

**BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA**

**RESOLUTION \_\_\_\_\_**

**RESOLUTION ADOPTING THE MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEAR 2017-2018 THROUGH FISCAL YEAR 2019-2020**

**RECITALS**

**WHEREAS**, Proposition 63 now known as the Mental Health Services Act was passed in November 2004 in order to provide for increased funding for programs, personnel and other resources to support county mental health program for children, transitional age youth, adults, older adults, and families; and

**WHEREAS**, the Department of Health Care Services will monitor progress toward statewide goals for these populations; and

**WHEREAS**, Counties are required to complete three-year program and expenditure plans detailing how funds will be allocated to different programs in order to support overall county mental health programs.

**RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA**, that the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Year 2017-2018 through Fiscal Year 2019-2020 is hereby approved and adopted.

**THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the \_\_\_\_\_ day of \_\_\_\_\_ 2018, by the following vote:

**AYES:**

**NOES:**

**ABSENT OR NOT VOTING:**

**ATTEST:**

CAROL J. HUCHINGSON  
Clerk of the Board of Supervisors

COUNTY OF LAKE

By: \_\_\_\_\_

By: \_\_\_\_\_  
Chair, Board of Supervisors

**APPROVED AS TO FORM:**

ANITA L. GRANT  
County Counsel

By:  \_\_\_\_\_

# Lake County Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-20

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Lake County Behavioral Health



WELLNESS • RECOVERY • RESILIENCE

**Prepared by:**

**Resource Development Associates**

**April 2018**





## **Lake County Behavioral Health**

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

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# **Lake County Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-20**

## **Lake County Behavioral Health**

Roberta Chambers, PsyD

Linda A. Hua, PhD

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

### **About Resource Development Associates**

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





## **Lake County Behavioral Health**

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

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## **ACKNOWLEDGEMENTS**

Lake County Behavioral Health wishes to thank the many consumers, family members, community members, and agencies who participated in the community program planning and helped guide the development of this Three-Year Mental Health Services Act (MHSA) Program and Expenditure Plan:

- Lake County Board of Supervisors
- Lake County Mental Health Board
- Lake County Unified School District and Office of Education
- Lake County Health and Human Services

As the preparers of this plan, Resource Development Associates (RDA) is particularly appreciative of the vision and commitment provided by the Mental Health Services Act (MHSA) Planning Committee, comprised of Lake County Behavioral Health Administrator, Todd Metcalf; Deputy Administrator, Eric Kammersgard; Deputy Administrator, Sheila Roseneau; and MHSA Analyst, Sarah Miller.



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

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**Lake County Behavioral Health**

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## **Lake County Behavioral Health**

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## **List of Acronyms**

Board of Supervisors (BOS)

California Association of Social Rehabilitation Agencies (CASRA)

California Mental Health Services Authority (CalMHSA)

Capital Facilities and Technology Needs (CFTN)

Community Program Planning (CPP)

Community Services and Supports (CSS)

Electronic health record (EHR)

Field Capable Clinical Services (FCCS)

Full Service Partnerships (FSP)

Lake County Behavioral Health (LCBH)

Mental Health First Aid (MHFA)

Mental Health Services Act (MHSA)

Mental Health Services Oversight and Accountability Commission (MHSOAC)

National Alliance on Mental Illness (NAMI)

Positive Behavioral Intervention Supports (PBIS)

Prevention and Early Intervention (PEI)

Primary Intervention Program (PIP)

Serious mental illness (SMI)

Severe emotional disturbance (SED)

Temporary Assistance for Needy Families (TANF)

Transition Age Youth (TAY)

Workforce Education and Training (WET)

Community Services and Supports Full Service Partnerships (CSS FSP)

Community Services and Supports (CSS)

Primary Mental Health Project (PMHP)



## Lake County Behavioral Health

*Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

# Mental Health Services Act (MHSA) County Compliance Certification

**County:** Lake

<b>County Mental Health Administrator</b> Todd Metcalf, Lake County Behavioral Health Administrator 707-274-9101 <a href="mailto:todd.metcalf2@lakecountycalifornia.gov">todd.metcalf2@lakecountycalifornia.gov</a>	<b>Program Lead</b> Sheila E. Roseneau, Lake County Behavioral Health Deputy Administrator 707-274-9101 <a href="mailto:sheila.roseneau@lakecountycalifornia.gov">sheila.roseneau@lakecountycalifornia.gov</a>
<b>County Mental Health Mailing Address:</b> P. O. Box 1024 Lucerne, CA 95458	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on \_\_\_\_\_.

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

All documents in the attached annual update are true and correct.

\_\_\_\_\_  
County Mental Health Administrator (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

County: Lake

Date: \_\_\_\_\_

**Lake County Behavioral Health**

*Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

## **Mental Health Services Act (MHSA) County Fiscal Accountability Certification<sup>1</sup>**

**County:** Lake

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

<b>County Mental Health Administrator</b> Todd Metcalf, Lake County Behavioral Health Administrator 707-274-9101 <a href="mailto:todd.metcalf2@lakecountyca.gov">todd.metcalf2@lakecountyca.gov</a>	<b>Program Lead</b> Sheila Roseneau, Lake County Behavioral Health Deputy Administrator 707-274-9101 <a href="mailto:sheila.roseneau@lakecountyca.gov">sheila.roseneau@lakecountyca.gov</a>
<b>County Mental Health Mailing Address:</b> P. O. Box 1024 Lucerne, CA 95458	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that Mental Health Services Act (MHSA) funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

\_\_\_\_\_  
County Mental Health Administrator (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a).

## Lake County Behavioral Health

*Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHSA) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State Mental Health Services Act (MHSA) distributions were recorded as revenues in the local MHSA Fund; that County/City Mental Health Services Act (MHSA) expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local Mental Health Services Act (MHSA) funds may not be loaned to a county general fund or any other county fund.

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

County Auditor Controller (PRINT)

Signature

Date \_\_\_\_\_

These forms will be signed once the plan has been finalized and approved by the Board of Supervisors.



## MHSA County Reversion Certification

County/City: Lake

FY: 2017-18

**Local Mental Health Director**

Todd Metcalf, Lake County Behavioral Health  
Administrator  
707-274-9101  
[todd.metcalf2@lakecountyca.gov](mailto:todd.metcalf2@lakecountyca.gov)

**County Auditor-Controller / City Financial Officer**

Name:

Telephone Number:

E-mail:

**Local Mental Health Mailing Address:**

P. O. Box 1024  
Lucerne, CA 95458

I hereby certify that the Adjustments Worksheet is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached Appeal Worksheets are true and correct to the best of my knowledge.

\_\_\_\_\_  
Local Mental Health Director (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated \_\_\_\_\_ for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

\_\_\_\_\_  
County Auditor Controller / City Financial Officer (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Overview

Lake County is located in Northern California, north of the San Francisco Bay Area. It is slightly inland from the Pacific Ocean and is bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yolo counties. Within the County there are two incorporated cities: Clearlake, the largest city, and Lakeport, the county seat. Other communities include:

- Anderson Springs
- Blue Lakes
- Clearlake Oaks
- Clearlake Park
- Finley
- Glenhaven
- Hidden Valley Lake
- Kelseyville
- Loch Lomond
- Lower Lake
- Lucerne
- Middletown
- Nice
- Clear Lake
- Rivas (Riveria West, Riviera Heights, and Riviera)
- Soda Bay
- Spring Valley
- Upper Lake
- Witter Springs

While the County is considered a “small county” with a population of less than 65,000, it spans a large geographic area of over 1,300 square miles.<sup>2,3,4</sup> High levels of poverty, unemployment, and rural and cultural isolation affect many residents of the County. Over 25% of the population lives below the poverty line and the rate is notably higher among Latino and Tribal community members.<sup>5</sup>

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

In September of 2015, Lake County experienced devastating wildfires that destroyed over 76,000 acres of land. The fire killed four people and destroyed nearly 2,000 buildings, including 1,322 homes, 27 apartment buildings and 73 businesses. At the onset of the fire, roughly 13,000 individuals were displaced from their homes. In the aftermath of the fire approximately 3,000 Lake County residents were left homeless.<sup>6</sup> Fire disasters, like other natural or man-made disasters, can have significant mental health impact on individuals directly and indirectly affected.<sup>7</sup> In the years since, Lake County has been recovering from the physical and emotional damage placed on the County.

<sup>2</sup> A “small County” is defined as a California county with a population of less than 200,000 (as determined by the most recent census data).

<sup>3</sup> US Census Bureau. (2010). <http://quickfacts.census.gov/qfd/states/18/18089.html>.

<sup>4</sup> Lake County. (2011). Lake County at a glance. Retrieved from: <http://www.lakecounty.com/AboutLC/Glance.htm>.

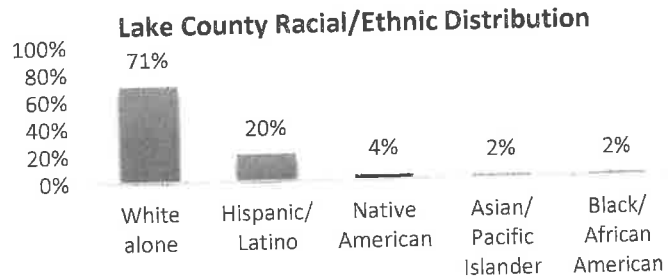
<sup>5</sup> US Census Bureau. (2010). <http://quickfacts.census.gov/qfd/states/18/18089.html>.

<sup>6</sup> <https://www2.kqed.org/news/2015/09/23/valley-fire-forcing-residents-to-evacuate-injures-firefighters-in-lake-county/>

<sup>7</sup> Curr Opin Psychiatry. 2011 Mar;24(2):179. Van de Watt, Gill [corrected to van der Watt, Gillian]. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20844434>



Population in Lake County, home to six Pomo tribes,<sup>8</sup> has a population of 64,116 individuals whom are predominantly White (71%) with a large representation of Native American residents (4%). Lake County is home to eight Tribal Nations.<sup>9</sup> Across all residents, 20% identify as Hispanic/Latino<sup>10</sup>.



Lake County began the Community Program Planning (CPP) process to develop its *Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2017–2020* in April 2017. Lake County Behavioral Health (LCBH) contracted with Resource Development Associates (RDA) to facilitate the CPP activities that culminated in this plan. The purpose of this plan is to describe Lake County’s CPP process, provide an assessment of the needs identified and prioritized via the inclusive CPP process, and the proposed programs and expenditures to support a robust public mental health system based in wellness and recovery. This plan includes the following sections:

- **Overview of the community planning process** that took place in Lake County July 2017. Lake County’s CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders as required by the Mental Health Services Oversight and Accountability Commission (MHSOAC).
- **Assessment of mental health needs** that identifies both strengths and opportunities to improve the public mental health service system in Lake County. The needs assessment used multiple data sources, including service data, key informant interviews, community work sessions and public comments, to identify the service gaps that will be addressed by Lake County’s proposed MHSA programs for FYs 2017-20.
- **Description of Lake County’s MHSA programs** by component, which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

<sup>8</sup> Lake County. The history of Lake County California. Retrieved from: <https://lakecounty.com/explore/history-of-lake-county-california/>

<sup>9</sup> County List of Tribal Nations. Retrieved from: <https://www.etr.org/ccap/tribal-nations-in-california/county-list-of-tribal-nations/>

<sup>10</sup> US Census Bureau. (2016). Population estimates, July 1, 2016 (v2016): Lake County, California. Retrieved from: <https://www.census.gov/quickfacts/fact/dashboard/lakecountycalifornia,US/PST045216>



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

Since completing the needs assessment and program-planning phase of the *Three-Year Program and Expenditure Plan 2017– 2020*, stakeholders focused on addressing gaps that have emerged and enhancing the services offered by current MHSA programs. Priority service areas raised by stakeholders include:

- Additional housing options for adults transitioning back into the community;
- Outreach and engagement among transition age youth; and
- Crisis support planning to LCBH staff to support traumatic and crisis events in the community.

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

## Community Program Planning

### Approach/Methodology

In July of 2017, LCBH initiated a planning process for the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017 through 2020. The MHSA Planning Team was led by the LCBH Administrator, Todd Metcalf; LCBH Deputy Administrator, Eric Kammersgard; LCBH MHSA Coordinator, Sheila Roseneau; LCBH MHSA Analyst, Sarah Miller; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

To initiate the assessment and planning process, RDA convened a meeting with the MHSA Planning Team. The purpose of the meeting was to provide information about the proposed planning process timeline, gather feedback about what was missing or suggestions to improve the proposed process, and to learn in depth about the landscape of mental health services from key County staff. This meeting provided an

**Figure 1: Mental Health Services Act (MHSA) Values**





...tunity to identify strengths and gaps in the current system and to develop ideas for new LCBH programs and services.

Through this meeting, the MHSA Planning Team developed a participatory framework for the community planning process. The approach, detailed below, was crafted to encourage buy-in and participation from stakeholders, including: service providers, consumers, family members, and other interested community members. The planning process consisted of three distinct phases: 1) Needs Assessment; 2) Community Engagement; and 3) Plan Development, as detailed in Figure 2.

**Figure 2: Community Planning Process**



As a part of the planning process, the MHSA Planning Team will present the MHSA Three-Year Plan to the Lake County Mental Health Board (MHB) and Board of Supervisors (BOS) for feedback and approval. All meetings of the Lake County Mental Health Board (MHB) and Board of Supervisors are open to the public.

### Community Program Planning Activities

The MHSA Planning Team carried out a set of community meetings and information-gathering activities to engage stakeholders in all stages of the planning process in order to ensure that the Plan reflected stakeholders' experiences and suggestions. Planning activities and their corresponding dates are presented in the table below, followed by a detailed description of each activity.

**Table 1. Community Participation in MHSA Planning**

Activity	Date	Total Participants
<i>Community Planning Meeting</i>	July 19, 2017	19
<i>Stakeholder Focus Groups</i>	July 19-July 20, 2017	13
<i>Leadership Interviews</i>	July-December, 2017	3
<i>30-Day Review Period</i>	February 19-May 23, 2018	N/A
<i>Public Hearing</i>	May 23, 2018	27



## Community Planning Meeting

To initiate the community planning process, the MHSA Planning Team held a Community Planning Meeting with LCBH staff, County providers, and Community Based Organization (CBO) providers. The meeting was announced via email through the MHSA Coordinator's email list of county mental health services stakeholders. LCBH publicized the community work session via flyers posted at the Wellness Centers, Behavioral Health Services offices, and other public locations throughout the county. LCBH also sent the flyer via email to LCBH stakeholders and posted it on both the LCBH and Lake County websites.

The Community Planning Meeting provided an opportunity for participants to identify service gaps and needs based on their knowledge and experience of mental health services in Lake County. RDA facilitated a work session to brainstorm strategies that would help address these needs and gaps in which stakeholders were asked the following questions:

1. Of the existing Mental Health Services Act (MHSA) programs, what programs or services are **working well**?
2. What programs and services **can be improved**?
3. How can **access to behavioral health services** be improved?
4. How can behavioral health services **be improved for**:
  - a. Youth and families?
  - b. Transitional age youth (ages 16 – 24)?
  - c. Adults?
  - d. Older adults?
5. How can **LCBH behavioral health staffing** be improved?

During the Community Planning Meeting, stakeholders identified several strengths of LCBH and identified areas for improvement. Findings from the meeting were transcribed and thematically analyzed to identify any recurring themes and key takeaways from the meeting.

## Stakeholder Focus Groups

RDA staff convened two focus groups to gather input from providers and community members about their experiences with the mental health system and their recommendations for improvement. Participants were asked to reflect on what works well in the current system, mental health service gaps, provider competence and training, access to services, and recommendations for what they would like to see in an ideal system.

The focus group format allowed RDA staff to have in-depth conversations with participants. Recruitment for focus groups was conducted by LCBH staff involved in the MHSA planning team, as well as staff from local community-based agencies. Focus groups were advertised via email explaining the purpose of the meetings as well as a flyer with key dates for community planning activities. Focus Group and Key Dates Flyers were posted at public locations throughout the county. Flyers were also posted in the Peer Support Recovery Centers. Additionally, stakeholders whose contact information was in the County's MHSA distribution list received an email notification and reminder about each focus group that included a link



Key Dates flyer. The focus groups were held at various community-based and county agencies and lasted approximately one and a half hours each.

## Leadership Interviews

RDA staff conducted interviews with key leadership staff in the County to understand the types and levels of services in each system of care across MHSA components. The purpose of these interviews was to learn in depth about the landscape of mental health services from a high-level perspective. The interviews were used as a tool to facilitate discussion of potential changes to the system and conceptualize gaps and needs of the current system.

## Findings

RDA compiled findings from the CPP activities, identifying any recurring themes and key takeaways across the planning process. In reviewing needs and findings, CPP participants compiled a list of recommendations and strategies to address needs and gaps in MHSA programs. This included the proposal of new programs, substantive program/service changes, and some minor program modifications, as summarized in Table 2.

**Table 2: Programming Strategies by Mental Health Services Act (MHSA) Component as Identified through Community Program Planning Process**

MHSA Component	Program Expansion or Modifications
<b>Community Support Services (CSS)</b>	<ul style="list-style-type: none"><li>• Enhance the Forensic Mental Health program by including Mental Health Court (new service)</li><li>• Leverage existing systems coordination efforts to further meet the needs for an improved referral process</li></ul>
<b>Prevention and Early Intervention (PEI)</b>	<ul style="list-style-type: none"><li>• Incorporate stigma reduction activities into existing programs</li><li>• Explore providing parenting workshops as a part of the Peer Recovery Support Center</li><li>• Explore enhancing the Friendly Visitor Program and Senior Counseling Program</li><li>• Develop Critical Incident Stress Management Team (new program)</li><li>• Implement the NEST component of the Family Stabilization and Well-Being Program in partnership with Redwood Community Services</li></ul>
<b>Workforce, Education, and Training (WET)</b>	<ul style="list-style-type: none"><li>• Enhance WET impact through increased specialized trainings</li></ul>
<b>Capital Facilities and Technology Needs (CFTN)</b>	<ul style="list-style-type: none"><li>• N/A, continue programming as planned</li></ul>
<b>Innovation (INN)</b>	See Appendix 3 for INN project update

The MHSA Planning Team met to review the proposed strategies. The principle criteria in reviewing the proposed strategies were compliance with MHSA regulations, applicability to existing MHSA programs, and LCBH's capacity to address service needs, resources required, and adherence to MHSA requirements. Ultimately, the Planning Team decided to incorporate all of the proposed strategies that adhered to these requirements into the MHSA Annual Update.



## **Public Posting & Commenting**

The 30-day public comment period opened on February 19, 2018, when LCBH will posted the MHSA Three-Year Plan to its website. LCBH also emailed the draft plan to planning participants and posted printed copies at clinic and wellness recovery centers throughout the county. Each posting included a request for written feedback and invitation to the Public Hearing hosted by the Mental Health Advisory Board.

The Mental Health Advisory Board hosted a Public Hearing on May 23, 2018 during which the MHSA Planning Team presented the drafted plan and gathered additional comments. Throughout the public posting and hearing, the MHSA Planning Team received over 40 written comments. Many comments were questions about the logistics of the public posting and hearing and a number of comments provided praise for staff and programming. In addition, LCBH received the following substantive comments and provide responses below. A full list of comments and responses can be found in Appendix 4.

**Public Comment (summarized):** LCBH received several requests and recommendations for increased program funding.

**Response:** We believe that once we are in compliance with our Revenue & Expenditure Reporting along with the Cost Reporting, we will be in a better place to revisit contract amounts. Any changes would then be brought out to the community for further review.

**Public Comment:** Lake County has a volunteer center that has all the resources available. They did provide this service to us during a recent fire when several families needed direct services. We didn't have 211, so we had to use an 800 number. Organizations had to create their own resource directory. It is absurd that there isn't a centralized hub of resource directory. People say they don't know where all the resources are or they are not updated. We paid them to hire people to put this information together. This needs to be available through an organization that has the authority to produce it and not a volunteer organization.

**Response:** Yes, the county has provided multiple Lake Assistance Centers (LAC) during the past few years which were comprised of County Employees from many departments making it possible to provide referrals & direct services to those impacted by the fires in our community.

**Public Comment:** I feel no [sic] enough attention is being paid to housing. All programs are ineffective if recipient is not housed.

**Response:** Lake County Behavioral Health has budgeted \$150,000.00, annually toward transitional housing (which supports individuals who are discharged from psychiatric facilities, or recently discharged from one of the local hospitals after being evaluated, and lack housing), and permanent housing for LCBH clients.

**Public Comment:** Big issue—we need more than 30 day window to apply [sic] for a mini grant - at least need 45 days. Also not advertising it very good. Please, please give people more s's. people put a lot of free time into making a mini grant successful [sic] and don't get paid very much.



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**Response:** Regarding the Mini-grant application process, we have noted that the community would like a longer window of submission. The budget for Mini-grants is capped at \$25,000.00, annually. The Mini-grants are not to totally fund a project but to be utilized as a “startup” and not to sustain a program.

**Public Comment:** MHSA Funding and Wellness Center Activities - Regulations or Requirements for allowable cost need to be less stringent due to cultural needs.

**Response:** Through our community planning process, we welcome specific recommendations for Wellness Center activities to address expressed community behavioral health needs. While we work to consider and incorporate recommendations, what we are able to fund through MHSA Prevention and Early Intervention is regulated by state law. Please refer to the PEI Regulations provided by the state and can be referenced on our MHSA website under MHSA/Prevention.

**Public Comment:** The known needs for specific services for fire survivors and known needs for older adults do not appear to be strongly reflected in this strategic plan. They are mentioned but I don’t see them identified as priorities. In particular, those fire survivors have had three successive years of extremely traumatic experiences. It is a part of our community process and our community is still struggling with this. I am very disappointed to see it so general and broad.

**Response:** Yes, this county has had three successive years of extremely traumatic experiences due to wild fires and flooding. We are moving our Adult Peer Support Center to Clearlake Oaks this summer and we will be opening a Family Peer Support Center on the South end of the county sometime this next year. Our goal is to have Clinics and Centers all around the lake to provide services to our whole community.

## Summary of Stakeholder Participation

A total of 30 stakeholders participated in various needs assessment and CPP activities from July through October 2017.<sup>11</sup> Several stakeholders participated in more than one activity.

The participants represented a diverse age range (60% were 25-29, 35% were 60 and older, and 5% were 16-24). About 53% of the participants identified as male, 62% identified as White/Caucasian, 15% identified as Hispanic/Latino, 11% as multi-race, 8% as Indian/Native Alaskan, and 4% identified as other.

The majority of participants were from Clearlake (25%), Lakeport (15%), or North Lakeport (15%). The remaining participants were from Clearlake Oaks, Cobb, Hidden Valley Lake, Lucerne, Upper Lake, or did not identify.

The MHSA Planning Team was successful in engaging behavioral health service consumers and their family members, service providers, education representatives, representatives from social services agencies,

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<sup>11</sup> Total participation was tallied based on sign-in sheets. It is possible that some participants did not sign in, thus underrepresenting total numbers.



Members of health care organizations, and representatives of underserved populations<sup>12</sup>. Participants were asked to complete anonymous demographic forms to self-identify their stakeholder affiliations; their responses will be compiled and included in this section at the close of the 30-day public posting period.

See **Appendix 2** for a complete demographic breakdown of the CPP participants.

## Needs Assessment

To identify the current service strengths, needs, and gaps in the county, RDA developed a needs assessment based on the information received through the community planning activities described above. Additionally, RDA reviewed past MHSA program plans and documents and service and financial data from the past fiscal year.

The data collection methods and general participant demography for each of these data collection activities is described above, in *Community Program Planning*. The community identified needs are organized below as:

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

### Access to Services

MHSA-funded programs served 6,599 people in Fiscal Year 2015-2016 (FY15-16). Of the people served, 30% were adults, 12% were older adults, 11% were children and youth, and 8% were transition age youth. Thirty-eight percent of consumers served were of unknown age. Of the 6,599 persons who received MHSA funded services, 91% engaged in Prevention and Early Intervention (PEI) programs and services and 9% engaged in Community Services and Supports (CSS).

Across the CPP activities, Lake County stakeholders were generally pleased with the programs and services in which they have engaged. Stakeholders highlighted that the Peer Support Recovery Centers in Lake County are particularly safe and welcoming, noting that staff have been helpful in linking consumers to services. Stakeholders also discussed that staff sensitivity to the culturally specific needs of the Latino and Tribal communities helped participants feel safe in accessing services.

In recent years, LCBH has made a concerted effort to increase access to services, particularly through the establishment of its MHSA Innovation project, the Lake County Behavioral Health Full Cycle Referral and

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<sup>12</sup> At the time of this planning process, the Mental Health Services Oversight and Accountability Commission (MHSOAC) had not released updated guidelines. This planning process was conducted based on instructions the Mental Health Services Oversight and Accountability Commission's (MHSOAC) FY 2016-2017 MHSA Annual Update and FYs 2014-17 MHSA Three-Year Programs and Expenditure Plan instructions.



Care Coordination. The LCBH Innovation Project is a new approach to linking consumers to referred mental health services and creating a platform for consumer-driven care coordination. The LCBH Innovation Project aims to increase access to quality services and improve outcomes for consumers by connecting consumers to mental health services and directly engaging consumers in the management of their service needs and wellness progress. The goal of this project is to establish a robust consumer-driven online health portal and information management system that blends referral tracking, consumer education and resource awareness, and service coordination.

When asked for feedback on areas that were gaps or needs for improvement in accessing services, stakeholders shared the following concerns and suggestions for improving access to behavioral health services in Lake County.

**Stigma of mental illness and lack of awareness of LCBH services hinders utilization of LCBH services.** Community members discussed a lack of awareness of behavioral health services in Lake County and noted widespread feelings of stigma that clouded the community's views of seeking mental health supports. Many stakeholders shared concern that stigma in the community inhibits people from accessing mental health services. During the CPP process, consumers and providers alike shared that there is a need to increase outreach and education about the existing behavioral health services available in a way that will build awareness of services and reduce community stigma against seeking help. Community members suggested that LCBH host or participate in community events to increase visibility of services and address stigma through building a positive presence, connected to other areas of interest. Several consumers discussed hosting community concerts, health fairs, or participating in school events to promote wellness in the community.

*People face fear of getting help. People do not accept it...there is a stigma about getting help. People slip through the cracks in the mental health system.*

*– Consumer/Family Member  
Focus Group Participant*

**Service providers could benefit from increased awareness of other programs to make more targeted referrals and improve service coordination.** Alongside consumers, service providers also identified a lack of awareness of services and resources that exist in the county among themselves. Providers discussed how the lack of awareness of programs, services, and referral procedures have prevented them from connecting consumers to potentially beneficial programs. Specifically, stakeholders recommended that all providers increase coordination between levels of care as well as between substance abuse and behavioral health. Several community members expressed concern that drug and alcohol addiction affects the lives of the county's TAY population and felt that increased coordination between behavioral health and substance abuse would benefit this group. Stakeholders also expressed a desire for a more streamlined referral process and level of care determination.

In addition, stakeholders recommended that LCBH develops an index or resource guide of behavioral health programs and services with descriptions and contact information that residents can use seek out services more easily and so that providers can better connect mutual consumers to appropriate services. Providers shared that having a resource guide of services in Lake County may make it easier to make



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als to partner programs. In response to similar needs and recommendations raised in past planning processes, LCBH is currently working on an MHSA Innovation plan, the *Lake County Behavioral Health Full Cycle Referral and Virtual Care Coordination* portal. The aim of this project is to establish a robust online health portal and information management system that blends consumer education and resource awareness, service coordination and referral tracking, and treatment management and wellness tracking over time into a single system that is entirely consumer-driven. The web portal will become a central point of access for any behavioral health related referrals, providers, and clinicians in Lake County and/or surrounding areas that may serve LCBH clients. In addition to acting as a critical information resource for consumers, the portal will increase information sharing to the network of individuals important to the consumer's recovery, as identified by the consumer, and can include preventative and primary health care or other services as identified by the consumer, in addition to behavioral health care services.

Two of the intended goals of the Innovation project address the identified need for increased systems coordination and collaboration between providers:

- **Community Collaboration:** This project contributes to increased engagement of County behavioral health consumers across socio-demographic groups by engaging individuals in the management of their own care, providing up-to-date and relevant resource information, and enabling communication across providers involved in an individual's care plan.
- **Integrated Service Experience:** The project supports the capacity of providers to engage with each other collaboratively to provide the services necessary to address an individual's specified needs. The platform increases information sharing to the network of individuals important to the consumer's recovery, as identified by the consumer, which may include primary health or other services.

**The geography of Lake County creates transportation challenges that may be barriers to accessing services.** While LCBH has centralized wellness centers around the lake, stakeholders expressed that the sparse availability of public transit and the hilly geography of the region can serve as barriers to accessing services. Multiple stakeholders suggested there is a need for expanded service access points around the Lake and a need for increased transportation to behavioral health services. Stakeholders discussed that expanding satellite services and implementing mobile services would help to increase service access in the more isolated parts of the county.

### Staff and Workforce

The following findings encompass strengths and needs of the LCBH workforce as a whole, regardless of MHSA funding. Stakeholders were eager to share that the friendly and helpful staff at LCBH help make the programs and services more accessible. Stakeholders specifically mentioned LCBH staffs' dedication to helping the community and a willingness to innovate as strengths of the system.

Stakeholders shared the following concerns and suggestions to address staffing and workforce challenges in Lake County:



is a need for a designated team to respond to critical incidents in the community. In September 2015, Lake County experienced devastating wildfires that destroyed over 76,000 acres of land. The fire killed four people and destroyed nearly 2,000 buildings, leaving close to 3,000 residents homeless and countless more experiencing emotional distress from the various losses faced by the county. CPP participants noted that residents are still suffering the aftereffects of that initial trauma, manifesting in symptoms of post-traumatic stress disorder. In October 2017, Lake County again experienced wildfires, destroying at least 158 homes in the Clearlake neighborhood and burning approximately 2,200 acres.<sup>13</sup> As a response to the fires, LCBH staff identified the need to develop a plan to respond to highly stressful incidents and mitigate the effects of exposure to highly stressful critical incidents in the community.

In response to this identified need, LCBH staff proposed the idea to create a Critical Incident Stress Management (CISM) team. CISM is a system of education, prevention and mitigation of the effects from exposure to highly stressful critical incidents. CISM is intended for secondary trauma victims, such as first responders, not for primary victims of trauma.<sup>14</sup> A primary goal of this program is to provide support to individuals responding to highly stressful incidents in an effort to best respond to the primary trauma victims.

#### **First responders may benefit from additional specialized trainings.**

Given the frequency of public safety incidents that involve individuals experiencing mental health challenges and given recent hostage situations involving individuals experiencing mental health challenges, LCBH staff and community members identified the need for increased training for law enforcement and other first responders. This need expands upon past efforts to implement Mental Health First Aid Training for community members in responding to individuals experiencing a crisis, and focuses on the need to build a trauma-informed approach among first responders as they respond to any emergency situation. One consumer shared that they have witnessed firsthand the need for improved police interaction with individuals with mental illness—that responding officers may have unintentionally provoked an individual in crisis due to their lack of a trauma-informed approach. Stakeholders recommended the implementation of several evidence-based practices, such as Mental Health First Aid Training for all community members, Crisis Intervention Training for first responders, and hostage negotiation training for first responders.

*I think there should be separate mental health team, like a crisis response team, integrated with law enforcement.*

- Consumer/Family Member focus group participant

**Staff retention and capacity is a challenge in Lake County.** Stakeholders discussed that in Lake County, there is a difficulty to retain staff, much of which is due to maintaining competitive salaries. Providers noted that many of their colleagues have been drawn to the Bay Area for higher salaries. This, in turn, has caused overburden of existing staff and reduced capacity within programs. Stakeholders suggested that

<sup>13</sup> <http://www.latimes.com/local/california/la-northern-california-fires-live-clearlake-park-neighborhood-hit-hard-by-1508100783-htlmstory.html>

<sup>14</sup> <https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>



explore leveraging existing partnerships with local colleges and high schools to create attractive employment opportunities for residents of Lake.

## Programs and Services for Youth and Families

From 2014 through 2017, LCBH has provided a variety of MHSA-funded programs and services for children and youth ages 0–15. These programs and services served 758 unduplicated children and youth from 2014 through 2017, a majority of whom (96%) engaged in Prevention and Early Intervention (PEI) services. Stakeholders shared the following concerns and suggestions to address programs and services for Youth and Families in Lake County:

**Parenting skills offered by workshops are an asset to the community and should be offered to all parents, not just at-risk parents.** The parenting skills workshops currently offered to at-risk parents are a strength. These parenting programs are a family-centered initiative designed to build nurturing parenting skills. Groups are designed to build self-awareness, promote positive concept/self-esteem and build levels of empathy; enhance family communication and awareness of needs; replace abusive behaviors with nurturing behaviors; promote healthy physical and emotional development; and teach appropriate role and developmental expectations.

Currently, these programs are offered to at-risk parents. Examples of risk factors include, but are not limited to experiencing a serious chronic medical condition, adverse childhood experiences, severe trauma, childhood exposure to drugs, poverty, family conflict, domestic violence, racism and social inequality, isolation, traumatic loss, and mental illness. Stakeholders feel that expanding this service to the larger community would benefit residents of Lake County. LCBH is exploring how to partner with the Peer Wellness Centers to offer this as both a targeted class for at-risk parents and a class open to the community, or to broaden the definition of “at-risk”.

**There is a need for increased prevention services for youth to address the unique challenges of growing up in a rural area.** As is common to many rural areas, there may be fewer healthy and positive activities for youth to engage in. Youth in rural communities may have less access to opportunities such as after-school jobs, organized activities, and cultural activities. Community members discussed how this might result in unsupervised and unstructured time that youth have to engage in unhealthy and potentially risky behavior. Stakeholders cited the closure of youth-friendly activities and venues, such as the local bowling alley, as examples of the dwindling opportunities for youth in Lake County. Stakeholders discussed that there is a need to focus prevention services on lower-needs youth who may not be currently experiencing a mental health challenge, but who may be at-risk of experiencing isolation, negative coping strategies, and other maladaptive behaviors.

## Programs and Services for Transitional Age Youth (TAY)

In FY15-16, 538 TAY engaged in MHSA funded programs. The majority of TAY (55%) engaged in CSS services, of whom 17 TAY engaged in FSP services, while 44% of TAY engaged in PEI services.



Stakeholders shared the following concerns and suggestions to address programs and services for TAY in Lake County:

**TAY need support developing life skills to transition to adulthood.** In Lake County, the TAY population are generally young people transitioning from their teen years to adulthood in a rural environment and may be geographically isolated from places and experiences that would help them develop skills they will need to become independent. Stakeholders noted that additionally, TAY in Lake County might lack access to adult mentors and role models, citing intergenerational poverty as a risk factor that may contribute to maladaptive behaviors among teens and young adults. Without adult guidance, TAY may struggle to express their behavioral needs and struggle with developing positive life skills to mature into healthy adults, possibly leading to decreased well-being and coping by substance use. Stakeholders recommended that LCBH take measures to prevent the onset of mental illness among TAY by exploring ways to connect TAY with positive adult role models who can help them with this transition and in developing life skills and coping mechanisms. Developing life skills such as professionalism, the ability to cope with stress or anger, and building socioemotional supports are an ongoing need for programs serving TAY in Lake County.

**There are few youth-friendly access points for TAY mental health services.** While LCBH has contracted local providers to operate a drop-in center and provide behavioral health services for youth and TAY, stakeholders identified an ongoing need to engage more TAY in LCBH programs and services. TAY face barriers to participating in mental health treatment and services including stigma related to mental health, lack of transportation, and lack of knowledge about what services are available. Stakeholders felt LCBH might engage more TAY by developing more youth-friendly access points, such as schools, community colleges, and other places where TAY feel safe and comfortable accessing services.

### Programs and Services for Adults and Older Adults

In FY15-16, MHSA funded programs served 1,999 adults and 822 older adults. Stakeholders commended the extensiveness of services provided through Full Service Partnerships, doing whatever it takes to improve mental health outcomes for individuals experiencing severe mental illness. When asked about the gaps and needs in services for adults and older adults in Lake County, stakeholders shared the following concerns and suggestions.

**Older adults face unique challenges that must be addressed by specialized clinical staff and peer volunteers.** Older adults are at risk of experiencing life stressors common in later life, such as reduced mobility, chronic pain, frailty, or other age-related health problems. Additionally, older people are more likely to experience events such as loss of loved ones and financial insecurity. All of these stressors can result in loneliness, isolation, and psychological distress.<sup>15</sup> Stakeholders identified a need to support older adults who may be isolated, at risk of crisis, or at risk of losing their independence and cited lacking clinical services specifically for the older adult population. Community members shared concern that there is no dedicated therapist within LCBH for older adults and expressed a need for increased case management and FSP services for older adults. Further, stakeholders discussed the importance of providers having an

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<sup>15</sup> <http://www.who.int/mediacentre/factsheets/fs381/en/>



used diagnostic capacity specifically for older adults dealing with mental illness and underlying medical and/or co-occurring substance abuse problems.

Stakeholders identified that the peer support and outreach services are effective at engaging older adults in the community and discussed the need for additional peer services for older adults. Stakeholders voiced the importance of peers to support older adults in their participation in the service system. LCBH may consider the specific clinical and cultural needs of the older adult population and ways to meet these needs with existing resources, or the need for reallocation of resources.

**Individuals re-entering the community from long-term hospitalization need residential treatment options.** Stakeholders discussed that in the past years tremendous work has been done to transition individuals from out-of-county placements back into the County, and that efforts should continue to focus on this. However, LCBH staff and stakeholders agreed that there is a need for residential treatment and/or transitional housing for these and similar individuals returning to the community so that they can successfully reintegrate into the community and continue to receive necessary supports. In addition, stakeholders raised housing as a core need to mental health and well-being in Lake County. Given the number of homes lost in recent fires, there is a housing shortage that has driven up rent and reduced vacancy in a way that makes housing an unattainable necessity for those struggling to establish stability. Many noted that the lack of housing makes it impossible for those in recovery to truly gain stability. In response to this community identified need, LCBH will continue to offer the Housing Access program for FSP clients and will explore additional housing options through an MHSA Housing Plan. Further, County leadership has begun and will continue to explore additional housing funding through foundation and grant opportunities.



## **MHSA Three-Year Program Plan**

LCBH's focus for the Three-Year Program and Expenditure Plan for FYs 2017–20 was to reorganize and streamline its program and service structure in compliance with MHSA requirements and to be responsive to the community identified needs. The following table outlines LCBH's MSHA programs and service, the respective MHSA component in which each has been classified, the former component classification, and notation of any new programs developed in response to community identified needs. Specific program descriptions and expenditure details are provided in the following section.

**Table 3. Summary of Mental Health Services Act (MHSA) Programs by Component**

Program Name	2017 – 2020 Component	2014 – 2017 Component	Reason if changed
<b>Full Service Partnerships</b>	CSS – FSP	CSS - FSP	
<b>Housing Access</b>	CSS – FSP	CSS – GSD	Housing Access will be funded through FSP as an activity to provide FSP participants with housing assistance.
<b>Coordinated Care for Co-occurring Behavioral and Physical Health Conditions</b>	CSS – GSD	CSS – GSD	Formerly called “Integrated Physical and Behavioral Health”
<b>Parent Partner Support</b>	CSS – GSD	CSS – GSD	
<b>Crisis Access Continuum</b>	CSS – O/E	CSS – GSD	Crisis Access Continuum has been reclassified as Outreach and Engagement as the program works to outreach and engage individuals into services.
<b>Forensic Mental Health Partnership</b>	CSS – O/E	CSS – GSD	Forensic Mental Health Partnership has been reclassified as Outreach and Engagement as it intends to engage individuals into treatment as an alternative to incarceration.
<b>Older Adult Access</b>	CSS – O/E	CSS – GSD	Older Adult Access has been reclassified as Outreach and Engagement as the program works to engage senior citizens into mental health services.
<b>Trauma Focused Co-occurring disorder screening and treatment</b>	CSS – O/E	PEI	This program has been reclassified from PEI to CSS Outreach and Engagement as it provides direct service to individuals with complex co-occurring behavioral and physical health disorders.
<b>Early Intervention Services</b>	PEI	PEI	
<b>Early Student Support</b>	PEI	PEI	

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<b>Peer Support Recovery Centers (Wellness &amp; Recovery Centers)</b>	PEI	PEI	Peer Support and Community Outreach and Engagement have been reclassified as PEI and as program activities within the Peer Support Recovery Centers. All three programs will be funded through the Peer Support Recovery Centers.
<b>Peer Support</b>		CSS – GSD	
<b>Community Outreach and Engagement</b>		CSS – O/E	
<b>Older Adult Outreach and Prevention</b>	PEI	PEI	
<b>Postpartum Depression Screening and Support</b>	PEI	PEI	
<b>Prevention Mini-Grants</b>	PEI	PEI	
<b>Statewide and Regional Projects</b>	PEI	PEI	
<b>*Critical Incident Stress Management Team</b>	PEI	N/A (new program)	
<b>*NEST component of the Family Stabilization and Well-Being Program</b>	PEI	N/A (new program)	
<b>Workforce Education and Training</b>	WET	WET	
<b>LCBH Innovation Project: Full Cycle Referral and Consumer Driven Care Coordination</b>	INN	INN	
<b>Capital Facilities</b>	CFTN	CFTN	
<b>Lake County Electronic Health Record Project</b>	CFTN	CFTN	



## Community Services and Supports (CSS) Programs

Through the CPP process, stakeholders supported all current CSS programs. Stakeholders consistently identified the housing shortage as a high priority in Lake County. LCBH will continue to offer the Housing Access program for FSP clients and will explore additional housing options through an MHSA Housing Plan in the next fiscal year. Additionally, County leadership has will explore additional housing funding through foundation and grant opportunities. The MHSA Planning Team identified a need to further engage individuals in forensic mental health services, and proposes the development of a Behavioral Health Court under the Forensic Mental Health Partnership Program.

The MHSA Planning Team proposes the continuation of current programs with modifications listed in the proposed activities sections.

Full Service Partnerships				
<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
<b>CSS Service Area:</b>	<input checked="" type="checkbox"/> Full-Service Partnership	<input type="checkbox"/> General System Development	<input type="checkbox"/> Outreach and Engagement	
<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<b>Program Description</b>				
<b>Program description/target population:</b> Full Service Partnerships (FSP) seek to engage children with serious emotional disorders and individuals with serious mental illness into intensive, team-based, and culturally appropriate services in the community with a low staff to consumer ratio.				
<b>Intended outcomes:</b> FSP provides a “whatever it takes” approach to: promote recovery and increased quality of life; decrease negative outcomes such as hospitalization, incarceration, and homelessness; and increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports.				
<b>Key activities:</b> FSP provides a full range of clinical and non-clinical services, including:				
<b>Clinical Services:</b>				
<ul style="list-style-type: none"><li>• Mental health treatment, including alternative and culturally specific treatments</li><li>• Peer support</li><li>• Wellness Centers</li><li>• Needs Assessment</li><li>• ISSP development</li><li>• Crisis intervention/stabilization services</li></ul>				
<b>Non clinical:</b>				
<ul style="list-style-type: none"><li>• Supportive services to obtain employment, housing, education, and health care (treatment for co-occurring conditions)</li><li>• Family education services</li><li>• Case management</li><li>• Respite care</li></ul>				
FY 2015 – 2016 Activities and Outcomes				



### Successes

In FY15-16, LCBH provided services to 86 FSP clients. Clients in the FSP program exhibited increased support and resiliency, reduced homelessness, and were able to become more stable and resilient through utilizing temporary housing. LCBH provided 66 clients housing support services through funds for temporary hotel stays as well as rent for apartments. In total, LCBH spent approximately \$80,000 in FSP housing support (see Housing Access below).

Another success has been increased participation from Older Adult FSP clients in the "Creative Living Group," which meets bi-monthly at the Middletown Senior Center. The group is a peer support group for older adults navigating life transitions, isolation, and co-occurring physical and mental health needs. LCBH has witnessed high participation from older adult clients in the Cognitive Behavioral Therapy group.

### Program Challenges

During FY15-16, FSP clients faced challenges around finding meaningful employment opportunities. Clients reported that there were limited job opportunities and that jobs that were available had employment expectations higher than clients had anticipated. This resulted in very few, if any, clients attaining educational and/or employment goals.

<b>Number served in FY 2015-16:</b>	86	<b>Total Costs FY 2015-16:</b>	\$1,250,000.00
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### Proposed Activities for FY 2017 – 2020

LCBH plans to continue to implement FSP with few modifications. To address the challenge of securing meaningful employment, LCBH staff plan to work with clients during the time of enrollment to discuss life goals and clarify employment expectations.

<b>Number to be served FY 2017-18:</b>	90	<b>Proposed Budget FY 2017-18*:</b>	\$1,500,000.00
<b>Cost per Person FY 2017-18:</b>	\$16,667.00	<b>Total Proposed Budget FY 2017-20*:</b>	\$4,500,000.00

\* Includes *Housing Access*

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Housing Access				
<b>Status:</b>	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing	
<b>CSS Service Area:</b>	<input checked="" type="checkbox"/> Full-Service Partnership		<input type="checkbox"/> General System Development	
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<b>Program Description</b>				
<p><b>Program description/target population:</b> The Housing Access program provides resources and linkages to MHSA-subsidized housing for FSP consumers in need of housing assistance. Housing Access also provides one-time funding for consumers at risk of losing their housing or needing assistance securing housing.</p> <p><b>Intended outcomes:</b> Housing Access provides FSP consumers with housing assistance to support their recovery and wellness.</p> <p><b>Key activities:</b> Housing Access provides housing resources, linkages to subsidized housing, and one-time housing assistance funding.</p>				
<b>FY 2015 – 2016 Activities and Outcomes</b>				
<p><b>Key Successes</b> During FY15-16, LCBH assisted 14 clients to secure permanent housing and assisted several additional clients to access temporary housing. Staff formed new relationships with property owners and property management companies to better serve the housing needs of FSP consumers in Lake County.</p> <p><b>Program Challenges</b> As a result of the 2015 Valley Fire, the number of available housing decreased and the cost of housing in Lake County increased, which has made it difficult to find affordable housing for FSP clients.</p>				
<b>Number served in FY 2015-16:</b>	66		<b>Total Costs FY 2015-16:</b>	\$80,058
<b>Number to be served FY 2017-18: 74</b>				
<b>Proposed Activities for FY 2017 – 2020</b>				
LCBH hopes to implement the Housing Management and Information Systems (HMIS) to better track housing data. With this system in place, LCBH also hopes to develop a more detailed process on how to initiate Permanent Access To Housing (PATH) for clients. LCBH plans to continue seeking affordable housing in Lake County and improving relationships with property owners to best serve client needs.				



### Coordinated Care for Co-occurring Behavioral and Physical Health Conditions

Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing		<input type="checkbox"/> Modified	
CSS Service Area:	<input type="checkbox"/> Full-Service Partnership		<input checked="" type="checkbox"/> General System Development		<input type="checkbox"/> Outreach and Engagement	
Priority Population:	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24		<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+	

#### Program Description

**Program description/target population:** This expanding element in the recovery planning process is a critical compound of comprehensive services and support that has been identified as an obstacle to wellness for consumers experiencing behavioral health difficulties.

**Intended outcomes:** The program intends to provide coordinated resources and treatment options for consumers with complex co-occurring behavioral and physical health disorders.

**Key activities:** The program bridges the gap between behavioral health and primary health creating direct communication channels and establishing in-person meetings to enable real-time communication.

#### FY 2015 – 2016 Activities and Outcomes

##### Key Successes

In FY15-16, the program hired a dedicated Case Manager, familiar with healthcare priorities and terminology to coordinate and improve communication between primary care providers and clients. This was in response to the challenge of establishing consistent and effective communication between primary and behavioral health.

##### Program Challenges

While hiring the Case Manager has been effective in improving communication, the program has still experienced challenges in establishing consistent and collaborative communication. In response to this challenge, the program will work to establish regular meetings between primary care and behavioral health.

<b>Number served in FY 2015-16:</b>	N/A	<b>Total Costs FY 2015-16:</b>	\$60,000.00
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#### Proposed Activities for FY 2017 – 2020

Behavioral health providers will continue to develop professional relationships with physical health providers. LCBH will continue to assist Case Managers in promoting to primary care providers the benefits of coordinating care for mutual clients and need for more consistent and collaborative communication.

<b>Number to be served FY 2017-18:</b>	N/A	<b>Proposed Budget FY 2017-18:</b>	\$0.00
<b>Cost per Person FY 2017-18:</b>	N/A	<b>Total Proposed Budget FY 2017-20:</b>	\$128,074.00



# Lake County Behavioral Health

## Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

### Parent Partner Support

<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>CSS Service Area:</b>	<input type="checkbox"/> Full-Service Partnership	<input checked="" type="checkbox"/> General System Development	<input type="checkbox"/> Outreach and Engagement
<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59  <input checked="" type="checkbox"/> Older Adult Ages 60+

### Program Description

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

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

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

### FY 2015 – 2016 Activities and Outcomes

#### Key Successes

Parent Partner Support has been a known entity within the Lake community and has been especially successful at quickly connecting with new mothers to provide support and schedule assessments (e.g., post-partum screening). This has increased the participation of new mothers and allowed this population to access needed services to promote resiliency and recovery.

#### Program Challenges

During FY15-16, the Parent Partner transitioned roles, leaving the position vacant until present. Due to this vacancy, the program has been unable to serve participants. In FY 17-18, LCBH plans to hire a new Parent Partner to fill the vacant spot and reinstate services. LCBH plans to advertise this vacancy within the Department, through the Department’s email list, as well as publicly.

<b>Number served in FY 2015-16:</b>	7	<b>Total Costs FY 2015-16:</b>	\$60,004.00
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### Proposed Activities for FY 2017 – 2020

LCBH is considering developing a fifth Peer Support Center in the city of Middletown with a target population of families. The Peer Support Center would provide services and support to local families and those involved with community mental health. The 2015 fires have drastically affected the cities of Middletown, Hidden Valley, and Cobb and effects of these fires can be seen in the growing numbers of children and adults being diagnosed with Post Traumatic Stress Disorder (PTSD). As the need for services for families increase, LCBH will increase services and support to families as necessary.

<b>Number to be served FY 2017-18:</b>	0	<b>Proposed Budget FY 2017-18:</b>	\$0.00
<b>Cost per Person FY 2017-18:</b>	N/A	<b>Total Proposed Budget FY 2017-20:</b>	\$128,074.00



## Crisis Access Continuum

<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>CSS Service Area:</b>	<input type="checkbox"/> Full-Service Partnership	<input type="checkbox"/> General System Development	<input checked="" type="checkbox"/> Outreach and Engagement
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59 <input checked="" type="checkbox"/> Older Adult Ages 60+

## Program Description

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

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

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

## FY 2015 – 2016 Activities and Outcomes

## Key Successes

Increased staffing allowed the Crisis Access Continuum to quickly engage individuals coming out of hospitalization, as well as increase direct outreach in the community. Increased staffing reduced hospitalization rates, and increased support to law enforcement.

## Program Challenges

During FY 2015-16, barriers included challenging relationships with the emergency departments and the statewide lack of acute psychiatric beds. At times, placement efforts could take several days and the client would remain in the emergency department until that time.

<b>Number served in FY 2015-16:</b>	19	<b>Total Costs FY 2015-16:</b>	\$275,006.00
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## Proposed Activities for FY 2017 – 2020

To leverage recent successes and address program challenges, LCBH plans to continue program implementation and improve its relationships with law enforcement and emergency room departments to ensure the best quality of care for clients. LCBH anticipates that new programming geared at raising awareness of mental health and reducing stigma among the community and first responders will contribute to this effort (see below).

<b>Number to be served FY 2017-18:</b>	200	<b>Proposed Budget FY 2017-18:</b>	\$ 293,504.00
<b>Cost per Person FY 2017-18:</b>	\$1,467.52	<b>Total Proposed Budget FY 2017-20:</b>	\$ 880,512.00



## Forensic Mental Health Partnership

<b>Status:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Continuing	<input checked="" type="checkbox"/> Modified
<b>CSS Service Area:</b>	<input type="checkbox"/> Full-Service Partnership	<input type="checkbox"/> General System Development	<input checked="" type="checkbox"/> Outreach and Engagement
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59 <input checked="" type="checkbox"/> Older Adult Ages 60+

## Program Description

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

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

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

## FY 2015 – 2016 Activities and Outcomes

## Key Successes

Staff working at the jail and in probation were able to provide support and assistance to consumers with legal problems. These staff were also able to assist consumers with their mental health needs, assisting inmates at the jail with transition planning and providing support in the community after release.

## Program Challenges

Jail staff experienced challenges in determining which individuals were FSP eligible. LCBH plans to improve the screening and assessment process to better identify clients that are eligible for FSP services. LCBH will evaluate clients on a case-by-case basis to better screen for FSP eligibility and use an FSP eligibility tool to assess clients and determine eligibility.

<b>Number served in FY 2015-16:</b>	9	<b>Total Costs FY 2015-16:</b>	\$99,999.00
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## Proposed Activities for FY 2017 – 2020

LCBH would like to develop a Mental Health Court to further assist individuals transitioning out of jail into FSP. Mental Health Courts are a type of problem solving court that combine judicial supervision with community mental health treatment and other support services in order to reduce criminal activity and improve the quality of life of participants. Mental health courts are established to make more effective use of limited criminal justice and mental health resources, to connect individuals to treatment and other social services in the community, to improve outcomes for offenders with mental illness in the criminal justice system, to respond to public safety concerns, and to address jail overcrowding and the disproportionate number of people with mental illness in the criminal justice system. Mental Health Courts help to support accountability for clients in the FMHP program.

## Common Elements in Mental Health Courts:



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

Participation in a mental health court is voluntary. The defendant must consent to participation before being placed in the program.

- The key objective of a mental health court is to either prevent the jailing of offenders with mental illness by diverting them to appropriate community services or to significantly reduce time spent incarcerated.
- Public safety is a high priority, and offenders with mental illness are carefully screened for appropriate inclusion in the program.
- Early intervention is essential, with screening and referral occurring as soon as possible after arrest.
- A multidisciplinary team approach is used, with the involvement of justice system representatives, mental health providers, and other support systems.
- Intensive case management includes supervision of participants, with a focus on accountability and monitoring of each participant's performance.
- The judge oversees the treatment and supervision process and facilitates collaboration among mental health court team members.

In FY16-17, LCBH will explore seeking a Substance Abuse and Mental Health Service Administration (SAMHSA) grant to set up a Mental Health Court. LCBH will also establish screening and assessment protocols for jail staff to help determine eligibility for the program.

<b>Number to be served FY 2017-18:</b>	35	<b>Proposed Budget FY 2017-18:</b>	\$106,729.00
<b>Cost per Person FY 2017-18:</b>	\$3,049.40	<b>Total Proposed Budget FY 2017-20:</b>	\$320,187.00



## Older Adult Access: Senior Peer Counseling

<b>Status:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Continuing	<input checked="" type="checkbox"/> Modified
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input type="checkbox"/> Adult Ages 24 – 59
			<input checked="" type="checkbox"/> Older Adult Ages 60+

## Program Description

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

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

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

## FY 2015 – 2016 Activities and Outcomes

## Key Successes

Older Adult Access increased collaborative connections with community service organizations, other non-profits, county agencies, and Tribal Cultural Centers. The program also developed a Cognitive Behavioral Therapy group that has a high proportion of Older Adult clients.

## Program Challenges

As was identified during the CPP, LCBH does not have a dedicated therapist or social worker for older adults. A geriatric psychologist or social worker can provide targeted care for elderly residents in areas that might help them navigate and engage in appropriate services for socialization, mental well-being, and medical care.

<b>Number served in FY 2015-16:</b>	13	<b>Total Costs FY 2015-16:</b>	\$159,991.00
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## Proposed Activities for FY 2017 – 2020

To attract and retain more peer volunteers, the Senior Peer Counseling program plans to make the volunteer recruitment and on boarding process more user friendly and create a training curriculum that will help peer volunteers feel more informed and at ease in providing support to participants. Overall, LCBH would like to double the volunteer pool, from four to eight volunteers, and expand the program to include referrals from Department of Social Service, In-Home Supportive Services, and Senior Centers around the lake.

Older Adult Access will continue services described, including:

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

**Lake County Behavioral Health***Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

<b>Number to be served FY 2017-18:</b>	25	<b>Proposed Budget FY 2017-18:</b>	\$95,766.00
<b>Cost per Person FY 2017-18:</b>	\$3,831.00	<b>Total Proposed Budget FY 2017-20:</b>	\$287,298.00



### Trauma Focused Co-occurring Disorder Screening and Treatment

<b>Status:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Continuing	<input checked="" type="checkbox"/> Modified	
<b>CSS Service Area:</b>	<input type="checkbox"/> Full-Service Partnership	<input type="checkbox"/> General System Development	<input checked="" type="checkbox"/> Outreach and Engagement	
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

#### Program Description

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

**Intended outcomes:** Unrecognized, unaddressed trauma symptoms can lead to poor engagement in treatment, premature termination of treatment, greater risk for relapse of psychological symptoms or substance use, and worse outcomes.<sup>16</sup> This program intends sensitively identify clients who have/are experiencing trauma and/or co-occurring disorders in order to develop a tailored service plan that would increase treatment adherence and promote recovery and wellness.

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

#### FY 2015 – 2016 Activities and Outcomes

##### Key Successes

The program expanded to include collaboration with AODS for screening and treatment of trauma and co-occurring disorders through individual and group psychotherapy.

##### Program Challenges

Due to lack of specificity in existing screening process, staff had difficulty identifying consumers who met criteria for the program. In response, the program began using specific screening tools and trained staff to better identify and refer clients.

<b>Number served in FY 2015-16:</b>	15	<b>Total costs in FY 2015-16:</b>	\$79,995.00
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#### Proposed Activities for FY 2017 – 2020

In addition to utilizing specific screening tools to better identify clients, the program will continue to provide co-occurring groups and individual mental health treatment in both sides of the county, including schools sites at the southern end of the county that has been largely impacted by wildfires in the past few years; counseling one-on-one and trauma informed groups.

<b>Number to be served FY 2017-18:</b>	18	<b>Proposed Budget FY 2017-18:</b>	\$94,005.00
<b>Cost per Person FY 2017-18:</b>	\$5,222.50	<b>Total Proposed Budget FY 2017-20:</b>	\$282,015.00

<sup>16</sup> <https://www.ncbi.nlm.nih.gov/books/NBK207188/>



## Prevention and Early Intervention (PEI) Programs

Through the CPP process, stakeholders expressed interest in bolstering PEI programs and providing increased trainings for Lake County first responders. The MHSA Planning Team developed one new PEI program, Critical Incident Stress Management, and proposes the continuation of current programs with slight modifications listed in the proposed activities sections.

In adherence to the MHSOAC's new regulations for measuring and monitoring PEI program outcomes, LCBH has collected and compiled data related to each program's performance. Please see Appendix 1 for each PEI programs' goals, objectives, and evaluation outcomes.

Critical Incident Stress Management Team				
<b>Status:</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Modified			
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input checked="" type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			
<b>Program Description</b>				
<b>Program description/target population:</b> Critical Incident Stress Management (CISM) is a system of education, prevention, and mitigation of the effects from exposure to highly stressful critical incidents. <sup>17</sup> It is handled most effectively by specially-trained individuals, such as crisis intervention specialists, first responders, law enforcement officers, and mental health workers. The purpose of CISM is to provide members and employees involved in a critical incident with initial and follow-up support.				
<b>Intended outcomes:</b> The goals of CISM include:				
<ul style="list-style-type: none"><li>• Providing the critical incident stress management and educational support necessary to ensure optimal functioning of Lake County's emergency service workers and their primary support systems</li><li>• Promoting job retention capabilities for emergency services personnel and reducing turnover rates</li><li>• Enhancing the quality of response for persons in Lake County needing emergency services</li><li>• Reducing the negative consequences of exposure to highly stressful incidents among first responders, including Post Traumatic Stress Disorder and substance use</li></ul>				
Further, establishing a multidisciplinary Critical Incident Stress Management Team (CIRT) within the CISM allows LCBH to provide a county-wide response to the psychological and emotional needs of emergency services personnel impacted by disasters/critical incidents. <sup>18</sup>				

<sup>17</sup> <https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>

<sup>18</sup> <https://www.dshs.texas.gov/mhsa-disaster/cism/>



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

**activities:** CISM interventions focus on three stages of crisis: pre-crisis, acute crisis, and post-crisis. This is to address preparing for an incident, the reactions that immediately follow an incident, and the possible long-term effects from experiencing a critical incident.<sup>19</sup>

#### **Proposed Activities for FY 2017 – 2020**

To implement CISM, LCBH should explore partnership opportunities with Lake County Sheriff's Department to identify potential members of the CIRT. Once the CIRT has been established, LCBH will explore training CISM training opportunities. Potential activities include:

- FY17/18: Develop a workplan to actualize CISM implementation and development of CIRT; broker relationships with partner agencies and establish a common vision for CISM; seek an expert provider who will support CISM and CIRT development
- FY18/19: Begin recruitment and training for CIRT; establish protocols for enacting the CIRT; pilot, debrief, and refine use of the CIRT
- FY19/20: Launch the CIRT

<b>Proposed Budget FY 2017-18:</b>	<b>\$25,000.00</b>	<b>Total Proposed Budget FY 2017-20:</b>	<b>\$75,000.00</b>
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<sup>19</sup><http://www.aana.com/resources2/professionalpractice/Documents/Guidelines%20for%20Critical%20Incident%20Stress%20Management.pdf>



## Family Stabilization and Well-Being

<b>Status:</b>	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			

## Program Description

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

- **The NEST** provides short-term transitional housing (up to 15 months) for pregnant women or young parents ages 18-21. During this time, families will work with a three-person team (Program Supervisor, Home Specialist, and Child Development Specialist) in a youth-driven process to reduce risk factors, and increase self-sufficiency.
- **Family Wrap Component** provides short-term, intensive intervention services. Program enrollment period is 90-120 days. During this time families will work with a three-person team (Care Coordinator, Family Specialist, and Parent Partner) in a family voice, family choice process to reduce risk factors identified by referral agency.

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

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

**Key activities:** Services provided will include:

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

## Proposed Activities for FY 2017 – 2020

In FY17-18, Family Stabilization and Well-Being activities will include the following:

- Prevention and early intervention strategies to reduce the psychosocial impacts of trauma in at-risk children, youth, and young adult populations
- Services to assist individuals in obtaining safe housing
- Strategies to encourage engagement in health care services
- Parenting skills



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

Budget management			
• Life-skills workshops and strategies			
<b>Number to be served FY 2017-18:</b>	30	<b>Proposed Budget FY 2017-18:</b>	\$141,698.00
<b>Cost per Person FY 2017-18:</b>	\$4,723.28	<b>Total Proposed Budget FY 2017-20:</b>	\$425,095.20



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Early Intervention Services

<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input type="checkbox"/> Adult Ages 24 – 59	<input type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			

#### Program Description

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

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

**Key activities:** Key activities of EIS will support outcomes around interrupting or mitigating early signs of mental illness or emotional disturbance by:

- Providing age appropriate mental health services in the community, clinic, and at home.
- Provide clinical interventions to mitigate early onset of mental health issues.
- Promoting pro-social activities, including creative or artistic expression as related to self-care

#### FY 2015 – 2016 Activities and Outcomes

##### Key Successes

In FY15-16 LCBH began to see progress made through better screening and treatment of early psychosis. Staff focused on identifying prodromal symptoms to ensure that clients are assigned an EIS status and appropriate supports, including:

- Additional assessments, such as the Structured Interview of Psychosis-Risk
- Medication management services
- Family therapy and education family therapy
- Support for schools to understand psychotic or prodromal disorders

Several clients experienced a first break that LCBH quickly recognized as transitioning from a prodromal to psychotic symptom profile. Clients were immediately placed into the EIS program and received intensive therapy, medication management, and family support services.

##### Program Challenges



...faced a shortage of clinical staff familiar with prodromal symptoms with the ability to educate client families and help navigate the initial stage of the disorder. In recognition of the staffing shortage, LCBH began working with management, human resources, and local universities to recruit new social work students to train in the procedures and symptoms of prodromal. Current adolescent team staff meets weekly to discuss cases and clarify any possible existing clientele that may be exhibiting early prodromal symptoms.

EIS also faced challenges in clients' lack of family support and structure. Staff noted that individual case successes have two common variables: a natural support system and little to no drug use. Without the natural support system, clients face further challenges in recovery. In some of these cases, clients were promoted to FSP status to assist in financial support.

<b>Number served in FY 2015-16:</b>	10	<b>Total costs in FY 2015-16:</b>	\$115,000.00
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***Proposed Activities for FY 2017 – 2020***

Given the success of EIS, LCBH plans to continue implementing the program. To continue addressing the challenges faced in FY15/16, LCBH planned to continue its workforce development efforts and to implement new services and activities to address prodromal symptoms and focus on reintegration back into the community.

EIS plans to coordinate with probation to screen adolescents in the Juvenile Justice System for prodromal symptoms to ensure treatment of all Lake youth who are experiencing a first break. As a result, LCBH plans to serve more consumers via EIS in the coming years.

<b>Number to be served FY 2017-18:</b>	12	<b>Proposed Budget FY 2017-18:</b>	\$135,132.00
<b>Cost per Person FY 2017-18:</b>	\$11,260.00	<b>Total Proposed Budget FY 2017-20:</b>	\$405,360.00



## Early Student Support

<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input type="checkbox"/> Adult Ages 24 – 59 <input type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input checked="" type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		

## Program Description

**Program description/target population:** Early Student Support (ESS) places clinical staff in schools to provide K-5 student with direct mental health services. In addition to direct services, ESS works to train all school staff in QPR (Question, Persuade, Refer), an early intervention technique often used in suicide prevention to guide clients in addressing their challenges and seeking appropriate supports.

**Intended outcomes:** ESS intends to increase the likelihood of school retention, prevent the development of severe emotional disturbance or serious mental illness, and reduce the likelihood of negative consequences, including suicide.

**Key activities:** Clinical staff provide age appropriate mental health services, including:

- Clinical interventions to mitigate early onsite of mental health issues
- Pro-social activities, including creative or artistic expression as related to self-care
- Referrals to outside resources as necessary

## FY 2015 – 2016 Activities and Outcomes

## Key Successes

Student participation increased among MediCal eligible students, reducing disparities experienced by this specific group of children. After connecting to services, four students in ESS made significant progress, both socially and academically, and returned to their original schools.

## Program Challenges

LCBH was not able to train Highlands School staff in QPR. LCBH will work to address this challenge by focusing outreach at Highlands School to train the staff.

<b>Number served in FY 2015-16:</b>	128	<b>Total costs in FY 2015-16:</b>	\$60,000.00
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## Proposed Activities for FY 2017 – 2020

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

<b>Number to be served FY 2017-18:</b>	144	<b>Proposed Budget FY 2017-18:</b>	\$70,560.00
<b>Cost per Person FY 2017-18:</b>	\$490.00	<b>Total Proposed Budget FY 2017-20:</b>	\$211,680.00



### Peer Support Recovery Centers

<b>Status:</b>	<input type="checkbox"/> New		<input type="checkbox"/> Continuing		<input checked="" type="checkbox"/> Modified	
<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+		
<b>PEI Service Area:</b>	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> Access and Linkage to Treatment <input checked="" type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations					

#### Program Description

**Program description/target population:** Peer Support Recovery Centers operate four peer support centers throughout Lake County. The Bridge Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center, and La Esperanza Centro Latino (La Voz). A variety of education, prevention, and early intervention service, programs, and activities are run through the centers. The concepts of wellness, recovery, and resiliency are embedded in the programming in all locations. *Peer Support Recovery Centers has split funding from CSS and PEI. CSS funds are used to support the Centers' Peer Support and Community Outreach and Engagement services and PEI funds are used to support the Centers' prevention and support services.*

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

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

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

#### FY 2015 – 2016 Activities and Outcomes

##### Key Successes

- **Latino Outreach and Engagement:** The Latino Wellness Center provides the opportunity to address multiple barriers that the Latino community faces in accessing services, including community stigma against behavioral health, language barriers, and mistrust. This has resulted in a reduction in the silence and the stigma around mental illness within and moving from a crisis-based response to prevention through education.
- **Engaging the Latino community in Peer Support:** One of the most important characteristic of the La Voz is that staff come from the community. These staff are able to effectively address access barriers that arise from cultural and linguistic differences, stigma, and mistrust of the system.



**Tribal Outreach and Engagement:** Focused outreach and engagement within the tribal community has increased access to services for tribal populations through various wellness activities. Participants involved in activities were given a safe, peer-supportive environment, as well as exposure to programs. As a result of this outreach, several members of the Tribal community have inquired about services and consequently accessed assistance and referral.

### Program Challenges

- Both La Voz and The Circle of Native Minds experienced staff shortages in FY15/16, which resulted in a limited ability to conduct Outreach and Engagement. In response to staffing shortages, LCBH will focus on addressing staffing shortages and work to outreach to fill these positions.
- Community members praised the peer support centers, but noted that transportation to and from events and activities at the centers can be challenging in the rural county and suggested that LCBH improve satellite services and/or implement a mobile service team.

<b>Number served in FY 2015-16:</b>	<b>Total</b>	<b>3,294</b>	<b>Total Costs FY 2015-16:</b>	<b>Total</b>	<b>\$307,366.81</b>
	Peer Support Recovery Center	2,991		PEI: Peer Support Recovery Center	\$140,577.00
	Outreach & Engagement	8		CSS: Outreach & Engagement	\$123,329.36
	Peer Support	295		CSS: Peer Support	\$43,456.45

### Proposed Activities for FY 2017 – 2020

All services will continue with the following proposed activities:

- Wellness Events:** During the CPP, stakeholders expressed a desire for increased stigma reduction activities to promote wellness and create a sense of community within mental health. In the coming years, LCBH will incorporate wellness events, such as concerts or fairs, into Peer Support Recovery center activities.
- The Bridge:** The Bridge will relocate to a more suitable building for the purpose of expanding services. These will include more life skills and individual rehabilitation groups; Wellness and Recovery Action Planning (WRAP) groups; outreach and engagement services; and peer community-building events.
- Latino Outreach and Engagement:** LCBH plans expand outreach and engagement services in the south end of the County to reach more isolated members of the Latino community.
- Tribal Outreach and Engagement:** LCBH plans on increasing contact with the local tribes to foster relationships to better serve this community. Further, LCBH plans to widen the demographics of their Tribal Outreach and Engagement efforts to reach more isolated members of the Tribal community.
- Peer Support:** LCBH has a plan to recruit, train, and retain Spanish-speaking volunteers to better serve Spanish-speaking clients. Bilingual staff will be utilized to outreach and engage in-need Spanish-speaking clients.
- In collaboration with Parent Partner Support, develop new Peer Support Center in Middletown focusing on families dealing with trauma for south end of the county.**
- Peer Specialist Employment:** LCBH plans to explore implementing a Peer Specialist training program, such as Workforce Integration Support and Education University (WISE U), to support clients who become stable and wish to find gainful employment.

<b>Number to be served FY 2017-18:</b>	<b>Total</b>	<b>3,338</b>	<b>Proposed Budget FY 2017-18:</b>	<b>Total</b>	<b>\$363,252.00</b>
	Peer Support Recovery Center	3,000		PEI: Peer Support Recovery Center	\$141,000.00
	Outreach & Engagement	14		CSS: Outreach & Engagement	\$186,755.00
	Peer Support	324		CSS: Peer Support	\$149,420.00

# Lake County Behavioral Health

## Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020



per Person FY 2017-18:			Total Proposed Budget FY 2017-20:	<b>Total</b>	<b>\$1,431,525.00</b>
	Peer Support Recovery Center	\$47.00		PEI: Peer Support Recovery Center	\$423,000.00
	Outreach & Engagement	\$13,338.64		CSS: Outreach & Engagement	\$560,265.00
	Peer Support	\$461.17		CSS: Peer Support	\$448,260.00



## Older Adult Outreach and Prevention: Friendly Visitor Program

<b>Status:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Continuing	<input checked="" type="checkbox"/> Modified	
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations			

## Program Description

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

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

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

## FY 2015 – 2016 Activities and Outcomes

## Key Successes

In FY15/16, the Friendly Visitor Program reached 20 individual and saw success in reducing disparities in access to mental health services for the older adult population.

## Program Challenges

Staff had trouble recruiting volunteers for the Friendly Visitor Program. In response to this challenge, staff will explore more incentives to recruit volunteers and work to educate the public on the importance of supporting this population.

<b>Number served in FY 2015-16:</b>	20	<b>Total costs in FY 2015-16:</b>	\$27,140.00
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## Proposed Activities for FY 2017 – 2020

Stakeholders discussed the importance of increasing the reach of the Friendly Visitor Program. In the coming years, LCBH will continue services as described, including:

- Recruit volunteers and conduct volunteer training
- Provide outreach to seniors in the community about the availability of services

<b>Number to be served FY 2017-18:</b>	25	<b>Proposed Budget FY 2017-18:</b>	\$35,250.00
<b>Cost per Person FY 2017-18:</b>	\$1,410.00	<b>Total Proposed Budget FY 2017-20:</b>	\$103,050.00



### Postpartum Depression Screening and Support: Mother-Wise

<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified	
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input checked="" type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			

#### Program Description

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

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

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

#### Intended outcomes:

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

#### Key activities:

- **PMAD Screening and Early Identification** through the use of the Edinburgh Postnatal Depression Scale (EPDS)
- **PMAD Awareness and Training** for health professions, volunteers, and new staff



# Lake County Behavioral Health

## Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

**In-Home Visits**, conducted by trained Saathi to provide support and screen mothers for depression using the EPDS

- **In-Person Social Support for Mothers:** Mother-Wise hosts weekly groups for moms and their babies, led by a trained facilitator.
- **Mom-to-Mom Closet**, which provides donated maternity and baby items, including diapers, formula, clothes, toys and more.

**Outreach and Engagement** through social media

### FY 2015 – 2016 Activities and Outcomes

#### Key Successes

Staff worked closely with community agencies to increase community awareness and reduced stigma around Parental Mood and Anxiety Disorders (PMADs) with several screenings of “Dark Side of the Full Moon,” a documentary about maternal mental health. In total, 53 community members viewed screenings of this documentary. As a result of the film presentation, Sutter Lakeside Hospital Birthing Center and Sutter Community Clinic adopted regular use of the Edinburgh Postnatal Depression Scale (EPDS) and now make regular referrals to Mother-Wise. Mother-Wise hired an Outreach and Engagement specialist responsible for marketing to increase program participation.

#### Program Challenges

The Mother-Wise program faced several challenges in FY15/16, including the sudden death of a team member and the Valley Fire. Because of these unexpected tragedies, the program was not able to host its planned quarterly volunteer training nor implement an online training course. In response, Mother-Wise plans to recruit to fill the vacant positions.

<b>Number served in FY 2015-16:</b>	467	<b>Total costs in FY 2015-16:</b>	\$64,987.72
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### Proposed Activities for FY 2017 – 2020

Mother-Wise will continue offering services and activities and will focus on hiring new staff to fill the current vacancies.

<b>Number to be served FY 2017-18:</b>	520	<b>Proposed Budget FY 2017-18:</b>	\$65,000.00
<b>Cost per Person FY 2017-18:</b>	\$125.00	<b>Total Proposed Budget FY 2017-20:</b>	\$195,000.00



### Prevention Mini-Grants

<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>Priority Population:</b>	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59 <input checked="" type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input checked="" type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		

### Program Description

**Program description/target population:** The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities of \$1,500 to \$2,500 to conduct prevention activities and projects.

**Intended outcomes:** The purpose of the PEI mini-grant program is to provide the Lake County community with an opportunity to develop prevention-oriented activities aimed at building protective factors and reducing risk factors with respect to mental health. Activities addressing suicide prevention, stigma and discrimination reduction are encouraged.

### Key activities:

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

- Disparities in Access to Mental Health Services
- Psycho-Social Impact of Trauma
- At-Risk Children, Youth and Young Adult Populations
- Stigma and Discrimination
- Suicide Risk and/or Prevention

### FY 2015 – 2016 Activities and Outcomes

In FY15/16, no Mini-Grants were distributed. LCBH offers two cycles of grant administration, once in April and again in October. In April 2015, no applicants had applied for Mini-Grants, and LCBH intended to award all grants in the October funding cycle. The Valley Fire in September 2015 delayed the administration of Mini-Grants.

<b>Number served in FY 2015-16:</b>	0	<b>Total costs in FY 2015-16:</b>	\$0.00
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### Proposed Activities for FY 2017 – 2020

The proposed activities for 2017-18 will be 1 cycle of grant administration in April, 2018, and again in October, 2018.

<b>Number to be served FY 2017-18:</b>	20	<b>Proposed Budget FY 2017-18:</b>	\$25,000.00
<b>Cost per Person FY 2017-18:</b>	\$1,250.00	<b>Total Proposed Budget FY 2017-20:</b>	\$75,000.00



# Lake County Behavioral Health

Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

## Statewide and Regional Projects

<b>Status:</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Modified			
<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input checked="" type="checkbox"/> <b>Stigma and Discrimination Reduction</b> <input checked="" type="checkbox"/> <b>Suicide Prevention</b> <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations			

### Program Description

**Program description/target population:** Lake County contributes 7% of its PEI funds to support the continuation of the Statewide Projects: Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative. Funding to support the regional suicide prevention hotline and local suicide prevention task force.

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

**Key activities:** Statewide and Regional Projects funds the following services and activities:

- **Suicide Prevention** includes several efforts to address and prevent suicide. Specific activities include Known the Signs; Life is Sacred Alliance (LISA); Question, Persuade, Refer (QPR); Applied Suicide Intervention Skills Training (ASIST); Lake County Suicide and Substance Use Prevention; after hours Warm-Line; Suicide Prevention Hot Line; and the Lake County Suicide Prevention Facebook page.
- **Stigma and Discrimination Reduction** events include Each Mind Matters and May is Mental Health Month.
- **Student Mental Health Initiative** supports events and activities during Mental Health Awareness Week.

### FY 2015 – 2016 Activities and Outcomes

#### FY15/16 Outcomes:

Due to the 2015 Valley Fire, LCBH experienced many setbacks in staffing and program administration. The documentation of the Statewide and Regional Projects was among the programs impacted by these setbacks. Therefore, LCBH is unable to report the key successes and challenges this program experienced in FY15/6.

#### FY16/17 Key Successes

In 2017, Suicide Prevention Week (SPW) and Mental Health Awareness Week (MHAW) were key successes, wherein approximately 200 CalMHSA materials were distributed to students.

#### FY16/17 Program Challenges

One of the main challenges has been obtaining access to schools that have been non-receptive to partnership and collaboration efforts. In the coming years, LCBH plans to focus outreaching to these schools to ensure that all students receive these services and activities.

<b>Number served in FY 2015-16:</b>	126	<b>Total costs in FY 2015-16:</b>	\$27,090.00
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### Proposed Activities for FY 2017 – 2020

**Lake County Behavioral Health****Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020****Programs and Objectives**

<b>Goal:</b>	The goal of these projects are to inspire others to raise awareness and start important conversations within Lake County with colleagues, friends and families about Mental Health Awareness and Suicide Prevention.		
<b>Objective 1:</b>	Expand the reach of mental health and suicide prevention services		
<b>Objective 2:</b>	Reduce the risk of suicide through prevention and intervention trainings.		
<b>Objective 3:</b>	Promote the early identification of mental illness and of signs and symptoms of suicidal behavior.		
<b>Number to be served FY 2017-18:</b>	140	<b>Proposed Budget FY 2017-18:</b>	\$0.00
<b>Cost per Person FY 2017-18:</b>	N/A	<b>Total Proposed Budget FY 2017-20:</b>	\$0.00



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

The WET component of the MHSA consists of programs that improve the skills and abilities of the mental health workforce and professionals in related fields. Lake County recently approved its plan to implement Workforce, Education, and Training (WET) beginning in FY 2016-17.

Workforce Education and Training			
<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>Program Description</b>			
<p><b>Program description:</b> The Workforce Education and Training program provides funding for workforce staffing support, training and staff development, mental health career pathways strategies, and financial incentives to address shortages in the public mental health workforce.</p> <p><b>Intended outcomes:</b> The program is meant to support staff, promote mental health career pathways, and bolster the public mental health workforce.</p> <p><b>Key activities:</b> Workforce Education and Training has three key components:</p> <ul style="list-style-type: none"><li>• <b>Training and Staff Development</b> provides specialized trainings for LCBH staff, contracted providers, and consumers and family members.</li><li>• <b>Financial Incentives Program</b> offers financial incentives to individuals interested in pursuing education <i>and</i> making a commitment to provide mental health services in Lake County.</li><li>• <b>Career Pathways Program</b> supports the public mental health workforce through establishing entry-level employment opportunities; identifying career pathway opportunities; establishing work experiences to provide job training; providing comprehensive benefits planning to consumers considering employment; and providing stipends for consumer and family member participation in trainings and events.</li></ul>			
<b>FY 2015 – 2016 Activities and Outcomes</b>			
<p><b>Key Successes:</b></p> <p>In FY15/16, 10 LCBH employees benefited from training through the WET program to support workforce development in the region. Lake County has been a contributing member of the Superior Region Workforce Education and Training Collaborative since 2008. This 16-county partnership, in conjunction with institutions of higher education in the region, is focused on the development of career pathways in public mental health.</p> <p><b>Program Challenges:</b></p> <p>LCBH experienced limited utilization of scholarships and stipends for individuals pursuing educational advancement. In the coming years LCBH will explore recruitment and retention incentives for LCBH employees, such as providing stipends for professional development opportunities. This may include licensing expenses, Continuing Education Units (CEUs), and examination fees.</p>			
<b>Proposed Activities for FY 2017 – 2020</b>			
<p>Based upon a review of LCBH's 2011 WET Needs Assessment, LCBH identified the need for specialized trainings in a number of areas:</p> <ul style="list-style-type: none"><li>• Wellness, Recovery, and Resiliency</li><li>• Cultural Competency/Diversity</li><li>• Evidence-Based Practices to address dominant diagnostic categories and issues</li><li>• Leadership</li></ul>			



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

A Training Committee will be formed that will ensure structure and consistency of all trainings. The Committee will be composed of individuals from existing county staff, community-based organizations, and consumers and family members who will make recommendations on training opportunities that address the ongoing needs of clients and staff, provide outcome measures and ensure fiscal viability. All trainings will be instilled with the concepts of cultural competency/diversity, wellness, recovery, and resiliency.

**Total costs in FY 2015-16: \$38,868.67**

<b>Proposed Budget FY 2017-18:</b>	<b>\$168,00.00</b>	<b>Total Proposed Budget FY 2017-20:</b>	<b>\$504,000.00</b>
	<b><i>Trainings and Staff Development: \$84,000</i></b>		<b><i>Trainings and Staff Development: \$252,000</i></b>
	<b><i>Financial Incentive Program: \$42,000</i></b>		<b><i>Financial Incentive Program: \$126,000</i></b>
	<b><i>Career Pathways Program: \$42,000</i></b>		<b><i>Career Pathways Program: \$126,000</i></b>



## Lake County Behavioral Health

Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

### Capital Facilities and Technology Needs (CFTN) Projects

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

In Lake County, the current capital facilities system consists of the South Shore Mental Health Clinic, and the technology system consists of the Electronic Health Records upgrades.

Capital Facilities			
<b>Status:</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	<input type="checkbox"/> Modified
<b>Program Description</b>			
Capital Facilities and Technological Needs (CFTN) provides funding for building projects and increasing technological capacity to improve mental health service access and utilization. Capital Facilities projects include physical and technological structures used for the delivery of mental health services for individuals and their families, administrative buildings, and the development and renovation of such structures.			
<b>FY 2015 – 2016 Activities and Outcomes</b>			
While \$1,317,673.00 was budgeted for the FY15/16 improvement of the South Shore Clinic, the 2015 Valley Fire delayed the majority of the planned upgrades and the unused funds were transferred to Prudent Reserves. \$13,298.23 was spent on the South Shore Clinic renovations.			
<b>Proposed Activities for FY 2017 – 2020</b>			
In FY17-18 the remaining funds will be used to renovate the South Shore Clinic.			
<b>Proposed Budget FY 2017-18:</b>	\$400,000.00	<b>Total Proposed Budget FY 2017-20:</b>	\$1,200,000.00



# Lake County Behavioral Health

Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

## Lake County Electronic Health Record Project

Status:

☐ New

☒ Continuing

☐ Modified

### Program Description

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

**Intended outcomes:** The Electronic Health Record Project intends to increase efficiencies in reporting, billing, and retrieving and storing personal health information; streamline data collection processes; and update software and hardware tools necessary to facilitate improved data collection efforts.

**Key activities:** Includes the following components: implementation of Anasazi software, conversion to Microsoft SQL servers, conversion of paper charts, purchasing additional hardware, and ongoing service/maintenance, as well as meeting Meaningful Use and Interoperability requirements.

### FY 2015 – 2016 Activities and Outcomes

Lake County has been working toward improving its hardware and software systems. It is essential for the County to monitor and track how services are being used and to what effect and how programs affect the individuals they are intended to serve. By implementing updates to current information systems and hardware/software systems, Lake County will also be able to identify disparities and underutilization of mental health services among communities in the county.

### Program Challenges

Staff experienced challenges in acculturating to the new Electronic Health Record system. Staff reported that the system is complex and that the system experiences glitches. Despite becoming accustomed to this new system, staff embraced the learning curve and will continue to learn the system through trainings and user meetings.

### Proposed Activities for FY 2017 – 2020

LCBH will work toward standardizing data collection methods, improving its electronic documentation system, and strengthening its analytic and reporting process in order to improve the quality and delivery of mental health services it provides for mental health consumers.

<b>Proposed Budget FY 2017-18:</b>	<b>\$125,000.00</b>	<b>Total Proposed Budget FY 2017-19:</b>	<b>\$375,000.00</b>
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## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

#### **Innovation (INN) Project**

LCBH has undertaken an INN project on a separate program development and implementation cycle as the MHSA Three-Year Program and Expenditure Plan. LCBH implemented the Lake County Behavioral Health Full Cycle Referral and Virtual Care Coordination in FY 2016 – 2017. This proposed two-phase project will include the use of web based call center and community resources clearinghouse to link consumers to needed resourced. Phase One involved notification of when referrals are sent, received, and completed. The system will also allow consumers to grant access to personal health information to anybody in their circle of support by way of a secure electronic personal health record in Phase Two. Please see Appendix 3 for the most recent project update.



Lake County Behavioral Health  
Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

FY 2017-18 through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary						
County: Lake		MHSA Funding				
		A	B	C	D	E
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs
						F Prudent Reserve
<b>A. Estimated FY 2017/18 Funding</b>						
1	Estimated Unspent Funds from Prior Fiscal Years	\$ 258,964.00	\$ 77,895.00	\$ 10,243.00	\$ 350,000.00	\$ 1,200,000.00
2	Estimated New FY2017/18 Funding	\$ 2,550,220.00	\$ 637,555.00	\$ 167,778.00		
3	Transfer in FY2017/18 <sup>a/</sup>	\$ (125,000.00)				\$ 125,000.00
4	Access Local Prudent Reserve in FY2017/18	\$ -				\$ -
5	Estimated Available Funding for FY2017/18	\$ 2,684,184.00	\$ 715,450.00	\$ 178,021.00	\$ 350,000.00	\$ 1,325,000.00
<b>B. Estimated FY2017/18 MHSA Expenditures</b>		\$ 2,287,929.00	\$ 635,978.40	\$ 165,000.00	\$ 168,000.00	\$ 525,000.00
<b>C. Estimated FY2018/19 Funding</b>						
1	Estimated Unspent Funds from Prior Fiscal Years	\$ 396,255.00	\$ 79,471.60	\$ 13,021.00	\$ 182,000.00	\$ 800,000.00
2	Estimated New FY2018/19 Funding	\$ 255,220.00	\$ 637,555.00	\$ 167,778.00		
3	Transfer in FY2018/19 <sup>a/</sup>	\$ (125,000.00)				\$ 125,000.00
4	Access Local Prudent Reserve in FY2018/19					\$ -
5	Estimated Available Funding for FY2018/19	\$ 2,821,475.00	\$ 717,026.60	\$ 180,799.00	\$ 182,000.00	\$ 925,000.00
<b>D. Estimated FY2018/19 Expenditures</b>		\$ 2,416,003.00	\$ 635,978.40	\$ 165,000.00	\$ 168,000.00	\$ 925,000.00
<b>E. Estimated FY2019/20 Funding</b>						
1	Estimated Unspent Funds from Prior Fiscal Years	\$ 405,472.00	\$ 81,048.20	\$ 15,799.00	\$ 14,000.00	\$ -
2	Estimated New FY2019/20 Funding	\$ 2,550,220.00	\$ 637,555.00	\$ 167,778.00		
3	Transfer in FY2019/20 <sup>a/</sup>	\$ (279,000.00)			\$ 154,000.00	\$ 125,000.00
4	Access Local Prudent Reserve in FY2019/20					\$ -
5	Estimated Available Funding for FY2019/20	\$ 2,676,692.00	\$ 718,603.20	\$ 183,577.00	\$ 168,000.00	\$ 125,000.00
<b>F. Estimated FY2019/20 Expenditures</b>		\$ 2,416,003.00	\$ 672,978.40	\$ 165,000.00	\$ 168,000.00	\$ 125,000.00
<b>G. Estimated FY2019/20 Unspent Fund Balance</b>		\$ 260,689.00	\$ 45,624.80	\$ 18,577.00	\$ -	\$ -

**Estimated Local Prudent Reserve Balance**

1. Estimated Local Prudent Reserve Balance on June 30, 2017	\$ 1,170,873.00
2. Contributions to the Local Prudent Reserve in FY 2017/18	\$ -
3. Distributions from the Local Prudent Reserve in FY 2017/18	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2018	\$ 1,170,873.00
5. Contributions to the Local Prudent Reserve in FY 2018/19	\$ -
6. Distributions from the Local Prudent Reserve in FY 2018/19	\$ -
7. Estimated Local Prudent Reserve Balance on June 30, 2019	\$ 1,170,873.00
8. Contributions to the Local Prudent Reserve in FY 2019/20	\$ -
9. Distributions from the Local Prudent Reserve in FY 2019/20	\$ -
10. Estimated Local Prudent Reserve Balance on June 30, 2020	\$ 1,170,873.00



Community Services and Supports (CSS) Component Worksheet

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Lake

Date: February 2018

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. FSP (Including Housing Access)	\$ 1,500,000.00	\$ 1,190,000.00	\$ 310,000.00			
<b>Non-FSP Programs</b>						
Coordinated Care for Co-occurring Behavioral and Physical Health Conditions	\$ -	\$ -				
3. Parent Partner Support	\$ -	\$ -				
4. Crisis Access Continuum	\$ 293,504.00	\$ 293,504.00				
5. Forensic Mental Health Partnership	\$ 106,729.00	\$ 106,729.00				
6. Older Adult Access	\$ 95,766.00	\$ 95,766.00				
7. Trauma Focused	\$ 94,005.00	\$ 94,005.00				
8. Peer Support Recovery Center: Peer Support	\$ 149,420.00	\$ 149,420.00				
Peer Support Recovery Center: Community						
9. Outreach	\$ 186,755.00	\$ 186,755.00				
<b>CSS Administration</b>	\$ 171,750.00	\$ 171,750.00				
<b>CSS MHSA Housing Program Assigned Funds</b>	\$ -					
<b>Total CSS Program Estimated Expenditures</b>	\$ 2,597,929.00	\$ 2,287,929.00	\$ 310,000.00	\$ -	\$ -	\$ -
<b>FSP Programs as Percent of Total</b>	65.6%					

Lake County Behavioral Health

Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020



Fiscal Year 2018/19						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. FSP (Including Housing Access)	\$ 1,500,000.00	\$ 1,190,000.00	\$ 310,000.00			
<b>Non-FSP Programs</b>						
Coordinated Care for Co-occurring Behavioral						
2. and Physical Health Conditions	\$ 64,037.00	\$ 64,037.00				
3. Parent Partner Support	\$ 64,037.00	\$ 64,037.00				
4. Crisis Access Continuum	\$ 293,504.00	\$ 293,504.00				
5. Forensic Mental Health Partnership	\$ 106,729.00	\$ 106,729.00				
6. Older Adult Access	\$ 95,766.00	\$ 95,766.00				
7. Trauma Focused	\$ 94,005.00	\$ 94,005.00				
8. Peer Support Recovery Center: Peer Support	\$ 149,420.00	\$ 149,420.00				
Peer Support Recovery Center: Community						
9. Outreach	\$ 186,755.00	\$ 186,755.00				
<b>CSS Administration</b>						
CSS MHSA Housing Program Assigned Funds	\$ 171,750.00	\$ 171,750.00				
Total CSS Program Estimated Expenditures	\$ 2,726,003.00	\$ 2,416,003.00	\$ 310,000.00	\$ -	\$ -	\$ -
FSP Programs as Percent of Total	62.1%					



Fiscal Year 2019/20						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. FSP (Including Housing Access)	\$ 1,500,000.00	\$ 1,190,000.00	\$ 310,000.00			
<b>Non-FSP Programs</b>						
Coordinated Care for Co-occurring Behavioral and Physical Health Conditions	\$ 64,037.00	\$ 64,037.00				
3. Parent Partner Support	\$ 64,037.00	\$ 64,037.00				
4. Crisis Access Continuum	\$ 293,504.00	\$ 293,504.00				
5. Forensic Mental Health Partnership	\$ 106,729.00	\$ 106,729.00				
6. Older Adult Access	\$ 95,766.00	\$ 95,766.00				
7. Trauma Focused	\$ 94,005.00	\$ 94,005.00				
8. Peer Support Recovery Center: Peer Support	\$ 149,420.00	\$ 149,420.00				
Peer Support Recovery Center: Community						
9. Outreach	\$ 186,755.00	\$ 186,755.00				
<b>CSS Administration</b>	\$ 171,750.00	\$ 171,750.00				
<b>CSS MHSA Housing Program Assigned Funds</b>	\$ -					
<b>Total CSS Program Estimated Expenditures</b>	\$ 2,726,003.00	\$ 2,416,003.00	\$ 310,000.00	\$ -	\$ -	\$ -
<b>FSP Programs as Percent of Total</b>	62.1%					



## Prevention and Early Intervention (PEI) Component Worksheet

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet

Date: April 2018

County: Lake

Fiscal Year 2017/18						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Peer Support Recovery Centers	\$ 141,000.00	\$ 141,000.00				
2. Prevention Mini Grants	\$ 25,000.00	\$ 25,000.00				
3. NEST (Family Stabilization & Wellbeing)	\$ 141,698.40	\$ 141,698.40				
<b>PEI Programs - Early Intervention</b>						
4. Early Intervention Services	\$ 135,120.00	\$ 98,120.00	\$ 37,000.00			
5. Early Student Support	\$ 70,560.00	\$ 70,560.00				
<b>PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness</b>						
7. Postpartum Depression Screening	\$ 65,000.00	\$ 65,000.00				
8. Critical Incident Stress Management	\$ 25,000.00	\$ 25,000.00				
<b>PEI Programs - Stigma and Discrimination Reduction</b>						
10. Statewide & Regional Projects	\$ -					
<b>PEI Programs - Access and Linkage to Treatment</b>						
<b>PEI Programs - Suicide Prevention</b>						
13. Suicide Prevention	\$ -	\$ -				
<b>PEI Programs - Improve Timely Access to Services for Undersearved Populations</b>						
13. Older Adult Screening & Treatment	\$ 35,250.00	\$ 35,250.00				
PEI Administration	\$ 34,350.00	\$ 34,350.00				
PEI Assigned Funds	\$ -					
<b>Total PEI Program Estimated Expenditures</b>	<b>\$ 672,978.40</b>	<b>\$ 635,978.40</b>	<b>\$ 37,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



Fiscal Year 2018/19						
	A		B	C	D	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Peer Support Recovery Centers	\$ 141,000.00	\$ 141,000.00				
2. Prevention Mini Grants	\$ 25,000.00	\$ 25,000.00				
3. NEST (Family Stabilization & Wellbeing)	\$ 141,698.40	\$ 141,698.40				
PEI Programs - Early Intervention						
4. Early Intervention Services	\$ 135,120.00	\$ 98,120.00	\$ 37,000.00			
5. Early Student Support	\$ 70,560.00	\$ 70,560.00				
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
7. Postpartum Depression Screening	\$ 65,000.00	\$ 65,000.00				
8. Critical Incident Stress Management	\$ 25,000.00	\$ 25,000.00				
PEI Programs - Stigma and Discrimination Reduction						
10. Statewide & Regional Projects	\$ -					
PEI Programs - Access and Linkage to Treatment						
PEI Programs - Suicide Prevention						
13. Suicide Prevention	\$ -	\$ -				
PEI Programs - Improve Timely Access to Services for Underserved Populations						
13. Older Adult Screening & Treatment	\$ 35,250.00	\$ 35,250.00				
PEI Administration	\$ 34,350.00	\$ 34,350.00				
PEI Assigned Funds	\$ -					
Total PEI Program Estimated Expenditures	\$ 672,978.40	\$ 635,978.40	\$ 37,000.00	\$ -	\$ -	\$ -



Lake County Behavioral Health  
Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

Fiscal Year 2019/20						
A	B	C	D	E	F	
Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
<b>PEI Programs - Prevention</b>						
1. Peer Support Recovery Centers	\$ 141,000.00	\$ 141,000.00				
2. Prevention Mini Grants	\$ 25,000.00	\$ 25,000.00				
3. NEST (Family Stabilization & Wellbeing)	\$ 141,698.40	\$ 141,698.40				
<b>PEI Programs - Early Intervention</b>						
4. Early Intervention Services	\$ 135,120.00	\$ 98,120.00	\$ 37,000.00			
5. Early Student Support	\$ 70,560.00	\$ 70,560.00				
<b>PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness</b>						
7. Postpartum Depression Screening	\$ 65,000.00	\$ 65,000.00				
8. Critical Incident Stress Management	\$ 25,000.00	\$ 25,000.00				
<b>PEI Programs - Stigma and Discrimination Reduction</b>						
10. Statewide & Regional Projects	\$ -					
<b>PEI Programs - Access and Linkage to Treatment</b>						
<b>PEI Programs - Suicide Prevention</b>						
13. Suicide Prevention	\$ -	\$ -				
<b>PEI Programs - Improve Timely Access to Services for Undersearved Populations</b>						
13. Older Adult Screening & Treatment	\$ 35,250.00	\$ 35,250.00				
PEI Administration	\$ 34,350.00	\$ 34,350.00				
PEI Assigned Funds	\$ -					
<b>Total PEI Program Estimated Expenditures</b>	<b>\$ 672,978.40</b>	<b>\$ 635,978.40</b>	<b>\$ 37,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



## Innovation (INN) Component Worksheet

## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

## Innovations (INN) Component Worksheet

Date: February 2018

County: Lake

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Full Cycle Referral & Care Coordination	\$ 150,000.00	\$ 150,000.00				
<b>INN Administration</b>	\$ 15,000.00	\$ 15,000.00				
<b>Total INN Program Estimated Expenditures</b>	\$ 165,000.00	\$ 165,000.00	0	0	0	0



Fiscal Year 2018/19						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Full Cycle Referral & Care Coord	\$ 100,000.00	\$ 100,000.00				
2. New Project	\$ 50,000.00	\$ 50,000.00				
INN Administration	\$ 15,000.00	\$ 15,000.00				
Total INN Program Estimated Expenditures	\$ 165,000.00	\$ 165,000.00	\$ -	\$ -	\$ -	\$ -

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Full Cycle Referral & Care Coordination	\$ 100,000.00	\$ 100,000.00				
2. New Project	\$ 50,000.00	\$ 50,000.00				
INN Administration	\$ 15,000.00	\$ 15,000.00				
Total INN Program Estimated Expenditures	\$ 165,000.00	\$ 165,000.00	\$ -	\$ -	\$ -	\$ -



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

## FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan

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

Date: February 2018

County: Lake

Fiscal Year 2017/18						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Staff Development	\$ 84,000.00	\$ 84,000.00				
2. Financial Incentive Program	\$ 42,000.00	\$ 42,000.00				
3. Career Pathways Program	\$ 42,000.00	\$ 42,000.00				
WET Administration	\$ -					
Total WET Program Estimated Expenditures	\$ 168,000.00	\$ 168,000.00	\$ -	\$ -	\$ -	\$ -



Fiscal Year 2018/19						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Training and Staff Development	\$ 84,000.00	\$ 84,000.00				
2. Financial Incentive Program	\$ 42,000.00	\$ 42,000.00				
3. Career Pathways Program	\$ 42,000.00	\$ 42,000.00				
<b>WET Administration</b>	\$ -					
<b>Total WET Program Estimated Expenditures</b>	\$ 168,000.00	\$ 168,000.00	\$ -	\$ -	\$ -	\$ -

Fiscal Year 2019/20						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Training and Staff Development	\$ 84,000.00	\$ 84,000.00				
2. Financial Incentive Program	\$ 42,000.00	\$ 42,000.00				
3. Career Pathways Program	\$ 42,000.00	\$ 42,000.00				
<b>WET Administration</b>	\$ -					
<b>Total WET Program Estimated Expenditures</b>	\$ 168,000.00	\$ 168,000.00	\$ -	\$ -	\$ -	\$ -



## Capital Facilities/Technological Needs (CFTN) Component Worksheet

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan**  
**Capital Facilities/Technological Needs (CFTN) Component Worksheet**

Date: February 2018

County: Lake

Fiscal Year 2017/18						
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities	\$ 400,000.00	\$ 400,000.00				
<b>CFTN Programs - Technological Needs Projects</b>						
2. Lake County Electronic Health Record	\$ 125,000.00	\$ 125,000.00				
CFTN Administration	\$ -					
<b>Total CFTN Program Estimated Expenditures</b>	\$ 525,000.00	\$ 525,000.00	0	0	0	0



## Appendix 1: PEI Goals and Objectives and Evaluation Outcomes

Critical Incident Stress Management Team	
<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input checked="" type="checkbox"/> <b>Outreach for Increasing Recognition of Early Signs of Mental Illness</b> <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations
<b>Program Description</b>	
<p><b>Program description/target population:</b> Critical Incident Stress Management (CISM) is a system of education, prevention, and mitigation of the effects from exposure to highly stressful critical incidents.<sup>20</sup> It is handled most effectively by specially-trained individuals, such as crisis intervention specialists, first responders, law enforcement officers, and mental health workers. The purpose of CISM is to provide members and employees involved in a critical incident with initial and follow-up support.</p> <p><b>Intended outcomes:</b> The goals of CISM include:</p> <ul style="list-style-type: none"> <li>• Providing the critical incident stress management and educational support necessary to ensure optimal functioning of Lake County's emergency service workers and their primary support systems</li> <li>• Promoting job retention capabilities for emergency services personnel and reducing turnover rates</li> <li>• Enhancing the quality of response for persons in Lake County needing emergency services</li> </ul> <p>Further, establishing a multidisciplinary Critical Incident Stress Management Team (CIRT) within the CISM allows LCBH to provide a county-wide response to the psychological and emotional needs of emergency services personnel impacted by disasters/critical incidents.<sup>21</sup></p> <p><b>Key activities:</b> CISM interventions focus on three stages of crisis: pre-crisis, acute crisis, and post-crisis. This is to address preparing for an incident, the reactions that immediately follow an incident, and the possible long-term effects from experiencing a critical incident.<sup>22</sup></p>	
<b>PEI Evaluation Outcomes: Outreach for Increasing Recognition of Early Signs of Mental Illness</b>	
N/A. This is a new program.	
<b>Goals and Objectives</b>	
<b>Goal:</b>	Providing the critical incident stress management and educational support necessary to ensure optimal functioning of Lake County's emergency service workers and their primary support systems.
<b>Objective 1:</b>	Increase support for first responders in Lake County.

<sup>20</sup> <https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>

<sup>21</sup> <https://www.dshs.texas.gov/mhsa-disaster/cism/>

<sup>22</sup> <http://www.aana.com/resources2/professionalpractice/Documents/Guidelines%20for%20Critical%20Incident%20Stress%20Management.pdf>



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

**Objective 2:** Reduce the negative consequences of responding to highly stressful critical incidents.



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Family Stabilization and Well-Being

<b>PEI Service Area:</b>	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Access and Linkage to Treatment
	<input type="checkbox"/> Stigma and Discrimination Reduction	<input type="checkbox"/> Suicide Prevention	
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		

#### Program Description

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

- **The NEST** provides short-term transitional housing (up to 15 months) for pregnant women or young parents ages 18-21. During this time, families will work with a three-person team (Program Supervisor, Home Specialist, and Child Development Specialist) in a youth-driven process to reduce risk factors, and increase self-sufficiency.
- **Family Wrap Component** provides short-term, intensive intervention services. Program enrollment period is 90-120 days. During this time families will work with a three-person team (Care Coordinator, Family Specialist, and Parent Partner) in a family voice, family choice process to reduce risk factors identified by referral agency.

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

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

**Key activities:** Services provided will include:

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

**PEI Evaluation Outcomes:** Outreach for Increasing Recognition of Early Signs of Mental Illness

N/A. This is a new program.

#### Goals and Objectives

<b>Goal:</b>	To provide Family Stabilization and well-being programs providing residential based intensive case management and coordinated service linkages.
<b>Objective 1:</b>	Engage families through a more individualized casework approach that emphasizes family involvement
<b>Objective 2:</b>	Increase child safety without an over-reliance on out of home care



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

<b>Objective 3:</b>	Improve permanency outcomes and timelines
<b>Objective 4:</b>	Improve child and family well-being.
<b>Objective 5:</b>	Decrease recidivism and delinquency for youth on probation
<b>Objective 6:</b>	Improve the likelihood of sustaining long term stable housing.



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Early Intervention Services

<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention	<input checked="" type="checkbox"/> <b>Early Intervention</b>	<input type="checkbox"/> Access and Linkage to Treatment
	<input type="checkbox"/> Stigma and Discrimination Reduction	<input type="checkbox"/> Suicide Prevention	
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		

#### Program Description

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

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

**Key activities:** Key activities of EIS will support outcomes around interrupting or mitigating early signs of mental illness or emotional disturbance by:

- Providing age appropriate mental health services in the community, clinic, and at home.
- Provide clinical interventions to mitigate early onset of mental health issues.
- Promoting pro-social activities, including creative or artistic expression as related to self-care

#### PEI Evaluation Outcomes: Prevention or Early Intervention

1. **The program name:** Early Intervention Services
2. **Unduplicated numbers of individuals served in the preceding fiscal year:** 10
3. **If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category:** N/A, this program only served individuals with early onset of mental illness
4. **If a Program served families the County shall report the number of individual family members served:** N/A

#### Goals and Objectives

<b>Goal:</b>	Prevent long-term high utilization and dependence on therapeutic systems, and increase client-centered shared decision-making, and maintenance of an optimistic therapeutic perspective.
<b>Objective 1:</b>	Reduce the duration of untreated psychosis through early detection and treatment.
<b>Objective 2:</b>	Minimize the disruption and negative impacts in the lives of adolescents and young adults who experience psychosis so they can successfully maintain vocational, educational and social roles.



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

<b>Objective 3:</b>	Reduce socio-economic impact of untreated psychosis by reducing the demand in other areas of the mental health, physical health and social service system.
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## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Early Student Support

<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input checked="" type="checkbox"/> <b>Early Intervention</b> <input checked="" type="checkbox"/> <b>Access and Linkage to Treatment</b>
	<input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations

#### Program Description

**Program description/target population:** Early Student Support (ESS) places clinical staff in schools to provide K-5 student with direct mental health services. In addition to direct services, ESS works to train all school staff in QPR (Question, Persuade, Refer), an early intervention technique often used in suicide prevention to guide clients in addressing their challenges and seeking appropriate supports.

**Intended outcomes:** ESS intends to increase the likelihood of school retention, prevent the development of severe emotional disturbance or serious mental illness, and reduce the likelihood of negative consequences, including suicide.

**Key activities:** Clinical staff provide age appropriate mental health services, including:

- Clinical interventions to mitigate early onsite of mental health issues
- Pro-social activities, including creative or artistic expression as related to self-care
- Referrals to outside resources as necessary

#### PEI Evaluation Outcomes: Prevention or Early Intervention, Access and Linkage to Treatment

1. **The program name:** Early Student Support
2. **Unduplicated numbers of individuals served in the preceding fiscal year:** 28
3. **If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category:** N/A, this program only served individuals with early onset of mental illness
4. **If a Program served families the County shall report the number of individual family members served:** N/A

#### Goals and Objectives

<b>Goal:</b>	Increase the likelihood that students experiencing mild to moderate school adjustment difficulties will succeed in school, increase personal competencies related to life success, and minimize the need for more extensive and costly services in the future.
<b>Objective 1:</b>	Improve social behaviors
<b>Objective 2:</b>	Improve school adjustment related behaviors
<b>Objective 3:</b>	Transition students back to a traditional school setting



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Peer Support Recovery Centers

PEI Service Area:	<input checked="" type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention	<input checked="" type="checkbox"/> Access and Linkage to Treatment
	<input checked="" type="checkbox"/> Stigma and Discrimination Reduction		<input type="checkbox"/> Suicide Prevention
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input checked="" type="checkbox"/> Improve Timely Access to Services for Underserved Populations		

#### Program Description

**Program description/target population:** Peer Support Recovery Centers operate four peer support centers throughout Lake County. The Bridge Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center, and La Esperanza Centro Latino (La Voz). A variety of education, prevention, and early intervention service, programs, and activities are run through the centers. The concepts of wellness, recovery, and resiliency are embedded in the programming in all locations. *Peer Support Recovery Centers has split funding from CSS and PEI. CSS funds are used to support the Centers' Peer Support and Community Outreach and Engagement services and PEI funds are used to support the Centers' prevention and support services.*

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

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

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

#### PEI Evaluation Outcomes: Prevention or Early Intervention, Stigma and Discrimination Reduction, Improve Timely Access to Services for Underserved Populations

1. **The program name:** Peer Support Recovery Centers
2. **Unduplicated numbers of individuals served in the preceding fiscal year:** 5,618
3. **If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category:** LCBH has not been tracking service data in this way and is unable to determine this differentiation at this time.
4. **If a Program served families the County shall report the number of individual family members served:** LCBH has not been tracking service data in this way and is unable to determine this differentiation at this time.
5. For Stigma and Discrimination Reduction Programs and Suicide Prevention Programs, the County may report available numbers of individuals reached, including demographic



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

breakdowns. An example would be the number of individuals who received training and education or who clicked on a web site.

6. **Identify the specific underserved populations for whom the County intended to increase timely access to services:** Latino and Tribal communities
7. **Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program and/or to treatment beyond early onset:** This was not tracked in FY15/16. The program will develop a referral tracking log to measure this moving forward.
8. **Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the Program to which they were referred:** NA. This was not tracked in FY15/16. The program will develop a protocol to conduct follow up and tracking of linkages moving forward.
9. **Average interval between referral and participation in services to which referred, defined as participating at least once in the service to which referred, and standard deviation:** NA. This was not tracked in FY15/16. To track this outcome moving forward, LCBH will develop a tracking log that includes dates of referral and dates of linkages made.
10. **Description of ways the County encouraged access to services and follow-through on referrals:** NA. This was not tracked in FY15/16. To track this outcome moving forward, LCBH will develop a tracking log that includes a field for notes to log the methods and frequencies at which staff followed up on referrals to ensure linkage.

#### Goals and Objectives

<b>Goal:</b>	Reduce disparities in access to mental health services and increase mental health awareness training to the community via groups, presentation and educational trainings.
<b>Objective 1:</b>	Work with program participants to develop activities to preserve and share culture of the niche populations.
<b>Objective 2:</b>	Improve peer satisfaction and input
<b>Objective 3:</b>	Increase QPR and MHFA trainings to the community and partnering agencies



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

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

<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment
	<input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness
	<input checked="" type="checkbox"/> <b>Improve Timely Access to Services for Underserved Populations</b>

#### Program Description

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

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

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

#### PEI Evaluation Outcomes: Improving Timely Access to Services for Underserved Populations

1. **The program name:** Friendly Visitor Program
2. **Identify the specific underserved populations for whom the County intended to increase timely access to services:** Older Adults 55+
3. **Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program and/or to treatment beyond early onset:** 20
4. **Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the Program to which they were referred:** NA. This was not tracked in FY15/16. The program will develop a protocol to conduct follow up and tracking of linkages moving forward.
5. **Average interval between referral and participation in services to which referred, defined as participating at least once in the service to which referred, and standard deviation:** NA. This was not tracked in FY15/16. To track this outcome moving forward, LCBH will develop a tracking log that includes dates of referral and dates of linkages made.
6. **Description of ways the County encouraged access to services and follow-through on referrals:** NA. This was not tracked in FY15/16. To track this outcome moving forward, LCBH will develop a tracking log that includes a field for notes to log the methods and frequencies at which staff followed up on referrals to ensure linkage.

#### Goals and Objectives

<b>Goal:</b>	Expanding outreach throughout Lake County by the number of increased volunteers and clients being served
<b>Objective 1:</b>	Increase the number of senior volunteers
<b>Objective 2:</b>	Increased outreach to the Native American and Hispanic communities through senior volunteers.
<b>Objective 3:</b>	Increased outreach to the community.



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Postpartum Depression Screening and Support: Mother-Wise

##### PEI Service Area:

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

##### Program Description

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

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

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

##### Intended outcomes:

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

##### Key activities:

- **PMAD Screening and Early Identification** through the use of the Edinburgh Postnatal Depression Scale (EPDS)
- **PMAD Awareness and Training** for health professions, volunteers, and new staff
- **In-Home Visits**, conducted by trained Saathi to provide support and screen mothers for depression using the EPDS



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

- **In-Person Social Support for Mothers:** Mother-Wise hosts weekly groups for moms and their babies, led by a trained facilitator.
- **Mom-to-Mom Closet,** which provides donated maternity and baby items, including diapers, formula, clothes, toys and more.
- **Outreach and Engagement** through social media.

#### *PEI Evaluation Outcomes: Increasing Recognition of Early Signs of Mental Illness*

1. **The Program name:** Mother-Wise
2. **The number of potential responders:** Trained 13 Saathi volunteers
3. **The setting(s) in which the potential responders were engaged:** In the individual's home and at the Mother-Wise weekly support groups
4. **The type(s) of potential responders engaged in each setting (e.g. nurses, principles, parents):** Saathi (trained volunteers), family members of new mothers

#### *Goals and Objectives*

<b>Goal:</b>	Reduce post-partum depression
<b>Objective 1:</b>	Increased number of individuals utilizing the supports Mother-Wise offers
<b>Objective 2:</b>	Individuals report feeling better supported after connection with Mother-Wise
<b>Objective 3:</b>	Improved Edinburgh Postnatal Depression Scale (EPDS-validated to screen for depression and anxiety in the perinatal period) scores when repeated after supports are in place



## Lake County Behavioral Health

Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

Prevention Mini-Grants	
<b>PEI Service Area:</b>	<input checked="" type="checkbox"/> <b>Prevention</b> <input type="checkbox"/> Early Intervention <input type="checkbox"/> Access and Linkage to Treatment <input type="checkbox"/> Stigma and Discrimination Reduction <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness <input type="checkbox"/> Improve Timely Access to Services for Underserved Populations
<b>Program Description</b>	
<p><b>Program description/target population:</b> The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities of \$1,500 to \$2,500 to conduct prevention activities and projects.</p> <p><b>Intended outcomes:</b> The purpose of the PEI mini-grant program is to provide the Lake County community with an opportunity to develop prevention-oriented activities aimed at building protective factors and reducing risk factors with respect to mental health. Activities addressing suicide prevention, stigma and discrimination reduction are encouraged.</p> <p><b>Key activities:</b>            Approved projects must be prevention-oriented as well as culturally competent for the targeted or intended audience. Proposals must focus on one or more of the following:           <ul style="list-style-type: none"> <li>• Disparities in Access to Mental Health Services</li> <li>• Psycho-Social Impact of Trauma</li> <li>• At-Risk Children, Youth and Young Adult Populations</li> <li>• Stigma and Discrimination</li> <li>• Suicide Risk and/or Prevention</li> </ul> </p>	
<b>PEI Evaluation Outcomes: Prevention or Early Intervention</b>	
<ol style="list-style-type: none"> <li>1. <b>The Program name:</b> Prevention Mini-Grants</li> <li>2. <b>Unduplicated numbers of individuals served in the preceding fiscal year:</b> 0</li> <li>3. <b>If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), LCBH shall report numbers served separately for each category:</b> N/A</li> <li>4. <b>If a Program served families the County shall report the number of individual family members served:</b> N/A</li> </ol>	
<b>Goals and Objectives</b>	
<b>Goal:</b>	Provide the community with an opportunity to develop culturally competent prevention-oriented activities aimed at building protective factors and reducing risk factors concerning mental health
<b>Objective 1:</b>	Identify key community needs as well as the priority populations of the project
<b>Objective 2:</b>	Provide activities which promote protective factors in the prevention of severe mental illness including suicide prevention education awareness, stigma and discrimination reduction
<b>Objective 3:</b>	Provide documentation of activities & to collect data on those who participation in activity, including numbers served, demographic information, and satisfaction surveys.



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Statewide and Regional Projects

<b>PEI Service Area:</b>	<input type="checkbox"/> Prevention	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Access and Linkage to Treatment
	<input checked="" type="checkbox"/> <b>Stigma and Discrimination Reduction</b>	<input checked="" type="checkbox"/> <b>Suicide Prevention</b>	
	<input type="checkbox"/> Outreach for Increasing Recognition of Early Signs of Mental Illness		
	<input type="checkbox"/> Improve Timely Access to Services for Underserved Populations		

#### Program Description

**Program description/target population:** Lake County contributes 7% of its PEI funds to support the continuation of the Statewide Projects: Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative. Funding to support the regional suicide prevention hotline and local suicide prevention task force.

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

**Key activities:** Statewide and Regional Projects funds the following services and activities:

- **Suicide Prevention** includes several efforts to address and prevent suicide. Specific activities include Known the Signs; Life is Sacred Alliance (LISA); Question, Persuade, Refer (QPR); Applied Suicide Intervention Skills Training (ASIST); Lake County Suicide and Substance Use Prevention; after hours Warm-Line; Suicide Prevention Hot Line; and the Lake County Suicide Prevention Facebook page.
- **Stigma and Discrimination Reduction** events include Each Mind Matters and May is Mental Health Month.
- **Student Mental Health Initiative** supports events and activities during Mental Health Awareness Week.

#### PEI Evaluation Outcomes: Stigma and Discrimination Reduction, Suicide Prevention

**For Stigma and Discrimination Reduction Programs and Suicide Prevention Programs, the County may report available numbers of individuals reached, including demographic breakdowns. An example would be the number of individuals who received training and education or who clicked on a web site.**

LCBH contracts its services for Statewide and Regional Projects through CalMHSA and cannot accurately track data on the number of individuals reached for specific projects.

#### Goals and Objectives

<b>Goal:</b>	The goal of these projects are to inspire others to raise awareness and start important conversations within Lake County with colleagues, friends and families about Mental Health Awareness and Suicide Prevention.
<b>Objective 1:</b>	Expand the reach of mental health and suicide prevention services
<b>Objective 2:</b>	Reduce the risk of suicide through prevention and intervention trainings.
<b>Objective 3:</b>	Promote the early identification of mental illness and of signs and symptoms of suicidal behavior.



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

## Appendix 2: MHSA Funds Subject to Reversion & Reallocation Plan

The following table depicts LCBH's known MHSA funds subject to reversion, by MHSA component. These figures were provided by the California Department of Health Care Services (DHCS). Because LCBH Revenue and Expense Reports (RERs) are not up to date, it is unclear if LCBH has already expended the funds subject to revision. LCBH is currently updating its RERs and has been working with DHCS to establish a new timeline for RER submission, having recently submitted them for FYs 2012-13 and 2013-14. LCBH also plans to submit RERs for FYs 2014-15, 2015-16, and 2016-17 within the current fiscal year.

**Table 4. Lake County MHSA Funds Subject to Reversion, by Fiscal Year and Component**

	CSS	PEI	INN	Total
FY 2005-06	\$0	N/A	N/A	\$0
FY 2006-07	\$0	N/A	N/A	\$0
FY 2007-08	\$0	\$124,944	N/A	\$124,944
FY 2008-09	\$0	\$0	\$150,000	\$150,000
FY 2009-10	\$0	\$244,986	\$0	\$244,986
FY 2010-11	unknown	unknown	unknown	unknown
FY 2011-12	unknown	unknown	unknown	unknown
FY 2012-13	unknown	unknown	unknown	unknown
FY 2013-14	unknown	unknown	unknown	unknown
FY 2014-15	unknown	unknown	unknown	unknown
<b>Total</b>	<b>\$0</b>	<b>\$369,930</b>	<b>\$150,000</b>	<b>\$519,930</b>

Should any funds be reverted, then reallocated to Lake County, LCBH plans to disburse these funds to their respective components, such that reallocated INN funds are reallocated to support the implementation of the MHSOAC approved Innovation Project developed in 2016 and that reallocated PEI funds are reallocated to support the implementation of the approved PEI programs included in this Three-Year Plan for FYs 2017-20.



## Lake County Behavioral Health

*Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

### Appendix 3: Stakeholders Engaged in Community Program Planning

A total of 63 community members participated in the Community Program Planning (CPP) process. A total of 36 demographic forms were submitted at the conclusion of these activities.

#### Participant Stakeholder Affiliation

16%	Community Member
4%	Consumer of Mental Health Services
25%	Contracted Service Provider or Community-Based Organization
18%	County Government Agency
5%	Education Agency
7%	Family Member of Consumer of Mental Health Services
5%	Medical or Health Care Organization
20%	Other

#### Participant Age Ranges

11%	16 – 24 years old
57%	25 – 59 years old
31%	60 and older

#### Participant Gender

63%	Female
34%	Male
3%	Other

#### Participant Race/Ethnicity

9%	American Indian/ Native Alaskan
9%	Hispanic/Latino
9%	Multi-Race
12%	Other
60%	White/Caucasian
9%	American Indian/ Native Alaskan

#### Participant Residency

30%	Clearlake
20%	Clearlake Oaks
10%	Cobb
5%	Hidden Valley Lake
5%	Kelseyville
45%	Lakeport
15%	Lucerne
15%	North Lakeport
5%	Upper Lake
20%	Other



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

## Lake County Behavioral Health NOTICE OF PUBLIC HEARING

MHSA Three-Year Program and Expenditure Plan for  
Fiscal Years 2017-18 through 2019-20

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

- I. **A Public Hearing will be held by the Lake County Mental Health Board on Wednesday May 23<sup>rd</sup>, 2018 From 3:00 Pm to 5:00 Pm**, at the Lake County Behavioral Health Lucerne Clinic (6302 Thirteenth Ave., Lucerne, CA 95458), for the purpose of receiving further public comment on the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20.
- II. **To review the MHSA Annual Update and Three-Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20** or other MHSA documents via Internet, follow this link to the Lake County website:  
[http://www.lakecountycalifornia.gov/Government/Directory/Behavioral\\_Health/MHSA.htm](http://www.lakecountycalifornia.gov/Government/Directory/Behavioral_Health/MHSA.htm)



**Lake County Behavioral Health**

***Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020***

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## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

#### Appendix 4: All Public Comments

Public Comment	LCBH Response
We have made it through this year with our current funding and are at a point where we need more as we push forward. The growth we are experiencing cannot be sustained with our current funds. Is a funding increase for the next two year a possibility? What is the process for this?	We believe that once we are in compliance with our Revenue & Expenditure Reporting along with the Cost Reporting, we will be in a better place to revisit contract amounts. Any changes would then be brought out to the community for further review.
Who was invited to the CPP (Community Program Planning) Meeting?	The CPP invitations were sent out in May and June of 2017 to all of our Stakeholders and County Providers, as well as the community.
Is the CPP the same as the focus groups led by RDA?	The CPP was held at the beginning of the meeting on July 29, 2017. The Focus Group followed the CPP meeting.
Who Participated in the Leadership Interviews?	LCBH Leadership Staff
What was the last day for Public Comment?	May 23rd, 2018
Are there statistics available showing the increase in PTSD dx? Is the increase being seen by all providers of mental health services? Cal Hope provided significant supports and referrals after the Valley Fire, in part, to reduce the development of a PTSD dx. Is there data available for review that might indicate the number of referrals to mental health providers? Are any of the cornerstone supports still available?	LCBH Administrator was contacted by a stakeholder community provider on behalf of Middletown School District reporting high incidents of trauma with children and youth in the south end of the county approximately 2 years after the Valley Fire incidents. Opening a Family Support Center in the south end of the county was approved in the MHSA 3-year Plan for the period of 2014-2017, however opening the center did not come to fruition during that period. The focus will certainly be on trauma but primarily on helping families and will be staffed with a Parent Partner, as well as additional support staff.
For the Innovation Projects, there are a couple of areas where the Circle of Native Minds fits in. I don't think people understand the value of that. One of the problem we have throughout the community is self-image. Through the museum, we try to add educational component and we have an extensive Pomo Indian portion of the museum. When that program was first accepted and presented in San Francisco, it got rave reviews for its innovation. I hope that is something that is going to continue. I'm disappointed that this is not going to be continued. This is a very badly needed service. It involved culture, education, circles, and other numerous aspects that are so important to us.	We will be sharing findings today which do highlight the need for destigmatization and cultural programs.
Were there any county-wide stakeholder meetings?	Yes, we promoted stakeholder meetings county wide.
The issue of providers not knowing where to refer folks comes up in a lot of places. Is this a structural training issue in each organization?	This happens a lot in small counties. Information changes over time and is constantly being updated. It is a struggle to build an index or hub of resources and it is challenging to keep this updated.
Lake County has a volunteer center that has all the resources available. They did provide this service to us during a recent fire when several families needed	Yes, the county has provided multiple Lake Assistance Centers (LAC) during the past few years which were comprised of County Employees from many



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

direct services. We didn't have 211, so we had to use an 800 number. Organizations had to create their own resource directory. It is absurd that there isn't a centralized hub of resource directory. People say they don't know where all the resources are or they are not updated. We paid them to hire people to put this information together. This needs to be available through an organization that has the authority to produce it and not a volunteer organization.	departments making it possible to provide referrals & direct services to those impacted by the fires in our community.
Can we get a copy of the presentation slides?	Yes, there are hard copies at today's meeting and they are published on line as well.
Are comments collected and published as well?	Yes.
I submitted comments to you within the 30 days. Is that included?	Yes, that is included in the plan.
How long will that take (to publish meeting notes)?	We will take your comments, write them in to the plan, and submit to the board for review. This process may take approximately 2-6 weeks, depending on the volume of public comments.
Were all contracted providers invited to participate in the planning process?	Yes, we promoted stakeholder meetings county wide.
Do you have staff plans, schedules, and programs for implementing the plan? How are you going to do it?	The MHSA Three-Year Plan serves as an overarching strategic plan that requires Annual Update to measure progress and redistribute work.
For the new projects, such as the NEST, is it correct that we will find out if the programs will continue to be funded when we find out about the reverted fund?	The potential unspent funds which may be up for reversion have been submitted to LCBH by DHCS with a request to submit a Reversion Plan by July 1, 2018. LCBH's Reversion Plan is included in the current MHSA Three-Year Plan. It was decided that it would not bode well to develop a robust plan until such time that LCBH is in compliance with the submission of Report of Review and Expenditures, along with Cost Reporting.
The known needs for specific services for fire survivors and known needs for older adults do not appear to be strongly reflected in this strategic plan. They are mentioned but I don't see them identified as priorities. In particular, those fire survivors have had three successive years of extremely traumatic experiences. It is a part of our community process and our community is still struggling with this. I am very disappointed to see it so general and broad.	Yes, this county has had three successive years of extremely traumatic experiences due to wild fires and flooding. We are moving our Adult Peer Support Center to Clearlake Oaks this summer and we will be opening a Family Peer Support Center on the South end of the county sometime this next year. Our goal is to have Clinics and Centers all around the lake to provide services to our whole community.
I'd like to add my support to previous comment. We don't do enough for various portions of our society, and the elders are a part of that. One of the things that keep coming up is that young people not liking to read, which is a mixture of Indian and non-Indian. They would rather be playing video games. What is there for Lake County for young people? Like dances, water parks, skateboard parks, and numerous people have brought this up. Yet we complain about the crime. If we give young people something to do,	The Circle of Native Minds will focus on Elder participation and emphasize on building cultural awareness and community outreach to youth as well as partner with other agencies who have similar goals for the youth in Lake County. Thank you for highlighting the need for more diversion and community programs for youth, with an emphasis on cultural and tribal.



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

perhaps we won't have as much crime. Parenting idea is a great idea and is important. We as tribal people need to do more for the youngsters in our tribal communities. They are also not informed or educated about their Indian cultural.	
Is the mental health advisory board going to take action? They need to approve the plan so there can be actions.	Yes. The Mental Health Advisory Board approved the MHSA Three-Year Plan on May 23, 2018.
We recall hearing that new "information" had been received from the state, which would impact the 3-Year Plan; may we see that input?	AB 114 was enacted allowing Counties to submit our reversion plan by July 1st, 2018 for expenditure of their respective funds that are subject to reversion by June 30th, 2020. Lake County's Reversion Plan is included in the MHSA Three-Year Plan.
Could we see all the input you received during that review period, please? For example, at the 2017 hearing, we were provided copies of the input received from Redwood Children's Services, for example, but it was written in agency legalese and displayed in such a manner as to be adapted to the text format, rather than an analysis of the benefits or tradeoffs with recommendations from a legal body (i.e., vendor drafted to suit vendor contract).	The public hearing in 2017 for the FY 16/17 Annual Update is listed on the Lake County MHSA website under Annual Updates. The input received during the review of this FY 2017-20 Three Year Plan will be posted once the plan is approved by the Board of Supervisors and also posted on the County MHSA website under Three Year Plan.
Will I be required to resubmit my comments entered into the record on the last day of the previous comment period, or will they stand without revision needed to respond to new content? Is this a simple problem (2-3 items, pages or tables corrected) or large (multiple cross-referenced items, and in either case, can you explain any significant alterations in the previous plan that stakeholders and the community would want to know about — like the addition of a Family Resources Center in the Middletown Area (with hefty personnel impacts on existing over-worked staff in Clearlake and Lucerne)?	All responses that have been received at the CPP meeting and the Public Hearing have been recorded in our current draft to be submitted to the Board of Supervisors for approval. As referred in an earlier response, the addition of a Family Peer Support center in Middletown was in the FY 14/15-16/17 MHSA 3 Year Plan. There should not be personnel impacts as we have included staffing in our budget to be approved by the BOS.
Could you please send the notice that was published? Not everyone buys the newspaper, but all of us are interested in participating.	All notices are posted on the Lake County MHSA website.
What happened to the requirement to publish a legal notice in the newspaper of record, 30-days in advance of this proceeding?	Counties are not required to publish a legal notice in the newspaper as a part of its notice of public posting. The specific requirements of the Local Review Process can be found under California Code of Regulations § 3315. Local Review Process.
I have one correction regarding page 33 "Older Adult Access: Senior Peer Counseling" In the final paragraph it states "establish a clinical supervision site in Lakeport and recruit for volunteers from the greater Lakeport area." This should rather read: "clinical supervision is provided at sites around the county and volunteers are recruited county wide."	Correction noted and edits made, thank you.
This looks good. A couple of comments on the section on WET Programs (pp.53-54). I think it's good for	Comment noted, thank you.



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

recruitment and retention that WET is going to be paid for licensing and CEU's. They do that here at Tribal Health and is really appreciated by staff. One thing we always talked about when I was there, however and I don't see in this update, is opening WET up to clients to help them better their education and to provide them with marketable skills. Not sure if this is in the works.	
You have a typo regarding the EHR on p.56. Under <b>Key activities</b> it should be ... conversion of paper charts (it currently says conversation of paper charts).	Edit noted, thank you.
While I have not read the proposed plan in detail it appears to be inclusive of the many services that are needed. 2 possible edits you may want to consider. On page 23 the right box on the Trauma program at bottom of page does not scan grammatically.	Edit noted, thank you.
Given the number of contacts and/or clients served in the post partum program, I would strongly encourage the administration to increase this budget to \$80,000 per year. This is a small price to pay to even prevent one mother of a young child to end up with a severe depression disorder leading to even more catastrophic events	Once we have completed Revenue and Expenditure Reports and Cost Reports we will most likely go out to reopen community planning process within the next two years.
I'm still unsure of how the process went this time around. I can't find any communication inviting Mother-Wise to participate in the community planning meeting. I'd like to make sure we are included going forward as our program is growing and could use more support. Focus groups-"Recruitment for focus groups was conducted by LCBH staff involved in the MHSA planning team, as well as staff from local community-based agencies." This is another area where I can't find any emails asking for Mother-Wise participants to help give input. "RDA compiled findings from the CPP activities, identifying any recurring themes and key takeaways across the planning process. In reviewing needs and findings, CPP participants compiled a list of recommendations and strategies to address needs and gaps in MHSA programs. This included the proposal of new programs, substantive program/service changes, and some minor program modifications, as summarized in Table 2. " Since Mother-Wise staff and participants did not participate in the planning process our input was not considered and we missed out on the opportunity for vital support to help sustain our growth.	MHSA staff began emailing current Contracted Providers in June of 2017. Mother-Wise is listed on email list.
In the Mother-Wise section on page 47 I'm not sure how the PEI Service Area is decided, but it seems Mother-Wise also works on Prevention and Early Intervention.	First 5 Mother-Wise has been categorized under Prevention Early Intervention since being contracted with LCBH in FY 2010/11. It has been under PEI ever since.



## Lake County Behavioral Health

### Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020

In the Key Successes Section it still says, "LCBH worked closely with community agencies to increase community awareness and reduced stigma around Parental Mood and Anxiety Disorders (PMADs) with several screenings of "Dark Side of the Full Moon," a documentary about maternal mental health." It should read Mother-Wise worked closely with.....	Correction noted and edits made, thank you.
I feel no [sic] enough attention is being paid to <u>housing</u> . All programs are ineffective if recipient is not housed.	Lake County Behavioral Health has budgeted \$150,000.00, annually toward transitional housing (which supports individuals who are discharged from psychiatric facilities, or recently discharged from one of the local hospitals after being evaluated, and lack housing), and permanent housing for LCBH clients.
The MHSA Plan is good however the department is struggling to recruit new and qualified employees and the department is struggling to keep employees due to low salaries. The County is having their own Financial hardships, however Behavioral Health Salaries should have it's [sic] own wage scale aside from the county. We are and should be considered "Medical" and not generalized as regular administration.	Thank you. This recommendation has implications that extend beyond the purview of the MHSA Three-Year Plan.
Big issue—we need more than 30 day window to apply [sic] for a mini grant - at least need 45 days. Also not advertising it very good. Please, please give people more s's. people put a lot of free time into making a mini grant successful [sic] and don't get paid very much.	Regarding the Mini-grant application process, we have noted that the community would like a longer window of submission. The budget for Mini-grants is capped at \$25,000.00, annually. The Mini-grants are not to totally fund a project but to be utilized as a "startup" and not to sustain a program.
MHSA Funding and Wellness Center Activities - Regulations or Requirements for allowable cost need to be less stringent due to cultural needs.	The MHSA funding for Prevention and Early Intervention is regulated by state law. Please refer to the PEI Regulations provided by the state and can be referenced on our MHSA website under MHSA/Prevention.
I support continued funding for transitional living for the youth within the community. I fully support funding for the maternity group home The NEST.	Thank you.
I feel without The NEST, I wouldn't have a place for me and my two children. I was hopeless and unsure of my future. With the continued support of BHS, Community partners, and education and training I have received at The NEST, I feel certain for a better future for myself and my children.	Thank you.
I feel with the NEST, I am learning a lot on how to live on my own and be closer with my kids. They helped me and my family in every way they said they would.	Thank you.
Without the NEST, my family would be lost. They showed me that it's possible to budget and save money and how to be a better mother to my kids.	Thank you.



## Lake County Behavioral Health

### *Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

<p>A resident @ RCS the NEST. I not only believe that RCS needs to be funded, but it needs to be funded in the right areas. It helps a lot of women and it's very important.</p>	<p>LCBH plans to provide funding for the NEST through this MHSA Three-Year Plan and we look forward to reviewing the outcomes and recommendations for the NEST in our MHSA Annual Update.</p>
<p>I have been the Home Specialist at the NEST for the past 6 years and we have had many young families come through our program and exit to safe and stable housing. Their parenting skills and life skills have increased in large numbers. We have helped moms to graduate high school and, enter and stay in college. We have helped them build sustainable support systems within the community, find employment, and become productive members of the community. I am proud of our program and all the moms and dads we have given a hand up.</p>	<p>Thank you.</p>
<p>1) There are many activities at schools. 2) Many upgraded parks in and around the lake. Community activities re: trainings and education for the area they live in and want to keep safe.</p>	<p>Yes. LCBH always strives to provide programs and services in locations that are safe and accessible for our target audiences.</p>



## Appendix 5: INN Update

# Lake County Behavioral Health's Innovation Project

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**MHSA Annual Innovation Project Report, Fiscal Year 2016-2017**



**Prepared by:**

**Resource Development Associates**

**December 18, 2017**





## **Background**

While Lake County (the County) is considered a small county with a population of less than 65,000, it spans a large geographic area of over 1,300 square miles.<sup>23,24</sup> High levels of poverty, unemployment, and rural and cultural isolation affect many residents of the County. Over 25% of the population lives below the poverty line and the rate is notably higher among Latino and Tribal community members.<sup>25</sup> The County also includes a significantly high proportion of formerly incarcerated individuals, and residents face some of the worst health outcomes in the entire state.<sup>26</sup> The demographics of behavioral health consumers mirror those of the County's population.

The County, with its distinct geographic, cultural, and socio-economic characteristics, has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory. During the community planning process, stakeholders attributed the challenge of meeting the behavioral health needs of the County's population to multiple factors, including the need for increased coordination across providers who may be located in various regions, the limited capacity for information sharing across the network of individuals important to the consumer's recovery, and the need for expanded consumer access to health and wellness information.

## **Lake County Behavioral Health's Innovation Project Description**

To more adequately address the mental health needs of the community, Lake County Behavioral Health (LCBH) created an MHSA Innovation project that utilizes Network of Care, an online information portal for Mental Health. Studies suggest that health technology, or eHealth, can be an effective tool to provide outreach and access to care regardless of an individual's socioeconomic status, race, ethnicity, or geographic location.<sup>27</sup> Although the Network of Care system is utilized by various counties across the nation, this project creates a new tailored Network of Care system that integrates a closed loop referral process and virtual care coordination capabilities. This project provides the County's diverse behavioral health consumers with the appropriate tools to empower them to manage their health, creates continuous and consistent consumer-provider communication, increases the capacity for communication among providers, and provides tailored information on available appropriate behavioral health services.

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<sup>23</sup> US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>.

<sup>24</sup> Lake County, "Lake County at a Glance," 2011, <http://www.lakecounty.com/AboutLC/Glance.htm>.

<sup>25</sup> US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>.

<sup>26</sup> <http://www.countyhealthrankings.org/app/california/2015/rankings/lake/county/outcomes/overall/snapshot>.

<sup>27</sup> eHealth Initiative (2012). *A Study and Report on the Use of eHealth Tools for Chronic Disease Care among Socially Disadvantaged Populations*.



One of the critical issues in the mental health community is that consumers are often referred to mental health services but may not experience actual linkages to those referred services. For a variety of reasons, the steps that consumers need to take between receiving a referral notice from one mental health facility and actually seeing the referred-to provider at another mental health facility can be challenging to achieve. Exploring strategies to fix these challenges by providing real-time feedback and facilitating a warm hand-off is critical in all mental health systems of care.

In Lake County, this project provides a mechanism to close the referral loop and support successful linkages to mental health services. Furthermore, this project addresses a significant gap in accountability and information-sharing across referring providers, and aims to connect consumers to much needed mental health services. The issue of consumers not accessing referred services is significant in Lake County as well as in other counties throughout California. Thus, the successful implementation of this project in Lake County can lead to far reaching impacts throughout California.

**Phase I: Closed Loop Referral System.** In Phase I of LCBH's MHSA Innovation project, LCBH is collaborating with Trilogy Integrated Resources (TIR) to modify its existing Network of Care online information portal to create an electronic closed loop referral system for LCBH's suite of outpatient mental health services. The purpose of the electronic closed loop referral system is so that all participating providers have one centralized location in which to input their referral information. When a referral is made, the system automatically notifies the referred-to provider of the incoming referral. Providers can use the system to manage their referrals, update information about whether the consumer received a service or attended an appointment, and indicate if they were able to assist the consumer, among other things. Providers can then direct all of their consumers to this online portal. The system tracks referral information and makes it available via reports, allowing LCBH and evaluators to measure outcomes and effectiveness. This new closed loop referral system serves to bridge many gaps in current referral pathways between LCBH and its many provider organizations. By creating a consumer-focused system that providers to enter their referral information in a shared and centralized location, LCBH is actively supporting increased service linkages throughout its system.

**Phase II: Virtual Care Coordination.** In Phase II of LCBH's MHSA Innovation project, LCBH will continue collaborating with TIR to expand the Network of Care online information port to include an online interactive, user-friendly online information portal that can be used by consumers (and those who support them) to quickly access a variety of information relating to their recovery. The purpose of the expanded functionality of Network of Care is to provide a platform for consumer-driven care coordination that incorporates Personal Health Records (PHR), which allows consumers to share documents with providers and others involved with supporting their recovery. Consumers can also create their own profiles in this system and log-in from anywhere to view their referrals information. The online information portal will be a secure, virtual location for consumers to upload, view, manage, and share their documents (e.g., prior assessments, health records, demographic information) with those involved with their recovery, including providers they are referred to. Consumers determine which records they would like to share and with whom. PHR maintains consumer confidentiality and consumer information will only be shared if the consumer provides consent. The online information portal will become a central point of access for



any behavioral-health-related referrals, providers, and clinicians in Lake County and/or surrounding areas that may serve consumers. This virtual care coordination platform serves to bridge information gaps by establishing communication pathways among consumers, provider agencies, and community partners and help track information about consumers' service needs and participation. By providing a platform for secure communication and care coordination between all agencies involved in a consumer's recovery plan, LCBH is actively supporting increased service linkages and interagency collaboration.

## Goals and Objectives

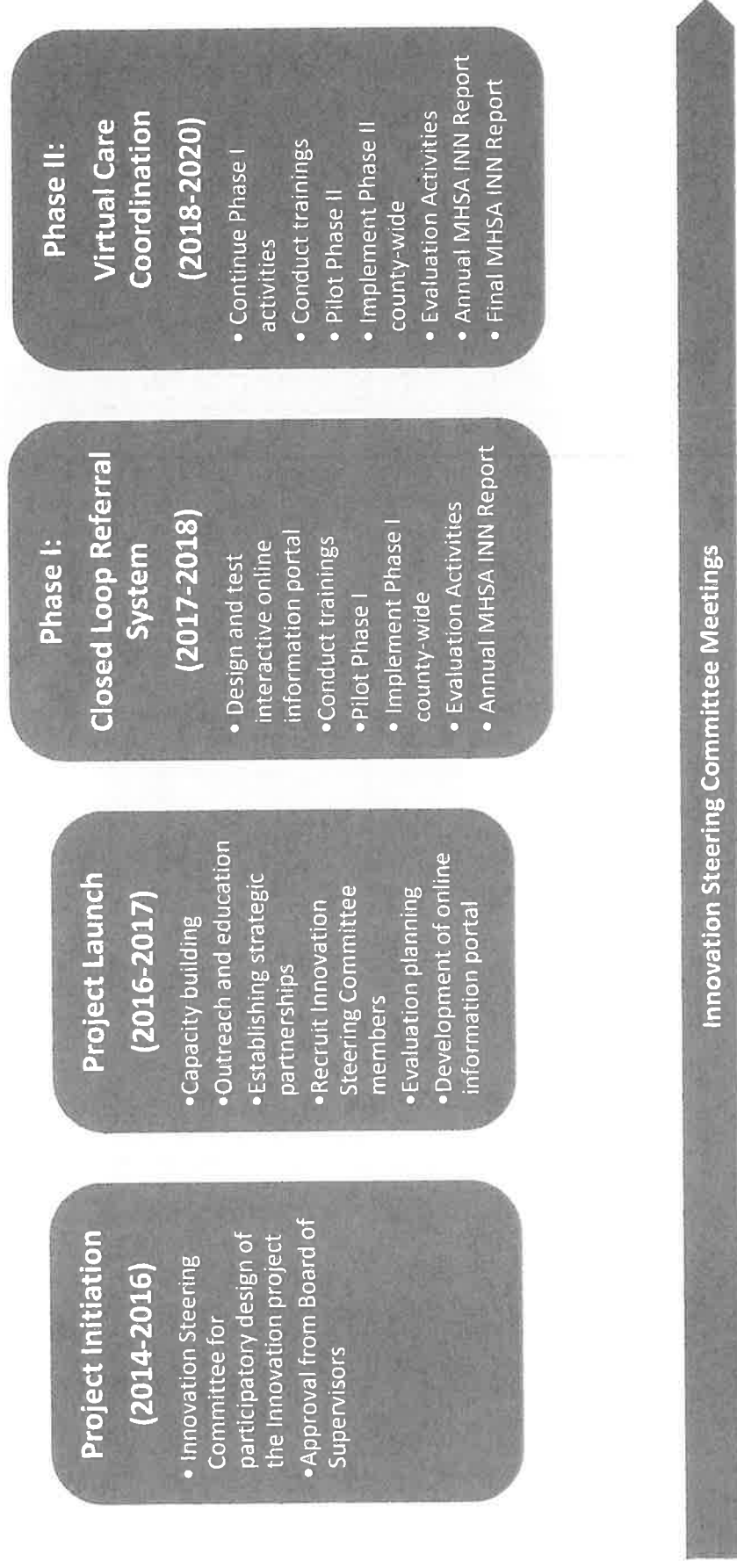
The LCBH Innovation Project is a novel approach to linking consumers to referred mental health services and creating a platform for consumer-driven care coordination. The LCBH Innovation Project aims to increase access to quality services and improve outcomes for consumers by connecting consumers to mental health services and directly engaging consumers in the management of their service needs and wellness progress. The goal of this project is to establish a robust consumer-driven online health portal and information management system that blends referral tracking, consumer education and resource awareness, and service coordination. This system will support LCBH providers and consumers to shorten and close the referral loop that consumers experience between when they receive a mental health referral and when they follow-up to actually see the referred-to provider. Data from this project will also inform where referrals are not successful, need process improvement, and will provide insights on barriers to accessing services.

## Project Timeline

The LCBH Innovation Project involved rigorous stakeholder engagement and participatory planning activities from 2014 through 2016. The following diagram outlines the timeline of implementation, evaluation, and stakeholder engagement activities from 2014 through 2020 (Figure 3).



Figure 3. Timeline for Lake County Behavioral Health's Innovation Project, 2014-2020





## **Key Accomplishments in Fiscal Year 2016-2017**

During Fiscal Year 2016-2017, LCBH conducted a number of important project activities and achieved a variety of key milestones along the way.

### **Capacity Building Activities**

The Lake County Behavioral Health Innovation Project is an ambitious pilot project in a rural county setting that requires a systems-level change approach to establish the supporting infrastructure needed for successful implementation. Lake County is committed to addressing the critical challenges of linking consumers to referred services and developing a user-friendly platform for coordinated care. However, these challenges are persistent throughout the state of California and they are widely acknowledged as difficult and complex issues. Furthermore, Lake County is a particularly challenging setting for technological innovations in part due to the rural culture, limited existing technologies, and limited experience with integrated information systems. Thus, LCBH conducted critical capacity building and system change activities to establish a strong foundation for the project going forward. In fiscal year 2016-2017 (FY16-17), LCBH increased shared understanding of the project across stakeholders and decision-makers, established relationships with strategic partners, created communication channels for ongoing communication throughout the project period, and created infrastructure to inform data-driven decision-making.

### **Education, Outreach, and Engagement**

This Innovation Project uses a technologically sophisticated approach that requires a shared understanding of the project across stakeholders and decision-makers. Given the complexity of this project, and the fact that Lake County is a small county with stakeholders from varying technological backgrounds, LCBH conducted a variety of activities that are foundational to this project's success:

- LCBH conducted a number of public meetings to present and outline the planned project and potential impacts on the local mental health community.
- LCBH conducted extensive targeted outreach and engagement activities with providers and agency partners. These communication channels and relationships were necessary to inform ways in which the project can grow and improve. These outreach and engagement activities formed the foundation for effective collaboration and coordination between providers, which is critical for the success of the project.
- LCBH worked closely with TIR, the Advisory Leadership Team, Innovation Steering Committee and Resource Development Associates (RDA) to create data collection protocols and procedures and to facilitate the participatory evaluation process. Through these activities, LCBH established the infrastructure for systematically collecting data and information that would be used to inform their decision-making. This has been crucial in building LCBH's increased capacity for data-driven decision-making.
- LCBH continues to create more local partnerships, shared agreements between providers, and procedures for ongoing communications about this project.



## **Strategic Partnerships**

Lake County is a rural, small county with a relatively small network of behavioral health county staff and behavioral health providers. Since the project requires county staff and providers to actively use the online information portal, it was important for LCBH to engage and gather input from providers. Thus, LCBH conducted extensive outreach and engagement to identify and recruit behavioral health county staff and behavioral health providers to be a part of the Advisory Leadership Team or Innovation Steering Committee.

- **Advisory Leadership Team.** LCBH conducted outreach to provider agencies and identified strategic agency partners to be a part of the advisory leadership team. LCBH met with the advisory leadership team three times during the year to gather input and refine the online information portal design for the Phase I: Closed Loop Referral System.
- **Innovation Steering Committee (participatory evaluation process).** LCBH and RDA conducted outreach via phone, email, and in-person meetings to recruit diverse members for the Lake County MHSA Innovation Steering Committee, including consumers, consumer advocates, and providers. LCBH worked closely with RDA for the steering committee recruitment and planning for the kickoff meeting in July 2017.
- **Online Information Portal Development.** The online information portal needed to be designed based on the concepts and goals outlined in the Innovation Plan. Since this had not been done before in Lake County or elsewhere in California, LCBH contracted Trilogy Integrated Resources (TIR) – the developers of Network of Care – for the design and development of the customized online information portal.
- **Program Evaluation.** LCBH contracted RDA to evaluate and support the Innovation Project and its participatory evaluation activities.

LCBH continued capacity building activities throughout the past fiscal year, and plans to continue increasing capacity of Lake County going forward in order to support successful project implementation.

## **Online Information Portal Development and Implementation Activities**

In March 2016, the Board of Supervisors formally approved the Lake County MHSA Innovation Project. LCBH submitted the MHSA Annual Update report in August 2016 which included the Innovation Plan. The following section describes important implementation activities achieved by the project in FY16-17. Program administration data is not included in this report because no individuals were served during FY16-17.

### **Online Information Portal Development**

Project activities included the design, testing, and adoption of the interactive online information portal.

**Phase I: Closed Loop Referral System.** The initial activities of the project focused on designing and implementing Phase I: Closed Loop Referral System. LCBH worked closely with TIR and the advisory leadership team to develop the design of the online information portal. Then, LCBH implemented a virtual



referral “call center” that is specifically tailored to support the behavioral health community’s needs by opening up communication between the provider agency making the referral and the provider agency accepting the referral. LCBH also conducted trainings for providers and worked with RDA to align implementation activities with evaluation activities. Lastly, LCBH planned detailed implementation plans for the next fiscal year, which included the planned pilot activities with a small group of providers in the county.

**Phase II: Virtual Care Coordination.** LCBH also initiated foundational activities for Phase II, including working with TRI to create preliminary concepts and designs of the virtual care coordination platform and the Personal Health Records (PHR). The PHR allow consumers to upload records and grant access to any relevant members of their care team. This allows the consumer’s care team to coordinate with providers and collaboratively address unmet needs, the care plan, and recovery progress. LCBH also worked with TRI and the Advisory Leadership Team to explore potential PHR functionalities, such as initial and ongoing consumer health and wellness self-assessments to aid the tracking of progress and wellness over time. LCBH detailed plans for upcoming activities, including portal development and refinement, pilot phase, trainings, and county wide implementation.

### **Evaluation Planning**

Evaluation planning activities were conducted concurrently with implementation activities in order to support learning and ensure availability of data for the evaluation. The purpose of the evaluation is to measure outcomes of the project and provide findings to LCBH that can inform lessons learned. LCBH worked closely with RDA in FY16-17 to build into the Innovation Project the types of evaluation activities that would effectively support learning and data-driven decision-making, including data collection protocols and procedures. LCBH worked with RDA to develop an evaluation plan that outlines the theory of change, methodology, data sources, and timeline of evaluation activities. The evaluation is informed by the project’s theory of change framework (See Appendix A), which outlines the planned activities for Lake County Behavioral Health’s Innovation Project and the intended outcomes.

### **Participatory Evaluation**

LCBH’s participatory evaluation process for this MHSA Innovation project is a partnership approach to evaluation in which stakeholders actively engage in developing and implementing specific evaluation activities. Participatory evaluation involves the evaluation team and the project’s stakeholders coming together on a frequent basis to: 1) identify relevant learning questions, 2) plan the evaluation design, 3) select appropriate measures and data collection methods, 4) gather and analyze data, 5) reach agreement about key findings from the data, 6) collaboratively develop conclusions and recommendations, 7) disseminate results, and 8) contribute towards an action plan to improve program performance. In FY16-17, LCBH and RDA built upon their previous stakeholder engagement activities (in 2012 and 2016) and planned recruitment activities that would reconvene the LCBH Innovation Steering Committee for this project’s participatory evaluation of the LCBH Innovation Project.

In 2012, LCBH recruited and trained a diverse committee of behavioral health consumers and family members, community members, and staff to assist LCBH to improve its mental health and behavioral



health service facilities. The County engaged the Steering Committee, reflective of Lake County demographics and inclusive of mental health consumers and family members, in an iterative process of gathering, interpreting, and analyzing data on Lake County's behavioral health clinics and wellness centers. The Steering Committee provided input on the LCBH Innovation Project Plan prior to its approval. The Steering Committee participated in key knowledge and skill-building trainings that bolstered the committee's capacity for consensus decision-making, assertive communication, and addressing the stigma of mental illness within themselves and other underserved groups. Drawing upon the capacity and knowledge of this group, this LCBH Innovation Project will rely on the Innovation Steering Committee to inform evaluation activities and derive recommendations from evaluation findings to improve its activities.

In 2016, LCBH recruited additional members to the Innovation Steering Committee to ensure meaningful stakeholder participation from diverse stakeholders. RDA and LCBH also established ongoing quarterly meetings in support of the Innovation Steering Committee's participatory evaluation process.

### **Changes to Innovation Project during Reporting Period**

In FY16-17, there were no changes to the implementation of the LCBH MHSA Innovation project from how it was planned, but there were additional capacity building activities identified as necessary for successful project implementation. Although these capacity building activities were not included in the original project plan, it became evident during the launch of this project that the scale and scope of this project was rather large relative to the existing systems in Lake County. Thus, increased capacity building activities were critical for establishing the required infrastructure for this type of systems change as well as setting-up a strong foundation for successful implementation of the project in the coming years.

It is also important to note that this project's process of creating supporting infrastructure did take longer than anticipated, which is unsurprising given the broad scale of the systems change required for this project. These efforts may have also been slowed by the limited amount of dedicated staff time available to the project, the geographically expansive nature of a rural county setting which provides challenges for in-person collaboration, and existing county processes for project-related approvals and vendor contracting. The time required to set-up these supporting infrastructures resulted in a delayed timeline that shortened the time frame for evaluation planning, steering committee member recruitment, and more in-depth website beta testing before going live with the Phase I pilot. Despite this delay, LCBH accomplished many major milestones during FY16-17 and plans to continue capacity building activities into FY17-18.

### **Planned Activities for Fiscal Year 2017-2018**

In Fiscal Year 2017-18, LCBH plans to continue implementation of Phase I (developing the Closed Loop Referral System) and stakeholder engagement activities. In addition, LCBH will continue designing and begin piloting specific stages of Phase II: Virtual Care Coordination. The following section provides detailed description of planned activities for FY17-18. See Appendix B below for a timeline of planned activities for FY17-18.



## **Phase I: Closed Loop Referral System**

### **System Launch**

LCBH will work closely with TRI and the Advisory Leadership team to test and refine the beta version of Phase I: Closed Loop Referral System. In addition, LCBH will train a small group of providers who will be using the system in the pilot phase.

### **Pilot Phase**

LCBH plans to launch the pilot of Phase I in approximately July 2017. The goal of the pilot phase is to test the online information platform with a small group of approximately 10-15 provider staff (i.e., LCBH, Lakeview, and Live Well provider agencies) to identify critical points in the system that could use refinement or improvement. For example, the pilot activities have highlighted the need for an improved user security access. Thus, LCBH is working closely with TIR to improve the user security access as well as updating the internal directory of services. LCBH will continue to measure and improve the reliability of information gathered from the online information platform. The pilot phase will continue until 100 referrals have been processed through the system, which is estimated to take approximately one year.

LCBH plans to implement targeted strategies to increase the number of referrals going through Phase I: Closed Loop Referral System. LCBH is improving the referral process by incorporating a dedicated fax line for referrals. LCBH is also improving referral processes to improve the efficiency and effectiveness of managing incoming referrals.

In addition, LCBH will facilitate referrals between mental health providers and substance use treatment providers. As the number of referrals increase and the online information platform is refined, LCBH will continue to meet and coordinate with other mental health providers to expand the referral network. LCBH will also update the service directory in the system to ensure providers are using the most accurate and up-to-date information. LCBH will continue to train staff from LCBH and other agencies, as needed.

## **Phase II: Virtual Care Coordination**

For Phase II: Virtual Care Coordination, LCBH plans to develop and integrate the Personal Health Record (PHR) for consumers to manage their information on a secure online information. LCBH plans to develop the design concept, document and outline the implementation plan, and pilot the updated online information platform. LCBH plans to launch the pilot of Phase II in approximately July 2018. LCBH will continue to meet with strategic partners to ensure appropriate handling of personal health information and design a user-friendly accessible online information platform.

### **Stakeholder Engagement**

LCBH will continue to meet regularly with the Advisory Leadership team to gather input and feedback. In addition, LCBH and RDA will convene the MHSA Innovation Steering Committee on a quarterly basis. The steering committee will engage in participatory evaluation activities to collaboratively develop insights



from evaluation data and develop recommendations on how to improve the existing mental health services referral pathways and processes.



## Appendices

### Appendix A. LCBH Innovation Project Theory of Change

## ACTIVITIES

### Phase I: Closed Loop Referral System

- ❖ Training for providers to access and use the platform
- ❖ Providers use platform to arrange for and follow up on referrals to mental health services
- ❖ Communication between providers for follow up and closing referral loop
- ❖ Evaluation activities

### Phase II: Virtual Care Coordination

- ❖ Training for consumers and providers to access and use platform
- ❖ Consumers use platform and personal health records to engage in the management of their own care
- ❖ Communication and collaboration between providers for coordinated care
- ❖ Collaboration between consumers and providers for coordinated care
- ❖ Evaluation activities

## OUTCOMES

### Short-Term

- ❖ Increased linkages to mental health services for consumers
- ❖ Increased LCBH capacity for data-driven decision-making
- ❖ Improved collaboration amongst providers, and between consumers and providers

### Medium-Term

- ❖ Improved access to mental health services among consumers
- ❖ Improved perception of wellness and recovery among consumers
- ❖ Improved perception of system-wide collaboration among consumers and providers
- ❖ Improved perceptions of service quality and relevance among consumers and providers

### Long-Term

- ❖ Improved mental health outcomes among consumers
- ❖ Increased access to services
- ❖ Improved quality of services
- ❖ Improved interagency and community collaboration

### Assumptions:

Consumers and providers will successfully learn to use system, and they will actively use system to engage in consumer-driven care management.

### External Factors:

Other factors which may influence outcomes include severity of mental illness, mental health stigma, travel barriers, language or cultural barriers, and financial barriers, among others.



**Lake County Behavioral Health**

*Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020*

**Appendix B. Timeline of Planned Activities for FY17-18**

**Table 5. Lake County Behavioral Health's Innovation Project Evaluation Timeline, 2017 –2018<sup>28</sup>**

Milestone/Deliverable	2017		2018	
	Q3	Q4	Q1	Q2
<b>Phase I: Closed Loop Referral System</b>				
Test beta version of Phase I: Closed Loop Referral System				
Conduct Trainings for Users				
Pilot Phase I				
Implement Phase I County-wide				
Work with TRI to Continue Improving System				
<b>Phase II: Virtual Care Coordination</b>				
Plan for Integrating Phase II into Phase I				
Design Phase II: Virtual Care Coordination				
Test beta version of Phase II: Virtual Care Coordination				
Conduct Trainings for Users				
Pilot Phase II: Virtual Care Coordination				
<b>Evaluation Activities</b>				
Review of Data Sources				
Presentation of Evaluation Plan to INN Steering Committee				
Final Evaluation Plan				
Data Collection Activities				
<b>Stakeholder Engagement</b>				
INN Steering Committee Meetings				
Advisory Leadership Meetings				
<b>Reporting</b>				
MHSA Annual INN Report				

<sup>28</sup> The fiscal year is divided into quarters as follows: 1st quarter (January - March); 2nd quarter (April - June); 3rd quarter (July - September); and 4th quarter (October - December).



**Lake County Behavioral Health**

***Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan FY 2017-2020***