
- Age: Younger students (TK-2) are disproportionately affected by homelessness, accounting for one-third of homeless students while only making up one-quarter of the total student population. The proportion of students experiencing homelessness generally decreases as grade level increases (i.e., 6th grade students have higher rates than 9th grade students and so on).
- Race & Ethnicity: American Indian or Alaska Native students have the highest rate of homelessness (11.7%) among groups that represent more than 1% of the student body. Homelessness is disproportionately high among Hispanic/Latino students, who make up 53.9% of homeless students compared to 44% of the overall student body. In contrast, White students are underrepresented among the homeless population, accounting for 28.7% of homeless students while representing 41.8% of the total student population.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Lake County Behavioral Health Services (LCBHS) will continue strengthening programs and partnerships designed to reduce homelessness among individuals experiencing severe mental illness, substance use disorders, and co-occurring conditions beginning July 1, 2026. Data from the Point-in-Time Count and other local sources indicate that Lake County's rate of homelessness is significantly higher than the statewide average and that certain populations—including American Indian and Alaska Native individuals, males, and young adults—experience disproportionately high rates of homelessness. These findings, along with data from the Community Health Needs Assessment and the Behavioral Health Services Act Community Planning Process, informed the county's strategy to strengthen housing-related behavioral health services.

LCBHS will expand the use of Full-Service Partnership (FSP) programs as a primary intervention for individuals experiencing homelessness who have the most intensive behavioral health needs. FSP programs provide comprehensive, team-based services including intensive case management, housing navigation and stabilization supports, psychiatric care, substance use treatment, and linkage to physical health and social services. For adults with complex needs or justice system involvement, services may be delivered using Assertive Community Treatment (ACT) or Forensic ACT (FACT) informed service models to support individuals with significant functional impairments and reduce homelessness and institutionalization.

In addition, LCBHS will continue strengthening partnerships with the Lake County Continuum of Care, housing providers, community-based organizations, and health care systems to improve coordination between behavioral health services and housing resources. Outreach and engagement efforts will focus on connecting individuals experiencing homelessness to treatment, benefits, and housing supports through coordinated outreach efforts and community partnerships.

LCBHS will also continue investing in early intervention and prevention strategies that reduce the risk of homelessness by increasing access to behavioral health treatment and substance use disorder services, including medication-assisted treatment (MAT), crisis response services, and community-based outpatient services. For youth and families experiencing housing instability, the county will coordinate services across the Children's System of Care, including access to High Fidelity Wraparound services for children and youth with complex behavioral health needs.

LCBHS will also prioritize outreach and service coordination for Transitional Age Youth (TAY), typically ages 16–25, who face elevated risks of homelessness during the transition from youth-serving systems to adult behavioral health services. The county will strengthen collaboration across youth and adult systems of care to ensure continuity of services for TAY experiencing serious mental illness, substance use disorders, or co-occurring conditions. This includes coordination between Early Intervention services, Coordinated Specialty Care programs, Full-Service Partnership services, and housing navigation supports to improve stability and reduce the likelihood of homelessness for young adults.

These initiatives are designed to improve service engagement, stabilize individuals experiencing homelessness, and strengthen coordination between behavioral health treatment, outreach services, and housing resources in order to reduce homelessness among individuals with significant behavioral health needs.

File Upload

Please identify the category or categories of funding that the county is using to address the homelessness goal

BHSA BHSS
BHSA FSP
BHSA Housing Interventions
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
MHBG
SUBG

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.
Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Not Applicable

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000
Not Applicable

30-day involuntary detention rates per 10,000
Not Applicable

180-day post-certification involuntary detention rates per 10,000
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships
Not Applicable

Permanent Conservatorships
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023
Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults
Above

For children/youth
Above

Crisis Residential Treatment Services

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Crisis Stabilization

For adults/older adults
Below

For children/youth
Not Applicable

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
There was no disparity-level data available through the DHCS dashboard for Institutionalization and its associated primary and supplemental measures for Lake County.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)
Lake County Behavioral Health Services (LCBHS) monitors multiple local indicators related to institutional levels of care, including psychiatric hospitalization utilization, length of stay for inpatient psychiatric treatment, out-of-county psychiatric placements, and utilization of crisis services. Due to the county's rural geography and limited local inpatient psychiatric capacity, individuals requiring inpatient psychiatric treatment are often referred to contracted facilities outside of the county. LCBHS monitors these placements through utilization management processes to ensure that individuals are transitioned to the least restrictive level of care as soon as clinically appropriate. Additional local data sources used to monitor institutionalization include internal utilization review data, crisis service utilization reports, psychiatric inpatient admission data, and coordination with hospital partners and crisis response providers. The county also reviews information from the External Quality Review (EQR) process and Medi-Cal claims data to monitor patterns related to psychiatric hospitalization and emergency department utilization for behavioral health conditions. These data sources help LCBHS identify opportunities to strengthen community-based services that reduce unnecessary institutional placements and support individuals in community settings whenever clinically appropriate.

File Upload

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs.

Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

Beginning July 1, 2026, Lake County Behavioral Health Services will continue strengthening community-based behavioral health services designed to reduce unnecessary institutionalization and ensure individuals receive care in the least restrictive environment appropriate to their needs. As a rural county with limited inpatient resources, LCBHS prioritizes strengthening outpatient and community-based treatment models that help individuals remain safely in the community while receiving behavioral health services.

LCBHS will continue expanding the use of Full-Service Partnership (FSP) programs to support individuals with the most significant behavioral health needs who are at risk of repeated psychiatric hospitalization or institutional placement. FSP programs provide intensive, multidisciplinary services including psychiatric treatment, case management, housing support, substance use disorder treatment, and coordination with physical health providers. For individuals with complex needs, services may be delivered through Assertive Community Treatment (ACT) or Forensic ACT (FACT) informed service models, which provide intensive team-based services designed to reduce psychiatric hospitalization and improve community stability.

The county will also continue strengthening crisis response services, including crisis intervention and stabilization services designed to provide timely community-based alternatives to hospitalization whenever clinically appropriate. These services support individuals experiencing acute behavioral health crises and help reduce unnecessary emergency department visits and inpatient admissions.

In addition, LCBHS will expand early intervention and prevention services, including Coordinated Specialty Care (CSC) for individuals experiencing first episode psychosis. Early access to treatment helps reduce the progression of serious mental illness and lowers the likelihood that individuals will require higher levels of institutional care in the future.

For children and youth with complex behavioral health needs, LCBHS will implement High Fidelity Wraparound services to provide intensive, family-centered care coordination that supports youth in community settings and reduces the need for higher levels of care. The county will also prioritize coordination of services for Transitional Age Youth (TAY) to support continuity of care as youth transition from children's behavioral health services to adult programs.

These strategies are informed by data from the county's External Quality Review reports, Medi-Cal service utilization data, and community input gathered through the Behavioral Health Services Act Community Planning Process. By strengthening intensive outpatient services, crisis response systems, and early intervention programs, LCBHS aims to reduce unnecessary institutionalization and improve long-term behavioral health outcomes for residents of Lake County.

File Upload

Please identify the category or categories of funding that the county is using to address the institutionalization goal
BHSA BHSS
BHSA FSP
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)
MHBG

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For juveniles
Below

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
Sex

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023
Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Adults in the county have significantly higher arrest rates compared to youth, and these rates also exceed the statewide averages. Specifically, adults aged 20-29 and 30-39 are disproportionately represented in the population of those arrested. Regarding race and ethnicity, African American/Black adults in Lake County are over-represented in the population under arrest. However, among youth, White youth are over-represented in the county's youth arrested population, while Hispanic/Latino youth are under-represented. In addition, Lake County has a higher recidivism rate than the statewide average at both the county and state levels. Most individuals who recidivated are male.

There was no disparity-level data available through the DHCS dashboard for the Incompetent to Stand Trial Count for Lake County.

Arrests: Adults and Juvenile Rates
- Age: Arrest rates increase for each age group (18-19, 20-29, and 30-39), then decrease, but each older age cohort (40+) has a slightly higher arrest rate in Lake County when compared to the State. Adults ages 20-29 (20% of arrests, 13% of population) and ages 30-39 (31% of arrests, 15% of population) are over-represented in Lake County arrests.
- Race and Ethnicity: Arrest rates are generally proportional to the population in Lake County, except for

Black residents, who are over-represented (6.1% of arrests, 1.9% of population). White youth are also heavily over-represented (64.9% of youth arrests, 23.6% of youth population), while Hispanic/Latino youth are under-represented (29.7% of youth arrests, 52% of youth population).
- Sex: Males are heavily over-represented in both adult and youth arrests, with male adults arrested at a rate 2.7 times higher than female adults, and male youth arrested at a rate 3.5 times higher than female youth.

Adult Recidivism Conviction Rate
- Sex: Most individuals who recidivated in Lake County are male (92%).

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
Lake County Behavioral Health Services (LCBHS) will continue strengthening partnerships and community-based behavioral health services designed to reduce justice involvement among individuals living with serious mental illness, substance use disorders, and co-occurring conditions beginning July 1, 2026. Local data indicate that adults in Lake County experience arrest rates that exceed statewide averages, particularly among adults ages 20–39, and that certain populations, including Black residents, are disproportionately represented in arrest data. These findings, along with information from the county's External Quality Review reports and community planning process, informed LCBHS efforts to strengthen behavioral health services that divert individuals from the justice system and support successful community reintegration.

LCBHS will continue expanding the use of Full Service Partnership (FSP) programs, including services delivered through Forensic Assertive Community Treatment (FACT) informed service models, to provide intensive community-based behavioral health treatment for individuals with complex clinical needs who are involved with or at risk of involvement with the criminal justice system. These programs provide multidisciplinary services including psychiatric treatment, case management, substance use treatment, housing support, and coordination with physical health providers and justice system partners.

LCBHS will also strengthen collaboration with local law enforcement agencies, the county sheriff's office, probation, and the courts to improve diversion opportunities and increase access to behavioral health

services for individuals whose justice involvement is related to untreated behavioral health conditions. These partnerships support early identification of behavioral health needs, linkage to treatment, and coordinated case management to reduce recidivism.

In addition, LCBHS will continue strengthening crisis response services and community-based treatment programs that provide alternatives to incarceration when individuals experience behavioral health crises. Crisis services and outreach teams work closely with law enforcement and emergency response partners to stabilize individuals in the community and connect them to appropriate behavioral health services.

LCBHS will also prioritize services for Transitional Age Youth (TAY) who may be at increased risk of justice involvement during the transition from youth to adult service systems. Coordination between youth-serving programs, early intervention services, and adult behavioral health programs will help ensure continuity of care and reduce the likelihood that untreated behavioral health conditions contribute to justice involvement.

These strategies are informed by local arrest and recidivism data, community stakeholder input, and service utilization trends identified through the Behavioral Health Services Act Community Planning Process. By strengthening diversion partnerships, intensive community-based services, and crisis response systems, LCBHS aims to reduce justice involvement and improve behavioral health outcomes for residents of Lake County.

File Upload

Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal

BHSA BHSS
BHSA FSP
1991 Realignment
2011 Realignment
MHBG
Federal Financial Participation (SMHS, DMC/DMC-ODS)
SUBG

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?

Above

What disparities did you identify across demographic groups or special populations?
Gender
Race or Ethnicity

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?
Below

What disparities did you identify across demographic groups or special populations?
Sex

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?
Above

What disparities did you identify across demographic groups or special populations?
Age
Race or Ethnicity
Sex

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Overall, the rate of children in foster care in Lake County is higher than the Statewide rate, with White children and male children being over-represented in the system. The incidence of child maltreatment substantiations in Lake County is approximately double the statewide average. This higher rate is particularly pronounced among White children. Additionally, the highest incidence of substantiations occurs in younger children (under the age of 1) and is slightly higher for female children. Furthermore, the SMHS penetration rate for open child welfare cases is lower in Lake County than the statewide rate, and

female children with open cases have a slightly lower SMHS penetration rate than male children.

Children in Foster Care
- Race/Ethnicity: White children may be over-represented in Lake County's foster care system, accounting for 76% of foster children but only 48% of the general child population (0-19). This disparity is less pronounced statewide.
- Gender: Male children are slightly over-represented in Lake County's foster care system (58% of children in the foster system are male, compared to 52% of the county's child population).

Child Maltreatment Substantiations
- Age: The incidence rate declines with age, most notably between children under 1 year old and those aged 1-2 years. The rate decreases from 48.4 per 1,000 for children under 1 to a rate of 14 per 1,000 for the 1-2 year old age group. This trend continues, with the incidence rate reaching 6.9 per 1,000 by ages 16-17.
- Race/Ethnicity: The incidence rate is much higher for White children (11.8) than Latino (2.9). This pattern deviates from the State level, where the highest rates are observed among Black and Latino children.
- Sex: The incidence rate is similar for both female and male children but is slightly elevated for female children (10.8 per 1,000 and 10.2 per 1,000, respectively).

Open Child Welfare Case SMHS Penetration Rates
- Sex: The SMHS penetration rate for male children with open child welfare cases is higher than for female children (39.3% vs. 31.8%).

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Lake County Behavioral Health Services (LCBHS) will continue strengthening programs and partnerships designed to reduce the removal of children from their homes by expanding family-centered behavioral health services and early intervention supports beginning July 1, 2026. Data from the Child Welfare Indicators Project indicate that the rate of children entering foster care in Lake County is higher than the statewide average, and that White children and male children are overrepresented in the foster care system. In addition, data indicate that the penetration of Specialty Mental Health Services among children involved in the child welfare system is lower than the statewide average. These findings, along with information

gathered through the Community Health Needs Assessment and the Behavioral Health Services Act Community Planning Process, informed LCBHS efforts to strengthen services that support children and families before removal becomes necessary.

LCBHS will continue strengthening collaboration with the Lake County Department of Social Services, child welfare agencies, schools, and community-based organizations to improve early identification of behavioral health needs among children and families involved with the child welfare system. These partnerships support coordinated service planning, earlier access to behavioral health treatment, and improved communication across systems serving children and families.

The county will implement High Fidelity Wraparound (HFW) services for children and youth with complex behavioral health needs who are at risk of placement outside the home. High Fidelity Wraparound provides intensive, family-centered care coordination and individualized service planning designed to support children safely in their homes and communities while addressing behavioral health needs. Wraparound services bring together family members, service providers, schools, and other natural supports to develop coordinated plans that stabilize families and reduce the likelihood of foster care placement or residential treatment.

LCBHS will also continue strengthening the Children's System of Care through trauma-informed behavioral health treatment, family support services, school-based partnerships, and coordination with community providers. These services are designed to address behavioral health challenges early and provide families with the supports necessary to maintain stability in the home.

In addition, the county will strengthen early intervention services and coordination with programs such as Coordinated Specialty Care for youth experiencing early symptoms of serious mental illness. LCBHS will also prioritize continuity of care for Transitional Age Youth (TAY) involved in the child welfare system by improving coordination between youth-serving programs and adult behavioral health services as youth transition into adulthood.

These strategies are informed by county child welfare data, Medi-Cal service utilization data, the External Quality Review process, and community input gathered through the Behavioral Health Services Act Community Planning Process. By strengthening family-centered services, cross-system partnerships, and early intervention programs, LCBHS aims to reduce the number of children entering foster care and improve behavioral health outcomes for children and families in Lake County.

File Upload

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal
BHSA BHSS
BHSA FSP
1991 Realignment
2011 Realignment
MHBG
SUBG

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured
Below

What disparities did you identify across demographic groups or special populations?
Race or Ethnicity
Sex

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis
Lake County exhibits mixed results compared to the statewide average regarding follow-up care. The percentage of individuals receiving follow-up after emergency department visits for substance use is higher in Lake County compared to the state, but follow-up after visits for severe mental illness is lower. Lake County has a lower percentage of adults who reported needing help for mental health problems or drug use but had no visits for those issues in the past year, when compared to the State average. This specific unmet need for behavioral health issues without behavioral health service visits was observed more frequently among female and White individuals in Lake County.

There was no disparity level data available through the DHCS dashboard regarding follow-up after emergency department visits for mental illness and after visits for substance use in Lake County.

Adults that Needed Help for Emotional/Mental Health Problems or Use of Alcohol/Drugs who had No Visits for Mental/Drug/Alcohol Issues in Past Year
- Sex: A higher percentage of female individuals needed help for emotional/MH problems but had no visits for MH/drug/alcohol issues in the past year (33.8% vs. 22.5% for males).
- Race/Ethnicity: A much higher percentage of White individuals (33.4%) needed help but had no visits compared to other racial/ethnic groups, such as those identifying as Latino (8.6%).

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of untreated behavioral health conditions. In your response, please describe how you plan to address

measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Lake County Behavioral Health Services (LCBHS) will continue strengthening programs and partnerships designed to reduce untreated behavioral health conditions by expanding access to early intervention, outpatient treatment, and coordinated behavioral health services beginning July 1, 2026. Local data indicate that follow-up after emergency department visits for mental illness occurs at a lower rate in Lake County compared to the statewide average, and survey data suggest that some residents who report needing behavioral health services do not receive care. These findings, along with information from the Community Health Needs Assessment and Behavioral Health Services Act Community Planning Process, informed the county's efforts to strengthen outreach, early identification, and service engagement strategies.

LCBHS will expand outreach and engagement activities to increase awareness of available behavioral health services and improve access to care among populations experiencing barriers to treatment. Outreach efforts will include partnerships with community-based organizations, schools, health care providers, and social service agencies to identify individuals with untreated behavioral health needs and connect them to services earlier.

The county will continue strengthening Early Intervention programs, including Coordinated Specialty Care (CSC) for individuals experiencing first episode psychosis. Early intervention services help identify emerging behavioral health conditions and provide treatment before symptoms worsen or require more intensive levels of care.

LCBHS will also expand access to Full-Service Partnership (FSP) programs for individuals with the most significant behavioral health needs who require intensive, team-based services to stabilize in the community. These programs provide comprehensive services including psychiatric treatment, case management, housing support, substance use disorder treatment, and coordination with physical health providers.

In addition, LCBHS will continue expanding access to medication-assisted treatment (MAT) and integrated behavioral health and substance use disorder treatment services. These services support individuals experiencing co-occurring mental health and substance use conditions and reduce the risk that untreated conditions will lead to crisis events or hospitalizations.

LCBHS will also strengthen coordination of care following emergency department visits and behavioral health crises to ensure individuals are connected to ongoing treatment and community-based services. Crisis response services, outpatient treatment programs, and care coordination efforts will help improve

follow-up care and reduce gaps in treatment.

The county will also prioritize services for Transitional Age Youth (TAY), who may experience emerging behavioral health conditions during the transition from adolescence to adulthood. Coordination between youth-serving programs, early intervention services, and adult behavioral health services will support continuity of care and improve long-term treatment engagement.

These strategies are informed by DHCS population-level behavioral health measures, Medi-Cal service utilization data, External Quality Review findings, and community input gathered through the Behavioral Health Services Act Community Planning Process. By strengthening early intervention services, outreach activities, and coordinated treatment programs, LCBHS aims to reduce the number of residents experiencing untreated behavioral health conditions and improve access to care across the county.

File Upload

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal

BHSA BHSS
BHSA FSP
1991 Realignment
2011 Realignment
State General Fund
Federal Financial Participation (SMHS, DMC/DMC-ODS)
MHBG
SUBG

Additional statewide behavioral health goals for improvement

Please review your county's status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to E.6.2 Primary and Supplemental Measures .

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Below

For children/youth
Above

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults
Above

For children/youth
Not Applicable

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?
Below

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?
Below

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?
Above

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?
Above

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?
Above

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Not Applicable

For children/youth
Not Applicable

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)
Above

For children/youth (specific to Child and Adolescent Well-Care Visits)
Below

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)
Below

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)
Below

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Not Applicable

For adults/older adults
Above

For children/youth
Above

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured
Not Applicable

For adults/older adults
Above

For children/youth
Above

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?
Below

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured
Above

For adults/older adults
Not Applicable

For children/youth
Not Applicable

County-selected statewide population behavioral health goals

For related policy information, refer to 3.E.6 Statewide Behavioral Health Goals .

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.
Overdoses

Overdoses

Please describe why this goal was selected
Lake County selected overdose prevention as an additional statewide behavioral health goal due to ongoing concerns related to substance use disorders and overdose risk within the county. Local public health and behavioral health data indicate that Lake County continues to experience elevated rates of substance use disorders and overdose-related harms compared to statewide averages. The rural nature of the county, limited transportation, and workforce shortages can create barriers to timely access to treatment and recovery services for individuals experiencing substance use disorders.

Data from local public health surveillance, the Community Health Needs Assessment, and Behavioral Health Services Act Community Planning Process indicate that overdose prevention remains a critical need within the community. These findings informed the county's decision to prioritize strengthening substance use disorder treatment services, expanding medication-assisted treatment (MAT), and improving outreach and engagement efforts to connect individuals with treatment earlier.

Lake County Behavioral Health Services will continue expanding access to outpatient substance use disorder treatment, medication-assisted treatment, and integrated behavioral health services for individuals experiencing co-occurring mental health and substance use conditions. The county will also strengthen partnerships with community organizations, health care providers, and social service agencies to improve early identification of individuals at risk of overdose and increase access to treatment and recovery supports.

These efforts aim to reduce overdose deaths, increase engagement in treatment, and improve long-term recovery outcomes for residents of Lake County.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Drug-related overdose death rates in Lake County are about twice as high as the statewide rate (27.8 vs. 14.5 per 100,000), though Lake County's small population means rates are subject to greater variation. However, Lake County saw a substantial decrease in overdose deaths (50%) and emergency department (ED) visits (50%) between 2022 and 2024, significantly outpacing the statewide decreases (22% for deaths and 16% for ED visits). Additionally, Lake County improved from 3rd to 12th for overdose death rate and from 1st to 14th for ED visits over the same period in California county-to-county comparisons. Demographically, the Native American or Alaska Native population and males have a much higher overdose death rate in Lake County. For ED visits in Lake County, the highest rates are among those 25–49 years old, peaking in the 45–49 age range.

All Drug-Related Deaths
- Age: The death rate by age is inconsistent in Lake County. Individuals across almost all age ranges died of an overdose in 2024. At the State level, deaths are higher for those 30-34 and 35-39.
- Race/Ethnicity: Native American or Alaska Native individuals have a much higher overdose death rate than other race/ethnicities. Latino individuals have a lower rate compared to other race/ethnicities.
- Sex: Males have an overdose death rate 2.4x higher than females.

All Drug-Related Overdose Emergency Department Visits

- Age: Within Lake County, drug-related overdose ED visit rates are highest between the ages of 25 – 49, with the highest rate among those 45 – 49 years old. This trend is similar, if more inconsistent, at the statewide level. Statewide, the highest rate is among those 35 – 39 years old.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Overdoses and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)
Beginning July 1, 2026, Lake County Behavioral Health Services (LCBHS) will strengthen several initiatives designed to reduce overdose deaths and improve engagement in substance use disorder treatment. Local public health and community health assessment data indicate that opioid and polysubstance use remain ongoing concerns within the county, particularly among adults of working age and individuals experiencing co-occurring behavioral health conditions. These findings informed the county's decision to prioritize overdose prevention, harm reduction strategies, and expanded access to treatment.

LCBHS has partnered with Safe Rx to increase access to naloxone throughout the community and will continue expanding naloxone distribution efforts as a key overdose prevention strategy. Through this partnership, naloxone distribution and overdose prevention education are provided in community settings, including schools and other community locations. The county also collaborates with local emergency response agencies to support overdose prevention efforts. Local EMS and fire departments operate a "leave-behind" naloxone program, in which naloxone kits are provided to individuals or households when emergency responders encounter substance use–related incidents. In addition, LCBHS supports training for emergency response personnel on naloxone administration and overdose response protocols.

LCBHS will also continue strengthening access to medication-assisted treatment (MAT) within county-operated behavioral health services. The county provides MAT medications through its outpatient substance use disorder treatment program and works to integrate MAT with behavioral health treatment and recovery support services. Increasing access to MAT is an evidence-based strategy shown to significantly reduce opioid overdose risk and improve treatment engagement.

Lake County Behavioral Health Services will also continue strengthening access to the full continuum of substance use disorder treatment services under the Drug Medi-Cal Organized Delivery System (DMC-ODS), including outpatient treatment, medication-assisted treatment, and contracted providers for additional American Society of Addiction Medicine (ASAM) levels of care. The county is actively working to expand provider capacity through contracting and future requests for proposals to improve access to treatment for individuals experiencing opioid and other substance use disorders.

In addition to treatment expansion, LCBHS will continue strengthening community outreach and harm reduction education, including overdose prevention education and increased public awareness of

naloxone availability. Outreach activities will prioritize individuals experiencing barriers to treatment, including individuals experiencing homelessness, individuals involved with the justice system, and Transitional Age Youth who may be at increased risk for substance misuse.

These strategies are informed by local public health overdose surveillance data, community health needs assessments, and stakeholder input gathered through the Behavioral Health Services Act Community Planning Process. By expanding harm reduction efforts, strengthening partnerships with emergency responders and community organizations, and increasing access to medication-assisted treatment, LCBHS aims to reduce overdose deaths and improve engagement in substance use disorder treatment across Lake County. Lake County also utilizes Opioid Settlement funding to support opioid overdose prevention efforts, including naloxone distribution, harm reduction strategies, and expansion of treatment access for individuals experiencing opioid use disorder. Coordination of opioid settlement resources with county behavioral health services allows Lake County to expand overdose prevention initiatives while strengthening access to medication-assisted treatment and recovery services.

Please identify the category or categories of funding that the county is using to address this goal

BHSA BHSS
1991 Realignment
2011 Realignment
Federal Financial Participation (SMHS, DMC/DMC-ODS)

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.B Community Planning Process .

Stakeholder Engagement

For related policy information, refer to 3.B.1 Stakeholder involvement

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Please indicate the type of engagement used to obtain input on the planning process

County outreach through social media
County outreach through townhall meetings
County outreach through traditional media (e.g., television, radio, newspaper)
Focus group discussions
Key informant interviews with subject matter experts
Provided data to county
Survey participation
Training, education, and outreach related to community planning

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement

County outreach through townhall meetings

Date

10/23/2025

Type of engagement

County outreach through townhall meetings

Date
12/11/2025

Type of engagement
County outreach through townhall meetings

Date
2/12/2026

Type of engagement
Survey participation

Date
12/12/2025

Type of engagement
Focus group discussions

Date
12/18/2025

Type of engagement
Focus group discussions

Date
12/15/2025

Type of engagement
Focus group discussions

Date
1/12/2026

Type of engagement
Focus group discussions

Date
1/13/2026

Type of engagement
Key informant interviews with subject matter experts

Date
12/12/2025

Type of engagement
Provided data to county

Date
10/7/2025

Type of engagement
Training, education, and outreach related to community planning

Date
10/23/2025

Type of engagement
Training, education, and outreach related to community planning

Date
3/12/2026

Type of engagement
County outreach through social media

Date
9/26/2025

Type of engagement
County outreach through social media

Date
11/24/2025

Type of engagement
County outreach through social media

Date
12/19/2025

Type of engagement
County outreach through social media

Date
2/12/2026

Type of engagement
County outreach through traditional media (e.g., television, radio, newspaper)

Date
10/22/2025

Type of engagement
County outreach through traditional media (e.g., television, radio, newspaper)

Date
12/10/2025

Type of engagement
County outreach through traditional media (e.g., television, radio, newspaper)

Date
2/11/2026

Please list specific stakeholder organizations that were engaged in the planning process. Please do not include specific names of individuals
The LCBHS Peer Support Centers (Big Oak, La Voz de Esperanza, The Circle of Native Minds, The Harbor on Main), Konocti Senior Support, Redwood Community Services, Yuba College (YCCD), Hilltop Recovery Services, Lake County Family Resource Center, First Five Lake County, Partnership HealthPlan of California, Adventist Health, Lake County Continuum of Care, North Coast Opportunities, Archway Recovery Services, Motherwise, Lake County Office of Education, Clearlake City Council

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) (Population and Housing Estimates for Cities, Counties, and the State)

	City name
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A

Were you able to engage all required stakeholders/groups in the planning process?
No

If not, which required stakeholder/groups were you unable to engage in the planning process?
Disability insurers
Emergency medical services
Independent living centers

Labor representative organizations
Regional centers
The five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities.)
Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
Victims of domestic violence and sexual abuse

Disability insurers
Stakeholder group is not applicable to county

Emergency medical services
Attempted but did not receive a response

Independent living centers
Stakeholder group is not applicable to county

Labor representative organizations
Attempted but did not receive a response

Regional centers
Attempted but did not receive a response

The five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities.)
Stakeholder group is not applicable to county

Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
Attempted but did not receive a response

Victims of domestic violence and sexual abuse
Attempted but did not receive a response

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

The Behavioral Health Services Act (BHSA) requires counties to implement a Community Planning Process (CPP) that meaningfully engages community partners. This involvement is essential for determining local needs, establishing funding priorities, and guiding the development of the Integrated Plan.

For the Fiscal Year (FY) 2026-29 Three-Year planning process, LCBHS undertook multiple community engagement initiatives across various formats to fulfill the CPP requirement. Specifically, LCBHS:

- Convened and facilitated three community planning meetings, offering both virtual attendance via Zoom and in-person participation at the four LCBHS Peer Support Centers.

- Conducted a community survey available both electronically and in hard copy at the Peer Support Centers, offered in both English and Spanish to expand reach.

- Hosted nine focus groups and interviews with a diverse set of partners, including participants in behavioral health programs and their family members, behavioral health providers, and managed care plan partners.

The data collected from these engagement efforts were analyzed to identify common themes regarding the strengths and needs of the existing behavioral health system. These findings were shared with the community during the third community planning meeting, allowing community partners to provide additional feedback on the data and identify priority areas for the upcoming three years.

Through this planning process, LCBHS engaged a wide variety of stakeholders with diverse viewpoints within behavioral health and across intersecting services systems. There were some stakeholder groups that LCBHS was not able to directly engage based on the following reasons: 1) LCBHS attempted to engage the group but did not receive a response, 2) when stakeholders did engage, they only identified affiliation with a broad stakeholder group (e.g., public safety partner) and did not identify their specific affiliation, or 3) the stakeholder group is not applicable to Lake County.

The stakeholder groups that were not known to be engaged included:

Emergency medical services: No stakeholders specifically identified as being an EMS provider or representative. However, LCBHS did engage public safety partners (which may or may not include EMS providers) and crisis service providers who work closely with EMS providers. These service providers were able to offer perspectives as emergency service providers, although perhaps not specifically from EMS. LCBHS will continue to identify opportunities to engage EMS providers in future CPP efforts.

Labor representative organizations: No stakeholders specifically identified as being labor union representatives; however, several Lake County health workers are represented by labor unions. LCBHS will continue to identify opportunities to engage labor union representatives in future CPP efforts.

Regional centers: No stakeholders specifically identified as being representatives from regional centers. However, LCBHS did engage providers from programs that collaborate with regional centers and/or serve youth and families with developmental and intellectual disabilities who utilize regional centers. These stakeholders were able to offer perspectives from working with similar populations. LCBHS will continue to identify opportunities to engage regional center representatives in future CPP efforts.

Tribal and Indian Health Program designees: LCBHS did not engage with known designees from Tribal and Indian Health Programs. However, LCBHS worked closely with the Circle of Native Minds Peer Support Center to engage with individuals from Lake County's Native American community, including behavioral health and other service providers, consumers, residents, and other community partners to understand their unique needs and perspectives. LCBHS hosted three community meetings and a focus group at the Circle of Native Minds Peer Support Center, and 11% of stakeholders who engaged in CPP activities identified as Native American. While these individuals did provide diverse viewpoints and perspectives from Native American communities in Lake County, LCBHS acknowledges that these individuals do not necessarily represent formal representatives from Tribal government or designees, and will continue to identify opportunities to engage Tribal and Indian Health designees in the future CPP efforts.

Victims of domestic violence and sexual abuse: Given the sensitive nature of this experience, LCBHS did not ask individuals to disclose whether they had experienced domestic violence or sexual abuse. However, LCBHS did engage providers from programs who work with families, women and children, and other individuals who have experienced domestic violence and/or sexual abuse.

Additionally, disability insurers and independent living centers are not applicable to Lake County. Disability insurers such as SSA and EDD are regional/state systems without local representation in Lake County. However, LCBHS engaged social service providers and other programs and providers who work with SSA and EDD to help connect clients to benefits and other social services. Additionally, there are no independent living centers in Lake County. LCBHS engaged providers who work with populations typically served by independent living centers, including older adults and/or individuals with disabilities.

Detailed information about LCBHS's CPP for the FY 2026-29 Integrated Plan, including community-identified strengths, needs, and priorities, is presented in the accompanying document, entitled: LCBHS_BHSA_IP_CPP-Stakeholder-Engagement_FINAL_20260324.

Upload File
LCBHS_BHSA_IP_Community-Survey_Combined.pdf
LCBHS_BHSA_IP_Community-Meeting-3_Slides_Combined.pdf
LCBHS_BHSA_IP_Community-Meeting-1_Slides_Combined.pdf
LCBHS_BHSA_IP_Community-Meeting-2_Slides_Combined.pdf
LCBHS_BHSA_IP_Community-Meetings-1-3_Flyers_Combined.pdf
LCBHS_BHSA_IP_CPP-Stakeholder-Engagement_FINAL_20260324.pdf
LCBHS_BHSA_IP_Community-Meetings-1-3_Agendas_Combined.pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Did the county work with its LHJ on the development of the LHJ's recent Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP) ? Additional information regarding engagement requirements with other local program planning processes can be found in Policy Manual Chapter 3, Section B.2.3.
Yes

Please describe how the county engaged with LHJs, along with Medi-Cal managed care plans (MCPs), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities
LCBHS partnered with the LHJ and Partnership HealthPlan (Medi-Cal MCO) when possible, for CHA/CHIP development:

Collaboration: The departments communicated for community efforts when staff capacity permits. The LHJ (Public Health) invited LCBHS (and the local Medi-Cal plan representative) to be partners in their Community Health Assessment process. Behavioral health staff attended CHA/CHIP planning sessions when invited. Likewise, Public Health officials were invited to LCBHS BHSA community planning meetings.

Data-Sharing: While LCBHS did not share department-level data for the last LHJ CHA, the department continues to look for opportunities to engage and support efforts to identify and address community needs.

Stakeholder Activities: LCBHS participated in Public Health stakeholder engagement when invited and

appropriate. The departments shared stakeholder lists to identify shared stakeholders – for example, local hospitals, law enforcement, schools, tribal representatives, and family advocates – all of whom benefit and are meaningful to the CHA/CHIP and BHSA IP development processes. The departments also coordinated outreach communications when possible – for instance, the departments coordinated to balance the CHIP public comment period and the BHSA CPP stakeholder survey distribution to maximize community participation and minimize feedback fatigue.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?
No

Collaboration

Please select how the county collaborated with the LHJ
Attended key CHA and CHIP meetings as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP
Access to Care
Overdoses
Suicides

Was data shared?
No

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development
Access to Care
Overdoses
Suicides

Was data shared?
No

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)
Collaborated with LHJ to identify shared stakeholders that are key for both the IP and CHA/CHIP process.
Coordinated messaging and stakeholder events calendars (e.g., governance meetings) around IP development and CHA/CHIP engagement.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the development of its IP **? Additional information regarding engagement requirements with other local program planning processes can be found in** Policy Manual Chapter 3, Section B.2.3
Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP
LCBHS considered available Public Health planning priorities, community health data, and related local planning efforts in the development of the BHSA Integrated Plan. LCBHS and Public Health have overlapping areas of focus, including behavioral health access, overdose prevention, homelessness, health equity, and coordination with community-based partners. Where feasible, LCBHS sought to align BHSA stakeholder engagement and planning priorities with broader county health planning efforts to reduce duplication and support a more coordinated local response.

Additionally, the Public Health department and Partnership HealthPlan provided LCBHS with epidemiological and utilization data to help develop the Integrated Plan. For example, Public Health provided disaggregated data on substance use prevalence and mental health indicators from their surveillance systems (addressing the BHSA goal of reducing Untreated BH Conditions), and the MCP shared information on service penetration rates to highlight areas for improving Care Access.

LCBHS also identified areas where behavioral health priorities intersect with Public Health and Medi-Cal managed care priorities, including substance use prevention and treatment, overdose response, housing instability, care access in rural and underserved areas, and prevention of co-occurring physical health conditions. Continued collaboration with Public Health and Partnership HealthPlan will be important during the Integrated Plan period, particularly as the County works to align BHSA implementation, Public Health priorities, and MCP Community Reinvestment planning.

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes
Lake County Behavioral Health Services (LCBHS) has engaged with Partnership HealthPlan of California (PHC), the Medi-Cal managed care plan serving Lake County, as part of the broader community planning process. This engagement will continue regarding Community Reinvestment planning, and ongoing coordination is anticipated throughout the Integrated Plan period.

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?
Through the Behavioral Health Services Act (BHSA) community planning process, LCBHS and stakeholders identified several key priority areas, including:
-Expansion of substance use disorder (SUD) treatment capacity, including residential services
-Increased access to housing and housing-linked supports for individuals with behavioral health needs
-Improved access to care in rural and underserved areas, including through telehealth
-Behavioral health workforce development and retention

These priority areas represent potential opportunities for alignment with Medi-Cal Managed Care Plan Community Reinvestment activities.

At this time, LCBHS and PHC have not finalized specific Community Reinvestment commitments or projects. However, LCBHS anticipates that upcoming planning discussions will explore how MCP investments may support locally identified needs.

LCBHS will continue to collaborate with PHC and other partners to:
-Share data and community-identified priorities
-Identify areas of mutual investment and impact
-Align future Community Reinvestment activities with the goals outlined in this Integrated Plan

As planning discussions progress, LCBHS will refine coordination efforts to ensure that MCP Community Reinvestment strategies are responsive to the behavioral health needs identified through the county's stakeholder engagement process.

Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Comment Period and Public Hearing

For related policy information, refer to B.3 Public Comment and Updates to the Integrated Plan .

Confirm that the data is up to date and reflects the correct information for a Final Plan

Date the draft Integrated Plan (IP) was released for stakeholder comment
4/13/2026

Date the stakeholder comment period closed
5/13/2026

Date of behavioral health board public hearing on draft IP
5/14/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality
PDF,image,or other document

Please upload the PDF, image, or other file documenting the public posting
LCBHS_Draft-Plan-Posting_Social-Media_20260615.pdf
LCBHS_Draft-Plan-Posting_Newspaper_20260615.pdf
LCBHS_BHSA_IP FY 26-29_Notice of Public Hearing_Eng.pdf
LCBHS_BHSA_IP FY 26-29_Notice of Public Hearing_Spa.pdf

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page
https://www.lakecountyca.gov/1946/Behavioral-Health-Services-Act-BHSA-Inte

File Upload
LCBHS_Draft-Plan-Posting_Landing-Page_20260615.pdf

Please select the process by which the draft plan was circulated to stakeholders
Public posting
Other
Email outreach

Attach email
LCBHS_Draft-Plan-Posting_Email_20260615.pdf

Please specify the other process the draft plan was circulated to stakeholders
The draft plan was circulated to stakeholders in several ways. In addition to the draft plan being posted publicly on LCBHS's website on April 13, 2025, a public notice was also published in the local online newspaper. A link to the plan was emailed to the LCBHS community partner listserv. The availability of the draft plan for review and associated public comment period were highlighted on LCBHS's community radio show (Recovery Radio) and several times on LCBHS's Facebook page between the public posting and public hearing dates. Hard copies of the draft plan were made available at the Wellness Centers, and other LCBHS service locations.

Please describe stakeholder input in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback
Behavioral Health Advisory Board (BHAB) Members

Summarize the substantive revisions recommended this stakeholder during the comment period
Stakeholders did not recommend revisions to the plan but engaged in broad discussion about the plan, BHSA generally, and elevated the following substantive comments and questions:

Native American-Focused Programming:
• BHAB members inquired about the Native American Early Intervention program. Members emphasized the importance of Native Americans driving and providing services in their own communities to build upon

their shared experiences and culture.
• To strengthen behavioral health services for Native Americans, BHAB members discussed:
-The importance of providing behavioral health training—specifically peer certification—for Native Americans to be able to provide outreach and behavioral health services in their own communities
-Working with and consolidating resources with trusted, local agencies that are already employing Native Americans and successfully working with the Native American community
-The need to respect Native American perspectives and that ways of working together often differ from western approaches
-Building and sustaining long-term relationships with tribal leaders and elders

Leveraging Medi-Cal Billing:
• BHAB members acknowledged the need to maximize Medi-Cal funding to improve program sustainability.
• BHAB members inquired if CBO providers will be required to be Medi-Cal certified and how LCBHS can support programs and agencies to provide more billable services and/or increase Medi-Cal claiming to support fiscal sustainability—particularly in areas where MHSA programming has been cut or reduced.

MHSA Programs No Longer Funded with BHSA:
• BHAB members had concerns about the impact of not being able to fund some MHSA programs with BHSA (i.e., Post-partum depression and screening, older adult outreach and prevention, prevention mini-grants).
• BHAB members acknowledged the impact to organizations having funding changes. In coordination with LCBHS staff, they discussed the availability of these programs for community members.
• BHAB members discussed concerns about potential funding shifts away from CBO providers and that persistent distrust of government could present barriers for some community groups in accessing needed services (e.g., Native American communities).

LCBHS leadership responded to questions about program funding changes and shared that older adult outreach and prevention will be integrated within other service lines, including an older adult peer specialist. Post-partum depression and screening services still exist in the community, provided by an external CBO, MHSA funding was not the sole support for these services. Additional maternal health resources are available in Lake County through partner organizations such as Sutter Health and Lake County Department of Public Health.

*Several stakeholders represented multiple stakeholder groups (i.e., behavioral health board member and Native American community member, consumer / family member and behavioral health service provider, etc.), resulting in comments duplicated across stakeholder groups.

Stakeholder group that provided feedback
Behavioral Health Service Providers (Mental Health and Substance Use)

Summarize the substantive revisions recommended this stakeholder during the comment period
Stakeholders did not recommend revisions to the plan but engaged in broad discussion about the plan, BHSA generally, and elevated the following substantive comments and questions:

Leveraging Medi-Cal Billing:
• Behavioral health providers acknowledged the need to maximize Medi-Cal funding to improve program sustainability.
• Behavioral health providers inquired if CBO providers will be required to be Medi-Cal certified and how LCBHS can support programs and agencies to provide more billable services and/or increase Medi-Cal claiming to support fiscal sustainability—particularly in areas where MHSA programming has been cut or reduced.

MHSA Programs No Longer Funded with BHSA:
• BHAB members had concerns about the impact of not being able to fund some MHSA programs with BHSA (i.e., Post-partum depression and screening, older adult outreach and prevention, prevention mini-grants).
• BHAB members acknowledged the impact to organizations having funding changes. In coordination with LCBHS staff, they discussed the availability of these programs for community members.
• BHAB members discussed concerns about potential funding shifts away from CBO providers and that persistent distrust of government could present barriers for some community groups in accessing needed services (e.g., Native American communities).

Wellness Centers:
• Behavioral health service providers were concerned about the realignment and proposed closing of two wellness centers. They expressed concerns with a loss of access to the resources for community members—including culturally-sensitive and consumer-focused peer support, food, connection to housing, protection from the heat and cold, and a safe space for minority populations.
• Behavioral health service providers encouraged continued efforts to reopen more Wellness Centers in the future. They also emphasized the importance for LCBHS and other community agencies to identify ways to provide culturally-sensitive peer support and resources to the populations currently served by the Wellness Centers and minimize negative impacts.

*Several stakeholders represented multiple stakeholder groups (i.e., behavioral health board member and Native American community member, consumer / family member and behavioral health service provider, etc.), resulting in comments duplicated across stakeholder groups.

Stakeholder group that provided feedback
Behavioral Health Consumers and Family Members

Summarize the substantive revisions recommended this stakeholder during the comment period
Stakeholders did not recommend revisions to the plan but engaged in broad discussion about the plan, BHSA generally, and elevated the following substantive comments and questions:

Wellness Centers:
• Behavioral health service consumers and/or family members were concerned about the realignment and proposed closing of two wellness centers. They expressed concerns with a loss of access to the resources for community members—including culturally-sensitive and consumer-focused peer support, food, connection to housing, protection from the heat and cold, and a safe space for minority populations.
• Behavioral health consumers and/or family members encouraged continued efforts to reopen more Wellness Centers in the future. They also emphasized the importance for LCBHS and other community agencies to identify ways to provide culturally-sensitive peer support and resources to the populations currently served by the Wellness Centers and minimize negative impacts.

*Several stakeholders represented multiple stakeholder groups (i.e., behavioral health board member and Native American community member, consumer / family member and behavioral health service provider, etc.), resulting in comments duplicated across stakeholder groups.

Stakeholder group that provided feedback
Native American Community Members

Summarize the substantive revisions recommended this stakeholder during the comment period
Stakeholders did not recommend revisions to the plan but engaged in broad discussion about the plan, BHSA generally, and elevated the following substantive comments and questions:

Native American-Focused Programming:
• BHAB members inquired about the Native American Early Intervention program. Members emphasized the importance of Native Americans driving and providing services in their own communities to build upon their shared experiences and culture.
• To strengthen behavioral health services for Native Americans, BHAB members discussed:
-The importance of providing behavioral health training—specifically peer certification—for Native Americans to be able to provide outreach and behavioral health services in their own communities
-Working with and consolidating resources with trusted, local agencies that are already employing Native Americans and successfully working with the Native American community

-The need to respect Native American perspectives and that ways of working together often differ from western approaches
-Building and sustaining long-term relationships with tribal leaders and elders

*Several stakeholders represented multiple stakeholder groups (i.e., behavioral health board member and Native American community member, consumer / family member and behavioral health service provider, etc.), resulting in comments duplicated across stakeholder groups.

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations
N/A. The local behavioral health advisory board (BHAB) did not make substantive recommendations to the plan. The public hearing focused on BHAB members discussing community needs, elevating questions to LCBHS, and reflections on how LCBHS and partners can address community needs within existing services (i.e., prioritizing culturally competent care, using peer based services) and in future planning years.

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to 6.C.2 Securing Medi-Cal Payment .

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Lake FY 25-26 Annual QI Work Plan and FY 24-25 QI Evaluation Report_FINAL_03-19-2026.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

No

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided

Number of contracted BHSA provider locations

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	28
Substance Use Disorder (SUD) services only	7
Both MH and SUD services	3

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	28
DMC/DMC-ODS only	10
Both SMHS and DMC/DMC-ODS systems	0

All BHSA Provider Locations

For related policy information, refer to B.2 Considerations of Other Local Program Planning Processes .

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

6

Please describe the county's plans to enhance rates of MCP contracting starting July 1, 2027, and over the subsequent two years among the BHSA provider locations that are providing services that can/should be reimbursed by Medi-Cal MCPs

Lake County Behavioral Health Services (LCBHS) recognizes that the current rate of MCP contracting among BHSA-funded SMHS providers is low and reflects both structural and capacity challenges common in small, rural counties. These include limited provider administrative capacity, workforce shortages, geographic barriers, and the complexity of navigating multiple and evolving requirements across BHSA, Cal AIM, and Medi-Cal managed care.

Beginning July 1, 2027, and over the subsequent two years, LCBHS will implement a phased approach to increase MCP contracting rates among eligible providers:

Targeted Provider Outreach and Technical Assistance: LCBHS will identify BHSA-funded providers delivering services that may qualify as NSMHS and provide hands-on support for MCP contracting, including assistance with applications, credentialing, billing processes, and compliance requirements.

Administrative Simplification and Alignment: The County will work collaboratively with MCPs to promote more streamlined and standardized contracting, documentation, and billing expectations to reduce administrative burden on small providers.

Data-Driven Identification of Gaps: Leveraging enhanced analytics and dashboards developed through the INN project, LCBHS will track which providers are not yet contracted with MCPs and prioritize outreach based on service type, population served, and reimbursement opportunities.

Capacity Building for Small and Rural Providers: Recognizing limited infrastructure among providers, LCBHS will explore shared resources, training opportunities, and regional partnerships (including through Cal-MHSA) to support providers in meeting MCP requirements.

Ongoing Monitoring and Continuous Improvement: The County will establish regular monitoring of MCP contracting rates, engage providers and MCPs to identify barriers, and adjust strategies over time to support increased participation.

Through these efforts, Lake County aims to improve integration between specialty and non-specialty mental health services, enhance financial sustainability for providers, and expand access to appropriate levels of care for Medi-Cal beneficiaries.

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

a. **Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening**

b. **Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and**

c. **Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding**

Does the county wish to describe implementation challenges or concerns with these requirements?

Yes

Please describe any implementation challenges or concerns with the requirements for BHSA providers

Lake County Behavioral Health Services (LCBHS) anticipates several implementation challenges associated with these requirements, particularly given the County's small size, rural geography, and limited provider infrastructure.

First, many BHSA-funded providers in Lake County are small community-based organizations with limited administrative and billing capacity. Requirements to verify insurance coverage, conduct eligibility screening referrals, and bill multiple payers (including Medi-Cal Behavioral Health Delivery System, MCPs, and commercial plans) may create significant administrative burden. Providers may require additional training, technical assistance, and system upgrades to meet these expectations.

Second, workforce shortages and high staff turnover present challenges to consistent implementation. Staff responsible for intake, eligibility verification, and billing often serve multiple roles, and adding new requirements may impact service delivery capacity.

Third, geographic and technology barriers in a rural setting—including limited broadband access in some areas—may affect providers' ability to consistently verify coverage in real time, submit claims, and coordinate with multiple payers.

Fourth, navigating differing requirements across Medi-Cal, MCPs, and commercial plans remains complex. Variability in billing rules, documentation standards, and authorization processes may lead to confusion, delays in reimbursement, or increased risk of denied claims, particularly for providers with limited

experience working across multiple payer systems.

Finally, while the requirement to make a "good faith effort" to seek reimbursement is appropriate, there may be situations where the administrative cost of billing outweighs the reimbursement potential, especially for low-volume providers or services with lower reimbursement rates.

To address these challenges, LCBHS will focus on providing technical assistance, leveraging shared tools and data systems (including those developed through the INN project), and working collaboratively with providers and partners to streamline processes wherever possible.

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.
Does the county intend to adopt this recommended monitoring schedule for BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)
Yes

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?
No

If not, please describe how the county will monitor these providers for compliance with BHSA requirements
Lake County Behavioral Health Services (LCBHS) intends to align with the DHCS-recommended monitoring schedule to the extent feasible, recognizing the operational challenges faced by small and rural counties. These challenges include long travel distances for site visits, limited staffing capacity, technology constraints, and the need to continuously adapt to evolving state regulations under BHSA and related initiatives.

To support compliance, LCBHS will implement a structured monitoring approach that includes annual

reviews, periodic site visits (at least once every three years), and ongoing documentation and tracking of monitoring activities. Monitoring records—including reports, Corrective Action Plans (CAPs), and documentation of CAP resolution—will be maintained and made available upon request.

Where appropriate, Lake County may leverage monitoring conducted by other counties for shared providers to reduce duplication and administrative burden. Additionally, the County will utilize available technology solutions and data systems to support remote monitoring activities, track compliance, and streamline documentation.

This approach ensures compliance with BHSA requirements while balancing the practical constraints of a rural behavioral health system and maintaining focus on quality service delivery.

Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to 7.A.1 Behavioral Health Services and Supports Expenditure Guidelines

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General

Please select the specific Behavioral Health Services and Supports (BHSS) that are included in your plan

Early Intervention Programs (EIP)
Outreach and Engagement (O&E)
Capital Facilities and Technological Needs (CFTN)
Workforce, Education and Training (WET)

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name

Native American Early Intervention

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Referrals
Access and Linkage: Other
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues
Treatment Services and Supports: Other

Please specify "other" type of Access and Linkage

Peer support

Please specify "other" type of Treatment Services and Supports

Peer counseling to address generational trauma

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

Native Talking Circles

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
Native Talking Circles

Please describe intended outcomes of the program or service

There is an identified need to address suicide - particularly among youth, substance use issues, generational trauma and accompanying mental health issues that are present within the tribal community. This program would support addressing those needs to reduce suicide and overdose among the tribal community, particularly in youth, by utilizing interventions that reflect local tribal cultural beliefs and traditional practices. Inclusion of traditional practices and cultural beliefs will assist in the community to develop healthier coping skills, reduce the barriers to seek treatment, strengthen supportive ties within the tribal community, and increase hope that positive change is possible.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	184
FY 2027 – 2028	200
FY 2028 – 2029	225

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Our Circle of Native Minds Peer/Wellness Center served 184 native people in 2023-24. Therefore, that is the baseline of where we hope this program will start. The plan is to contract this program out to a tribal entity (one willing to serve all tribal people in the community) that it is hoped would do an even better job of increasing access to the tribal community.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Early Intervention Outreach and Training Team

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues
Treatment Services and Supports: Other

Please specify "other" type of Treatment Services and Supports

education, stigma reduction

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

No

Please describe intended outcomes of the program or service

The program provides culturally responsive and age-appropriate early intervention outreach, training, suicide prevention education, and referral support to assist individuals, families, schools, providers, and community partners in recognizing early signs of mental health and substance use concerns and connecting individuals to appropriate care.

Adult Mental Health First Aid trains adults who work with or support adults to recognize early signs of mental health and substance use concerns, provide initial support, and assist with connection to appropriate care and services.

Youth Mental Health First Aid trains adults who work with youth to recognize early signs of mental health and substance use concerns, provide initial support, and help connect children, adolescents, and families to appropriate care and services.

Teen Mental Health First Aid teaches high school students how to identify, understand, and respond to early signs of mental health and substance use concerns among peers, engage in supportive conversations, and involve a responsible and trusted adult when additional support or linkage is needed.

Suicide prevention activities include Know the Signs, Life is Sacred Alliance, Question, Persuade, Refer, and Applied Suicide Intervention Skills Training. These activities support early identification of suicide risk, timely response, referral, and connection to appropriate behavioral health services and community supports.

Question, Persuade, Refer provides suicide prevention training for adults and youth beginning in 9th grade, with modules that may be adapted for different age groups, cultural backgrounds, and community settings. The training supports recognition of suicide warning signs, supportive response, and referral to appropriate help.

Know the Signs provides age-appropriate suicide prevention education and early identification tools for 7th and 8th grade students, with a parent module to support recognition of warning signs, response, and referral to appropriate help.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	300
FY 2027 – 2028	350
FY 2028 – 2029	400

Please describe any data or assumptions the county used to project the number of individuals served through EI programs
Projected numbers are based on previous numbers served in these programs with slight growth projected for each year.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3, but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs.

Program or service name
TAY Clubhouse

Please select which of the three EI components are included as part of the program or service
Access and Linkage: Screenings
Access and Linkage: Assessments
Access and Linkage: Referrals
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
No

Please describe intended outcomes of the program or service
In addition to the adult Clubhouse, a second Clubhouse will be developed for transitional aged youth.

The Clubhouse Model is an evidence-based, community-focused approach for individuals with serious mental illness (SMI) and/or substance use disorder that promotes recovery through social rehabilitation, purposeful work, and mutual support. Members and staff work together as colleagues in a "work-ordered day," focusing on strengths rather than illnesses to improve social connections, employment, and overall quality of life.

The TAY Clubhouse will be a space where youth (ages 16-24) can complete tasks towards being successful in school, employment, social-emotional development, and other services that improve quality of life and mental health. It will provide support with these tasks as well as Peer Support, Community Outreach and Engagement, and Targeted Support Groups. Services and supports are provided on-site as well as in the community via outreach events at local schools and community college satellite locations around the county.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	575
FY 2027 – 2028	600
FY 2028 – 2029	625

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Estimated numbers are based on the number served by the The Harbor TAY Center. It is expected that as the Clubhouse model becomes successful, that more people will be served at this location in coming years.

Early Intervention (EI) Programs

For each program or service type that is part of the county's overall EI program, provide the following information. County EI programs must include all required components outlined in Policy Manual Chapter 7, Section A.7.3 , but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the "Add" button. For related policy information, refer to 7.A.7 Early Intervention Programs .

Program or service name

Parent Partner

Please select which of the three EI components are included as part of the program or service

Access and Linkage: Screenings
Access and Linkage: Referrals
Treatment Services and Supports: Services to address first episode psychosis (FEP)
Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide
Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs
Yes

Please select the EBPs and CDEPs that apply
Triple P - Positive Parenting Program (Triple P)

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs
Triple P - Positive Parenting Program

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

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

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the Policy Manual Chapter 7, Section A.7.2
No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	60
FY 2027 – 2028	100
FY 2028 – 2029	175

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

Number served is based on the first year of 1 parent partner based on past utilization. However, the number of parent partners will increase, utilizing peer support services as a funding source, until LCBHS has 5 parent partner positions. Therefore, the number served should continue to rise each year as staffing increases.

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to 7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis .

Please provide the following information on the county's Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name

Lake County Early Intervention for Psychosis - Coordinated Specialty Care (CSC) for First Episode Psychosis

CSC program description

This program aims to provide multidisciplinary treatment for individuals experiencing First Episode Psychosis (FEP). The program is designed to identify and engage individuals experiencing early symptoms of psychosis and provide coordinated, recovery-oriented treatment to improve long-term clinical and functional outcomes.

The program serves individuals experiencing early psychosis, with a primary focus on youth and young adults. Due to Lake County's small population size and rural service context, services may be provided to

individuals aged 15 through middle-aged adults when clinical indicators of early psychosis are present.

CSC services include coordinated multidisciplinary treatment such as individual therapy, psychiatric evaluation and medication management, case management, family education and support, and assistance with employment or educational goals when available through partner programs. Services emphasize early engagement, shared decision-making, and recovery-oriented care.

Implementation of the CSC program is supported through consultation and technical assistance from the UC Davis EPI-CAL Early Psychosis Learning Health Care Network, including training, fidelity monitoring, and participation in continuous quality improvement activities to support adherence to evidence-based early psychosis care standards.

Services are delivered through Lake County Behavioral Health Services clinics and coordinated with community partners, including schools, primary care providers, and community organizations to support early identification and referral pathways.

The program aims to reduce the duration of untreated psychosis, improve clinical stability, and support individuals in returning to meaningful roles in education, employment, and community life. Due to Lake County's small population size and rural workforce constraints, CSC staffing may be implemented gradually while maintaining alignment with the core components and fidelity standards of the Coordinated Specialty Care model through consultation with the UC Davis EPI-CAL program.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice (EBP) Policy Guide and the Policy Manual Chapter 7, Section A.7.5). Please input the estimates provided to the county in the table below.

CSC Eligible Population	Estimates

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	14
Number of Uninsured Individuals	<11*

CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	4.25
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	2	2	3
Total Number of Teams	1	1	1

Will the county's CSC program be supplemented with other (non-BHSA) funding source(s)?

Yes

Please list the other funding source(s)
Medi-Cal Specialty Mental Health Services reimbursement, Medi-Cal Drug Medi-Cal Organized Delivery System (DMC-ODS) when applicable, County behavioral health realignment funding, Other state or federal behavioral health funding sources as available

Outreach and Engagement (O&E) Program

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add" button. For related policy information, refer to 7.A.3 Outreach and Engagement .

Program or activity name
Lake County Behavioral Health Outreach and Engagement Program

Please describe the program or activity
Lake County Behavioral Health Services conducts Outreach and Engagement (O&E) activities to increase awareness of behavioral health services and connect unserved and underserved individuals to mental health and substance use disorder services. Outreach efforts are designed to reduce disparities in access to care and increase engagement in the behavioral health system across Lake County.

The program includes community outreach events and prevention-focused activities that provide education on mental health, suicide prevention, and substance use prevention. Outreach activities focus on reducing stigma associated with mental illness and substance use disorders while encouraging individuals and families to seek help and access available services.

Lake County Behavioral Health Services regularly participates in community events and outreach activities aimed at youth, adults, and families throughout the county. These activities include behavioral health education, resource navigation, and engagement with community members in settings where people naturally gather. Outreach efforts emphasize suicide prevention awareness, reduction of substance misuse, and improving understanding of behavioral health services available within the community.

Outreach and Engagement activities also include collaboration with community partners such as schools, community-based organizations, healthcare providers, and other local stakeholders to strengthen referral pathways and improve early identification of individuals who may benefit from behavioral health services.

Outreach activities prioritize engagement with individuals and communities that may experience barriers to accessing behavioral health services, including individuals experiencing or at risk of homelessness,

justice-involved individuals, youth and families, and other underserved populations within Lake County.

Through these activities, Lake County Behavioral Health Services seeks to increase awareness of behavioral health resources, reduce barriers to accessing services, and encourage participation in treatment and prevention programs. Outreach efforts support connection to appropriate mental health and substance use services within the county behavioral health system.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	1000
FY 2027 – 2028	1100
FY 2028 – 2029	1200

Please describe any data or assumptions the county used to project the number of individuals served through O&E programs

Projected service numbers are based on historical participation in community outreach and behavioral health awareness events conducted by Lake County Behavioral Health Services. Estimates include individuals reached through community events, prevention education activities, resource navigation, and engagement efforts focused on increasing awareness of mental health and substance use disorder services.

Outreach and Engagement activities may include participation in community events, behavioral health education presentations, suicide prevention awareness activities, and substance use prevention initiatives throughout Lake County. These efforts involve collaboration with schools, community-based organizations, healthcare providers, and other local partners to connect individuals and families with behavioral health resources.

Because outreach activities occur in community settings and may include repeated participation in events or presentations, the estimated number of individuals served represents an approximate number of individuals reached through outreach and engagement efforts each year and may include some duplication.

Lake County is a rural county where outreach events provide an important opportunity to reach individuals who may not otherwise access behavioral health services. Projections reflect anticipated participation in

community outreach events and prevention activities while allowing for modest growth as partnerships with community organizations and outreach opportunities continue to expand.

Outreach and Engagement (O&E) Program

For each program or activity that is part of the county's standalone O&E programs provide the following information. If the county provides more than one program or activity, use the "Add" button. For related policy information, refer to 7.A.3 Outreach and Engagement .

Program or activity name
Clubhouse Wellness Center

Please describe the program or activity
Lake County will transition its existing in-house Wellness Center structure toward a Clubhouse-model Wellness Center through a phased approach, as funding, staffing, facility capacity, and operational readiness allow. The program will incorporate core elements of the evidence-based Clubhouse model and will continue to coordinate street outreach activities in partnership with the Lake County Continuum of Care.

The Clubhouse model is a community-based, strengths-focused recovery model for individuals with serious mental illness, including individuals with co-occurring substance use needs when clinically appropriate. The model promotes recovery through voluntary membership, social rehabilitation, purposeful work, mutual support, and a structured work-ordered day in which members and staff work together as colleagues. The program emphasizes strengths, connection, skill building, employment and education goals, and improved quality of life.

The Clubhouse Wellness Center will primarily serve adults and will coordinate, where appropriate, with transitional age youth services and any future Clubhouse-model programming for transitional age youth. Staffing will include trained behavioral health practitioners and certified peer support specialists, with efforts to include Spanish-speaking staff as staffing resources allow.

A key component of the Clubhouse model is employment and education support, including assistance with member-driven employment goals, skill building, linkage to community employment opportunities, and coordination with other providers when a member needs a higher level of employment support. These Clubhouse-based employment and education supports are distinct from Individual Placement and Support Supported Employment. Individual Placement and Support Supported Employment, including services for eligible Assertive Community Treatment and Forensic Assertive Community Treatment

participants, will be planned, funded, and reported under the Full-Service Partnership component and coordinated to avoid duplication.

BHSA funds may be used to support the transition from an MHSA-supported Wellness Center model toward a Clubhouse-model Wellness Center. Lake County will evaluate Clubhouse Services under BH-CONNECT only if the County elects and implements the applicable BH-CONNECT requirements and the program meets state and federal claiming standards. Expansion to additional Clubhouse-model sites may be considered in future years through a phased approach, based on funding availability, staffing, facility capacity, community need, accreditation readiness, and Medi-Cal claiming requirements.

Street outreach efforts will continue to be coordinated with the Lake County Continuum of Care (LCCoC), which has authorized Lake County Behavioral Health Services to conduct outreach to homeless encampments on its behalf. The Clubhouse Wellness Center may continue to serve as an access, engagement, referral, and linkage point for individuals experiencing homelessness, including connection to Coordinated Entry, behavioral health services, housing-related supports, and other community resources. Activities funded through BHSA Housing Interventions will be tracked and reported under the appropriate BHSA component.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	**Projected Number of Individuals Served**
FY 2026 – 2027	350
FY 2027 – 2028	550
FY 2028 – 2029	750

Please describe any data or assumptions the county used to project the number of individuals served through O&E programs

Estimated numbers are based on the number served by the Big Oak Center and street outreach contacts. It is expected that as the Clubhouse model becomes successful and replicated to other centers in the community over the coming years, that more people will be served throughout the county.

County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county's WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).
For each program or activity that is part of the county's overall WET program, provide the following information. If the county provides more than one program or activity type, use the "Add" button. For related policy information, refer to 7.A.4 Workforce Education and Training .

Program or activity name
Lake County Behavioral Health Workforce Development and Training Program

Please select which of the following categories the activity falls under
Workforce Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce.
Additional information regarding diversity of the behavioral health workforce can found in Policy Manual Chapter 7, Section A.4.9
Lake County Behavioral Health Services prioritizes recruitment and retention of a diverse behavioral health workforce that reflects the cultural and linguistic diversity of the community. Workforce initiatives include training opportunities, clinical supervision support, internship placements, and partnerships with regional training programs.

Training efforts will support staff development related to evidence-based and recovery-oriented practices prioritized within the county behavioral health system. These efforts include workforce training to support implementation of the Clubhouse model, High Fidelity Wraparound services for youth, peer support services, trauma-informed care practices, and other community-based behavioral health approaches that strengthen engagement, recovery, and community integration.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
Keyless Entry System Installation & Implementation

Please select the type of project
Technological needs project

If Technological Needs Project, please select the focus area(s) of the project
Data security and privacy

Please describe the project
This project involves the installation of a keyless electronic access control system to improve facility security, operational efficiency, and access management. The system will replace traditional physical keys with electronic credentials via keycards, allowing authorized staff to enter designated areas of the building.

The system will use door-mounted electronic readers connected to locking hardware and a centralized control panel. These components will integrate with secure access management software that authenticates users and records access activity. Each credential will be uniquely assigned to an individual staff member, ensuring that building entry is limited to authorized personnel.

A key function of the system is the ability to monitor and log staff access at controlled doors. The software will automatically record the date, time, and location of each access event, creating an auditable record of facility entry and movement through secured areas. Authorized administrators will be able to review access logs and generate reports when needed for operational oversight, compliance monitoring, or incident review.

The system will also allow administrators to assign and modify access permissions based on staff roles, departments, or operational needs. Access levels can be updated in real time, enabling quick adjustments when staff roles change or when security needs evolve, without requiring physical lock changes.

Implementation will include installation of electronic door readers, locking hardware, system controllers, and configuration of the access management software. Following installation, staff credentials will be

issued and designated administrators will receive training on system management, user access configuration, and reporting capabilities.

By transitioning to a keyless access system, the facility will strengthen building security for both beneficiaries and staff, streamline access control processes, and establish a reliable method for monitoring authorized staff movement within secured areas.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
Behavioral Health Continuum Infrastructure Program (BHCIP) Clearlake Clinic Remodel & Expansion

Please select the type of project
Capital facilities project

If capital facilities project, please indicate which of the following categories the project falls under
Meeting match requirements for Behavioral Health Continuum Infrastructure Program (Bond BHCIP) award

Please describe the project
The Lake County Behavioral Health Services (LCBHS) Clearlake Clinic Remodel and Expansion Project addresses the critical shortage of behavioral health services in Clearlake, a community disproportionately impacted by Social Determinants of Health, limited healthcare access, and elevated behavioral health needs. As demand for services continues to increase, the current clinic facility lacks sufficient space to support the volume and diversity of care required by the community.

Guided by recommendations outlined in the California Department of Health Care Services "Assessing the Continuum of Care" report, this project will remodel the existing clinic and expand the facility to increase outpatient treatment capacity. The expansion will add 22 new clinical offices and two dedicated group treatment spaces, allowing the clinic to significantly increase the number of clients served each year. Once completed, the project is expected to create more than 355 additional treatment slots annually, improving

access to timely behavioral health services for residents throughout the Clearlake region.

The remodel will modernize the current facility layout to better support integrated behavioral health care, including individual therapy, case management, psychiatric services, and group-based treatment. Updated clinical spaces will improve patient privacy, workflow efficiency for staff, and overall service delivery.

The expansion prioritizes several critical service areas identified as urgent needs at both the state and local levels. These include youth mental health services, expanded substance use disorder (SUD) treatment capacity, and improved local service availability to support the reintegration of individuals currently placed in out-of-county treatment settings. By increasing local treatment capacity, the project will help keep individuals connected to their families, communities, and local support systems.

Overall, the Clearlake Clinic remodel and expansion will strengthen the behavioral health infrastructure in Lake County by expanding access to equitable, community-based care and establishing a more comprehensive continuum of services for residents who rely on LCBHS for treatment and recovery support.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
Behavioral Health Clubhouse Development Project

Please select the type of project
Capital facilities project

If capital facilities project, please indicate which of the following categories the project falls under
Acquiring, renovating, or constructing buildings that are or will be county-owned. The building can be owned and operated by a non-profit if the non-profit is providing behavioral health services under contract with the county.

Please indicate if the project involves leasing or renting to own a building
Yes

Please explain why purchase of the building was not possible
Building is currently under lease with Lake County Behavioral Health Department and is not currently for sale.

Please describe the project
Lake County Behavioral Health Services plans to develop facility capacity to support implementation of a community-based Clubhouse program for adults and Transitional Age Youth living with serious mental illness. The Clubhouse model is an evidence-based psychosocial rehabilitation approach that provides a member-driven recovery environment focused on meaningful daily activity, social connection, employment readiness, and community integration.

The proposed capital project will support development or renovation of space suitable for Clubhouse programming, including areas for group activities, skill development, employment support activities, and wellness programming. The facility will provide a centralized community setting where individuals receiving behavioral health services can participate in recovery-oriented activities that complement outpatient treatment services.

Development of the Clubhouse environment supports Lake County's goal of strengthening recovery-oriented behavioral health services while addressing social isolation and supporting long-term stability for adults living with serious mental illness in a rural community.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county's CFTN project, provide the following information. If the county provides more than one project, use the "Add" button. Additional information on CFTN policies can be found in Policy Manual Chapter 7, Section A.5 .

Project name
The Semi- Statewide Enterprise Health Record (EHR) Innovation Project

Please select the type of project
Technological needs project

If Technological Needs Project, please select the focus area(s) of the project
Electronic health record system
Other

Please describe the other focus area of the project
Through the development and use of PowerBI dashboards, real-time data monitoring, and cross-county learning collaboratives, the project will generate evidence on how integrated data systems can support:
-Timely identification of service gaps and disparities
-Improved policy implementation and regulatory compliance
-Enhanced coordination across clinical, administrative, and fiscal domains
-More efficient use of limited workforce capacity, particularly in rural counties

Please describe the project
This is a continuing MHSA-encumbered INN project. The Semi-Statewide Enterprise Health Record (EHR) Innovation Project is creating evidence base for new statewide strategies by testing how shared, multi-county infrastructure—specifically centralized implementation support, standardized workflows, and enhanced data analytics tools—can improve compliance, coordination, and outcomes under evolving behavioral health reforms such as BHSA, Cal AIM, CARE Act, and Behavioral Health Transformation efforts.

The intended outcomes of the project include:
-Improved data-driven decision-making: Increased capacity to use real-time data and dashboards to monitor service delivery, identify gaps, and guide program improvements

-Enhanced service coordination: More consistent and integrated workflows across programs, reducing fragmentation and improving continuity of care

-Strengthened regulatory compliance: Improved ability to meet BHSA, MHSA modernization, and other state/federal requirements through standardized tools and processes

-Increased system efficiency: Reduced administrative burden and duplication of effort, allowing staff to focus more on direct service delivery

-Improved quality and accountability: Strengthened quality assurance and performance monitoring through consistent data tracking and reporting

-Equity-focused improvements: Better identification and response to disparities affecting priority

populations, including youth, older adults, unhoused individuals, and historically marginalized groups

-Scalable infrastructure: Development of sustainable systems (e.g., dashboards, workflows) that can be maintained and adapted beyond the INN funding period

These outcomes collectively aim to strengthen Lake County's behavioral health system capacity, improve client experiences, and support long-term alignment with statewide behavioral health transformation goals.

Full Service Partnership Program

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to 7.B.3 Full Service Partnership Program Requirements and 7.B.4 Full Service Partnership Levels of Care

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Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence-Based Practice (EBP) Policy Guide , the Policy Manual Chapter 7, Section B , and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population	**Estimates**

Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	317
Number of Uninsured Individuals	32
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	155

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	55
Number of Uninsured Individuals	<11*

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	27

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Uninsured Individuals	3

ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	<11*
Number of Teams Needed to Serve Total Eligible Population	<11*

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	3	6	10
Total Number of Teams	1	1	1

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	236
Number of Uninsured Individuals	24

FSP ICM Practitioners and Teams Needed	**Estimates**
Number of Practitioners Needed to Serve Total Eligible Population	15
Number of Teams Needed to Serve Total Eligible Population	3

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	5	5	6

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	1	1	1

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	101
Number of Uninsured Individuals	12

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	38
Number of Teams Needed to Serve Total Eligible Population	2

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	**FY 26-27**	**FY 27-28**	**FY 28-29**
Total Number of Practitioners	3	8	15
Total Number of Teams	1	1	2

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	**Estimates**
Number of Medi-Cal Enrolled Individuals	383
Number of Uninsured Individuals	41

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	27.5
Number of Teams Needed to Serve Total Eligible Population	11

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	1	1	2
Total Number of Teams	1	1	1

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSA FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?

Yes

Please describe how the estimated practitioners will provide more than one EBP

Due to Lake County's rural workforce environment and small population size, some behavioral health practitioners may support more than one evidence-based practice within the Full-Service Partnership continuum. Staff may provide intensive case management services while also supporting elements of other EBPs, such as coordinating supported employment services through the Individual Placement and Support (IPS) model or participating in team-based care activities aligned with Assertive Community Treatment (ACT) or Forensic ACT (FACT).

As the county gradually expands implementation of additional evidence-based practices, including High Fidelity Wraparound (HFW) services for children and youth under age 21, certain staff may also support coordination and engagement activities associated with HFW teams while maintaining their primary program roles. This flexible staffing approach allows the county to maximize limited workforce capacity while maintaining the core service requirements of each model.

Staff assigned to specific evidence-based practices will receive appropriate training and maintain role expectations consistent with the fidelity requirements of the respective models. Through this cross-functional team structure, Lake County Behavioral Health Services is able to provide coordinated, comprehensive, and person-centered services while gradually expanding evidence-based practice capacity across the Full-Service Partnership continuum. Implementation of High-Fidelity Wraparound will occur in consultation with the High-Fidelity Wraparound Center of Excellence to ensure alignment with fidelity standards and statewide guidance as services are phased in during the Integrated Plan period.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports

Lake County Behavioral Health Services implements Full-Service Partnership programs using a whole-person, trauma-informed approach that recognizes the complex needs of individuals living with significant behavioral health conditions. Services are individualized and developed collaboratively with each participant and their natural supports, including family members and caregivers when appropriate.

FSP teams provide intensive case management, clinical services, crisis intervention, and coordination with medical providers, housing services, and community supports. Staff emphasize relationship-based engagement strategies that prioritize safety, trust, cultural humility, and participant choice.

For children and youth services, the county emphasizes family engagement and collaboration with natural supports to promote stability and prevent the need for higher levels of care. By addressing behavioral health needs alongside social determinants of health such as housing stability, access to medical care, transportation, and employment, the FSP program supports long-term recovery and community integration for participants.

Please describe the county's efforts to reduce disparities among FSP participants

Lake County Behavioral Health Services works to reduce disparities in access to Full-Service Partnership (FSP) services by prioritizing outreach and engagement with individuals who experience barriers to behavioral health care. This includes individuals experiencing homelessness, individuals involved in or at risk of involvement with the justice system, and residents living in rural or geographically isolated areas of the county.

The county collaborates with community-based organizations, housing providers, healthcare partners, and justice system agencies to identify individuals with significant behavioral health needs and connect them to FSP services. Services are delivered using culturally responsive practices and flexible service models designed to improve engagement and accessibility for underserved populations.

FSP teams also address social determinants of health that contribute to disparities, including housing instability, transportation barriers, and limited access to healthcare and social services. By coordinating services across behavioral health, housing, and community systems, the county aims to improve equitable access to care and support long-term recovery and stability for individuals with the highest behavioral health needs.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Homelessness
Institutionalization
Justice involvement
Social connection

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

Lake County Behavioral Health Services provides ongoing engagement services through intensive case management and community-based service delivery. FSP staff maintain frequent contact with participants and provide services in community settings, including homes, shelters, and other locations where individuals feel most comfortable engaging in care.

Engagement strategies include persistent outreach, flexible scheduling, crisis response, and coordination with housing providers, medical providers, and other community partners. Staff also assist individuals in addressing barriers to treatment participation, such as transportation challenges, housing instability, and access to basic needs.

These engagement efforts support long-term participation in services and promote stability and recovery in the community.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW.
Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

Lake County FSP teams provide ongoing support through peer services, housing navigation, benefits assistance, and coordination with primary care and social service providers. Staff maintain long-term relationships with participants and offer flexible, individualized engagement strategies that prioritize trust, safety, and participant choice. These additional engagement supports help individuals remain connected to services and address barriers that may otherwise lead to disengagement from care. Implementation of High-Fidelity Wraparound will occur in consultation with the High-Fidelity Wraparound Center of Excellence to ensure alignment with fidelity standards and statewide guidance.

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

Lake County Behavioral Health Services will maintain Full-Service Partnership services through a team-based model that includes intensive case management and coordination with other behavioral health services. The county will continue operating FSP Intensive Case Management (ICM) services while strengthening its capacity to provide additional evidence-based practices within the FSP continuum.

The county's Full-Service Partnership continuum includes FSP Intensive Case Management services, ACT/FACT-informed services for adults with the highest level of behavioral health need, High Fidelity Wraparound (HFW) services for children and youth under age 21 and supported employment services through the Individual Placement and Support (IPS) model.

As workforce capacity expands during the Integrated Plan period, Lake County will gradually strengthen implementation of these evidence-based practices while maintaining the core principles of the Full-Service Partnership model, including intensive engagement, individualized care planning, and community-based service delivery.

Due to the county's small population size and rural workforce constraints, implementation of certain evidence-based practices may occur gradually. The county will continue to evaluate workforce capacity, training needs, and service demand in order to expand program capacity while maintaining high-quality services for individuals with the most significant behavioral health needs.

Due to Lake County's rural service environment and limited behavioral health workforce availability, the county will implement these evidence-based practices using a phased and scalable approach. Staffing levels and team expansion will continue to be evaluated throughout the Integrated Plan period based on workforce availability, training capacity, service demand, and available funding.

DHCS population and staffing estimates reflect full penetration of the eligible population and are provided for planning purposes. Actual staffing levels will reflect local workforce capacity, funding availability, and phased implementation of evidence-based practices over the Integrated Plan period.

Please indicate whether the county FSP program will include any of the following optional and allowable services

Yes. The county FSP program will provide outreach activities and other recovery-oriented services described below.

Primary substance use disorder (SUD) FSPs

Yes

If Yes, please describe

Yes, Lake County Full-Service Partnership programs serve individuals with mental health and/or substance use disorders and coordinate substance use treatment services as part of comprehensive care. Participants may receive outpatient substance use treatment, medication-assisted treatment (MAT), and coordination with Drug Medi-Cal Organized Delivery System providers when clinically appropriate.

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)

Yes

Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program

Lake County Behavioral Health Services engages in outreach activities to identify and enroll individuals with significant behavioral health needs into the Full-Service Partnership (FSP) program. Outreach occurs through collaboration with community partners, including hospitals, crisis response teams, law enforcement, housing programs, and community-based organizations.

Potential participants may be identified through crisis services, hospital discharge planning, justice system referrals, housing outreach, and referrals from community service providers. Behavioral health staff work closely with these partners to identify individuals who may benefit from intensive services and coordinate referrals to the FSP program.

These outreach activities help ensure individuals with the most significant behavioral health needs are identified and connected to appropriate services and supports.

Other recovery-oriented services
Yes

Please describe the other recovery-oriented services the county's FSP program will include
Lake County's Full-Service Partnership program provides additional recovery-oriented services that support participants in achieving long-term stability and community integration. Services may include peer support, life-skills development, housing navigation and tenancy support, employment and education support, and coordination with primary care and social service providers.

FSP staff also assist participants in accessing benefits, transportation, and other resources that support recovery and independence. Services are individualized based on participant needs and emphasize strengths-based and person-centered approaches to care.

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use "N/A"
N/A

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system
Lake County Behavioral Health Services collaborates with juvenile justice partners to identify youth with behavioral health needs and coordinate appropriate service planning when necessary. The county reviews available service utilization data and works with justice system partners to understand behavioral health needs among youth involved in or at risk of entering the juvenile justice system. This collaboration helps inform service planning and supports coordination between behavioral health services and juvenile justice programs.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
Lake County Behavioral Health Services promotes inclusive and culturally responsive service environments for LGBTQ+ youth. The county considers feedback from community partners and stakeholders when developing behavioral health services and supports staff training to ensure affirming and respectful care for LGBTQ+ youth. These efforts help ensure services are accessible, welcoming, and responsive to the needs of LGBTQ+ youth and their families.

In the child welfare system
Lake County Behavioral Health Services collaborates with child welfare agencies to identify youth with significant behavioral health needs and coordinate service planning when appropriate. Information from cross-system partners helps inform service development and ensure youth involved in the child welfare system have access to appropriate behavioral health supports and community-based services.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
Lake County Behavioral Health Services considered the needs of older adults during development of the Full-Service Partnership program by reviewing available service utilization data, demographic trends, and community health information to understand the behavioral health needs of older adults within the county. The county also collaborates with healthcare providers, social service agencies, and community partners that serve older adults to identify barriers to care and service gaps. Information gathered from these sources helps inform program planning and supports the development of services that are accessible and responsive to the needs of older adults with significant behavioral health conditions.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
Lake County Behavioral Health Services considered the needs of LGBTQ+ adults through review of available behavioral health data, consultation with community partners, and incorporation of inclusive practices in program planning. The county works to ensure behavioral health services are delivered in affirming and culturally responsive environments that support the mental health and well-being of LGBTQ+ individuals. Staff training and collaboration with community organizations help inform service development and promote equitable access to behavioral health services for LGBTQ+ adults.

In, or are at risk of being in, the justice system
Lake County Behavioral Health Services considered the needs of individuals involved in or at risk of involvement with the justice system by reviewing available service utilization data and collaborating with justice system partners, including law enforcement, courts, and reentry programs. These partnerships help identify individuals with significant behavioral health needs and inform program planning to improve coordination between behavioral health and justice system services. This collaboration supports efforts to connect justice-involved individuals to treatment and recovery services through the Full-Service Partnership program.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to 7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSA service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSA dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSA Policy Manual Chapter 7, Section B.6.

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs

Data-informed targeted outreach using OD Maps, community perception surveys, and independent CBO surveys

Program descriptions

The county uses overdose mapping and community/CBO survey inputs to identify priority geographies and populations at elevated overdose risk and to guide proactive outreach deployment. Data sources are used to determine where outreach is most needed, identify barriers to treatment entry, and inform continuous improvement in engagement strategies.

Current funding source

Targeted outreach services are funded through non-BHSA funding sources. These may include the Substance Use Prevention, Treatment, and Recovery Services Block Grant, formerly referred to as SUBG; Drug Medi-Cal/DMC-ODS for eligible covered SUD services; Medi-Cal Mobile Crisis Benefit funding for qualifying mobile crisis outreach activities; and Opioid Settlement Funds when activities align with allowable opioid-related prevention, treatment, overdose prevention, MAT linkage, or recovery support uses.

BHSA changes to existing programs to meet BHSA requirements
The County will strengthen and formalize this targeted outreach approach by establishing a routine AFBI targeting protocol (e.g., ODMAPS spike alerts, hotspot lists and priority populations), implementing closed-loop tracking from data signal to outreach contact to clinical touch/MAT initiation or linkage, and strengthening referral pathways with CBO and EMS partners and other entry points.

Expected timeline of operation
Currently operating and ongoing. Enhancements will be implemented during BHSA phase-in, with full programmatic alignment by July 1, 2029.

Mobile-field based programs

Existing programs
Mobile crisis response team, other field-based teams, and follow-up outreach.

Program descriptions
Field-based response and follow-up outreach engages individuals in the community, provides brief screening/triage and linkage support, and conducts follow-up engagement to support connection to SUD/MAT treatment services.

Current funding source
Mobile field-based programs are supported through non-BHSA sources, which may include Drug Medi-Cal/DMC-ODS; Medi-Cal Specialty Mental Health Services; the Medi-Cal Mobile Crisis Benefit; the Substance Use Prevention, Treatment, and Recovery Services Block Grant, formerly referred to as SUBG; and Opioid Settlement Funds when activities meet allowable use requirements. Funding is determined by the nature of the service provided, eligibility of the individual served, medical necessity, and whether the service is billable under Medi-Cal or supported through grant or settlement funding.

BHSA changes to existing programs to meet BHSA requirements
BHSA will enhance AFBI functions within the mobile team and field-based teams by implementing standardized warm handoff workflows, direct scheduling authority into open-access/tele-MAT slots, post-overdose and high-risk follow-up protocols, defined follow-up cadence (e.g., 48 hours/7 days/30 days), and AFBI documentation fields to support performance monitoring and continuous improvement.

Expected timeline of operation
Currently operating and ongoing. AFBI workflow will be enhancements initiated early in BHSA implementation and scaled through July 1, 2029.

Open-access clinics

Existing programs
None currently

Program descriptions
The county does not currently operate open-access clinics designed for walk-in/low-barrier same-day or next-day initiation and continuation of MAT.

Current funding source
N/A

BHSA changes to existing programs to meet BHSA requirements
N/A (open-access capacity will be developed through new initiatives described as part of new Assertive Field-Based SUD Treatment Services)

Expected timeline of operation
N/A (open-access capacity will be developed through new initiatives described as part of new Assertive Field-Based SUD Treatment Services)

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs
Closed-loop targeting and referral workflow (enhancement initiative)

Program descriptions
This initiative formalizes how Pillar 1 data sources are translated into weekly/monthly operations, including: priority hotspot/spiking and priority population lists; standard referral intake from mobile/CBO/ED/justice and other entry points; and closed loop tracking from data signal → outreach attempt → engagement → clinical touch/MAT initiation or linkage → follow-up.

Planned funding
BHSA for infrastructure, non-billable coordination, quality improvement and reporting; OSF (if available) for opioid-focused start-up enhancements aligned with allowable uses; Drug Medi-Cal (DMC-ODS) billing once care and insurance coverage begins.

Planned operations
Establish a defined cadence for reviewing OD maps and survey inputs; produce routine deployment priorities; implement referral intake and tracking workflow; and monitor key measures (time-to-contact, time-to-clinical-touch, linkage/MAT starts, follow-up engagement).

Expected timeline of implementation
Launch within the first 150 days of implementation; refine and scale through July 1, 2029.

Mobile-field based programs

New programs
Warm handoff package and direct scheduling authority from the mobile team and field-based teams (enhancement initiative)

Program descriptions
Enhances field-based response and follow-up services by adding standardized hand-off processes and direct scheduling into protected same-day/next-day MAT initiation capacity (telehealth) and bridge touchpoint hours. Includes structured follow-up cadence (48 hours/7 days/30 days), documentation standards, and supportive services to reduce barriers (transport/tele-connection support as needed).

Planned funding
BHSA for non-billable engagement, workflow development, training, and capacity protection; DMC-ODS for covered clinical services when eligible/enrolled; OSF (if available) for opioid-focused enhancements and allowable barrier-reduction supports. MHP and DMC-ODS Plan billing for eligible services for Medi-Cal beneficiaries.

Planned operations
Mobile Response and Field Based teams' complete brief triage and obtains consent for warm handoff; schedules client directly into same-day/next-day tele-MAT or bridge access; coordinates follow-up contact schedule; and supports retention through navigation/peer support as available.

Expected timeline of implementation
Launch within the first 150 days of implementation; scale and stabilize through July 1, 2029.

Open-access clinics

New programs
Hybrid open-access initiation model, (1) Bridge/MAT Access touchpoint hours (low-barrier in-person access) and (2) Virtual Open-Access same-day tele-MAT slots.

Program descriptions
This model establishes Pillar 3 capacity by creating low-barrier access for same-day/next-day initiation and continuation of MAT and rapid linkage to ongoing SUD services. Virtual same-day prescriber access reduces geographic and transportation barriers, while bridge touchpoint hours provide in-person access and support for individuals needing additional assistance to engage in care.

Planned funding
BHSA for start-up, non-billable access functions (scheduling), capacity protection, quality improvement; DMC-ODS for covered SUD clinical services and ongoing treatment for eligible/enrolled members; OSF (if available) for opioid-focused start-up and allowable barrier-reduction supports.

Planned operations
Implement protected same-day/next-day tele-MAT slots and an access line; establish referral and walk-in pathways from mobile team/CBO/ED/justice partners; provide MAT initiation/continuation and linkage to ongoing levels of care; use a standard follow-up cadence (48 hours/7 days/30 days) and closed-loop tracking to monitor outcomes and improve access.

Expected timeline of implementation
Phase 1: Virtual open access begins within the first 150 days. Phase 2: Bridge access touchpoint hours begin shortly after and expand over time. Full scale-up to meet program requirements and estimated need by July 1, 2029.

Medications for Addiction Treatment (MAT) Details
Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs
The county will conduct a MAT capacity and gap assessment by: (1) inventorying current MAT resources

(county-operated, contracted, community providers, telehealth options, and referral partners) including appointment lead times and medications offered; (2) estimating need using local indicators including overdose mapping and hotspot trends, perception surveys, and independent CBO survey findings; (3) comparing current capacity to estimated demand by priority geography and priority population; and (4) identifying constraints (workforce, clinic hours, referral friction, transportation/connectivity barriers) and implementing an expansion plan using a hybrid Bridge/MAT Access touchpoint and same-day virtual open-access tele-MAT slots, with referral agreements for MAT modalities not available locally.

Select the following practices the county will implement to ensure same day access to MAT

Operate MAT clinics directly
Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal
Leverage telehealth model(s)
Other strategy

Please explain what other strategy the county will use

Mobile and Field-Based teams' warm handoff with direct scheduling authority; field-based tele-connection support; rapid follow-up cadence (48 hours/7 days/30 days)

What forms of MAT will the county provide utilizing the strategies selected above?

Buprenorphine
Naltrexone
Other

Please specify other forms of MAT

Acamprosate, Disulfiram

Housing Interventions

Planning

For related policy information, refer to 7.C.3 Program priorities and 7.C.4 Eligible and priority populations

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local Continuum of Care (CoC) Housing Inventory Count (HIC) to inform responses to this question.

Supportive housing
Medium gap

Apartments, including master-lease apartments
Large gap

Single and multi-family homes
Large gap

Housing in mobile home communities
Medium gap

(Permanent) Single room occupancy units
Large gap

(Interim) Single room occupancy units
Medium gap

Accessory dwelling units, including junior accessory dwelling units
Large gap

(Permanent) Tiny homes
Large gap

Shared housing
Medium gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing
Medium gap

(Interim) Recovery/sober living housing, including recovery-oriented housing
Medium gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Medium gap

License-exempt room and board
Medium gap

Hotel and Motel stays
Small gap

Non-congregate interim housing models
Large gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
Medium gap

Recuperative Care
Large gap

Short-Term Post-Hospitalization housing
Large gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
Large gap

Peer Respite
Medium gap

Permanent rental subsidies
Medium gap

Housing supportive services
Medium gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals **?**
LCBHS is also the Administrative Entity of the Lake County Continuum of Care (LCCoC). As such, it has numerous community wide partnerships with other housing providers who provide Rapid Rehousing, interim housing housing navigation, and transitional housing including SLEs. Lake CoC and LCBHS also pursue state grants, with both the CoC and county Homeless Housing Assistance Programs (HHAP) that are obtained. Additionally, LCBHS also has the Behavioral Health Bridge Housing grant. Also, the recently introduced Transitional Rent, managed by Partnership HealthPlan, is in the implementation phase and should prove to be a valuable resource.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?
As the Administrative Entity of the CoC, LCBHS housing resources work in collaboration with other community housing resources. For example, LCBHS peer support centers and outreach act as Access Points for the CoC's Coordinated Entry System. Knowledge and resources are also shared in Housing Navigation for individuals. And of course, LCBHS participates in community wide housing efforts that address homelessness. across the continuum from Prevention to Interim Housing, transitional housing, and permanent supportive housing.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?
Although Lake County has limited resources, as part of the Lake County CoC, LCBHS has a Housing Strategic Plan in operation. The Plan utilizes a gap analysis, including through survey of unsheltered individuals, to create the priorities of the Plan. The Plan is updated annually. Additionally, the Lake CoC has a Homeless Action Plan - "with the data on what homelessness looks like in Lake County, information on available local resources, and the strategies identified locally to move all people needing assistance into permanent housing that is safe, decent and affordable."

LCBHS has developed a system of helping unsheltered clients obtain permanent supportive housing as quickly as possible. There are several avenues to achieve this, which may include initial stabilization in interim housing:

1) Assisting unsheltered clients find permanent rental housing and obtain a lease, subsidizing the rent as the client applies for low income, affordable housing. Supportive services are provided during this time.

2) Assisting client getting into permanent supportive housing that is affordable, either through HUD supported housing or one of two apartment complexes that are specific for behavioral health clients.

3) Linking clients to other means of permanent housing that is affordable such as through family or shared housing opportunities.

LCBHS employs the Lake County CoC's Coordinated Entry System in these processes, relying on the vulnerability assessment to prioritize those in the most need. LCBHS follows the Housing First principles but may utilize residential treatment programs if the client is agreeable.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

Due to the limitations of available affordable housing, LCBHS primarily relies on rental subsidies with a network of landlords in the community to provide permanent supportive housing. There is some affordable housing in the community, namely HUD-subsidized apartments, which we require those receiving subsidies to apply to for longer-term sustainability in housing. Services include wraparound mental health services, substance use disorder services, housing navigation, peer support, and linkages to other community-based and medical services.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

Within two apartment setting, LCBHS staff is stationed at those locations. For all other housing settings, LCBHS staff, using an ACT model, visit with clients/residents, providing services where clients live. Transportation is also provided as needed.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

LCBHS has an access procedure that provides immediate screening for services. Within that screening, housing needs are also identified. If the circumstances warrant, housing can be provided immediately through motel stays or available openings at either one of two congregate shelter/transitional housing. LCBHS also accepts referrals from other community agencies and will follow this same screening procedure. As housing is identified as a need, housing navigation services are assigned and further assessment for housing is provided, starting with utilizing the Coordinated Entry System and the housing Vulnerability Assessment, a variation of the VI-SPDAT developed by the Lake CoC. The Vulnerability Assessment helps determine an objective way to determine priorities among the limited resources the community has. However, entry into the Coordinated Entry System also helps locate additional housing resources that may be available.

Will the county behavioral health system provide BHSA-funded Housing Interventions to individuals living with a substance use disorder (SUD) only **?**

Yes

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible children and youth **in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:**

In, or at-risk of being in, the juvenile justice system

LCBHS will work with County Probation to identify these youth. Housing will be provided to meet the circumstances of the youth, in cooperation with Probation. Behavioral Health services will also be utilized to assist the youth in recovery. Behavioral Health Services will engage in treatment services involving family that will assist the youth in remaining stable and successful in their home or placement.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

Housing will be provided to meet the circumstances of the youth, in cooperation with other community providers, such as the TAY peer support center which offers support services for this specific population. Behavioral Health services will also be utilized to assistance the youth in recovery and being able to successfully maintain their housing as they work towards independence. Treatment will involve culturally sensitive interventions, recognizing the special needs of this population, particularly in the bullying and prejudice they may face.

In the child welfare system
Housing will be provided to meet the circumstances of the youth, in cooperation with the local Department of Social Services. Behavioral Health services will also be utilized to assist the youth in recovery. It is recognized that children in foster care and coming out of foster care have special needs, particularly institutionalization and trauma. These issues can negatively impact the success of maintaining housing and will be addressed.

Housing unsheltered youth brings its own set of issues that need to be addressed: unhoused youth are often unaccompanied, which brings up issues of confidentiality, emancipation, and family rejection.

As the goal for TAY is independence and addressing behavioral health issues before they become chronic – housing is a vital component of that. LCBHS will be utilizing housing supports as needed in conjunction to supportive services such as transition planning.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults
Feedback received from both community planning and the Lake CoC gap analysis, which includes feedback from those impacted by housing and community providers who serve them. It has long been recognized that older adults are particularly vulnerable and is one of the top priorities identified in the community's Coordinated Access System.

In, or are at risk of being in, the justice system
LCBHS works closely with probation, local law enforcement, and the jail in identifying this population and addressing their needs. LCBHS has a discharge process from the county jail to assist those with behavioral health needs and assist with housing as needed.

In underserved communities
The LCBHS' peer support/wellness centers, outreach and engagement, and partnerships with other community providers work to identify those in traditionally underserved populations and assist in getting access to behavioral health services, including housing as needed.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

As the Lake CoC Administrative Entity that administers both the HMIS system and many of the Access Points for Coordinated Entry System, LCBHS is in a unique position to coordinate with the Lake CoC in referrals for housing interventions.

LCBHS' housing coordination team is a member of the CoC's Housing Navigation workgroup. This workgroup, made up of different entities across the community who work to house those that are homeless, meets regularly to discuss strategies, open housing locations, a community approach to such things as landlord engagement, incentives, and coordination. Case conferences are often done to get input on housing ideas for those needed assistance. This process identifies resources and enables partnering to provide services, facilitating successful outcomes.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC

As the Administrative Entity, LCBHS works closely with all member agencies of the CoC, even ensuring the CoC runs properly and obtains grants to address homelessness in the community.

LCBHS, as the Administrative Entity of the Lake County CoC, has helped develop the Coordinating Entry System (CES) that links those in need to housing resources, including going through a vulnerability assessment process. Additionally, as part of the Coordinated Entry process, the CES provider also utilizes a HUB model, a process which also helps those experiencing being unsheltered with linking to other services, such as medical services, obtaining benefits, and other community-based services that promote stability and success in housing. The HUB also acts as a coordinating treatment system, enabling different provides to document and view others' interventions. Furthermore, LCBHS, as both the administrator and a member of the CoC, utilizes the Homeless Information Management System (HMIS), both in keeping track of housing services and running reports to look for trends and other assistance reports may provide.

Public Housing Agency

As the CoC Administrative Entity, LCBHS has worked with the local Public Housing Agency, who themselves are going through transition - they have been moving towards a regional model as opposed to community based. We're not yet sure how this will impact our relationship, believing it could enhance it or make it more difficult. This Previous collaboration has included working on voucher programs, such as the Emergency Housing Voucher when that program was active. There are challenges the local Public Housing Agency has had, primarily both with staffing and the resulting ability to locate and contract with local housing. However, we have also been alerted to when the waiting list for Section 8 vouchers would open,

enabling LCBHS to alert our clients to sign up for it. The local Public Housing Agency has also been excellent sources of knowledge when it comes to federal regulations around housing and how to assess for them. The CoC has moved towards utilizing the federal standards for all our local standards, even though we receive very little HUD money. Having the PHA's knowledge and experience has been a great resource.

MCPs

LCBHS has worked with our local managed care plan, Partnership HealthPlan, both as the CoC's Administrative Entity and as the county BH Medi-Cal provider to coordinate both housing and BH services. We consider Partnership HealthPlan to be an important collaborator for both. There is still more work to do to strengthen this partnership, particularly around Transitional Rent, but we are looking forward to that.

ECM and Community Supports Providers

The Lake CoC's Housing Navigator workgroup, which LCBHS administers, contains representatives from all of the community ECM/CS providers. LCBHS housing coordinator attends these meetings to coordinate specifically around unsheltered individuals in the community.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

LCBHS has partnerships with our local Department of Social Services (DSS) on these programs as contracted providers for BH services. Additionally, DSS is a member of the Lake CoC and works closely to address housing needs, particularly as they are over the Public Housing Agency. Additionally, LCBHS has a significant relationship with Rural Communities Housing Development Company (RCHDC), a non-profit housing developer that has built and managed the two low income/HUD supported apartments built in cooperation with LCBHS, including utilizing No Place Like Home funds. This partnership has created 30 units in the county the last 25 years.

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?

Currently, there is not a Homekey+ grant available to the County. We do have a provider that had obtained one to run a transitional housing facility and we work closely with that agency to ensure services are provided.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?

Yes

How will the county coordinate the use of HHAP dollars to support the housing needs of BHSA eligible individuals in your community?

As the Administrative Entity, LCBHS administrates both the CoC and the County portions of the grants. The CoC decides what to do with the CoC funds and LCBHS decides what to do with the county funds. LCBHS typically uses the county funds to support what the CoC has prioritized, although one year we used the bulk of the funds on permanent housing to help build apartments (described above). HHAP funds have been critical for addressing homelessness in Lake County as we barely get any funding from HUD. As we don't receive a lot of funds, the bulk of them goes to running our one shelter of 36 beds. It's recognized that the funds are also providing those with BH issues with housing.

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed).
For more information, please see 7.C.9 Allowable expenditures and related requirements

Rental Subsidies (Chapter 7. Section C.9.1)

The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?

40-60, with some possible overlap as some interim housing individuals may move into permanent housing during the year.

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?

50

How many of these individuals will receive rental subsidies for interim housing on an annual basis?
25

What is the county's methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?
Numbers based on previous experience with FSP clients and other housing expenses in which about 30% of our MHSA funding went to actual housing.

Although each individual LCBHS helps is unique and there is a certain case-by-case process, there is also a broader, generally accepted process in order to maintain sustainability of housing assistance and decrease dependence on LCBHS for housing.

When LCBHS partners with clients to assist with housing, an agreement is presented to the client that not only talks about the importance of partnering, following the landlord's housing rules, and describes the assistance LCBHS will provide, but it also requires that individuals provide 30% of their income – calculated through an individualized budget – to their landlord as well as continue to apply and get on waiting lists for affordable and independent housing in the community.

LCBHS also maintains a partnership with a nonprofit housing management organization that it has partnered with to build housing for those with behavioral health needs. The housing management organization relies to LCBHS to make referrals to them whenever a housing unit become open, ensuring a direct linkage to permanent housing. While the number of housing units for this is small – 30 – they are seen as very valuable as the client can live there independently. The vulnerability assessment used in the CoC's Coordinated Entry System it utilized priority for this housing

LCBHS has moved to helping subsidize permanent supported housing for 6 months at a time, evaluating the progress and participation of the client for the subsidies to continue. LCBHS has developed relationships with landlords to help clients move in and out relatively quickly. Additionally, LCBHS utilizes the Behavioral Health Bridge Housing Grant and Transitional Rent to further the housing subsidies for clients, further adding to sustainability.

For which setting types will the county provide rental subsidies?
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Supportive housing
Non-Time-Limited Permanent Settings: Single and multi-family homes
Non-Time-Limited Permanent Settings: Housing in mobile home communities
Non-Time-Limited Permanent Settings: Shared housing
Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented

housing
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit
Time Limited Interim Settings: Hotel and motel stays
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)
Time Limited Interim Settings: Peer respite
Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit

Will this Housing Intervention accommodate family housing?
Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
LCBHS works with predominantly private landlords, motels, and occasionally other community-based organizations around housing. The rental agreements are between landlords and the clients and LCBHS will send a monthly subsidy to the landlord for each client. Clients are expected to pay at least 30% of their income for rent. Clients also have to agree to partner in services for these subsidies as well as apply for low-income housing that they can live at independently once accepted. Staff help clients live independently and provide training such as meal preparation and other rehabilitation as needed.

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?
Project-based
Tenant-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in
LCBHS partners with a number of different entities in the community to provide housing assistance:

Public Housing Authority: as previously described, LCBHS has worked with the Public Housing Authority to help client obtain housing vouchers as well as provide technical assistance on federal housing standards to ensure safety for clients in housing.

Continuum of Care: As the Administrative Entity for the CoC, LCBHS has had a tremendous impact on prioritizing those with behavioral health needs to locate housing in the community. This includes emphasizing behavioral health needs in designating priority populations, building coalitions, and seeking additional funding to provide resources for those in need. The CoC has also enabled LCBHS to build strong partnerships across the community to address those that are unsheltered, utilizing the structure and subcommittees of the CoC to systematically address housing way beyond than what LCBHS could do on its own.

Other County Departments: Social Services (including the Public Housing Authority), Public Health, and Probation are all members of the CoC. Additionally, the Lake County Office of Education is also a member, enabling a connection into the schools and the youth. The Sheriff's Department has also participated, but partners with LCBHS directly as well. This enables a solid, cooperative approach to addressing homelessness. Additionally, the Administrative Office has a housing deputy CAO who also participates. As a small rural county with limited resources, these cooperative relationships are invaluable to best utilize the resources to address the needs that exist.

State/Federal Programs: As the Administrative Entity for the CoC, LCBHS has the opportunity to assist in applying for grants for the CoC, with the assistance of the grant selection subcommittee. We therefore not only apply for the CoC Homeless Housing Assistance and Prevention (HHAP) and other grants for the CoC, but also the county, having integrated their functioning together long before it was required by the State. These funds go primarily to providing an emergency shelter in the community but also does some Rapid Rehousing and Prevention – contracted out to community-based organizations, to assist with housing in our community.

Community-based Organizations: Besides working with other county departments in the CoC, LCBHS has had the opportunity to work with a number of community-based organizations who are members of the CoC that do incredible work in the community addressing homelessness. This includes medical providers, housing providers, behavioral health treatment providers, foster care providers, the local college, and the two local cities.

Tribal entities: Although LCBHS has a long history with working with the local tribal entities, LCBHS also recognizes this is an area that can be improved in addressing homelessness. We are currently working on a transitional housing agreement between not just the local Managed Care Entity, but also local tribal entities. We anticipate this will lead to further cooperation with the tribes on housing for tribal members with behavioral health needs.

Total number of units funded with BHSA Housing Interventions per year
50

Please provide additional details to explain if the county is funding rental subsidies with BHSA Housing Interventions that are not tied to a specific number of units

Operating Subsidies (Chapter 7, Section C.9.2)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
50

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
LCBHS provides utility costs, food and other housing incidentals (small appliances, transportation, furnishings, food, hygiene products etc.), cleaning fees and deposits, and application fees as circumstances arise.

For which setting types will the county provide operating subsidies?
Non-Time-Limited Permanent Settings: Supportive housing
Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
Non-Time-Limited Permanent Settings: Single and multi-family homes
Non-Time-Limited Permanent Settings: Housing in mobile home communities
Non-Time-Limited Permanent Settings: Shared housing
Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing
Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit
Time Limited Interim Settings: Hotel and motel stays
Time Limited Interim Settings: Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)[134] (does not include behavioral health residential treatment settings)

Time Limited Interim Settings: Peer respite
Time Limited Interim Settings: Other settings identified under the Transitional Rent benefit

Will this be a scattered site initiative?
Yes

Will this Housing Intervention accommodate family housing?
Yes

Total number of units funded with BHSA Housing Interventions per year
50

Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units

Landlord Outreach and Mitigation Funds (Chapter 7, Section C.9.4.1)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
50

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
The LCBHS housing coordinator will reach out to local landlords to establish partnerships to provide housing for our clients. This will include incentives include being able to work with LCBHS Housing coordinator to troubleshoot problems with client/tenant. Paying the cost to repair damages incurred by the client/tenant not covered by the security deposit or that are incurred while the client/tenant is still residing in the unit. Paying holding fees/rent to keep rental property for client/tenant if they are absent.

Total number of units funded with BHSA Housing Interventions per year
50

Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units

Participant Assistance Funds (Chapter 7, Section C.9.4.2)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
50

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
LCBHS provides, as circumstances arise, costs associated with obtaining government-issued identification and other vital documents, housing application fees, fees for credit reports, security deposits, utility deposits, storage fees, pet deposits and other pet fees, move-in costs including transportation, movers, hygiene costs, moderate furnishings. LCBHS also will assist with helping clear up bad previous credit issues such as unpaid utility bills

Housing Transition Navigation Services and Tenancy Sustaining Services (Chapter 7, Section C.9.4.3)
Pursuant to Welfare and Institutions (W&I) Code section 5830, subdivision (c)(2) **, BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)**

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
40

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
LCBHS will utilize this funding category to provide:

-Housing Transition Navigation Services and Housing Tenancy and Sustaining Services will include the following –
-Assessment & Planning: Developing individual housing support plans based on client needs and preferences.
-Document Readiness: Assisting with obtaining necessary documents, such as Social Security cards, birth certificates, and identification.
-Housing Search & Application: Identifying available units, filling out applications, and understanding lease agreements.
-Landlord Engagement: Advocating for clients with landlords and educating them on housing stability.
-Move-in Assistance: Coordinating logistics, such as securing deposits and ensuring the unit is ready.
-Working with the Treatment Team: act as a liaison between the treatment team and the landlord. Coordinating identified client needs, barriers, and solutions to maintain stable housing.

As of yet, LCBHS has not obtained the ability to provide ECM/CS services, but will be actively looking to do so.

Outreach and Engagement – Street outreach into the community, particularly homeless encampments, to offer services and make linkages to behavioral health services for treatment and housing assistance. Help clients become comfortable for receiving assistance and educate what resources are available. These activities will be coordinated with the CoC in addressing and removing homeless encampments. Activities include:

-Building relationships either through one-on-one engagement or by conducting regularly scheduled broad outreach in high-need areas in conjunction with community partners.
-The purchase and distribution of items like food, hygiene products, clothing, blankets, and water to provide immediate support and foster future service engagement.
-Providing immediate, onsite direct navigation to housing resources.
-Coordinating behavioral health service and housing resources for unsheltered individuals in collaboration with other outreach and engagement efforts.

-Travel by outreach workers, social workers, medical professionals, or other service providers during the provision of eligible street outreach services. Also includes the costs of transporting unsheltered people to emergency shelters or other service facilities.
-Harm reduction activities and the distribution of harm reduction supplies

Housing Interventions Outreach and Engagement (Chapter 7, Section C.9.4.4)

Is the county providing this intervention?
Yes

Is the county providing this intervention to chronically homeless individuals?
Yes

Anticipated number of individuals served per year
300

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding
LCBHS, in working in tandem with the Lake CoC and other community providers, provides street outreach to those in need. This includes not only mobile crisis services, but also non-crisis services traveling out to homeless encampments in attempts to link unsheltered individuals to services, including to immediate housing navigation and sign up into the Coordinated Entry System. The purchase and distribution of items like food, hygiene products, clothing, blankets, and water to provide immediate support and foster future service engagement.

Capital Development Projects (Chapter 7, Section C.10)

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?
No

Please explain why the county is not providing this intervention
Due to the expense of capital development projects and the limited amount of BHSA funding LCBHS receives, LCBHS has determined the better use of BHSA is for addressing immediate housing needs for many people instead of permanent housing for just a few. LCBHS works with other funding sources to try to develop permanent housing including No Place Like Home, HHAP, and the Permanent Local Housing Allocation Program (even those are limited and LCBHS must rely on RCHDC to develop other funding

strategies such as tax credits).

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention

Is the county providing this intervention to chronically homeless individuals?
Anticipated number of individuals served per year

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)
Yes, it is the plan to utilize BHSA Housing Intervention funds to fill in the gap when BHBH housing funds are exhausted. Additionally, BHSA Housing Intervention funds will be utilized when individuals exhaust their Transitional Rent eligibility.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see 7.C.7 Relationship to Medi-Cal Funded Housing Services

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?
Transitional Rent

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
7/1/2026

Housing Deposits
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
7/1/2026

Housing Tenancy and Sustaining Services
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
7/1/2026

Short-Term Post-Hospitalization Housing
No

Recuperative Care
No

Day Habilitation
No

Transitional Rent
Yes

When does the county behavioral health system plan to become an MCP-contracted provider?
2/1/2026

How will the county behavioral health system identify, confirm eligibility, and refer Medi-Cal members to housing-related Community Supports covered by MCPs (including Transitional Rent)?

LCBHS is working with our local Managed Care Provider, Partnership HealthPlan of California, to address unsheltered individuals, particularly those who meet significant behavioral health needs criteria. This cooperation includes:

Enhanced Case Management and Community Supports – these Cal AIM initiatives that provide high-touch, tailored services to individuals with complex physical, behavioral, and social needs, bridging gaps by partnering with county behavioral health agencies. These programs offer personalized, community-based care management for high-need populations, including the homeless and those at risk of institutionalization. There are currently ECM and CS providers in the community that refer and coordinate with LCBHS and we expect that referral source relationship to continue. Additionally, LCBHS is reviewing becoming a ECM provider to enhance our housing navigation services with Targeted Care Management to coordinate care across physical, behavioral, and social needs for those individuals experiencing homelessness, those with high emergency department utilization, and adults with serious mental health or substance use disorders.

Transitional Rents - Transitional Rent is a Medi-Cal Community Supports benefit that provides up to six months of rental assistance for agencies to stabilize individuals with significant mental health or substance use needs. Assistance can be used for various permanent housing settings, including apartments, single-family homes, mobile homes, and shared housing.
-Referral and Authorization: Medical beneficiaries will be referred for Transitional Rent to Partnership HealthPlan directly by LCBHS (and perhaps tribal entities as well).
-LCBHS will use housing intervention funds to support members once their six months of Medi-Cal Transitional Rent is exhausted

Cooperation with the CoC - California Medi-Cal Managed Care Plans are required to cooperate with CoCs, particularly during transitions, to ensure beneficiaries can continue continuity of care and coordination of benefits, and as applicable, housing. This impacts LCBHS as the CoC Administrative Entity:
-CalAIM Community Supports: MCPs contract with community based homeless service providers (CoC members) to provide services such as:
-Housing Transition Navigation Services: Helping members find housing.
-Housing Deposits: Covering security deposits and utility setup.
-Housing Tenancy & Sustaining Services: Supporting individuals to maintain housing.
-Short-Term Housing: Including recuperative care and temporary, short-term, or transitional rent

The CoC, and by extension, LCBHS, therefore works with MCPs and their housing provider contractors.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county

As the Administrative Entity and member of the Lake CoC, LCBHS communicates regularly with other community base organizations who deliver housing services and reports on housing developments within behavioral health. Additionally, we have worked with Partnership Health Plan on developing further services for Medi-Cal beneficiaries.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?

No

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?

In addition to what is described previously, LCBHS is in the process of establishing Transitional Rent with our MCP (Partnership HealthPlan).

As part of that agreement, LCBHS has agreed to create Housing Plans with clients that will identify needs, list intervention strategies, including supplementing rent for 6 months, and the longer-term plan of the year after that transitional rent benefit ends. This planning will ensure that clients will not experience gaps in housing supports.

-LCBHS will create housing plans and make referrals to Partnership HealthPlan to establish eligibility for Transitional Rent.
-LCBHS will help the client locate housing that fits the rent cost limitations for Transitional Rent. This includes working with landlords to structure their leases to help meet these criteria (i.e. such as separating out utilities or costs other than rent.
-LCBHS will provide ongoing supports and treatment as the client is receiving transitional rent.
-LCBHS will assist client to transition from Transitional Rent to other sources of housing, such as BHSA Housing Intervention funding, or Behavioral Health Bridge Housing until independent housing can be established.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools (“Flex Pools”) are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource

Guide that describes this model in more detail linked here: Flexible Housing Subsidy Pools - Technical Assistance Resource . Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to 7.C.8 Flexible Housing Subsidy Pools .

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?
No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?
Yes

What role does the county behavioral health system plan to have in the Flex Pool?
Lead Entity
Operator
Funder
Housing Supportive Services Provider

Have you identified an Operator of the Flex Pool?
Yes

What organization is serving as the Operator?
Lake County Behavioral Health Services

Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool?
Yes

Which Housing Interventions does the county plan to administer through or in coordination with the Flex Pool?

Rental Subsidies
Operating Subsidies
Landlord Outreach and Mitigation Funds
Participant Assistance Funds
Housing Transition Navigation Services and Tenancy and Sustaining Services
Outreach and Engagement (up to 7 percent)

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above

LCBHS will be utilizing the resources it has with the Lake CoC including HMIS and the Coordinated Entry System, to act as tools for creating a Flex Pool system. Grants such as HHAP may be able to be included in the flex pool system, depending on the planning the Lake CoC is willing to do.

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the "Add additional program" button. For related policy information, refer to 7.A.6 Innovative Behavioral Health Pilots and Projects .

Does the county's plan include the development of innovative programs or pilots?

No

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

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The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and culturally and linguistically responsive with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

Maintains and monitors **a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and**

Meets federal and state standards **for timely access to care and services, considering the urgency of the need for services.**

The county must ensure **that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.**

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Does the county intend to adopt this recommended approach for BHSA-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?
Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to 3.A.2 Contents of Integrated Plan and 7.A.4 Workforce Education and Training

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Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?
18

Upload any data source(s) used to determine vacancy rate

For county behavioral health (including county-operated providers), please select the five positions with the greatest vacancy rates
Licensed Clinical Social Worker
Licensed Marriage and Family Therapist
Licensed Professional Clinical Counselor
Medi-Cal Certified Peer Support Specialist
Substance Use Disorder Counselor

Please describe any other key workforce gaps in the county
Even when clinical positions are filled, shortages in essential support roles (administrative/operations, care coordination, benefits navigation, documentation, and billing) slow access and disrupt continuity, and these roles receive little to no targeted recruitment or state support. As a rural primary care and mental health shortage area, Lake County also faces persistent barriers recruiting and retaining clinicians and medical providers due to distance, limited labor pool, and travel demands.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?
Over the next three fiscal years, Lake County Behavioral Health Services expects workforce needs to shift toward expanded community-based service delivery, stronger multidisciplinary teams, and increased training and oversight capacity in response to Behavioral Health Transformation (BHT) requirements and BH-CONNECT implementation. BHSA implementation begins July 1, 2026, and the County anticipates continued changes in expectations for access, capacity, accountability, and outcomes.

BH-CONNECT expands Medi-Cal coverage of key evidence-based practices (EBPs) such as ACT/FACT, Coordinated Specialty Care for first-episode psychosis, IPS supported employment, Enhanced Community Health Worker (CHW) services, and Clubhouse services. As these EBPs scale, Lake County expects increased demand for field-based and team-based staffing, including clinicians and SUD/SUDS professionals, peers and CHWs, employment specialists (IPS), and program staff to support clubhouse and intensive community services. The County also anticipates increased need for clinical leadership and supervision to ensure EBP implementation quality and fidelity over time.

In parallel, BHT's emphasis on accountability and transparency is expected to significantly increase workforce needs in operational infrastructure, including quality improvement, compliance, contract monitoring, and data/reporting capacity to demonstrate access and outcome performance across county-operated and contracted services.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Lake County Behavioral Health Services will leverage the BH-CONNECT scholarship program by designating a point of contact to monitor HCAI updates and distribute application and program resources and deadlines to eligible county staff, contracted provider staff, students/trainees, and partner programs. The County will use its Educational Partnerships, Internship Development & Recruitment Outreach efforts to broaden awareness through school partnerships/MOUs, practicum and job fairs, informational sessions/site visits, and established recruitment channels—supporting high-need pathways across mental health, SUD/SUDS, peer, and CHW roles using clear, objective eligibility criteria.

To support successful participation, the County will assist with application readiness by providing verification or placement documentation as needed and coordinating local training and employment pathways that align with Medi-Cal safety-net setting requirements, including rural placement options.

The County will coordinate BH-CONNECT scholarships with LCBHS WET to supplement—not duplicate—state funding. WET will reinforce scholarship-supported pathways by expanding local supervision capacity ("Grow Our Own") to increase training placements, providing LMS-based continuing education access to reduce travel/financial/scheduling barriers and track completion (including job-related bilingual language training to strengthen culturally and linguistically responsive services), and supporting credential maintenance (renewals/recertifications) where allowable. Across activities, outreach will be broadened and barriers reduced to encourage participation countywide while ensuring selections and supports remain based on documented program eligibility and objective criteria.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Lake County Behavioral Health Services will leverage future cycles of the BH-CONNECT Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) by designating a point of contact to monitor HCAI announcements and communicate/advertise application cycles , eligibility, and required documentation to eligible County and contracted provider staff (the most recent cycle closed August 15, 2025, with awards distributed through February 2026). The County will conduct targeted outreach to hard-to-fill classifications and rural service sites within the County behavioral health delivery system and will provide information in accessible formats to encourage broad participation, including support for bilingual/bicultural staff and applicants from rural Lake County communities, while maintaining objective, nondiscriminatory eligibility practices.

To support successful participation, the County will assist with application readiness by helping applicants identify qualifying practice sites, obtain employment/placement verification as needed, and understand

MBH-SLRP service-obligation requirements, including multi-year obligations and eligible Medi-Cal safety-net settings.

The County will coordinate MBH-SLRP with LCBHS WET to **supplement—not duplicate—**state funding. MBH-SLRP will be prioritized for educational loan repayment when available, and WET will be used to address complementary needs that are not covered or not eligible under MBH-SLRP, such as expanding supervision capacity for trainees ("Grow Our Own"), improving access to continuing education through the LMS (including job-related bilingual language training), and supporting allowable credential renewal/recertification costs. The County will use basic tracking/attestation controls to prevent duplication of benefits for the same expense.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Lake County Behavioral Health Services plans to leverage the BH-CONNECT Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP). At this time, HCAI has not posted application dates and detailed program resources are not publicly available (including a grant guide or clear applicant eligibility). The County will monitor HCAI updates and prepare to act quickly once program guidance is released.

To position the County delivery system to participate, the County will designate a lead point of contact to subscribe to HCAI announcements, monitor updates, and coordinate recruitment, outreach and readiness activities. Once MBH-RRP parameters are publicly available, the County will review BH-CONNECT requirements and MBH-RRP rules and advertise the program internally and via social media.

In preparation, the County will compile vacancy, turnover, and recruitment challenges for hard-to-fill behavioral health classifications—including mental health and SUD/SUDS roles—and will develop objective eligibility and documentation processes to support verification, service-obligation tracking (if required), and program reporting, consistent with HCAI guidance.

The County will also plan for non-duplication with LCBHS WET. Because MBH-RRP may fund practitioner-direct supports such as recruitment/retention bonuses, supervision support, and licensing/certification fee assistance, the County will prioritize MBH-RRP for those practitioner payments when available and will adjust WET activities to **supplement—not duplicate—**remaining gaps. Complementary WET supports may include expanding local supervision capacity and coordination ("Grow Our Own"), maintaining countywide LMS/continuing education access (including job-related bilingual language training), and covering allowable credential renewal/recertification costs that are not covered or not eligible under MBH-RRP. The County will use basic tracking/attestation controls to prevent duplicate

benefits for the same expense.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?
Yes

Please explain any actions or activities the county is engaging in to leverage the program
Lake County Behavioral Health Services will leverage the BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP) by supporting participation of eligible County staff and County-contracted provider staff pursuing training as AOD Counselors, Community Health Workers (CHWs) and Peer Support Specialists. Because MBH-CBPTP funding is administered through approved training programs (with payments made to the training program on behalf of the practitioner), the County's role is to facilitate access, strengthen training partnerships, and support successful placement in qualifying Medi-Cal safety-net settings.

To do so, the County will designate a point of contact to monitor HCAI updates, advertise internally/via social media and communicate eligibility, timelines, and training program information to County and contracted provider staff. The County will coordinate with and build a network of training partners (AOD, CHW, and Peer training programs) to support enrollment pathways and reduce barriers to participation. The County will also develop a recruitment-to-placement pipeline so trainees can complete required service obligations in qualifying Medi-Cal safety-net settings, including LCBHS programs and other eligible sites within the County delivery system.

The County will coordinate MBH-CBPTP participation with LCBHS WET to **supplement—not duplicate—**state funding. Eligible practitioners will be encouraged to use MBH-CBPTP for initial training costs covered by the program, while the County's WET Credential Maintenance Support (Renewals/Recertifications) program will be used to fill allowable gaps—such as renewal/recertification fees or other eligible credential maintenance costs that are not covered by MBH-CBPTP or that occur after the initial training period—based on objective eligibility criteria and non-duplication tracking/attestation controls.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?
No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

The County is speeding up hiring for hard-to-fill jobs by keeping recruitments open when needed and advertising positions more widely across job boards and networks.

To retain staff and reduce burnout, the County is strengthening onboarding and mentorship, doing regular check-ins to address issues early, and monitoring caseloads, coverage, and after-hours demands so workloads stay manageable. When possible, the County also uses flexible scheduling and workflow changes to support work-life balance.

To support supervisors and cut administrative burden, the County is using simple supervisor tools and standard processes for coaching and documentation, and is exploring added administrative support so clinicians spend more time on direct care and less time on operational tasks.

Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 6.B.3 Local Prudent Reserve .

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed budget template
Integrated-Plan-Budget-Template_v3 - Update 20260604.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)
N/A

Full Service Partnership (FSP)
N/A

Housing Interventions
N/A

Enter date of last prudent reserve assessment
3/27/2026

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS
N/A

FSP
N/A

Housing Interventions
N/A

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once–your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For more information on this section, please see 3.A.1 Reporting Period

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template
Behavioral Health Director Certification Template_SIGNED.pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template

Requests

Behavioral Health Services Fund (BHSF) Housing Intervention Component

What percentage of funds is the county requesting to utilize for the Housing Intervention Component?

Of the percentage of funds above or below the required 30 percent being utilized for Housing Interventions, identify which allocation components and the percentage the funding will transfer from or into

Components	Percentage of funds transferring
Full Service Partnerships	
Behavioral Health Services and Supports	

Please select which Housing Interventions exemptions criteria the county meets

Please provide justification for your request

Supporting data

Please upload supporting data

What is the data source?

Funding Transfer Request

Justification for appeal

Describe your reason for appeal

Lake County Behavioral Health Services (LCBHS) is formally appealing the denial of its funding transfer

request, which was originally submitted at a rate of 2.5%. The Department of Health Care Services (DHCS) issued a denial on April 27, 2026, noting that transfer requests cannot include fractional percentages. In alignment with DHCS guidance to use a whole percentage, LCBHS is revising the request from 2.5% to 3% to ensure compliance with the transfer request requirements. This appeal is intended to resolve the technical inconsistency identified in the initial submission and synchronize the transfer request across the Integrated Plan narrative, transfer request tables, and budget template. The revised request maintains the County's underlying rationale for the transfer while aligning the requested percentage with DHCS requirements. Local data supporting justification for the transfer request is attached as part of the funding transfer request.

Upload files

Please enter the proposed allocation adjustments to the tables below

	Plan year one	**Plan year two**	**Plan year three**
Behavioral Health Services and Supports (Base 35%)	38	38	38
Full Service Partnership (Base 35%)	32	32	32
Housing Intervention (Base 30%)	27	27	27

	Plan year one	Plan year two	Plan year three
Housing Interventions for Outreach and Engagement	3	3	3

Behavioral Health Services and Supports Transfers

Enter the proposed dollars transferred into/from Behavioral Health Services and Supports (Base 35 percent)

	Plan year one	Plan year two	Plan year three
Dollars transferred from Full Service Partnerships	179443.35	201363.51	213670.53
Dollars transferred from Housing Intervention	0	0	0
Dollars transferred into Full Service Partnerships	0	0	0

	Plan year one	Plan year two	Plan year three
Dollars transferred into Housing Intervention	0	0	0

For Behavioral Health Services and Supports, please include a rationale for the funding allocation transfer request

The primary rationale for the funding transfer request from FSP to BHSS is based on previous MHSA spending. With BHSA and the split of FSP into FSP services and FSP housing, LCBHS found that our housing programs and services (including additional MHSA housing beyond FSP) remained fairly close to the 30% allocation for BHSA Housing Interventions. However, LCBHS's other expenses for FSP were significantly less than the 35% allocated for FSP, while other MHSA expenses—now falling under BHSS—far exceeded the allocated 35% for the BHSS component. Transferring some of the FSP component (3%) into BHSS from the overallocated FSP component helps preserve some existing programming to best serve the community, while still maintaining sufficient funding for FSP—including planned FSP expansion and evidence-based practice implementation. LCBHS still had to make some cuts to the MHSA services that now fall under BHSS, but this transfer slightly lessens the impact.

Full Service Partnership Transfers

Enter the proposed dollars transferred into/from Full Service Partnerships (Base 35 percent)

	Plan year one	Plan year two	Plan year three

	Plan year one	Plan year two	Plan year three
Dollars transferred from Behavioral Health Services and Supports	0	0	0
Dollars transferred from Housing Intervention	0	0	0
Dollars transferred into Behavioral Health Services and Supports	179443.35	201363.51	213670.53
Dollars transferred into Housing Intervention	0	0	0

For Full Service Partnership, please include a rationale for the funding allocation transfer request

As described previously, compared to what has been spent on MHSA in previous years, LCBHS has a projected underutilization of the FSP allocation after moving FSP housing into the BHSA Housing Intervention component. In comparison, LCBHS projects an insufficient allocation for programming that now falls under the BHSS component.

Therefore, it makes sense for LCBHS to transfer some funds from FSP to BHSS to help preserve some of the existing behavioral health programming. Even with the 3% transfer from FSP to BHSS, LCBHS estimates that FSP will have nearly $600,000 more than what LCBHS has spent annually on FSP in the past. The requested FSP funding allocation and 3% transfer request to BHSS will still allow for the planned FSP

expansion and implementation of evidence-based practices, while also helping to preserve important BHSS programming to best serve the community.

Housing Interventions Transfers

Enter the proposed dollars transferred into/from Housing Interventions (Base 30 percent)

	Plan year one	**Plan year two**	**Plan year three**
Dollars transferred from Behavioral Health Services and Supports	0	0	0
Dollars transferred from Full Service Partnerships	0	0	0
Dollars transferred into Behavioral Health Services and Support	0	0	0

	Plan year one	Plan year two	Plan year three
Dollars transferred into Full Service Partnerships	0	0	0

For Housing Intervention, please include a rationale for the funding allocation transfer request

N/A. LCBHS is not requesting any funds be transferred into or out of the Housing Intervention component. The 3% Housing Interventions Outreach and Engagement amount indicated in the first table is a Housing Interventions sub-allocation and is not a transfer out of the Housing Interventions component.

Supporting Information and Data

How does the funding transfer request respond to community needs and input?

LCBHS currently funds four Wellness Centers (i.e., the centers) under MHSA, including operating three centers in-house and one operated by a contract provider. Through the Community Planning Process and the Community Needs Assessment, stakeholders shared that the Wellness Centers were vital to the community. Stakeholders and community partners emphasized the services that the Wellness Centers provide impact many people, particularly those who are unsheltered. However, LCBHS does not have sufficient BHSA funding to continue operating all four Wellness Centers at prior MHSA funding levels while also meeting new BHSA component requirements. As LCBHS has discussed these limitations and possible closure of the centers with the community, we have received a lot of feedback from stakeholders and community members asking LCBHS not to close the centers.

In response to community feedback, it was determined that LCBHS would move forward with two centers by consolidating the three in-house centers into one center and continuing the TAY center operated by a contracted provider. We also recognize that the Clubhouse Model may offer an alternative funding stream for the Wellness Centers in the future. LCBHS will explore opportunities to transition the two supported Wellness Centers to the Clubhouse Model so long as the County elects to opt into and operationalize applicable BH-CONNECT Clubhouse Services requirements. If the two Wellness Centers are successfully transitioned to the Clubhouse model and LCBHS can maximize Medi-Cal claiming opportunities to operate the Centers, we will continue exploring opportunities to reintroduce additional Wellness Centers in future years.

In the immediate future, the transition to two (from four) Wellness Centers is necessary to meet BHSA

requirements and address essential local resident needs. To maintain two centers for community use and behavioral health service connections, LCBHS requires use of BHSA funding to be successful. Therefore, LCBHS is requesting the 3% transfer from FSP to BHSS to support sustainability of two Wellness Centers and Clubhouse Model exploration and transitions. This transfer request is necessary to meet the expressed and data-driven needs of the community.

Please see the Community Needs Assessment and subsequent community feedback for additional supportive local data.

Please include local data supporting the funding transfer request
LCBHS_Funding-Transfer-Request_Local-Data_20260526_REVISED.docx

Data Suppression Notice:
Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"