Lake County Mental Health Services Act Annual Update and Three-Year Program and Expenditure Plan Fiscal Year 2020-2023

Prepared by:

Resource Development Associates

September 2020

Lake County Mental Health Services Act (MHSA) Annual Update and Three-Year Program & Expenditure Plan Fiscal Year 2020-2023

Lake County Behavioral Health Services

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

Resource Development Associates, 2020

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.

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. 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.

Table of Contents

Acknowledgements ii

List of Acronyms 5

I. Project Overview 8

Lake County 8

Three-Year Program and Expenditure Plan 9

Prevention and Early Intervention Evaluation Report 10

II. Community Program Planning and Needs Assessment Process 11

Methodology 11

Summary of Stakeholder Participation 12

Community Program Planning Activities 13

III. MHSA Consumer Demographic and Service Data 21

IV. Needs Assessment Findings 24

Key Themes from Needs Assessment and Community Planning Process 24

V. Three-Year Plan and PEI Evaluation Report 30

Community Services and Supports Programs 33

Prevention and Early Intervention Evaluation Report 44

Workforce, Education, and Training Programs 80

Capital Facilities and Technology Projects 83

Innovation Project 85

VI. FY 2020-21 through FY 2022-23 Three-Year Mental Health Services Expenditure Plan 86

Funding Summary 86

Community Services and Supports (CSS) Component 88

Prevention and Early Intervention (PEI) Component 91

Innovation (INN) Component 95

Workforce, Education, and Training (WET) Component 97

Capital Facilities and Technological Needs (CFTN) Component 99

VII. Appendices 100

Appendix A. Community Meeting Flyers 100

Appendix B. Public Hearing and Posting Notice 101

Appendix C. Public Comments 104

Appendix D. Annual Innovation Project Report, Fiscal Year 2018-2019 108

List of Acronyms

Board of Supervisors (BOS)

California Mental Health Services Authority (CalMHSA)

Capital Facilities and Technology Needs (CFTN)

Community Health Needs Assessment (CHNA)

Community Program Planning (CPP)

Community Services and Supports (CSS)

Early Intervention Services (EIS)

Electronic health record (EHR)

Fiscal year (FY)

Forensic Mental Health Partnership

Full Service Partnerships (FSP)

Mental Health Services Act Innovation (MHSA INN)

Lake County Behavioral Health Services (LCBHS)

Mental Health First Aid (MHFA)

Mental Health Services Act (MHSA)

Mental Health Services Oversight and Accountability Commission (MHSOAC)

Prevention and Early Intervention (PEI)

Primary Intervention Program (PIP)

Serious mental illness (SMI)

Substance Use Disorder (SUD)

Transition Age Youth (TAY)

Welfare and Institutions Code (WIC)

Workforce Education and Training (WET)

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Lake

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

County Behavioral Health Director	**Program Lead**
Name: Todd Metcalf Telephone Number: 707-274-9101 Email: todd.metcalf@lakecountyca.gov	Name: Scott Abbott Telephone Number: 707-274-9101 Email: scott.abbott@lakecountyca.gov
County Behavioral Health Mailing Address: Lake County Behavioral Health Services PO Box 1024 Lucerne, CA 95458	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2020.

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

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

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Lake

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

County Behavioral Health Director	**Director of Finance/County Auditor**
Name: Todd Metcalf Telephone Number: 707-274-9101 Email: todd.metcalf@lakecountyca.gov	Name: Cathy Saderlund Telephone Number: 707-263-2312 Email: cathy.saderlund@lakecountyca.gov
County Behavioral Health Mailing Address: Lake County Behavioral Health Services PO Box 1024 Lucerne, CA 95458	

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

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

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

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

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

I. Project Overview

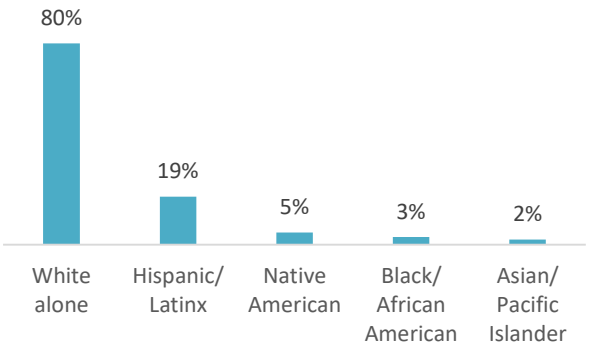
Lake County

Lake County is located in Northern California, north of the San Francisco Bay Area. It is inland from the Pacific Ocean and is bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yolo Counties. Within Lake County there are two incorporated cities: Clearlake, the largest city, and Lakeport, the county seat. There are also many smaller or unincorporated communities within the county, including: Anderson Springs; Lucerne; Blue Lakes; Middletown; Clearlake Oaks; Nice; Clearlake Park; Clear Lake; Finley; Rivieras (Riviera West, Riviera Heights, and Riviera); Glenhaven; Soda Bay; Hidden Valley Lake; Spring Valley; Kelseyville; Upper Lake; Loch Lomond; Witter Springs; and Lower Lake.

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.[1,2,3] Poverty, unemployment, and rural and cultural isolation affect many residents of the county. Over a quarter of the county population lives below the poverty line and the rate is notably higher among Latino and Tribal community members.[4]

Lake County has a population of 64,095 individuals who are predominantly White (80%), followed by less than a quarter (19%) who identify as Hispanic/Latino.[5] Five percent of county residents are Native American, and the county is home to eight Tribal Nations and six Pomo tribes.[6,7]

Figure 1. Race/Ethnicity of Lake County Residents



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 simultaneous needs for flexible service delivery, cultural competency across groups, and supporting transportation and access to services across a vast territory.

Despite the rich diversity of the Lake County community, residents agree that mental health is a fundamental need that should be prioritized. The county's most recent (2019) Community Health Needs Assessment (CHNA) identified the top health needs, which include, among others, mental health,

[1] 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).
[2] US Census Bureau. (2010). http://quickfacts.census.gov/qfd/states/18/18089.html.
[3] Lake County. (2011). Lake County at a glance. Retrieved from: http://www.lakecounty.com/AboutLC/Glance.htm.
[4] US Census Bureau. (2010). http://quickfacts.census.gov/qfd/states/18/18089.html.
[5] US Census Bureau. (2017). ACS Demographic and Housing Estimates, 2013-2017 5-Year Estimates: Lake County, California. Retrieved from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
[6] Lake County. The history of Lake County California. Retrieved from: https://lakecounty.com/explore/history-of-lake-county-california/
[7] County List of Tribal Nations. Retrieved from: https://www.etr.org/ccap/tribal-nations-in-california/county-list-of-tribal-nations/

alcoholism, drug use, housing stability and homelessness, and poverty.[8] The CHNA identifies needs using a series of health indicators on different topics. For some indicators, Lake County ranks lower than the statewide average and among the lowest in the state compared to other jurisdictions. To address these challenges, the CHNA also established a series of priorities to focus on over the next several years. The priorities relevant to mental health include substance/drug abuse within the community, increasing housing stability and targeting homelessness, and providing community outreach and engagement for all high burden and/or disenfranchised communities. These priorities, and the CHNA more broadly, are intended to help guide county decision-making and resource allocation moving forward. The key needs identified above underscore the importance of mental health planning efforts, including those that are sensitive to a variety of complex issues (e.g., co-occurring disorder, housing, financial instability).

In addition, the Lake County community has faced a series of environmental challenges. Since 2012, more than 420,000 acres in the county have been burned by devastating wildfires.[9] During the fires many residents were evacuated from their homes, and the community ultimately experienced a number of fatalities and thousands of destroyed residential and commercial buildings. In the aftermath of the 2015 fire, approximately 3,000 Lake County residents were left homeless.[10] Fire disasters, like other natural or man-made disasters, can have significant mental health impacts on individuals directly and indirectly affected.[11] In the years since, Lake County has been recovering from fire-related physical and emotional damage.

Three-Year Program and Expenditure Plan

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 (FYs) 2020-2023 in November 2019. Lake County Behavioral Health Services (LCBHS) 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 in December and January 2020. 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).

[8] Adventist Health. (2019). *Lake County California: 2019 community health needs assessment*. Retrieved from https://www.adventisthealth.org/documents/community-benefit/2019chna/ClearLake_2019_CommunityHealthNeedsAssessment.pdf

[9] Los Angeles Times. "More then 50% of this California county has burned since 2012. Some residents say they've had enough." 2018. Retrieved from https://www.latimes.com/local/lanow/la-me-lake-county-fire-epicenter-20180814-story.html

[10] KQED News. "Valley Fire Update: 3,000 Homeless, Cost Likely "Hundreds of Millions.'" 2015. Retrieved from https://ww2.kqed.org/news/2015/09/23/valley-fire-forcing-residents-to-evacuate-injures-firefighters-in-lake-county/

[11] 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

- **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 2020-2023

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

This plan is required by Proposition 63 (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 comprehensive system of care for those with serious mental illness (SMI), and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA values (see Figure 2). MHSA planning and programming is funded through a 1% tax on individual annual incomes at or exceeding one million dollars.

Figure 2. MHSA Values

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

Prevention and Early Intervention Evaluation Report

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

While the FY 2019-2020 PEI Evaluation Report does not include performance outcomes for programs and services funded through PEI, the report does provide an overview of programs' key activities, MHSA strategies, intended impacts, and the indicators and evaluation methodology that will track outcomes moving forward. The report also includes a description of the challenges the County experienced with data collection and reporting, and a plan to ensure compliance moving forward.

II. Community Program Planning and Needs Assessment Process

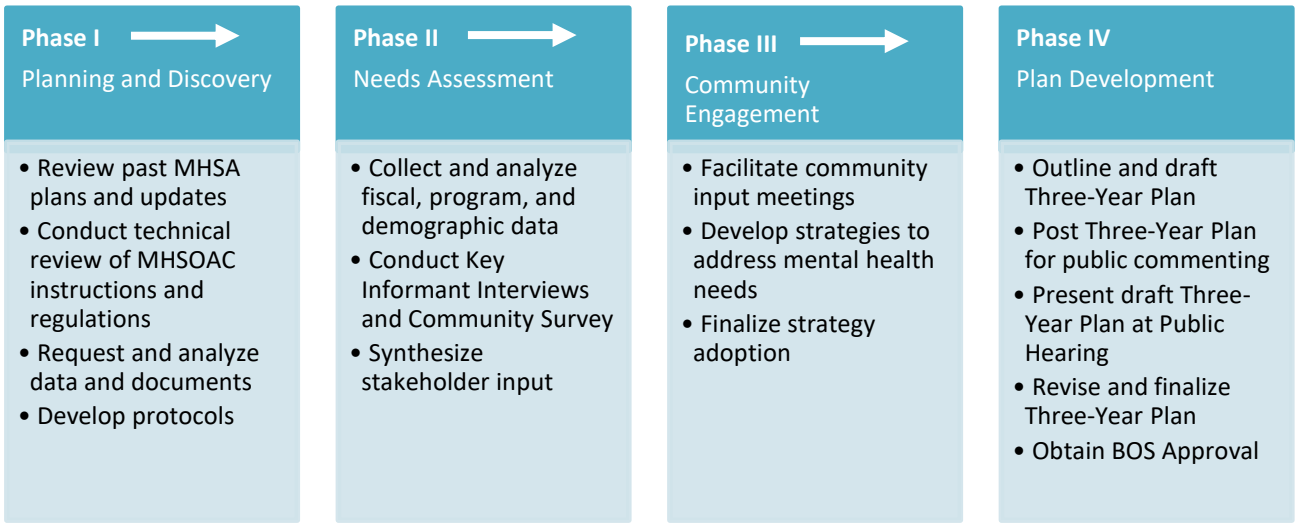
Methodology

In November of 2019, LCBHS initiated the planning process for the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-2023. The MHSA Planning Team was led by the LCBHS Administrator, Todd Metcalf; LCBHS MHSA Coordinator, Scott Abbott; LCBHS MHSA Analyst, Morgan Hunter; Administrative Deputy, Sheila Roseneau; Prevention Coordinator, Carrie Manning; and Resource Development Associates (RDA), a consulting firm with mental health planning expertise.

This planning team utilized a participatory framework to encourage stakeholder engagement. As set forth by the MHSA guidelines, the planning team sought the participation of behavioral health service consumers and their family members, service providers, members of law enforcement, education representatives, representatives from social services agencies, members of health care organizations, and representatives of underserved populations. The CPP process consisted of the following four distinct phases, described in greater detail in Figure 3:

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

Figure 3.Community Program Planning Process



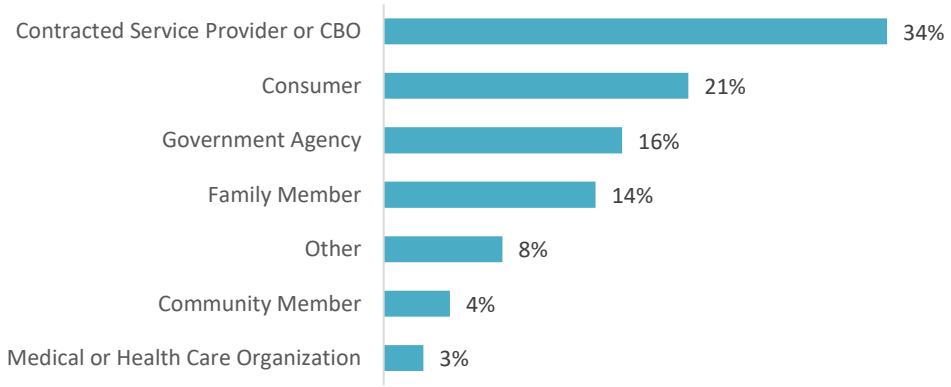
As part of the planning process, the MHSA Planning Team will present the MHSA Three-Year plan to the Lake County Board of Supervisors (BOS) for feedback and approval. All meetings of the BOS are open to the public.

Summary of Stakeholder Participation

A total of 168 stakeholders participated in the needs assessment and CPP activities from November 2019 through January 2020, as well as the public comment period and public hearing for the plan in August 2020.[12] Several stakeholders participated in more than one activity. Participants were asked to fill out an anonymous demographic form, which were completed by about half of all individuals.[13]

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, members of health care organizations, and representatives of underserved populations. Of the individuals for which demographic information was available, approximately one-third were consumers or family members of consumers, while another one-third were contracted service providers or providers from community-based organizations (see Figure 8). The remaining participants represented government agencies, medical or health care organizations, interested community members, or representatives from other agencies.

Figure 4. Affiliation of CPP Participants (N=112)



Of the 85 participants who partially or fully completed the demographic form, most (71%) were between the ages of 25 and 59, followed by 60 or older (17%), and ages 16 to 24 (12%). Ninety-three percent (93%) identified as female and 7% identified as male. Three-quarters of participants (77%) identified as White/Caucasian, 13% as American Indian/Native Alaskan, 6% as Hispanic/Latinx, and 10% as Other.[14,15] Most stakeholders identified as heterosexual (92%), followed by Bisexual, Gay, or Lesbian (8%). Almost half of stakeholders (41%) reported at least one disability.

[12] Total participation at in-person events was calculated from sign-in sheets. It is possible that some participants did not sign in, potentially underrepresenting total numbers.
[13] Individuals completed demographic forms at each event. It is possible that participants who attended more than one event submitted multiple demographic forms.
[14] Hispanic/Latinx includes Central American, Mexican/Mexican-American/Chicano, and Other Hispanic Ethnicities.
[15] Some Individuals reported more than one race or ethnicity. As a result, the total reporting each race or ethnicity adds up to more than 100%.

Nearly half of participants were from Lakeport (46%), followed by Clearlake Oaks (11%). The remaining participants were from Clearlake, Clearlake Park, Hidden Valley Lake, Kelseyville, Loch Lomond, Lucerne, Nice, Upper Lake, or Witter Springs.

Community Program Planning Activities

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

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

Activity	Date	Total Participants
Key Informant Interviews	November-December 2019	11
Community Survey	November 2019 – January 2020	17
Community Meetings	December 16 – December 17, 2019	48
Community Planning Meeting	January 30, 2020	49
30-Day Review Period	July 14 – August 12, 2020	N/A
Public Hearing	August 13, 2020	43

Table 2 highlights key informant interview participants.

Table 1. MHSA Planning Activities

Activity	Date	Total Participants
Key Informant Interviews	November-December 2019	11
Community Survey	November 2019 – January 2020	17
Community Meetings	December 16 – December 17, 2019	48
Community Planning Meeting	January 30, 2020	49
30-Day Review Period	July 14 – August 12, 2020	N/A[16]
Public Hearing	August 13, 2020	43

Table 2. Key informant Interview Participant Roles and Agencies

Role	Agency
Adult Team Leader	LCBHS Adult Division
Children's Team Leader	LCBHS Children's Division
Clinic Director & Director of Behavioral Health	Lakeview Clinic

[16] The MHSA planning team posted the proposed three-year program and expenditure plan countywide and online to maximize reach. The team did not receive any public comments during the 30-day review period. However, 43 individuals participated in the public hearing, many of whom provided public comment.

Clinical Supervisor	LCBHS Mental Health
Crisis Team Leader	LCBHS Crisis Team
Executive Director	Friendly Visitor Program, Senior Peer Counseling
Executive Director	Lake County Office of Education
MHSA Team Leader	LCBHS Peer Support Centers and Prevention
Program Director	Mother-Wise
Program Supervisor	The Harbor & The NEST

Leadership Interviews

RDA staff conducted interviews with key leadership staff in the County to understand how well programs, services, and activities meet the community's behavioral health needs and how they can be improved. LCBHS worked with RDA to generate a list of potential interviewees, using the key stakeholder groups identified in MHSA regulations.[17] RDA conducted outreach for an interview via email to all potential participants. The interviews generated a more in-depth understanding of program activities, community impact, perceived service strengths and weaknesses, and outstanding mental health needs.

Community Survey

To include input from a wide range of stakeholders, particularly those unable able to attend the in-person community planning meetings, RDA designed and administered a countywide survey. The survey was open from November 2019 – January 2020 and was available in both English and Spanish. This anonymous survey included both closed and open-text questions to gather data on respondents' demographics; relationships to MHSA services; perceptions of MHSA programs, accessibility, and staffing; as well as their thoughts regarding outstanding community mental health needs, population-specific needs, service strengths, and areas for growth. The survey was available online, where most participants responded, and in paper form at various community locations. RDA established and maintained the online survey and related database via a secure online platform, Survey Gizmo, and LCBHS distributed and collected paper surveys from physical locations and submitted them to RDA for data entry and analysis.

[17] Per the MHSOAC, WIC § 5848 states that each Annual Update shall be developed with local stakeholders, including: Adults and seniors with severe mental illness; Families of children, adults, and seniors with severe mental illness; Providers of services; Law enforcement agencies; Education; Social services agencies; Veterans; Representatives from veterans organizations; Providers of alcohol and drug services; Health care organizations; Other important interests (e.g., individuals served or targeted by Prevention and Early Intervention (PEI) services and individuals expected to benefit from INN projects). CCR § 3300 further includes: Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310; Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity; Clients with serious mental illness and/or serious emotional disturbance, and their family members.

Stakeholder Community Meetings

RDA staff convened four community meetings 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.

RDA conducted the community meetings at the four peer support centers throughout the county, which include Circle of Native Minds, Harbor on Main, La Voz de Esperanza (La Voz), and Big Oak. Each center primarily serves a specific target population–Circle of Native Minds serves the Native American Community, Harbor on Main serves Transition Age Youth (TAY), La Voz serves the Latinx community, and Big Oak serves individuals who are unhoused. Given this diversity, RDA was able to garner participation from a variety of individual and communities. Furthermore, the focus group at La Voz was conducted in Spanish to capture the interests of mono- and bilingual Spanish speakers in the county.

LCBHS and peer support center staff conducted recruitment for the community meetings. The events were advertised via email and flyers in both English and Spanish to stakeholders from consumer and provider groups (see Appendix A for example flyers). Flyers were posted at public locations throughout the county an at the four peer support centers. Additionally, stakeholders whose contact information was in the county's MHSA distribution list received an email notification and reminder about each community meeting. The stakeholder community meetings each lasted approximately two hours.

Community Planning Meeting

RDA, in collaboration with LCBHS, conducted an in-person community program planning (CPP) meeting on January 30th, 2020. The planning meeting was a place for consumers, family members, staff, and other stakeholders to express their needs and perceptions related to public mental health services in Lake County, share their experiences with the current system of care, and provide suggestions for improving MHSA-funded programs. Flyers promoting the meeting were distributed via email and posted in prominent locations throughout the County, including the peer support centers. LCBHS also reached out to stakeholders through direct outreach, including Adventist Health, Sutter-Lakeside Hospital, Lakeside Clinic, Lake County Office of Education, local school districts, Tribal Health, Redwood Community Services, First Five, Mother-Wise, Konocti Senior Support, Lake Family Resource Center, North Coast Opportunities, Department of Social Services, Partnership HealthPlan, and Hospice.

The meeting was held at Circle of Native Minds and was attended by a variety of stakeholders. Participants included providers of mental health services, community-based organizations, family members, consumers, and other community stakeholders as defined in the MHSA. In order to track participation, RDA provided sign-in sheets and anonymous demographic forms.

The CPP was divided into three sections—an overview of MHSA, a review of the preliminary needs assessment findings, and a planning activity to identify changes for the Three-Year Plan. The MHSA

planning team began by providing context and background information, including reviewing the MHSA, the three-year planning process, and stakeholder engagement to date. The team then presented on the findings from the key informant interviews and stakeholder meetings, including the strengths and identified needs of Lake County's behavioral health system. These findings were organized into three potential priority areas, and included recommendations, or possible opportunities, on how to address each area. Participants were asked to reflect on the identified needs to ensure they comprehensively captured the most salient behavioral health challenges and share any additional suggestions. After identifying an additional need, stakeholders prioritized the following four areas:

- Limited access and engagement in clinical services due to transportation and clinic environments,
- Homelessness and/or housing insecurity for individuals with mental illness,
- Responding to mental health needs in the community and non-mental health settings, and
- Employment and staff retention.

Later, the group participated in a planning and brainstorming activity. Stakeholders were given the following set of questions and asked to reflect on them for each priority area:

1. What solutions come to mind first: Keeping in mind the limitations of LCBHS (e.g., budget, staffing, etc.), what are some possible ways to address this need?
2. What can be done with what already exists: How can you make changes to existing programs or services to address this need? Are there ways to remove current roadblocks?
3. Are there new programs or services that need to be implemented? What might that look like? Have you heard about programs in other places that could be a good fit for Lake County?
4. Are there existing resources in the County or community that can be leveraged, either to update existing programs or services or to implement new opportunities?

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

Local Review Process

Public Posting, Hearing, and Comments

Following the Community Planning Process, RDA drafted this three-year plan and submitted it to LCBHS for review and feedback. RDA then integrated LCBHS feedback and generated a new draft that could be posted publicly for 30 days for public review and comment, in accordance with MHSA regulations. Due to state- and county-wide shelter-in-place orders in response to the COVID-19 pandemic, the public posting and public hearing were delayed. The three-year plan was posted publicly online on July 14, 2020, with digital copies sent out to the MHSA stakeholder listserv, a link to the plan published in the local paper, and hardcopies available at all of the Peer Support Centers and other LCBHS service locations. During the

30-day public posting period and public hearing event, community members have the opportunity provide public comment, which is included and responded to in the following section.

After the public comment period, the plan was presented by the LCBHS team and RDA at a virtual public hearing on August 13, 2020. The public hearing could not be held in person due to state and county orders regarding public gatherings in response to COVID-19.

It is important to note that the Local Mental Health Board has recently lacked sufficient membership to meet. Therefore, there was no formal Board involvement in this Community Planning Process and the Board did not host the public hearing; however, the existing Mental Health Board members were present and opened the Public Hearing on August 13. LCBHS is actively recruiting new Local Mental Health Board members to create a more robust Board and looks forward to the involvement of the Board in the next MHSA planning process.

Public Comments

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

Public Comments Regarding Reversion and Prudent Reserves. In LCBHS' presentation of the proposed budgets for the next three fiscal years, community members raised several questions related to fund reversion and prudent reserves. These included:

- "Reversion issues" meaning the expansion grants we submitted last year?
- Are you saying that the reversion funds from previous years can be used to supplement reduced funding in the next three years?
- How much do we have in prudent reserves?
- Have prudent reserves been used yet?
- Does the state have "prudent reserves?

Response: "Reversion" refers to allocated funds not spent by the County within a specific period of time. Those funds are subject to reversion back to the State (who will redistribute them elsewhere).

Due to the pandemic and resulting hardships, the State has said that unspent funds subject to reversion by June 30, 2020 have been granted an extension to June 30, 2021.

Lake County's estimated Local Prudent Reserve Balance as of June 30, 2020 if $827,324. This fund has not been used.

The State does not have a "prudent reserve" for MHSA. However, the State, in working with counties, is passing legislation to help counties with MHSA regulations to allow more flexibility of some of the funding to full in upcoming shortfalls in MHSA revenues.

Public Comment Regarding COVID-19 Impacts on MHSA Budget: Does this impact the previous expansion requests that were submitted last year?

> **Response:** No, the expansion requests to contractors and the plan from the FY 2019/20 Annual Update will not be affected.

Public Comment: I only know about this meeting because I tried to find it. So one of my biggest concerns is I don't feel there is enough communication happening between the MHSA program, Lake County Behavioral Health, and local therapists. There are not that many of us, it's not that hard to find us, and we need to really connect much more. For example, I specialize in working with children and I don't have a lot of time because I have a full caseload but I did try to reach out to Lake County Behavioral Health and let them know that with starting school I do have a few more spots for families and children. So one of my concerns is communication and what are the methods you guys are using to communicate and how that's happening.

> **Response:** The Public Hearing meeting information was posted on our website, sent out to all previous meeting attendees, and a public notice was placed in the Record Bee that ran for an extended period of time. Typically, notices would also be placed in our peer support centers, but those have been closed due to the pandemic (only opening August 20). MHSA meetings usually are held quarterly, though there hasn't been one since the start of the pandemic. It is planned that future quarterly meetings will be held in a virtual environment as the Public Hearing was. Additional public meetings (e.g., Cultural Competency Committee, Quality Improvement Committee) will also rotate quarterly so there will be public meetings each month.

Public Comment: I did attend November and December meetings - I did not attend in January - who came up with this cockamamie idea about volunteer stipends and Chromebooks or something like this for the older adult programs? The older adult programs that we have been talking about including peer counseling programs funded by MHSA and other things that we really want to have happen in the senior centers. Yes, if you're going to hire somebody to have them come work with the senior centers that's excellent. We would like to have a hell of a lot more input into what is going to be delivered at those senior centers.

> **Response:** Konocti Senior Support, for their budget this year, placed within it having stipends for volunteers. They stated that they are having difficulty in recruiting and retaining volunteers to serve the older adult population and hoped this would be a good incentive for volunteers.

Public Comment: I noticed when reading the plan that limited staff capacity and turnover and retention is kind of a big thing. Have you guys identified any of the barriers or reason why this is happening or is this something you're going to plan on addressing moving forward?

> **Response:** LCBHS has made progress in its recruitment and retention efforts this year, but more work needs to be done. This is not a unique challenge for LCBHS as other small, rural counties and private employers in such areas struggle with this as well. LCBHS plans to leverage the Regional WET Plan to

grow its staff from within the area and further develop existing behavioral health staff's education. This will increase staff capacity and retention. In addition, LCBHS has funding available to support a variety of professional development opportunities so LCBHS can better serve its clients and the community. In recent years, LCBHS has not had a WET Coordinator who would lead this kind of work; it is now in LCBHS' plan to fill this position this year, as soon as the County is able to resume hiring.

Public Comment: WET and the planning process and content development focused almost entirely on the money, and very little on actual needs assessed by stakeholders such as the family members I work with. And while we appreciate hearing that the Workforce Education and Training program is concentrating on development of "home grown" talent, we would like to introduce a note of caution that addresses the unfortunate tendency in Lake County to ignore nepotistic influences.

Response: The Needs Assessment section of this plan reviews the strengths and challenges shared related to the MHSA workforce, its development, and its ability to meet the needs of those LCBHS serves. Furthermore, WET is meant to recruit, grow, strengthen, and retain quality employees, including peer support staff, to serve the Lake County community. The presentation of this section provided a fiscal outlook in light of the changing economic landscape due to the pandemic. WET will strive to be in compliance with the County's strict nepotism policies.

Public Comment: Slide No. 17, "Stakeholders," includes "Contracted service provider or CBO." PLEASE identify who these constituents are. Is there a directory of "contracted service providers"? Does the individual who seeks assistance go through the Behavioral Health Department to access these, do they require a referral from the LCBHD to authorize Medi-Cal/Medicaid compensation? Who are "CBOs?" I ask in specific regard to the entity called "Konocti Senior Peers," which is funded by MHSA money, and pays for the part-time salary of a former LCBHD employee who is in the process of developing his own private consultant business. Is that a "community-based organization" (if that is what CBO stands for) that is contracted to provide services under the MHSA?

Response: Our contracted provider list is found on this link: http://www.lakecountyca.gov/Assets/Departments/Mental+Health_AODS/docs/English+Provider+Directory.pdf

A person seeking services from these entities does not need a referral from LCBHS, though LCBHS may refer clients to them. As the managed care entity for mental health Medi-Cal, LCBHS contracts with those to provide Medi-Cal services, particularly with children and individuals suffering severe mental illness (SMI). For clients not meeting the SMI threshold, other providers contract with Beacon to provide those services. Beacon is a behavioral health subcontractor of Partnership HealthPlan, who is the managed care entity for Medi-Cal in the area and is responsible to serve the low to mid-level triage of mental health. Older adults have Medicare and clients would see Medicare providers. LCBHS and MHSA, recognizing there are not many mental health Medicare providers, will also see the underserved older adult population.

"CBO" is indeed Community Based Organization. MHSA has been providing funding to Konocti Senior Support, with their Friendly Visitor program and Senior Peer Counseling program for many years, long before they hired one of LCBHS' former employees there to be their executive director for Senior Peer Counseling.

Board of Supervisors Review

Following the close of the public posting period and the public hearing, the MHSA planning team incorporated public comments and responses, along with minor corrections to program information into this plan, and submitted the complete MHSA Three-Year Program and Expenditure Plan to the Lake County Board of Supervisors for review and approval on its September 15, 2020 meeting, pending state and county orders regarding public gatherings in response to COVID-19.

Program, Demographic, and Fiscal Data Collection Activities

Data collection activities also played a key role in the CPP process. For each MHSA program, RDA collected data from LCBHS on the total number of individuals served, program activities, partnerships, successes, barriers, and upcoming activity plans. RDA also collected data on the demographics of those served. Program managers reported these data to the County via an internal data collection survey on the SurveyMonkey platform. RDA reviewed responses and provided feedback and clarifying questions to strengthen the descriptions. RDA developed protocols and reporting tools for LCBHS to use in interviews with program managers to clarify or add to written data. As needed, LCBHS also extracted additional data from the County's Electronic Health Record (EHR).

To support the fiscal component of the Three-Year Plan, LCBHS generated and reported to RDA the total actual program expenditure for each MHSA program in FY 2018-2019. In addition, LCBHS created projected per-program expenditures for the upcoming FY 2019-2020 and FY 2020-2023.

Data Collection Barriers and Opportunities

The program data presented in this report contains a number of elements that were missing at the time of data collection in January 2020. RDA and Lake County MHSA leadership explored data collection barriers and strategies to improve efforts going forward.

Historically and currently, LCBHS uses SurveyMonkey as the main platform to obtain program updates from community providers. However, this tool was not consistently maintained during staff transitions and is not easily customizable to reflect updated MHSA reporting requirements and variation across MHSA program types. Thus, LCBHS is exploring alternative, more dynamic and user-friendly software programs that can better support program updates and reporting. LCBHS is also exploring ways to improve the Access database system used to track program attendance and demographic data.

Despite reporting challenges, LCBHS has maintained strong relationships and communication with contracted providers and community-based centers. LCBHS meets regularly with staff and leadership from community partners. These partners are essential for collecting service and demographic data related to

contracted services. LCBHS will continue to leverage the strong relationships they have cultivated to continue to improve data collection and interpretation.

III. MHSA Consumer Demographic and Service Data[18]

During FY 2018-2019, 32,823 people in Lake County received services funded by MHSA, which included Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) services.[19] It is important to note that service and demographic data were only available for 12 out of 17 total programs active during that period, therefore, the demographic and service information presented in this report may not reflect the full profile of all individuals served by MHSA programs in Lake County during the 2018-2019 fiscal year. Table 3 outlines the number of CSS and PEI programs that have available service data and

Program	# Programs with Service & Demographic Data	# Programs without Service & Demographic Data	Total Individuals Served by Programs with Data
CSS	6	3	2,060
PEI	6	2	30,763
Total	**12**	**5**	**32,823**

Table 4 outlines the types of individual demographic data available for each program type.

Table 3. Availability of MHSA Service and Demographic Data

Program	# Programs with Service & Demographic Data	# Programs without Service & Demographic Data	Total Individuals Served by Programs with Data
CSS	6	3	2,060
PEI	6	2	30,763
Total	**12**	**5**	**32,823**

Table 4. Availability of MHSA Demographic Data by Data Type

Program	# Individuals with Age Data	# Individuals with Race/Ethnicity Data	# Individuals with Gender Data
CSS	1,305	569	861
PEI	30,158	11,343	9,283
Total	**31,463**	**11,912**	**10,144**

CSS Consumers

During FY 2018-2019, 2,060 people received CSS services across nine MHSA-funded programs.[20] Service and demographic data were available for six of the nine CSS programs active during this period, therefore the information presented in this section may not reflect the full profile of all individuals served by CSS programs in Lake County during the 2018-2019 fiscal year. Data was also not equally available across all demographics resulting in unavailable age, race/ethnicity, and gender data for 37%, 72%, and 58% of

[18] Includes CSS and PEI consumers.

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

[20] This number represents programs that received only CSS funds from MHSA. Lake County's Peer Support Centers program received a combination of both CSS and PEI funds and is reported only in the PEI section.

individuals, respectively. Among the six CSS programs, and of the individuals for which demographic data was available, the majority of consumers were older adults (73%) or adults (24%). There were slightly more males (60%) than females (40%), and individuals mainly identified as Caucasian/White (68%) and Native American/Native Hawaiian (29%).

Within CSS, 105 individuals received Full Service Partnership (FSP) services. The demographics of those consumers are as follows:

Table 5. FSP Consumer Demographics, Fiscal Year 2018-2019

Demographic Characteristic	Number Served
Age	
Children/Youth	10
Transition Age Youth	15
Adult	63
Older Adult	17
Race/Ethnicity	
Caucasian/White	93
Other[21]	12
Gender	
Female	60
Male	38
Unknown	7
Total	**105**

PEI Consumers

During FY 2018-2019, 30,763 people received PEI services across eight MHSA-funded programs. Service and demographic data were available for six of the eight PEI programs active during this period, therefore the information presented in this section may not reflect the full profile of all individuals served by PEI programs in Lake County during the 2018-2019 fiscal year.[22] Data was also not equally available across all demographics resulting in unavailable age, race/ethnicity, and gender data for 2%, 63%, and 70% of individuals, respectively. Among the six PEI programs, and of the individuals for which demographic data was available, the majority of consumers were transition age youth (TAY) (46%) or adults (34%). There were slightly more females (59%) than males (41%), and individuals mainly identified as Caucasian/White (65%) and Hispanic/Latino (27%).

Demographic Characteristic	Number Served

[21] Other includes African American/Black, Asian/Pacific Islander, and Unknown.

[22] Demographic information does not include data from Prevention Mini-Grant and Statewide, Regional, and Local Projects programs.

on the following page represents the combined demographic information for PEI programs in fiscal year 2018-2019.

Table 6. PEI Consumers, 2019 Demographics of Fiscal Year 2018-

Demographic Characteristic	Number Served
Age	
0-15	2,119
16-25	8,135
26-59	14,730
60+	3,712
Unknown	183
Gender	
Female	4,844
Male	3,174
Unknown	20,861
Primary Language	
English	11,326
Spanish	109
Unknown	17,444
Race/Ethnicity	
African American/Black	326
Asian/Pacific Islander	184
Caucasian/White	7,198
Hispanic/Latino	2,832
Native American/ Native Hawaiian	245
Other	39
More than One Race	557
Unknown	17,498
Total	**28,879**

IV. Needs Assessment Findings

Key Themes from Needs Assessment and Community Planning Process

This section presents the most salient themes that the community identified in the needs assessment and community planning activities, including:

- Consumer Experience with Services
- Service Access and Care Coordination
- Outreach and Awareness
- Crisis Services
- Services for Older Adults
- Underserved Populations
- Staff Capacity and Training
- Themes Beyond the Scope of MHSA

Each theme includes a description of the strengths and needs, identified by the community, of Lake County's MHSA programming associated with each topic.

Consumer Experience with Services

Strengths: Peer support centers effectively target sub-populations and provide a spectrum of mental health and supportive services. Stakeholders noted that many of the newer programs, such as the Family Support Center and Teen Mental Health First Aid are responsive to community needs and target the most vulnerable and underserved populations. With the help of providers with lived experience, consumers are able to feel supported and hopeful about their recovery, which consumers note helps decrease the stigma of accessing mental health services.

Needs: Some consumers shared they are reluctant to access services at county-run clinics. They report that clinics can are not always culturally responsive and can feel unwelcoming, in terms of both décor and provider attitudes. Consumers are interested in receiving clinical behavioral health services and assessments at community-based sites, including shelters, health clinics, senior centers, and schools. Although peer support centers and other programs are able to reach people in different geographic regions of the County, stakeholders noted that most services are centralized around the lake. While LCBHS does make efforts to support transportation through transportation vouchers and use of shuttles, stakeholders reported continued transportation challenges. In some cases, even with transportation vouchers, individuals—particularly those with physical disabilities or who have small children—noted challenges in utilizing public transportation. In other cases, stakeholders were unaware that transportation options provided by LCBHS were available. Raising awareness of transportation support may help consumers better utilize these resources. Additionally, consumers believe that more peer-run

outreach and community-based services throughout the County will help LCBHS better meet people where they are and connect to hard-to-reach populations.

Service Access and Care Coordination

Strengths: Stakeholders noted that the referral process is more streamlined and has improved service access and care coordination. Every county agency has a referral form for providers to fill out and send back. Warm hand-offs are increasingly a part of the referral process, which has helped increase communication between providers and ensure that consumers are connected to the appropriate services. The county, including leadership, also increasingly engages in meaningful collaboration and communication with community providers, which has led to transparent and inclusive planning and a more responsive system of care.

Needs: Community members shared that service access is particularly challenging for children and families, as well as individuals with co-occurring mental health and substance use disorders. For both of these populations, services are limited, which can lead to long wait times for clinical services or treatment that is at capacity and unavailable when needed. Care coordination between providers, different levels of care, and agencies is also challenging at times due to barriers in information sharing across agencies and providers. Some consumers have a hard time navigating service transitions, such as the transition from services for those with mild-to-moderate mental health needs to specialty mental health services for those with serious mental illness, or vice versa, as these services are typically provided through different systems and agencies. Some providers noted that the barriers in information sharing and communication across levels of care can make it difficult to ensure individuals are getting connected to services and receiving the appropriate case management. To address these challenges, stakeholders suggested developing a universal ROI that can be used to facilitate referrals, care coordination, and case management across providers and agencies, as well as establish navigation services that follow consumers across different levels of care. Consumers are interested in a "no wrong door" approach across agencies and/or additional peer navigators or navigation centers that serve as "one-stop shops," to access services more quickly and efficiently across systems and levels of care. Interagency collaboration could also be improved to better support populations that engage with multiple systems, particularly between LCBHS and law enforcement, social services, and schools, and for disaster preparedness services.

Outreach and Awareness

Strengths: LCBHS attends and conducts interagency outreach events throughout the county to build awareness of various mental health services throughout the county. Events such as "May is Mental Health Month" aim to provide information and outreach beyond the walls of LCBHS' clinics and peer support centers. Preventive education is also increasingly being conducted in schools to help students and teachers recognize signs of mental health issues and raise awareness of available resources. Additionally, many events include interagency partners, which helps strengthen interagency collaboration and engagement efforts. In addition to the events, available resources are currently advertised at venues throughout the county, including the peer support centers, health clinics, and the library. In addition to

these posted resources, LCBHS has an Access Line that is available 24 hours a day. Anyone who is interested in services can call it and speak with a person who will be able to inform the caller about what services are available.

Needs: Despite LCBHS' outreach and awareness events, stakeholders observed that some community members—particularly those in outlying regions where events may be less likely to be held—are unaware of existing services. To help further extend the reach of outreach and awareness activities, community members noted it might be helpful if LCBHS engaged in additional and broader outreach and education efforts, such as through radio and TV advertisements, community events that promote service and career pathways, and flyers throughout the county. Community members also noted there is also a need for outreach and education materials in both English and Spanish to promote greater inclusion and awareness among the Latinx population.

Crisis Services

Strengths: In recent years, the county has increased crisis staffing capacity and improved the efficiency of their service referral processes, which has better equipped the county to manage crises. In particular, the Crisis Team is dedicated and passionate about the work that they do and is building relationships with first responders such as law enforcement and hospital staff. Due to these efforts, community members felt that individuals in crisis are more likely to be connected to the appropriate services with a warm hand-off, and may be less likely to unnecessarily end up in the emergency room. Providers noted that consumers may also receive emergency food and transitional housing support while they are being assessed, which may help consumers better access needed services.

Needs: Crisis services still need to be further expanded in order to reach more people and continue to decrease the number of people who end up in the emergency room on a psychiatric hold. Stakeholders noted that youth are a particularly vulnerable population, and are at higher risk for self-harm and suicidal ideation. Community members felt that youth of all ages—beyond high school and tenth grade—could benefit from additional Mental Health First Aid and Suicide Prevention Trainings and increased presence of first responders in schools and youth centers. Community members also expressed a need for more first responder trainings on cultural competence, sensitivity, and how to recognize and respond to individuals experiencing a mental health crisis or who have mental health needs. Given that law enforcement are typically the first to respond to mental health crises in the field, consumers feel that this group in particular could benefit from additional training. Additionally, some community members were unaware of the existence of a non-suicidal or non-emergency crisis line for individuals with sub-acute needs, but who still need support.

Underserved Populations

Strengths: The peer support centers offer targeted services to underserved populations, including individuals who identify as Native American and Latinx; children, TAY, and families; and people who are unhoused. The centers are supported by providers with lived experience, which encourages individuals diagnosed with mental illness and other behavioral health challenges to seek help and feel comfortable

doing so. The centers also offer a space where individuals from similar populations can build community with and learn from one another. Providers, such as those in the FSP program, spend time in communities to meet people where they are and provide access and services to those who are unable to go to clinics, centers, or other service locations. Clinical and non-clinical services are also increasingly being offered in both English and Spanish.

Needs: While there are some services for underserved individuals, some stakeholders felt that the services are not robust enough to fully meet the needs of these diverse populations. Consumers and providers alike noted that stigma continues to be a prevalent issue that may prevent individuals from seeking the mental health treatment they need. Community members expressed a need for increased education on mental illness and available resources, particularly in the Latinx community. Additionally, community members noted that all underserved populations, including individuals who identify as Native American and Latinx; children, TAY, and families; and people who are unhoused would benefit from increased outreach and culturally-appropriate services and/or services targeted towards their needs. The Latinx community also expressed the need for more Spanish-speaking providers, as language barriers can hinder Latinx communities from seeking or effectively engaging in mental health services. Community members also shared that children could benefit from more preventative services, like recreational and wellness activities, as well as mental health resources in schools and trainings for school staff to recognize and respond to mental illness. Families also felt they needed more education to help them understand and support loved ones with behavioral health needs. Men and boys also expressed challenges with stigma and cultural norms that often do not create space for them to be emotionally vulnerable or address mental health challenges. This group could benefit from dedicated services to express and address these needs in an accepting environment.

Services for Older Adults

Strengths: The county offers a variety of services that cater to the needs of older adult residents, such as Meals on Wheels, Konocti Senior Support's senior peer counseling, and the Senior Center. Peer support and outreach services are especially important in supporting older adults in their participation in the system of care. These programs address the older adult population's need for social and financial support in order to address their mental health overall. The FSP program also offers an extensive range of services for older adults with severe mental illness.

Needs: Older adults are at a higher risk of experiencing events that impact their mental health and well-being, including reduced mobility, isolation, the loss of loved ones, and financial insecurity. Stakeholders expressed a need to continue to support those who may be isolated or at risk of crisis or losing their independence with providers that are trained to serve the needs of this population. Caregivers who provide support for the older adult population are also often older adult peers. It is important to recognize and support the peers' needs, as they might also be experiencing similar challenges to those they serve. Stakeholders observed that there is a need for increased collaboration between social services and behavioral health, particularly regarding supporting older and isolated older adults through disasters, to help ensure older adults' needs are being addressed.

Staff Capacity and Training

Strengths: Providers and consumers noted that staff capacity has improved, particularly within the crisis team and with the addition of an Access team. Additionally, consumers and partners feel that, overall, mental health providers are dedicated to consumers and generally provide high-quality services.

Needs: Providers shared that staff retention continues to be an issue due to lower wages and lack of incentives to live in a small, rural county. Community members and providers also shared there is also a persistent shortage of diverse mental health providers who reflect target populations. While stakeholders understand the challenges to raising wages in Lake County, they suggested building more attractive compensation and benefits packages that promote aspects beyond salary (e.g., work-life balance, generous leave time, meaningful professional development, loan repayment and stipends, and promoting grant or scholarship programs) to support staff recruitment and retention. In addition, stakeholders noted there is a need for more consistent and ongoing trainings for mental health professionals across the system of care.

Themes Beyond the Scope of MHSA

In addition to the above themes, community planning participants emphasized concerns that are either beyond the scope of MHSA or that are being addressed through different funding streams. In particular, it is apparent that individuals experiencing homelessness continue to be a priority for the Lake County community. Community members noted that unhoused individuals face increased mental health challenges and difficulties accessing care due to their living situation and there exists a high number of unhoused individuals across the county in need of behavioral health services. Stakeholders suggested that the county needs a homeless shelter, as well as safe and sober-living environments for people experiencing homelessness. Stakeholders also noted that unhoused individuals would benefit from on-site behavioral health and navigation services at the facilities that currently exist, including the warming shelter and supportive housing. Stakeholders also expressed a need to expand provider training on homelessness issues and stigma reduction, so consumers who are unhoused feel comfortable accessing care. Overall, unhoused individuals are in need of housing opportunities and increased outreach, services, and support from providers that are competent and sensitive to this population's increased vulnerability to mental health issues. To address these needs, LCBHS is seeking community partnering opportunities as the lead administrator of the county's Continuum of Care.

The community also highlighted the need to better serve individuals with co-occurring behavioral health and substance use issues. People with co-occurring disorders have trouble accessing services because the behavioral health and substance use disorder systems often operate distinctly from one another, and it can be challenging for consumers to be aware of and access services that meet both of these needs. In addition to providing more integrated behavioral health and substance use services, stakeholders also shared that behavioral health and substance use providers could benefit from more cross-training to identify consumers with co-occurring needs.

LCBHS is aware that this is an important area for growth and is committed to increasing capacity to more meaningfully support individuals with co-occurring disorders. Currently, all individuals referred for mental health issues are also screened for substance use issues and referred for subsequent services when appropriate. The county intends to provide additional screening for substance use disorder needs in the coming year. In addition, clinical deputy and program managers for mental health and substance use services are currently in the process of identifying ways to improve collaboration and integration across the system of care from the top down.

V. Three-Year Plan and PEI Evaluation Report

In order to further emphasize the strengths and address the needs expressed by the Lake County community members, LCBHS is engaging in program modifications and additions to improve service delivery and the behavioral health system of care for fiscal years 2020-2023. Through the CPP, the county realized that despite efforts over the past several years to revise and expand services in line with reported needs, some stakeholders remain disconnected from or unaware of the scope of the county's behavioral health system. Therefore, outreach and engagement are key parts of the county's updated Three-Year Plan.

As detailed in the FY 19-20 MHSA Annual Update, LCBHS plans to hire four outreach workers at each of the Peer Support Centers who will connect target populations with existing behavioral health services as well engage in prevention activities. These workers will explicitly support and serve as a resource for each Center's target population, including the Latinx, Native American, unhoused, and TAY and family communities throughout the County. The County also recognizes that older adults are a particularly vulnerable group. Therefore, as part of the Three-Year Plan, LCBHS will hire one additional outreach worker dedicated to the older adult population and who will be based out of the senior centers. LCBHS hopes that by having staff dedicated to these populations, more individuals will be connected to behavioral health services and programs will be increasingly socially and culturally responsive. To further increase education and awareness, the County is also updating a comprehensive community resource list on their website to more accurately reflect the full scope of LCBHS services and present the information in a more accessible format.

In addition to expanding outreach and engagement activities, LCBHS also hopes to geographically expand services and increase service staff. In the last annual update, LCBHS introduced a new peer support center in Middletown, the Family Support Center, that will be serving youth and families in that area. Additionally, Early Intervention Services is hoping to open a second location in Clearlake, which will include a TAY-focused children's team and a youth drop-in center intended to serve as a community hub and one stop shop for behavioral health, social, and other safety net services. Each of the peer support centers will also have one staff member transition from part-time to full time employment. With the increase staff capacity, LCBHS also hopes to offer more and coordinate skill-building groups at each of the centers, so that not only are more offered, but that people can attend groups at all the different centers around the lake. With these changes, LCBHS will be able to connect with more consumers and provide additional services.

LCBHS is also continuing to strengthen and improve the infrastructure that facilitates service provision. Through their innovation project, the County is implementing a care coordination model that includes a closed loop referral system and consumer participation, using a new software called Pathways. The County recently applied for and received a Whole Person Care pilot grant to support community agencies in developing this care coordination system. The Department is also using capital facilities funds to improve the physical environments of their clinics to be more welcoming, and to install generators so these locations can serve as a resource during disasters or blackouts.

LCBHS also recognizes that the community is concerned about staff capacity, retention, and training. The county is hiring a new WET coordinator, who will support staff development, training and retention. The person in this role will help LCBHS understand the various incentives that exist and are possible for staff and leverage this information to create a more diverse and robust workforce.

It is important to note that LCBHS has undergone many system challenges over the past several years. Lake County was the epicenter of multiple fires, resulting in damaged or destroyed structures and homes.[23] Through the CPP, residents described significant emotional impacts from the fires and expressed fears of looming power shutoffs and evacuations, which have become a regular presence each summer and fall. Additionally, during the ongoing COVID-19 pandemic, LCBHS responded swiftly to shift to remote work for all employees and set up tele-health services for consumers, who were likely experiencing increased medical and behavioral health issues.

Amidst these crises and the county's identified high level of need, LCBHS remains a county operating on a tight budget with limited staff. The department works hard to maintain a robust workforce that can meet the basic mental health needs of individuals with moderate to severe mental illness. However, any one of the challenges previously described can put a serious strain on the county's behavioral health system, and collectively they require the department to be nimble and resourceful.

Looking ahead, LCBHS is introducing some program modifications and expansions. These are intended to directly address new and persistent behavioral health challenges throughout the county, some of which align with the community health needs and priorities identified in the CHNA (e.g., substance use disorder, housing and homelessness, and outreach and engagement to underserved communities). However, given the unexpected trajectories of the past several years and potential disturbances in funding resulting from the COVID-19 pandemic and economic downturn, the department acknowledges some uncertainty of what challenges the next three years will pose. However, LCBHS will continue to strive to meet the behavioral health needs of the Lake County community while remaining mindful of their dynamic environment.

The following is a consolidated report that includes both the Three-Year Plan and PEI Evaluation Report. This report reflects on fiscal year 2018-2019, and provides program updates and PEI demographic data and evaluation methodology for fiscal years 2020-2023 for the following programs:

[23] KQED News. "Valley Fire Update: 3,000 Homeless, Cost Likely "Hundreds of Millions.'" 2015. Retrieved from https://ww2.kqed.org/news/2015/09/23/valley-fire-forcing-residents-to-evacuate-injures-firefighters-in-lake-county/

Table 7. Current Lake County MHSA Programs

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

Community Services and Supports Programs

MHSA Community Services and Supports (CSS) programs provide a full array of recovery-oriented services for adults experiencing severe mental illness and children experiencing serious emotional disturbance. Through the CPP process, stakeholders supported all current CSS programs.

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

Crisis Access Continuum				
Status:	☐New	☒Continuing	☐Modified	
CSS Service Area:	☐Full-Service Partnership	☐General System Development	☒Outreach and Engagement	
Priority Population:	☐Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Description/Target Population

The Crisis Access Continuum connects individuals experiencing mental health challenges to the local crisis hotline, a peer-run warm line, and intervention services. The target population is consumers who have recently been hospitalized for mental health reasons, released from a 5150 crisis evaluation, or are in respite.

Intended Outcomes

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

Key Activities

The Crisis Access Continuum provides outreach and engagement services to consumers who have recently been hospitalized for mental health reasons or released from a 5150 crisis evaluation. The program also provides support to individuals in respite in a supported transitional housing setting. The program focuses on connecting individuals to existing resources in the agency and community. Additionally, the program has built relationships with local police to provide joint crisis response with law enforcement where appropriate.

FY 2018 – 2019 Activities and Outcomes

Key Successes

Crisis Access Continuum has been working with law enforcement and emergency departments to provide the community with 24/7 access to crisis services, such as crisis evaluations and full risk assessments that can be completed without the need to visit the emergency room. This has led to shorter wait times for clients and other agencies, reduced rates of emergency room visits and psychiatric hospitalizations, and more timely referrals for outpatient services.

Crisis Access Continuum			
Program Challenges As with all other programs, staffing shortages have negatively impacted LCBHS' ability to implement this program. Additionally, many of the consumers accessing crisis services are impacted by homelessness. Affordable housing has become increasingly difficult to obtain due to the wildfires over the past five years that have impacted the housing stock.			
Number served in FY 2018 - 2019:	*20*	**Total Costs FY 2018 - 2019:**	*$21,894*
Proposed Activities for FY 2020 - 2023			
The Crisis Access Continuum will continue to implement the program as described in FY 2018-2019. The program will continue to foster collaborative relationships with local law enforcement and hospitals.			
Number to be served FY 2020 - 2021:	*200*	**Proposed Budget FY 2020 - 2021:**	*$275,000*
Cost per Person FY 2020 - 2021:	*$1,375*	**Total Proposed Budget FY 2020 - 2023:**	*$825,000*

Forensic Mental Health Partnership				
Status:	☐New	☒Continuing	☐Modified	
CSS Service Area:	☐Full-Service Partnership	☐General System Development	☒Outreach and Engagement	
Priority Population:	☐Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒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, including probation, 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

Program participants are referred through the Courts, probation, or seek services themselves. FMHP assists consumers in addressing their mental health needs, navigating the legal process, transition planning, and providing support in the community after release from arrest and/or incarceration through service coordination, clinical services, and into FSP when appropriate. FMHP also provides linkages to physical health care and care coordination around physical health issues, where appropriate. Ultimately, the program promotes recovery and reduces recidivism in this population.

FY 2018 – 2019 Activities and Outcomes

Key Successes

The enhancement of interagency relationships between LCBHS, jail staff, and probation has improved outcome tracking and access to services. The county has also experienced lower levels of incarceration and hospitalization as a whole. FMHP began a Mental Health Diversion program, which saw its first graduates in 2019.

Program Challenges

Staffing shortages make it difficult for the program to provide enough services and housing resources to the community, which faces increased challenges serving these populations due to homelessness.

Number served in FY 2018 - 2019:	*116*	**Total Costs FY 2018 - 2019:**	*$17,929*

Proposed Activities for FY 2020 - 2023

The FMHP will continue to implement the program as described in FY 2018-2019 and hopes to have the program fully staffed in FYs 2020-2023.

Number to be served FY 2020 - 2021:	*75*	**Proposed Budget FY 2020 - 2021:**	*$110,000*
Cost per Person FY 2020 - 2021:	*$1,467*	**Total Proposed Budget FY 2020 - 2023:**	*$330,000*

Full Service Partnership				
Status:	☐New		☒Continuing	☐Modified
CSS Service Area:	☒Full-Service Partnership		☐General System Development	☐Outreach and Engagement
Priority Population:	☒Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Description/Target Population

The Full Service Partnerships (FSP) seek to engage children with serious emotional disturbance and adults with serious mental illness into intensive, team-based, and culturally appropriate services in the community with a low staff to consumer ratio. The FSP program includes Housing Access, which 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.

Intended Outcomes

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.

Key Activities

FSP provides a full range of clinical and non-clinical services, including:

Clinical Services:

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

Non-Clinical Services:

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

Full Service Partnership			
FY 2018 – 2019 Activities and Outcomes			
Key Successes Children and adult FSP teams managed an increasingly high demand for services, particularly the children's team. The FSP team also placed 45 people into permanent housing in 2019. **Program Challenges** Staff challenges, most saliently turnover and inability to fill positions, have been the most impactful on FSP programs. As discussed above, the FSP teams continued to meet the needs of consumers despite these challenges. Finding affordable housing for consumers continues to be difficult, as the county housing stock was significantly impacted by wildfires over the past five years.			
Number served in FY 2018 - 2019:	*105*	**Total Costs FY 2018 - 2019:**	*$703,509*
Proposed Activities for FY 2020 - 2023			
The FSP program has begun implementing Strengths Model Case Management with support from Title XI funding. The program receives robust technical assistance from California Institute for Behavioral Health Solutions to strengthen both the Children's and Adult Team, which will positively impact consumers. The FSP program is continuing to build interagency relationships with psychiatric and substance use disorder providers to provide a wraparound, treatment team approach for FSP consumers, and will continue to provide support with care coordination for physical health needs.			
Number to be served FY 2020 - 2021:	*110*	**Proposed Budget FY 2020 - 2021:**	*$2,500,000*
Cost per Person FY 2020 - 2021:	*$22,727*	**Total Proposed Budget FY 2020 - 2023:**	*$7,500,000*

Older Adult Access				
Status:	☐New	☒Continuing	☐Modified	
CSS Service Area:	☐Full-Service Partnership	☐General System Development	☒Outreach and Engagement	
Priority Population:	☐Children Ages 0 – 17	☐Transitional Age Youth Ages 16 – 24	☐Adult Ages 24 – 59	☒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. Evidence-based practices included motivational interviewing and peer support.

FY 2018 – 2019 Activities and Outcomes

Key Successes
During FY18-19, the program served 794 individuals, including clients who were seen in-home and received mental health support. The main success of this program is connecting with home-bound seniors and providing mental health support.

Program Challenges
Some of the challenges in FY18-19 include transportation to and from appointments, volunteer capacity, and mental health needs that are more severe than the scope of this program. To mitigate transportation challenges, staff have coordinated with a local program that provides reimbursement for mileage if a friend or family member is willing to help transport a client. Additionally, program staff have worked with clients to request assistance from their support system, including friends, family, and other in-home supportive services. As Lake County is geographically distributed, it can be difficult to find volunteers for all areas of the county. Program staff have attempted to mitigate this challenge by offering meetings in venues across the lake to outreach this program, as well as offering prospective volunteers with opportunities to speak with program staff and volunteers.

Number served in FY 2018 - 2019:	*794*	**Total Costs FY 2018 - 2019:**	*$6,610*

Older Adult Access			
Proposed Activities for FY 2020 - 2023			
To assist in the attraction and retention of volunteers, the Senior Peer Counseling program will have an enhancement of providing stipends for volunteers as well as iPad to assist with their visits. It is hoped this will the volunteer pool to grow to 20 volunteers. 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			
Number to be served FY 2020 - 2021:	*240*	**Proposed Budget FY 2020 - 2021:**	*$220,000*
Cost per Person FY 2020 - 2021:	*$917*	**Total Proposed Budget FY 2020 - 2023:**	*$660,000*

Parent Partner Support				
Status:	☐New	☒Continuing	☐Modified	
CSS Service Area:	☐Full-Service Partnership	☐General System Development	☒Outreach and Engagement	
Priority Population:	☐Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒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 2018 – 2019 Activities and Outcomes

Key Successes

Although there was not a parent partner on staff, prevention and peer staff worked with and advocated for parents and families in the community. The Circle of Native Minds and the La Voz Peer Support Centers had a number of activities for parents and children for their respective target populations and made informal referrals and linkages to treatment and other assisting community organizations. The Big Oak Center also assisted homeless parents, making referrals and linkages.

Program Challenges

LCBHS was unable to hire a replacement for the vacant parent partner position. Lack of a parent partner limited formal activity for this program, despite the related successes noted above.

Number served in FY 2018 - 2019:	0	**Total Costs FY 2018 - 2019:**	$0

Proposed Activities for FY 2020 - 2023

With the hiring of a Parent Partner in FY 2019-20 and the opening of the Family Support Center in Middletown, for which the Parent Partner position will be the lead staff with two additional permanent part-time Client Services Advocates to support the center, the Parent Partner Support program is poised to open up and provide support and service beyond what was provided in past years. The Parent Partner will network and work with other community organizations to find parents

Parent Partner Support			
and families who would benefit from assistance navigating services. The Parent Partner will develop the Family Support Center to make it a safe, welcoming environment for parents and families to come, learn, feel supported, and obtain community referrals. The Parent Partner will also lead support groups and play groups for parents who are isolated and underserved.			
Number to be served FY 2020 - 2021:	*50*	**Proposed Budget FY 2020 - 2021:**	*$70,000*
Cost per Person FY 2020 - 2021:	*$1,400*	**Total Proposed Budget FY 2020 - 2023:**	*$210,000*

Trauma Focused Co-occurring Disorder Screening and Treatment				
Status:	☐New	☒Continuing	☐Modified	
CSS Service Area:	☐Full-Service Partnership	☐General System Development	☒Outreach and Engagement	
Priority Population:	☐Children Ages 0 – 17	☒Transitional Age Youth Ages 16 – 24	☒Adult Ages 24 – 59	☒Older Adult Ages 60+

Program Description

Program Description/Target Population

This program was developed through collaboration between LCBHS, primary care, and Alcohol and Other Drug (AOD) providers. The program provides coordinated resources and treatment options for consumer with complex co-occurring behavioral and physical health disorders.

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.[24] This program intends to 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

Clients entering care are screened for trauma and co-occurring disorders. Failure to adequately and appropriately identify and treat co-occurring disorders has been identified as an obstacle to wellness and recovery for consumers experiencing behavioral health difficulties. This program provides screening, coordination between providers including the development of coordinated care plans, and individual and group psychotherapy.

FY 2018 – 2019 Activities and Outcomes

Key Successes

Over this past year, the program focused on the population in the maintenance/relapse prevention phase of their recovery. The program has historically focused on people who have been conserved to prevent decompensation. The program saw consistent engagement from consumers and anecdotally appear to feel a sense of connection to others through participation in the group.

Program Challenges

There were limited referrals for the program, in part due to staff turnover and difficulties with continuity.

Number served in FY 2018 - 2019:	*7*	**Total Costs FY 2018 - 2019:**	*$8,676*

Proposed Activities for FY 2020 - 2023

This program will continue to provide coordinated resources and treatment options for adult consumers with complex co-occurring mental health and substance use disorders. The program hopes

[24] https://www.ncbi.nlm.nih.gov/books/NBK207188/

Trauma Focused Co-occurring Disorder Screening and Treatment			
to expand its capacity and provide services to more consumers through increased awareness of the program on both the mental health and substance use disorder sides of LCBHS. At intake for either type of service, clients will be screened for the presence of co-occurring disorders and trauma using standardized screening tools, including the Adverse Childhood Experiences (ACEs) questionnaire. Clients who screen positive for co-occurring needs will receive integrated, coordinated, trauma-informed care from an interdisciplinary team that includes individual and group treatment.			
Number to be served FY 2020 - 2021:	*18*	**Proposed Budget FY 2020 - 2021:**	*$100,000*
Cost per Person FY 2020 - 2021:	*$5,555*	**Total Proposed Budget FY 2020 - 2023:**	*$300,000*

Prevention and Early Intervention Evaluation Report

Through MHSA, LCBHS funds a variety of PEI programs and services. With a focus on underserved communities, the primary goals of the PEI component are to raise awareness about mental health, address mental health stigma, and increase access to services. PEI builds capacity for the provision of prevention and early intervention services in community-based settings where mental health services are not traditionally provided (e.g., community-based organizations, schools, population-specific cultural centers, and health providers). Counties are required to report on PEI demographic and service data in both the Annual Report and PEI Evaluation Report. This section combines these reports in an effort to streamline reporting. The PEI demographic and service data are reported in a previous section titled MHSA Consumer Demographic and Service Data (see Table 3, Table 4, and **Error! Reference source not found.**).

The goal of the PEI evaluation is to understand the populations that key MHSA-funded services reach and the impact of services on those populations. This PEI evaluation report does not include program and service outcomes due to data capacity limitations as described in the Data Collection Barriers and Opportunities section below. However, outcomes and indicators that will be collected moving forward are outlined for each program. Per MHSA regulations, programs have different reporting and outcome requirements depending on which PEI service area they fall under, therefore the components included in each program update in this section vary across programs.

Community Engagement

As with the Three-Year Plan, the MHSA Planning Team carried out a set of community activities to engage stakeholders in all stages of the PEI planning process in order to ensure that the report reflected stakeholders' experiences and suggestions. The team presented a detailed description of the PEI component at the key informant interviews, community meetings, and community planning meeting, and provided supplementary handouts with more in-depth descriptions of each MHSA area, including PEI, at all meetings. Please refer to the previous Community Program Planning and Needs Assessment Process section for a detailed description of how the community was engaged in each stage of the planning and reporting process.

Data Collection Barriers and Opportunities

In adherence to the MHSOAC's new regulations for measuring and monitoring PEI program outcomes, LCBHS is establishing data collection and evaluation methodologies for each program, while maintaining the trust and rapport they have established with the local community. As a small county with limited staffing and significant turnover in recent years, it has been challenging to update PEI data collection efforts to align with the new regulations. However, planning efforts are underway within LCBHS to determine how to develop and implement internal infrastructure to routinely and accurately track, analyze, and report program outcomes.

LCBHS is currently integrating expanded PEI demographic data collection categories into its standard Program Progress Reporting template and is seeking a client-friendly model for data collection.[25] The county has tracked outcome measures at the wellness centers for several years (e.g., the Eight Aspects of Wellness assessment and routinely administered pre- and post- training tests), and expects reporting on these measures to improve now that staffing within programs and LCBHS has stabilized and can support capacity for routine collection and analysis of PEI data. LCBHS will seek guidance from MHSOAC as needed and expects to make significant progress toward compliance within the 2020-2021 Fiscal Year.

PEI Programs and Service Areas

MHSA established seven PEI service areas under which all PEI programs must fall. The services areas address different aspects of prevention and early intervention as follows:

Table 8. MHSA PEI Service Areas

Service Area	Description
Prevention	Reduce risk for developing a potentially SMI and build protective factors. Activities can include universal prevention strategies geared towards populations who may be more at risk of developing SMI.
Early Intervention	Treatment and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence with a goal to lessen the severity and duration of mental illness.
Improve Timely Access to Services for Underserved Populations	Track and evaluate access to and referrals for services specific to populations identified as underserved.
Outreach for Increasing Recognition of Early Signs of Mental Illness	Activities or strategies to engage, encourage, educate, and/or train potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.[26]
Access and Linkage to Treatment	Activities to connect children, adults and seniors to medically necessary care and treatment as early in the onset of serious mental illness as practicable
Stigma and Discrimination Reduction	Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services, which can include training and education, campaigns, and web-based resources.
Suicide Prevention	Organized activities that prevent suicide as a consequence of mental illness, which can include trainings and education, campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, or web-based suicide prevention resources.

[25] For PEI demographic data, please see the previous section of this report titled MHSA Consumer Demographic and Service Data section.
[26] Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms. Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA, Section 3715.

LCBHS has programs across all seven service areas. Because the population of Lake is under 100,000, the County also has some integrated programs that fall under multiple service areas. Table 9 describes all PEI service area designations.

Table 9. Active PEI Programs and Service Areas

Service Area(s)	Integrated Program	Program Name
Early Intervention	No	Early Intervention Services
Improve Timely Access to Services for Underserved Populations	Yes	Peer Support Recovery Centers
	No	Older Adult Outreach and Prevention: Friendly Visitor Program
Outreach for Increasing Recognition of Early Signs of Mental Illness	No	Postpartum Depression Screening and Support: Mother-Wise
Prevention	No	Family Stabilization and Well-Being – The NEST
	No	Prevention Mini-Grants
	Yes	Peer Support Recovery Centers
Stigma and Discrimination Reduction	Yes	Statewide, Regional, and Local Projects
	Yes	Peer Support Recovery Centers
Suicide Prevention	Yes	Statewide, Regional, and Local Projects

PEI Priority Areas

MHSA also established five priority areas in alignment with MHSA service areas, under which counties are required to focus the use of their PEI funds. Lake County's PEI component addresses all five priorities, including:

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- Culturally competent and linguistically appropriate prevention and intervention.
- Strategies targeting the mental health needs of older adults.

The estimated share of PEI funding allocated to each priority is included in the Expenditures section of this report.

MHSA General Standards

Lake County's behavioral health system, and particularly their MHSA-funded PEI programs, reflect and are consistent with all applicable MHSA General Standards. These standards include (1) community

collaboration, (2) cultural competence, (3) client driven, (4) family driven, (5) wellness, recovery, and resilience focused, and (6) integrated service experiences for clients and their families. The County's PEI programs are committed to these standards as follows:[27]

Early Intervention Services

By nature, the Early Intervention Services (EIS) team and LCBHS approach services with all of the MHSA General Standards. Community collaboration is an essential piece. A key success of the program was improved relationships and collaboration with community partners to identify and refer potential EIS youth to the program. The entire Children's team attended trainings on cultural competence specifically for Latinx and Native American populations, which are more prevalent in the county. Cultural competence is an ongoing focus of all LCBHS programs and an area of continual growth. As an agency, LCBHS embarked on the Strengths Model Case Management implementation with a focus on service delivery with youth, including TAY. The Strengths Model emphasizes a client-driven and recovery-oriented approach. EIS and LCBHS will continue their fidelity implementation of the Strengths Model through the year 2020 and beyond. Current EIS services are family-driven and strive to provide integrated service experiences for clients and their families through coordinated, ongoing team meetings.

Family Stabilization and Well-Being: The NEST

The NEST regularly engages with community partners to share information, resources and services for TAY, youth, and their families such as Sexual Health and Reproduction Education, Windows Between Worlds Healing Art groups, Medi-Cal enrollment, etc. The program's policies prohibit unlawful discrimination based on race, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation or any other consideration made unlawful by federal, state, or local laws. Services provided by the NEST are designed to effectively engage and retain individuals of diverse ethnic/racial, cultural, and linguistic populations as well as utilizing the strengths and forms of healing that are unique to the individual, the family, and or their culture/community. The NEST engages participants through an individualized and client-driven approach that emphasizes family involvement and natural, community-based supports. In this way, the program fosters supportive living and the ability to identify resources to meet their needs in the future.

The NEST's programming is designed to meet the unique needs of the TAY population and their families by utilizing the "family voice and choice" approach. Family and youth/child perspectives are intentionally elicited and prioritized throughout their engagement in the program. Planning is grounded in family members' perspectives and recorded in their personalized independent transitional living plans. The NEST team strives to provide options and choices that reflect family values and preferences while promoting safety, stability, and permanency. Programming and services at the NEST are designed to empower youth through building social connections, increasing education, reducing stigma and discrimination, promoting

[27]Early Student Support is not included in this section as the program was discontinued.

accountability, and increasing self-determination. The NEST coordinates with county providers, such as behavioral health, health care providers, housing programs, substance use programs, and other social service agencies to bridge any gaps between the services offered at the NEST which may impact their ability to achieve stability and permanency.

Older Adult Outreach and Prevention: Friendly Visitor Program

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

Peer Support Recovery Centers

All of the centers work to develop and maintain community collaboration by attending several community agency collaboration meetings. Staff table at community health fairs and attend business association meetings and special events in the communities they serve. Each center practices people's voice/people's choice. They offer staff trainings such as Wellness Recovery Action Planning (WRAP) and Motivational Interviewing to help team members focus on what the consumer wants, and not team members' own expectations for the client. Staff also attend WRAP and/or Whole Health Action Management (WHAM) facilitator trainings to enhance their ability to provide effective services to the community. All staff are expected to attend two cultural competency trainings annually and attend other trainings that focus on providing culturally appropriate services. Staff also live in the communities where they work or have life experience of mental health challenges. Staff with lived experience are uniquely equipped to deliver unbiased services, empower people that utilize the centers, and treat each consumer with dignity. When appropriate, the families of the consumers are included in center activities. There are also family groups planned at the centers to support and educate families on what mental health treatment is and to remove the stigma associated with these challenges.

Postpartum Depression Screening and Support: Mother-Wise

Mother-Wise began as an MHSA-funded program, and their model has included the MHSA standards from the beginning by implementing them in their own policies and approaches. Every contact potentially reduces stigma and incidence of Perinatal Mood and Anxiety Disorders (PMADs) in the County. Mother-Wise also offers health professionals an important resource to refer moms who need extra support. The program has always enjoyed strong support and collaboration from the community, which continues to grow with their reputation. Cultural competence is extremely important to maintaining relationships with individuals and the different groups they come from. When Mother-Wise transitioned to a non-profit

business, cultural competence was an important factor in selecting their board of directors, and all program decisions consider known cultural factors.

The program's ability to adapt is critical to providing the best possible service to moms. Staff training includes instruction and practice with active listening and non-judgmental support, and team members are encouraged to integrate these skills into their daily practice. As moms themselves, staff can often see potential issues coming. Whenever possible, they poll their clients and encourage feedback and suggestions to understand how to better serve them, changes to make, and why. Although the program is primarily focused on moms and babies, Mother-Wise also support dads, grandparents, and adoptive and foster parents. The program facilitates discussions on wellness and incorporates models compatible with other peer support groups, so moms in recovery, for example, can use experience from other groups to enhance their participation at Mother-Wise. Ultimately, the program supports moms to do their jobs as well as possible, leading to better outcomes for themselves, their babies, and their families.

Prevention Mini-Grants

The Mini-Grants program provides community-based providers and consumer and family groups with one-time funding opportunities to conduct prevention activities and projects focused on one or more of the following: (1) disparities in access to mental health services, (2) psycho-social impact of trauma, (3) at-risk children, youth, and young adult populations, (4) stigma and discrimination, and (5) suicide risk and/or prevention. Given the community-based nature of the Prevention Mini Grants, and the diverse range of client and family-driven services the Mini Grants support, this program displays consistency and commitment to all MHSA general standards.

Statewide, Regional, and Local Projects

LCBHS contracts its services for Statewide, Regional, and Local Projects through California Mental Health Services Authority (CalMHSA) and cannot accurately report on strategies for specific statewide and regional projects. Local projects display a commitment to the MHSA standards in a variety of ways. The Prevention Team collaborates with other agencies such as Probation, the Office of Education, Big Valley Rancheria, Sutter Health, the Moose Lodge members, Senior Centers, other local agencies, and the general community to bring Mental Health & Suicide Prevention workshops and trainings (e.g., Youth Mental Health First Aid, Teen Mental Health First Aid, Question, Persuade, Refer (QPR), Know The Signs, Self-Care) to schools, work places, and the community at large. The Life Is Sacred Alliance (LISA) suicide awareness taskforce holds quarterly meetings, which are open to partner agencies and community members. Community events provide additional opportunities for collaboration including Mental Health Matters, Heroes of Health and Safety, National Night Out, Recovery Happens, the Silver Seniors, and school campus tabling events.

In addition, programs are client-driven and aim to be inclusive of client's cultures. For example, training needs and the places that want to have trainings provided are identified by stakeholders and all trainings are focused on clients and/or their families. The QPR program has different modules for individuals from

a variety of social and cultural backgrounds, including high school youth, young adults in college, adults, older adults, veterans, Spanish speakers, and Native Americans. QPR can be taught to adults and youth (beginning in 9th grade) and was provided to Big Valley Rancheria staff and residents, both youth and adults, for the past two years.

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

Program Updates

Through the CPP process, stakeholders expressed interest in strengthening and expanding existing PEI programs. The MHSA Planning Team proposes the continuation of current programs with modifications listed in the proposed activities sections. The MHSA Planning Team proposes discontinuing the Early Student Support program, as it was intended to be short-term and has been successfully completed.

Early Intervention Services				
Status:	☐New	☒Continuing	☐Modified	
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			
Priority Population:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+

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 who also services as a team lead, a Mental Health Specialist who provides individual and group behavioral rehabilitation services, and a Mental Health Case Manager who provides linkages to community services and supports and direct early intervention services 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 connect them 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.

Mental Illness(es) for which Services will be Provided
All potentially serious mental illnesses for which there is early onset (e.g., schizophrenia, bipolar disorder, major depression).

How Participants' Early Onset of Potentially Serious SMI will be Determined
LCBHS 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

Early Intervention Services

provide evidence-based interventions to address emerging symptoms and to support the youth to stay on track developmentally.

Problems/Needs the Program Addresses
Barriers to services, education, employment, resiliency, placement, supportive relationships, hospitalization, homelessness.

Key Activities
Key activities of EIS will support outcomes around interrupting or mitigating early signs of mental illness or emotional disturbance by (1) providing age appropriate mental health services in the community, clinic, and at home, (2) providing clinical interventions to mitigate early onset of mental health issues, and (3) promoting pro-social activities, including creative or artistic expression as related to self-care. 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.

Strategies
How the program:
Creates access and linkage to mental health services
The program has one full-time licensed/registered therapist to provide direct early intervention services and supports and includes a variety of clinical and other supportive services.

Includes strategies that are non-stigmatizing and non-discriminatory
The program engages with clients in settings that are comfortable to them, including at home or in the community, and promotes pro-social activities, including creative or artistic expression as related to self-care.

Improve timely access to services for underserved populations
Timely access has been a challenge across all LCBHS programs, including the EIS program. In 2019, EIS implemented a new Access process with a dedicated Access team, which dramatically improved timeliness to services. Across the county, word spread quickly that EIS has shorter wait times for services (most saliently psychiatry) than many other mental health providers. This has increased the number of referrals for EIS youth, including those in underserved populations, as referring partners have confidence in the program's ability to provide services in a timely fashion.

Provides outreach and engagement to underserved populations
In Lake County, a vast majority of the population lives below the poverty line and there are several federally recognized Native American tribes. Thus, much of the EIS population falls within the "underserved" domain. The EIS team works diligently to engage with schools where underserved youth attend and will continue to partner with schools and provide education around engaging underserved populations. This is an area of growth for the team, LCBHS, and the County.

FY 2018 – 2019 Activities and Outcomes

Key Successes
The program saw an uptick in families seeking services for their youth because of increased prevention and outreach efforts in schools and additional collaboration and relationship building with community

partners more generally. School staff and medical professionals in the community expressed more interest in connecting young people to EIS services, and there was an increase in awareness and a decrease in stigma surrounding mental health issues. The children's team that provides EIS services also worked in a more coordinated fashion with LCBHS' Access team, which expedited services and ensured EIS youth received necessary services in a timely manner. Finally, LCBHS added two board-certified child psychiatrists via telepsych, which increased capacity to serve the EIS population.

Program Challenges
Across LCBHS and the County, a central challenge was hiring and retaining qualified staff. Due to staffing transitions and shortages, the EIS program experienced challenges around consistency and continuity of service.

Number served in FY 2018 - 2019:	*7*	**Total Costs FY 2018 - 2019:**	*$107,647*

Proposed Activities for FY 2020 - 2023

This EIS program is in a better place with regard to staffing and plans to develop a second youth drop-in center in Clearlake to provide EIS services to the community. The center will be led by a new Children's Team that will include a dedicated team leader, clinician, and potentially a case manager. This team will differ from the existing children's team in that it will focus on TAY who display prodromal symptoms and will try to intervene before a first break with intensive therapy, medication management, and family support services. In addition to the dedicated TAY team, the youth drop-in center also will be a community hub and "one-stop shop" for youth and their families, offering educational and vocational support, linkages to health care and social services, and will focus on outreach to at-risk and marginalized populations, such as LGBTQ+ and indigenous youth. While the team will work closely with the existing Children's Team, they will be significantly more integrated with EIS' prevention staff, who work with the school, and will provide more training to school staff around early signs and symptoms. The goal is to more effectively identify youth in the EIS population through outreach. The program will also provide a wraparound treatment approach to youth and families in the EIS population.

LCBHS has applied for a federal grant to support the new youth drop-in center. In the event that the grant is not approved, they hope to explore other funding sources to move forward with opening the center.

Number to be served FY 2020 - 2021:	*14*	**Proposed Budget FY 2020 - 2021:**	*$200,000*
Cost per Person FY 2020 - 2021:	*$14,286*	**Total Proposed Budget FY 2020 - 2023:**	*$600,000*

Outcomes and Evaluation Methodology

Effective Method(s) to Determine Intended Impacts
☒ Evidence-based practice standard ☐Promising practice standard
☐Community and/or practice-based evidence standard

Negative Outcomes the Program Aims to Reduce

☐ Suicide ☐ Incarcerations ☒ School failure or dropout ☒ Unemployment
☒ Prolonged suffering ☒ Homelessness ☐ Removal of children from their homes
☐ Other (please describe below)

Description of how Negative Outcomes will be Reduced

EIS will use the evidence-based practices of motivational interviewing and peer support to interrupt or mitigate early signs of mental illness or emotional disturbance. In addition, the EIS program will begin implementing the Structured Interview of Psychosis-risk Syndromes (SIPS) tool, which was developed at the PRIME clinic at the Yale School of Medicine to thoroughly screen potential EIS youth who may be experiencing prodromal symptomology of psychosis. The EIS team will be working closely with prevention staff who are in the schools as well as school personnel themselves to identify students who may be experiencing prodromal symptomology.

The EIS team will implement a wraparound treatment approach based off NAVIGATE, a comprehensive program designed to provide early and effective treatment to individuals who have experienced a first episode of psychosis. NAVIGATE is a coordinated specialty care model that has been researched through the SAMHSA and NIMH RA1SE collaboration. While the EIS team is working to intervene and prevent the onset of serious mental illness for individuals with heightened risk factors or for those experiencing prodromal symptomology, this model will provide a framework for effective collaboration with a treatment team, which is indicated for the EIS population.

Additionally, youth will be screened for the presence of serious emotional disturbance or other risk factors for serious mental illness outside of psychotic disorders through a traditional assessment and standardized screening tools. With these tools, the EIS program will continue to provide increased early detection of mental health problems that could lead to serious mental illness if untreated, thus mitigating the incidence of school failure, unemployment, homelessness, and prolonged suffering.

Indicators/Description of how Negative Outcomes will be Measured

Negative outcomes will be measured objectively through the Child and Adolescent Needs and Strengths (CANS) assessment, which is a multi-purpose tool developed for children's services to support decision-making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Additionally, for EIS TAY who are 18 or older, the Milestones of Recovery Scale (MORS) will track their progress.

Description of the Evaluation Methodology

The CANS assessment will measure negative outcomes every six months in the Electronic Health Record. A report showing CANS scores over time across the aggregate of EIS clients will be produced. The MORS will assess monthly progress and can be analyzed in the same way as the CANS. This data will also be broken out by ethnicity to identify trends in treatment outcomes, if there are any differences.

Any consumer surveys or other evaluation materials will be presented in accessible language and in the preferred language of the participants whenever possible.

Early Student Support				
Status:	Discontinued			
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			
Priority Population:	☒Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☐Older Adult Ages 60+

Program Description

Program Description/Target Population
Early Student Support (ESS) places clinical staff in schools to provide K-5 students with direct mental health services. In addition to direct services, ESS works to train all school staff in QPR, 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 2018 – 2019 Activities and Outcomes

Key Successes
Program was inactive.

Program Challenges
Program was inactive.

Number served in FY 2018 - 2019:	*275*	**Total Costs FY 2018 - 2019:**	*$43,757*

Proposed Activities for FY 2020 - 2023

This program was intended to be short-term and was successfully completed. Some of the successful features, including QPR, will be funded through the Statewide, Regional, and Local Projects initiative.

Family Stabilization and Well-Being (The NEST)				
Status:	☐New	☒Continuing		☐Modified
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			
Priority Population:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☐Adult Ages 26– 59	☐Older Adult Ages 60+

Program Description

Problems/Needs the Program Addresses

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 is intended 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.

Key Activities

The NEST provides short-term transitional housing (up to 15 months) for pregnant women or young parents ages 18-25. 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.

Services include (1) facilitation of child and family team meetings, (2) facilitation of House Meetings, (3) resource connection – coordinated linkage services, (4) direct parenting support via observational assessment and trainings programs, (5) skill building, (6) mental health screening via the following tools: General Anxiety Disorder-7 (GAD-7, anxiety scale), Patient Health Questionnaire-9 (PHQ-9, depression scale), and the Adult Needs and Strengths Assessment (ANSA) for any adult wherein mental health may be a concern, (7) therapeutic intervention as determined by medical necessity, (8) evidence-based life skill programming, and (9) residential and community-based intensive case management.

Children of NEST participants who appear to be experiencing mental health symptoms or concerns are referred to Early Intervention Assessment (children 0-2 years), or for an EYBERG Child Behavior Inventory Assessment for Parent-Child Interaction Therapy (children 2-5 years).

Strategies

How the program:

Creates access and linkage to mental health services

Families at The Nest 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. Families are also connected to other mental health resources and therapeutic interventions as needed.

Includes strategies that are non-stigmatizing and non-discriminatory
All program staff undergo regular trainings and review policies pertaining to cultural competency, discrimination, sexual harassment, ethics and professionalism. Most recently, staff participated in a cultural competency training provided by California Tribal TANF Partnership in response to staff's request to be better informed while working with the Native American/Indigenous population of Lake County.

Improve timely access to services for underserved populations
Though the NEST determines eligibility based on age, housing and family status, participants are never terminated or declined eligibility based on race, ethnicity, gender, or sexuality.

Provides outreach and engagement to underserved populations
The NEST program collaborates with multiple agencies and resource centers that support the unique needs of culturally diverse clients including Lake County Tribal Health, Lake Family Resource Center, La Voz De Esperanza, the Circle of Native Minds Wellness Center, the Harbor on Main and various other partnering agencies designed to serve every family that enters into the program.

FY 2018 – 2019 Activities and Outcomes

Key Successes
The NEST connected youth and adult participants to behavioral health and community resources adept at meeting the unique needs of trauma-exposed individuals. Providing in-house mental health services also helped reduced some of the disparities engaged families typically experience when navigating independent living. As a result, participants experienced many positive outcomes. All families who exited the NEST left to safe, stable, and permanent housing. Participants began or completed education programs and secured permanent employment.

Program Challenges
Although the NEST linked all families to affordable, permanent, safe and stable housing, finding affordable housing within Lake County was challenging and families were forced to consider out of county options. Waiting lists for low-income housing were long, leaving families uncertain of their ability to parent and independently provide for themselves and their children. While skills training programs were popular, the Nest had limited access to them due to staffing issues at collaborating agencies. The NEST was unable to replace important learning tools and activities for families in the program, because of funding limitations.

Number served in FY 2018 - 2019:	*24*	**Total Costs FY 2018 - 2019:**	*$143,422*

Proposed Activities for FY 2020 - 2023

Proposed activities include (1) facilitation of child and family team meetings, (2) facilitation of House Meetings, (3) resource connection – coordinated linkage services, (4) direct parenting support via observational assessment and trainings programs, (5) skill building, (6) screening tools: GAD 7 (anxiety scale), PHQ 9 (depression scale) and the Adult Needs and Strengths Assessment (ANSA) for any adult wherein mental health may be a concern, (6) therapeutic intervention as determined by medical necessity, (7) evidence-based life skill programming, and (8) residential and community-based intensive case management.

Number to be served FY 2020 - 2021:	*20*	**Proposed Budget FY 2020 - 2021:**	*$221,000*
Cost per Person FY 2020 - 2021:	*$11,050*	**Total Proposed Budget FY 2020 - 2023:**	*$663,000*

Outcomes and Evaluation Methodology

Effective Method(s) to Determine Intended Impacts

☒ Evidence-based practice standard ☒Promising practice standard
☐Community and/or practice-based evidence standard

Negative Outcomes the Program Aims to Reduce

☐ Suicide ☒ Incarcerations ☒ School failure or dropout ☒ Unemployment
☐ Prolonged suffering ☒ Homelessness ☒ Removal of children from their homes
☐ Other (please describe below)

Description of how Negative Outcomes will be Reduced *(Include evidence that the approach is likely to bring about outcomes for the intended population, how the County will ensure fidelity to the practice, references to evidence, if applicable)*

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

Indicators/Description of how Negative Outcomes will be Measured *(e.g., mental health indicators to measure reduction of prolonged suffering (must measure this through either reduced symptoms or improved recovery); indicators to measure reduction in risk factors or increase in protective factors; indicators to measure changes in attitudes, knowledge, or behavior)*

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

Description of the Evaluation Methodology (include (1) *how and when outcomes will be measured, (2) how data will be collected and analyzed* and *(3) how the evaluation will reflect cultural competence)*

The evaluation will reflect cultural competence in that evaluators will be program administrators who are close to and a have a rapport with the families. Evaluators will deliver questions at the level of and in the language with which participants are most comfortable.

- # parent participants who report increase in well-being: Pre and post survey at the beginning and end of program participation

- # of parents who report having the knowledge and skills to provide a safe, stable home for their children: Pre and post survey at the beginning and end of program participation
- # children/youth participants who report increase in well-being: Pre and post survey at the beginning and end of program participation
- # youth on probation who recidivate: Youth and/or parent survey at the end of program participation

participants who leave program with stable long-term housing: Parent survey at the end of program participation

Older Adult Outreach and Prevention: Friendly Visitor Program				
Status:	☐New	☒Continuing		☐Modified
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**			
Priority Population:	☐Children Ages 0 – 15	☐Transitional Age Youth Ages 16 – 25	☐Adult Ages 26 – 59	☒Older Adult Ages 60+

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.

Key Activities
Friendly Visitors are volunteers over the age of 20 who provide home-based outreach, emotional support, companionship, and referrals to services for seniors over the age of 55.

Problem/Need Program Addresses
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.

Referrals
 # referrals of underserved population members: 30
 # individuals who followed through on referral: 4
Average time between referral and treatment: Approximately 7 – 14 days

Strategies
How the program:
Creates access and linkage to mental health services:
Senior peers provide counseling, important mental health resources, and referrals to homebound older adults as needed, many of whom might otherwise not have access to such resources.

Includes strategies that are non-stigmatizing and non-discriminatory:
Senior peers meet older adults where they are, in their homes, to provide support and visitation in a way that best fits their needs.

Improves timely access to services for underserved populations:

Older Adult Outreach and Prevention: Friendly Visitor Program

Senior peers provide counseling, important mental health resources, and referrals to homebound older adults as needed, many of whom might otherwise not have access to such resources.

Provides outreach and engagement to underserved populations:

The program conducts outreach and holds meetings at the peer support centers to connect with and remain visible to Latino and Native American populations.

FY 2018 – 2019 Activities and Outcomes

Key Successes

Senior peer counseling maintained five volunteers during this period, some of whom were able to take on more than one client.

Program Challenges

Recruiting a sufficient number of volunteers for the senior peer counseling component of the program continues to be a problem.

Number served in FY 2018 - 2019:	*182*	**Total Costs FY 2018 - 2019:**	*$40,698*

Proposed Activities for FY 2020 - 2023

The program will continue the same activities from the previous fiscal year. In addition, senior peer counseling will initiate a renewed campaign with revised marketing materials and a new approach. The program will also work with referring agencies to educate them about the program to support more targeted and appropriate referrals.

Number to be served FY 2020 - 2021:	*30*	**Proposed Budget FY 2020 - 2021:**	*$42,140*
Cost per Person FY 2020 - 2021:	*$1,404*	**Total Proposed Budget FY 2020 - 2023:**	*$126,420*

Outcomes and Evaluation Methodology

Effective Method(s) to Determine Intended Impacts

☒ Evidence-based practice standard ☐Promising practice standard
☐Community and/or practice-based evidence standard

Negative Outcomes the Program Aims to Reduce

☒ Suicide ☐ Incarcerations ☐ School failure or dropout ☐ Unemployment
☐ Prolonged suffering ☐ Homelessness ☐ Removal of children from their homes
☒ Other: Isolation and depression

Description of how Negative Outcomes will be Reduced

Socialization, provided through the Friendly Visitor Program, among older adults is intended to prevent isolation and depression and improve overall well-being. Peer support is an evidence-based practice, and the program uses senior peer volunteers whenever possible to support fellow older adults in the community.

Older Adult Outreach and Prevention: Friendly Visitor Program

Indicators/Description of how Negative Outcomes will be Measured

- # visitations
- # counseling sessions
- # older adult participants who report improved well-being as a result of the program

Description of the Evaluation Methodology

- Visitations: Volunteer visitors will log each visit and visitation totals will be calculated at the end of each fiscal year.
- Counseling sessions: Volunteer counselors will log each visit and visitation totals will be calculated at the end of each fiscal year.
- Self-Reported Improved Well-Being: Volunteers will measure participants' well-being twice per year using Likert scale questions. Responses will be recorded and analyzed at the end of each fiscal year.

The evaluation will reflect cultural competence in that data will be collected from older adult participants by members of the older adult community whenever possible. Surveys and other evaluation materials will be presented in accessible language and in the preferred language of the participants whenever possible.

Peer Support Recovery Centers				
Status:	☐New	☐Continuing		☒Modified
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**			
Priority Population:	☒Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☒Older Adult Ages 60+

Program Description

Program Description/Target Population

Peer Support Recovery Centers currently operate five peer support centers throughout Lake County. Big Oak Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center, La Voz de Esperanza, and the new Family Support Center in Middletown (not yet open at the time of this report). 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.

Community Outreach and Engagement: Outreach Workers

Peer Support Recovery Centers have split funding from CSS and PEI. PEI funds are used to support the Centers' prevention and support services and CSS funds are used to support the Centers' peer support and community outreach and engagement services. In the FY19-20 Annual Update, LCBHS introduced a plan to add four new outreach workers positions that will be housed at the Peer Support Recovery Centers, and their target populations will align with those of the corresponding center. The dedicated outreach workers—the Outreach and Engagement Team—are funded through CSS and represent a new service branch under the existing Peer Support Recovery Centers. The center-based workers will focus on the Native American, Latinx, TAY, parents and families, and unhoused populations.

In this three-year plan, LCBHS is modifying the community outreach and engagement component of the program to add a fifth outreach worker who will focus exclusively on the older adult population and will be based at one of the senior centers in the county. Like the rest of the Outreach and Engagement Team, the older adult outreach worker will not be geographically bound and will spend the majority of their time meeting people where they are out in the community. They will conduct outreach and education activities to help raise awareness of existing behavioral health services, support unserved individuals and their families to access needed services and supports, as well as provide care coordination and navigation services to help consumers stay engaged.

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 among 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.

Peer Support Recovery Centers

The outreach workers will help LCBHS more proactively engage clients. Rather than waiting for clients to come to the peer support centers or engage in clinical services, the outreach workers will spend time out in the community promoting the breadth of behavioral health opportunities available to Lake County residents. Through outreach and engagement activities, they will identify individuals in need of mental health support and connect them to key resources. The workers will also help connect more isolated populations (e.g., seniors, those living in outlying areas) to services more quickly and efficiently.

Key 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:** The five outreach workers will spend the majority of their time in the field, making contact with their target populations and providing information on and referrals to available services. The individuals in these roles will also serve as navigators, helping consumers access and travel through the county's behavioral system as needed. Together, the outreach workers will also be a prevention team that engages in a variety of prevention activities, including Mental Health First Aid and Question and QPR, in line with state, regional, and local efforts. More generally, community outreach and engagement activities at each of the centers focuses on the target populations described above (i.e., Native American, Latinx, TAY, parents and families, older adults, unhoused communities) and 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 opportunities for community members to engage in conversation and seek support for wellness, recovery, and resilience. Informal groups include the support group, LGBTQIA support group, Native American VETS support group, evidence-based life skill programming for TAY and positive parenting classes.

How Program Integrates *Prevention, Stigma and Discrimination Reduction, Access and Linkage to Treatment*, and *Improve Timely Access to Services for Underserved Populations* PEI Program Types

Peer Support Recovery Centers operate four peer support centers throughout Lake County, with a fifth center opening soon. The Big Oak Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center, La Esperanza Centro Latino (La Voz), and the new Middletown Peer Support Center (not yet open). 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.

Strategies

How the program:

Includes strategies that are non-stigmatizing and non-discriminatory:

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

Peer Support Recovery Centers

centered philosophy, meeting the clients where they are and supporting them in learning how to meet their needs in an appropriate manner.

Improves timely access to services for underserved populations:
The La Voz and Circle of Native Minds Centers offer dedicated services for the County's Latino and Native American communities and the Big Oak Center supports individuals who are unhoused. The Harbor on Main offers dedicated services to TAY youth and families, including those experiencing homelessness and who identify as LGBTQIA youth. The centers offer 12-step recovery groups, English classes, and support groups, as well as art groups and cultural activities. The Middletown Center will offer services for youth and families, particularly those in more rural areas of the County. Each site serves as a link between the unserved or underserved populations and healthcare services.

Estimated Numbers of Consumers to be Served[28]
Children #300 Adults #500 Seniors #200

Individuals with Serious Mental Illness Referred to County MH Treatment[29]
Individuals referred to county MH treatment: Unknown
Kind of treatment: Unknown
Individuals who engaged in treatment: Unknown
Average duration of untreated MI: Unknown
Average interval between referral and treatment participation: Unknown

Individuals with Serious Mental Illness Referred to Non-County MH Treatment[30]
Individuals referred to county MH treatment: Unknown
Kind of treatment: Unknown

FY 2018 – 2019 Activities and Outcomes

Big Oak Peer Support Center
Key Successes
The center has become an effective resource for the unhoused community. The center had an increase in consumers and available services, which expanded to include a pop-up care trailer, support with applying for public assistance, food distribution, and a clothing closet. Consumers particularly enjoy the survival cooking group, which teaches them how to cook food that they receive from the food pantry.
Program Challenges
There have been some challenges with continuity of services due to network connectivity and other agencies not being able to provide their services at the center.

[28] These are estimates. Demographic information for consumers beyond the target populations at each Center was unavailable. The Centers are working on procedures to be able to collect this information moving forward.
[29] This information was unavailable. The Centers are working with their IT departments and analysts to improve tracking systems.
[30] This information was unavailable. The Centers are working with their IT departments and analysts to improve tracking systems.

Circle of Native Minds Center

Key Successes

Senior art sessions were highly successful. The service brought together seniors who were experiencing isolation and depression to use their creativity and have opportunities to socialize. The relationship between the center and the community continues to grow. The center was able to offer many traditional cultural activities at the center and in the community. Staff also attended community activities to promote center services.

Program Challenges

Due to limited staff and capacity, outreach activities were limited and less personalized, which made it challenging to engage the target population. Youth experienced transportation difficulties getting to the center, and the youth program was put on hold because there was not enough support. Providing services during wildfire evacuations was also challenging, as both staff and consumers were affected by the crisis which made it difficult to be in the community.

La Voz de Esperanza

Key Successes

Adventist Health began referring Spanish-speaking consumers to the center for services. This increased the number of Latino consumers and helped individuals feel more comfortable receiving support and talking about mental health challenges. This collaboration also helped break down language barriers. The center also hired two community peers, who have helped the community develop trust with staff and feel more comfortable sharing their challenges.

Program Challenges

At the beginning of 2018, the peer support staff were English only speakers. This made it challenging to provide effective services and establish trust with the consumers. The center was also short staffed for a period due to staffing changes and waiting to hire a replacement, which led to a slight decrease in available services.

Family Support Center

Key Successes

This Center was not yet open.

Program Challenges

This Center was not yet open.

The Harbor

Key Successes

The Harbor on Main TAY center welcomed 140 new members to the program providing over 7,700 services to 192 unique individuals. Of these 7,700 services, 2,500 of these were to meet basic needs such as hygiene supplies, food resources, transportation assistance, and clothing.

Program Challenges

Youth initially experienced transportation difficulties getting to the TAY Center when the site was moved to their new permanent location in Lakeport. To address this disparity, Harbor staff provided free transit passes to youth as well as rides to and from the center. Like the other centers, the Harbor on Main was also impacted by devastating wildfires in the community during this reporting period, which limited access to support and resources while communities were under mandatory evacuations.

Number served in FY 2018 - 2019:	*23,808*	**Total Costs FY 2018 - 2019:**	*$219,459*

Proposed Activities for FY 2020 - 2023

Big Oak
All existing services will continue over the next three years. Planned activities, so far, include a woman's care group, hygiene groups, and life skill programs.

Circle of Native Minds
All existing services will continue over the next three years. The center will continue to outreach to the Native American Community by attending Big Time Events, health fairs, activities at the reservations, pathfinders' group, school-based support groups, community education about the traditional cultural practices, regalia/skirt making groups, and a cultural awareness group for the local Native American Community.

La Voz
All existing services will continue over the next three years with the addition of a youth and elders mental health support group. The art groups will continue with the addition of a sewing group, to teach the community how to sew.

Family Support Center
The center will offer peer support, outreach and engagement, and targeted support groups to youth, families, and some of the County's more rural populations.

The Harbor
All existing services will continue over the next three years. The Harbor also proposes to (1) expand current services by offering additional evidence-based independent living skills classes on-site, (2) update the technology center to provide youth with functioning and technologically relevant computers, (3) increase youth access to life skills trainings, educational, vocational, and behavioral health/mental health support at via *Harbor on the Road,* (4) provide experiential opportunities via out of county outings, (5) improve and expand the availability of resources such as hygiene, clothing, and food, and (6) produce youth-developed community-wide awareness campaigns addressing stigma associated with mental health and sexual exploitation. The Harbor also proposes to provide leadership opportunities at a rate equitable to entry-level positions for youth participating in these roles.

Community Outreach and Engagement: Outreach Workers
As noted above, LCBHS will add six new outreach workers, one at each of the peer support centers and an additional worker focused on the older adult population based at one of the seniors centers. The workers will conduct outreach and education activities to help raise awareness of existing behavioral health services, support unserved individuals and their families to access needed services and supports, as well as provide care coordination and navigation services to help consumers stay engaged.

Number to be served FY 2020 - 2021:	*5,966*	**Proposed Budget FY 2020 - 2021:**	***TOTAL: $750,000***
			PEI: $200,000
			CSS – Outreach & Engagement: $400,000
			CSS – Peer Support: $150,000
Cost per Person FY 2020 - 2021:	*$126*	**Total Proposed Budget FY 2020 - 2023:**	***TOTAL: $2,250,000***
			PEI: $600,000
			CSS – Outreach & Engagement: $1,200,000
			CSS – Peer Support: $450,000

Outcomes and Evaluation Methodology

Negative Outcomes the Program Aims to Reduce

☒ Suicide ☒ Incarcerations ☐ School failure or dropout ☒ Unemployment
☐ Prolonged suffering ☒ Homelessness ☐ Removal of children from their homes
☐ Other (please describe below)

Description of how Negative Outcomes will be Reduced *(Include evidence that the approach is likely to bring about outcomes for the intended population, how the County will ensure fidelity to the practice, references to evidence, if applicable)*

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.

Indicators/Description of how Negative Outcomes will be Measured *(e.g., mental health indicators to measure reduction of prolonged suffering (must measure this through either reduced symptoms or improved recovery); indicators to measure reduction in risk factors or increase in protective factors; indicators to measure changes in attitudes, knowledge, or behavior)*[31]

- # of activities that preserve and share culture of the target populations
- # peers who report improved mental health and well-being
- # peers who report being better connected to mental health services

Description of the Evaluation Methodology

Each Peer Support Recovery Center will track activities as they are held, and the results will be compiled annually. Surveys will be conducted with peers and outcomes will be analyzed on an annual or basis. The evaluation will reflect cultural competence in that…

- Activities that preserve and share culture: Program administrators at each center will log each activity and totals will be calculated at the end of each fiscal year
- Improved mental health and well-being: Peers will complete a self-assessment on the eight dimensions of wellness on annual basis to assess changes in mental health and well-being.
- Better connected to mental health services: Program administrators will conduct a retrospective survey with peers on an annual basis to assess changes in service connectedness.

[31] Outcomes will not be measured for the outreach worker component of this program, which is funded through CSS.

Postpartum Depression Screening and Support: Mother-Wise				
Status:	☐New	☐Continuing		☒Modified
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			
Priority Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☐Older Adult Ages 60+

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 (PMADs). 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.

Problem/Need Program Addresses

Mother-Wise offers consistent opportunities for social support to new and expecting mothers in an effort to prevent or limit the severity of PMADs.

Postpartum Depression Screening and Support: Mother-Wise

Key Activities

Mothers receive support through:

- PMAD Screening and Early Identification through the use of the EPDS.
- PMAD Awareness and Training for health professionals, volunteers, and new staff.
- In-Home Visits conducted by trained Saathi to provide support and screen mothers for depression using the EPDS.
- In-Person Peer Support for Mothers: Mother-Wise hosts weekly groups for moms and their babies, led by a trained facilitator.
- Mom-to-Mom Closet provides donated maternity and baby items, including diapers, formula, clothes, toys and more.
- Outreach and engagement through social media.
- Informational radio program on local community radio station.
- Partnership with local hospitals to introduce Mother-Wise services and PMAD information at Safe Sleep Classes.

Engagement of Potential Responders

Expected #: 1,000

Types of people: Pregnant women and new mothers with babies under 12 months, dads and family members of new mothers and babies, health professionals, volunteers, donors and community members at large.

Engagement settings: Mother-Wise offices, homes of mothers, in the community, online through Facebook and private groups, providers' or professionals' offices, and hospitals.

Engagement methods: Trainings, presentations, screenings, online information sharing, partner referrals, and in-person support groups.

Strategies

How the program:

Creates access and linkage to mental health services:

When EPDS scores indicate possible depression and/or anxiety, Mother-Wise helps moms get established with a therapist and connect with their MD or OB (whichever they were working with). Staff follows up to ensure the connections are made, and then check in regularly with the moms to further support them. Repeated EPDS screenings also allow the Mother-Wise team to monitor progress and watch for changes, good or bad.

Includes strategies that are non-stigmatizing and non-discriminatory:

Active listening and nonjudgment are essential elements of Mother-Wise, and have been from the beginning. The program helps anyone who calls or comes in, even if they are not a new or expecting mom, or if their needs are outside of their scope. All Mother-Wise forms, décor, and personal interactions have cultural sensitivity in mind, and are intentionally neutral. Visitors and guests receive the same warm welcome, and all moms are offered the same supportive services and screenings. Positive scores on the EPDS result in outgoing and incoming referrals, depending on whether the screening was administered by Mother-Wise or an outside agency.

Mother-Wise intentionally welcomes moms into a new culture of Motherhood that supersedes the usual cultural differences. The program recognizes and talks about where cultural differences exist,

Postpartum Depression Screening and Support: Mother-Wise

with the understanding that sharing beliefs and practices helps moms understand different perspectives and choices. With these concepts "on the table," moms can focus more on what they have in common while respecting one another's differences.

Improve timely access to services for underserved populations:

Mother-Wise reaches diverse populations through alliances with local groups and agencies, such as Lake County Tribal Health, WIC, and local hospitals. Referrals go both ways, and the program also serves as a hub to connect moms with other community programs and services as quickly and as often as possible. Young moms from all backgrounds are often not aware of the many services in Lake County and learning about them and getting connected brings relief and security to moms who may feel overwhelmed.

Provides outreach and engagement to underserved populations:

Social media engagement is a very important tool for the program, both on Facebook and in a private peer support group. Staff post engaging topics and events daily on the main (public) Mother-Wise page, while the private page is essentially self-supporting with some moderation by staff. Staff also host a weekly community radio program called "Mom Matters," to reach community members across the county with useful information about parenting and the challenges of motherhood. The program accepts calls on the air and gives feedback directly from moms, who discussed the topic in group the day before.

Mother-Wise attends local health fairs and other family-oriented events throughout the year. Every month, they present to moms at the Safe Sleep Classes hosted by both of the local hospitals. These classes help reach moms from different socio-economic and cultural groups. The program also hosts monthly "mixers," where volunteers and moms are invited to share a potluck. Mother-Wise acknowledges that some mothers may be harder to reach because of PMAD or other complications, but staff are always persistent in establishing communication.

FY 2018 – 2019 Activities and Outcomes

Key Successes

Mother-Wise amended the Program Director's (PD) contract from part-time to full-time. The program secured emergency funding from First 5 Lake to support this expansion. Mother-Wise was also in the process of developing a more sustainable business model and becoming a non-profit corporation. The program received a generous donation of diapers to help with recovery efforts from the River Fire. The diaper giveaway allowed Mother-Wise to connect with more than 150 families throughout the community. In October 2018, the program hired two new part-time Outreach and Engagement contractors, both of whom utilized Mother-Wise services and offered unique, valuable skills.

Program Challenges

Following the loss of a Group Facilitator, peer support groups were indefinitely suspended in Clearlake and the PD took over running those in Lakeport. Those new responsibilities, coupled with the process of becoming a non-profit corporation, created a strain on the programs already tight budget and added a new level of complexity to the PD role. Mother-Wise experienced challenges finding and keeping an effective contracted provider in the Home Visiting Coordinator role and the service was suspended. The program also discovered a language gap in serving the monolingual Spanish-speaking community.

Postpartum Depression Screening and Support: Mother-Wise			
Number served in FY 2018 - 2019:	1,064	**Total Costs FY 2018 - 2019:**	*$64,999*
Proposed Activities for FY 2020 - 2023			
In addition to the continuation of current activities, the program will add a Mom-to-Mom Closet Coordinator position, and collaborate with other TAY service providers to establish peer groups for young moms. All services will be offered in both English and Spanish. As mentioned, Mother-wise is also in the process of becoming a non-profit corporation. After achieving non-profit status, Mother-wise hopes to geographically expand all services to the Clearlake area through the addition of another office in Clearlake or Lower Lake.			
Number to be served FY 2020 - 2021:	*999*	**Proposed Budget FY 2020 - 2021:**	*$115,000*
Cost per Person FY 2020 - 2021:	*$115*	**Total Proposed Budget FY 2020 - 2023:**	*$345,000*
Outcomes and Evaluation Methodology			

Effective Method(s) to Determine Intended Impacts

☒ Evidence-based practice standard ☒Promising practice standard

☐Community and/or practice-based evidence standard

Negative Outcomes the Program Aims to Reduce

☒ Suicide ☐ Incarcerations ☐ School failure or dropout ☐ Unemployment

☒ Prolonged suffering ☐ Homelessness ☐ Removal of children from their homes

☒ Other: (Preventing and/or reducing the effects of PMADs on moms and their families

Description of how Negative Outcomes will be Reduced

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. PMAD screenings lead 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.

Targeted outreach and education reduce stigma and raise awareness in moms, volunteers, health service professionals, and the larger community, leading to an increased use of program activities and better outcomes for participants.

Mother-Wise strives to make moms feel 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.

Indicators/Description of how Negative Outcomes will be Measured

- Monitoring for negative changes related to PMAD by screening with the EPDS, a validated screening tool for depression and anxiety in the perinatal period
- Changes in screening scores for those receiving support

Postpartum Depression Screening and Support: Mother-Wise

- # individuals who utilize the supports Mother-Wise offers
- # individuals who report feeling better supported after connecting with Mother-Wise
- Anecdotal evidence and testimonials

Description of the Evaluation Methodology

Program administrators will deliver simple evaluation questions in the preferred language of the participant, and with word choice that is appropriate for their apparent level of understanding. Whenever possible, the evaluator will be a team member who has rapport with the family. The program administrator will administer and/or track the following:

- PMAD screening with EPDS: Pre and post screenings are conducted before and regularly after program supports are in place by trained team members at key locations
- # individuals who utilize supports: Program administrator ensures that each individual who engages with the program is logged, and totals will be calculated at the end of each fiscal year. # individuals who report feeling better supported: Pre and post survey at the beginning and end of program participation

Outcomes will be compiled analyzed on an annual or semi-annual basis.

Prevention Mini-Grants				
Status:	☐New	☒Continuing		☐Modified
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			
Priority Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☒Older Adult Ages 60+

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.

How Participants' Risk of Potentially Serious SMI will be Determined
Risk determination methods vary across programs.

Problems/Needs the Program Addresses
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
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. 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

Strategies
How the program creates access and linkage to mental health services:
Strategies vary across programs. Examples include Lake County Vet Connect and the Lake-Mendocino Stand Down/Veteran Resource Fair. These services connect veterans who are unhoused and at-risk veterans and their families with services to help them obtain housing. Providers also offer support,

Prevention Mini-Grants
including health services, HIV testing, haircuts, dental screening, legal services, CalVet, VA, and many others. *Includes strategies that are non-stigmatizing and non-discriminatory* Strategies vary across programs. One example is the Trauma Prevention & Resilience Building initiative. When working within Tribal communities in Northern California, earning the respect of the community while operating in cultural protocol is of the utmost importance. The clinical standards of data collection in Tribal communities are invasive and can cause historical triggers for community members. Instead, following traditional cultural protocol yields more productive results. This mini-grant initiative enables an open dialogue for Tribal elders to talk about their resiliency and be given culturally based coping tools that are grounded within the foundation of who they are as Pomo people. *Improve timely access to services for underserved populations* Strategies vary across programs. One example is the inter-generational social healing circles. Three sites (Upper Lake Senior Center, La Voz, and Circle of Native Minds) will have biweekly groups that will continue to develop within the Peer Support Centers to help increase access to peer support services and service referrals. Activities include sharing intergenerational values of positive healthy living choices, understanding through peer facilitated discussions how to overcome stigma and discrimination and access mental health services, and learning skill sets to recognize signs of suicide risk. *Provides outreach and engagement to underserved populations* Strategies vary across programs. One example is the Latino Wellness Institute. In collaboration with Middletown Unified School District, various speakers and facilitators from local community agencies will host an event at Minnie Cannon Elementary. Outreach will be done primarily to Middletown Schools, but the event will be open to any and all Latinx and non-Latinx families. AmeriCorps and the Migrant Ed Mini Corps program will assist with childcare, which will include social emotional and wellness lessons and physical activity. All community agencies will be invited to have a booth and offer resources and information.
FY 2018 – 2019 Activities and Outcomes
Key Successes More organizations were interested in and applied for the grants. **Program Challenges** Limited funding restricted the number of organizations and programs that were able to receive grants. LCBHS received 35 applications and was able to offer 15 awards.

Number served in FY 2018 - 2019:	*1,672*	**Total Costs FY 2018 - 2019:**	*$25,000*

Proposed Activities for FY 2020 - 2023
Activities remain the same as the previous fiscal year.

Number to be served FY 2020 - 2021:	*1,600*	**Proposed Budget FY 2020 - 2021:**	*$25,000*

Cost per Person FY 2020 - 2021:	*$250*	**Total Proposed Budget FY 2020 - 2023:**	*$75,000*

Outcomes and Evaluation Methodology

Effective Method(s) to Determine Intended Impacts

Methods vary depending on the program

☒ Evidence-based practice standard ☒Promising practice standard

☒Community and/or practice-based evidence standard

Negative Outcomes the Program Aims to Reduce

☒ Suicide ☐ Incarcerations ☒ School failure or dropout ☐ Unemployment

☒ Prolonged suffering ☒ Homelessness ☐ Removal of children from their homes

☐ Other

Description of how Negative Outcomes will be Reduced

The purpose of the PEI mini-grant program is to provide the Lake County community with an opportunity to develop culturally competent 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. Methods to ensure fidelity to the practice vary across programs.

Indicators/Description of how Negative Outcomes will be Measured

Given that the Prevention Mini-Grants fund a variety of prevention-focused programs, negative outcomes will be measured differently across programs. Indicators include those related to behavioral health, emotional well-being, housing, reduced isolation, strengthened relationships and family connections, reduced child maltreatment, and knowledge-building.

Description of the Evaluation Methodology

Given that the Prevention Mini-Grants fund a variety of prevention-focused programs, the evaluation methodology will vary across programs. Pre and post tests are a fairly common methodology across the Mini-Grant recipients. For example, the Family Strengthening Socialization Project is intended to strengthen social connections and parent-child relationships, and to reduce maltreatment and isolation. The program will use the Protective Factors Survey (PFS) and the Adult-Adolescent Parenting Inventory (AAPI) Part A to establish a baseline for family functioning, and a Post PFS and AAPI Part B to measure change. This data will be collected through Survey Monkey and Google Suite.

Surveys are another common data collection methodology across the Mini-Grant recipients. For example, one project that aims to bring cultural practices back to Native American communities will request that all participants complete a feedback survey at the end of each activity. Another program that provides a resiliency course for tribal elders to learn to discuss resiliency, trauma, and healing will distribute a survey after the course to measure knowledge-building.

Statewide, Regional, and Local Projects				
Status:	☐New	☒Continuing		☐Modified
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			
Priority Population:	☐Children Ages 0 – 15	☒Transitional Age Youth Ages 16 – 25	☒Adult Ages 26 – 59	☒Older Adult Ages 60+

Program Description

Program Description/Target Population

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

Additionally, Lake County also performs similar functions locally with specialized staff who go into the community. Therefore, the title section is renamed to include "Local."

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

- **Suicide Prevention** includes several efforts to address and prevent suicide. Specific activities include Known the Signs; Life is Sacred Alliance (LISA); QPR; Applied Suicide Intervention Skills Training (ASIST); Lake County Suicide and Substance Use Prevention; after hours Warm-Line; Suicide Prevention Hot Line; and the Lake County Suicide Prevention Facebook page.
- **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.

How Program Integrates the *Stigma and Discrimination Reduction* and *Suicide Prevention* PEI Program Types

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 also supports the regional suicide prevention hotline and local suicide prevention task force.

Strategies

How the program:

Includes strategies that are non-stigmatizing and non-discriminatory:

LCBH contracts its services for Statewide and Regional Projects through CalMHSA and cannot accurately report on strategies for specific projects.

Statewide, Regional, and Local Projects

Improves timely access to services for underserved populations:
LCBH contracts its services for Statewide and Regional Projects through CalMHSA and cannot accurately report on strategies for specific projects.

FY 2018 – 2019 Activities and Outcomes

Key Successes
Through this initiative, LCBHS facilitated "Know the Signs" (KTS) and QPR at the County's Middle and High school for over 330 students and 90 adults.

Program Challenges
LCBH contracts its services for Statewide and Regional Projects through CalMHSA and cannot accurately report on challenges for specific projects.

Number served in FY 2018 - 2019:	*Unavailable*	**Total Costs FY 2018 - 2019:**	*Unavailable*

Proposed Activities for FY 2020 - 2023

Statewide, Regional and Local Projects plans to continue with the above activities, events, and opportunities to promote mental health wellness.

Number to be served FY 2019 - 2020:	*Unavailable*	**Proposed Budget FY 2019 - 2020:**	*$60,000*
Cost per Person FY 2019 - 2020:	*Unavailable*	**Total Proposed Budget FY 2020 - 2023:**	*$180,000*

Outcomes and Evaluation Methodology

Negative Outcomes the Program Aims to Reduce
☒ Suicide ☐ Incarcerations ☒ School failure or dropout ☐ Unemployment
☐ Prolonged suffering ☐ Homelessness ☐ Removal of children from their homes
☒ Other: Stigma and discrimination reduction

Description of how Negative Outcomes will be Reduced
These projects are intended to reduce the stigma of mental health, promote wellness and recovery, reduce the negative consequences of untreated mental illness, including suicide, and inspire others to raise awareness and start important conversations with colleagues, friends, and families about Mental Health Awareness and Suicide Prevention.

Indicators/Description of how Negative Outcomes will be Measured
LCBHS contracts its services for Statewide and Regional Projects through CalMHSA and cannot accurately track indicators for specific projects. However, Local Projects include the following trainings: QPR, Mental Health First Aid, and Know the Signs. For these local projects, LCBHS will track the number and type of individuals who participated in the trainings and/or became certified QPR Gatekeepers or Mental Health First Aiders. To evaluate trainings, LCBHS will explore implementing a brief evaluation form or pre/post survey during trainings.

Description of the Evaluation Methodology

Given that the Statewide, Regional, and Local Projects fund a variety of different activities, the evaluation methodology will vary across projects. However, for Statewide and Regional projects, where possible, LCBHS will track the number and type of activities conducted in partnership with LCBHS (e.g., suicide prevention trainings, mental health awareness events, number of flyers distributed) and the number the of individuals who participate in activities. For Local Projects, LCBHS will track the number of individuals who participate in each of the three trainings.

Estimated Numbers of Consumers to be Served

LCBH contracts its services for Statewide and Regional Projects through CalMHSA and cannot accurately track data on the number of individuals reached for specific project at this time. Estimated numbers of consumers to be served for local projects are as follows:

- QPR: Over the past three years over 500 local residents, high school youth, and adults have become certified QPR gatekeepers. The program expects to continue to train individuals at a similar rate.
- Mental Health First Aid: Over the past three years over 200 adults have become certified First Aiders. The program expects to continue to train individuals at a similar rate.
- Know the Signs: Over the past two years almost 700 students in grades 7 and 8 participated in this suicide prevention training. The program expects to continue to train individuals at a similar rate.

Workforce, Education, and Training Programs

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

Workforce Education and Training			
Status:	☐New	☐Continuing	☒Modified

Program Description

Program Description

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.

Intended Outcomes

The program supports staff, promotes mental health career pathways, and bolsters the public mental health workforce.

Key Activities

Workforce Education and Training has three key components:

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

FY 2018 – 2019 Activities and Outcomes

Key Successes

WET funds supported training opportunities to strengthen the workforce in the skills necessary to better serve consumers. This included cultural competency training, QPR training, and specialized clinical training. Additionally, WET funds supported the online Network of Care, a training resource for symptom management for our consumers.

Program Challenges

The greatest challenge was the lack of a WET coordinator to organize and oversee training efforts within the department. This resulted in a lack of a clear training vision and direction, despite a lot of training taking place. The lack of a regional project also contributed to a lack of promoting career pathways, residencies/internships, and financial incentives.

Total costs in FY 2018-19: $56,766

Workforce Education and Training

Proposed Activities for FY 2020 – 2023

In FY 2019-2020, LCBHS re-initiated the Training Committee to identify new staff orientation requirements, ongoing staff training needs, career ladder opportunities, and review possible training resources. The committee was charged with developing a training vision, and developed the WET FY 2019-2020 MHSA Plan update which will continue through FYs 2020-2023. Activities include:

- Reestablish the WET Coordinator position as was created in earlier Lake County MHSA Plans. The WET Coordinator will track and follow the training of staff, promote staff development including a career track for mental health positions, and seek additional resources and opportunities for training.
- Create a training room with computers and utilities to provide training for new staff for orientation as well as ongoing staff for continued training activities.
- Assess and obtain an electronic learning platform that can (1) provide digital trainings, (2) track and monitor implemented trainings, and (3) upload and host trainings created by LCHBS. This platform will be utilized by mental health staff and contract providers to further training and staff development.
- Improve staff retention. The Training Committee, with support from the WET Coordinator, will continue to review incentives (e.g. loan forgiveness programs, licensing fee payments) to promote and improve staff retention.

In addition to these activities, LCBHS will also participate in the Superior region WET effort's Financial Incentive and Career Pathways programs. As of the writing of this three-year plan, the Superior Region, made up of 16 small and/or rural counties in Northern California, is concluding the planning portion of the Regional WET Partnership. Each county will provide local funds, which will be matched by California's Office of Statewide Health Planning and Development (OSHPD). The funds will exist in an account that all participating counties will have access to, contingent on complying with the mandated Network Adequacy Certification Tool (NACT) in service delivery. The projected total amount available will be $5,072,560.

The Regional WET Partnership previously identified the following three most needed programs: loan repayment, graduate stipend, and employee retention. Given these identified needs and the total projected amount available, this initiative is able to support (1) 200 post-graduate clinical master & doctoral education stipends of $6,178 each, (2) 200 school loan scholarships of $11,500 each, and (3) the development of a contract to create retention programs and policies. Administrative costs will be 25% to a central processing entity, which Butte County has volunteered to do.

Lake County's contribution was determined to be $54,479 for the entire five-year program, to be provided by 2024. This will come out of the local WET plan's Financial Incentive and Career Pathways budget line items. As this regional partnership is geared towards existing employees, the remaining balance of these programs will be dedicated to other strategies, such as undergraduate scholarships and the development of a behavioral health pipeline, particularly for those with lived experience.

Proposed Budget FY 2020-21:	***TOTAL: $235,000***	**Total Proposed Budget FY 2020-23:**	***TOTAL: $670,000***
	Trainings and Staff Development: *$57,000*		***Trainings and Staff Development:*** *$166,000*

Workforce Education and Training			
	Financial Incentive Program: *$40,000*		***Financial Incentive Program:*** *$105,000*
	Career Pathways Program: *$40,000*		***Career Pathways Program:*** *$105,000*
	WET Coordinator: *$75,000*		***WET Coordinator:*** *$225,000*
	Electronic Learning System: *$23,000*		***Electronic Learning System:*** *$69,000*

Capital Facilities and Technology Projects

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

Capital Facilities			
Status:	☐New	☒Continuing	☐Modified

Program Description

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.

FY 2018 – 2019 Activities and Outcomes

Key Successes

CFTN funds were not used during this fiscal year.

Program Challenges

A number of challenges existed this fiscal year that did not allow the expenditure of funds, the foremost being that because Lake County's Revenue and Expense Reports were not current, there was an uncertainty of the amount of funds available. Projects were reassessed, prioritized, and addressed in FY 2019-2020.

Proposed Activities for FY 2020 - 2023

The Clearlake Clinic is in need of a significant remodel to create a more welcoming atmosphere that is also safer. This will be the focus of FY 2020-2021. Obtaining electrical generators for other sites besides the Clearlake Clinic is also a priority with the Public Safety Power Shutoffs reportedly now likely over the next decade. Although no immediate plans are specific, the growth of access and availability of services will likely require additional space and subsequent modifications to produce an efficient workspace. Future MHSA updates will detail those needs as they are identified.

Proposed Budget FY 2020-21:	*$350,000*	**Total Proposed Budget FY 2020-23:**	*$350,000*

Lake County Electronic Health Record Project			
Status:	☐New	☒Continuing	☐Modified

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.

FY 2018 – 2019 Activities and Outcomes

Key Successes

LCBHS' EHR software is widely considered one of the top EHRs for Behavioral Health. The county purchased this software many years ago with CFTN funds, and the company has since been bought by Cerner.

Program Challenges

The EHR fell behind in its promotions, which led to problems in billing, tracking data efficiently, and overall performance. Cerner will begin migrating the EHR from Anasazi to Millennium, which should enhance functionality and user friendliness.

Proposed Activities for FY 2020 - 2023

The transition from Anasazi to Millennium will take place in FY 2020-2021. This will include customizations to conform with state mandates and requirements regarding billing and reporting along with county requirements. Cerner has contracted with Kings View to oversee the process and assist Lake County with the transition, including training. MHSA CFTN funds will be used to support these activities throughout the transition.

Proposed Budget FY 2020-21:	*$50,000*	**Total Proposed Budget FY 2020-23:**	*$50,000*

Innovation Project

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

Full Cycle Referral and Consumer Driven Care Coordination

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

For activities, service, and financial data from FY 2018-2019 on this program, please see Appendix D for LCBHS's *MHSA Annual Innovation Project Report, Fiscal Year 2018-2019.*

VI. FY 2020-21 through FY 2022-23 Three-Year Mental Health Services Expenditure Plan

Funding Summary

FY 2020-2023 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Lake County Date: May 2020

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,462,919	927,405	361,375			
2. Estimated New FY2020/21 Funding	3,301,343	825,336	217,194			
3. Transfer in FY 2020/21[a/]	(685,000)			235,000	450,000	
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2020/21	7,079,262	1,752,741	578,569	235,000	450,000	
B. Estimated FY2020/21 MHSA Expenditures	3,895,000	1,053,140	300,000	235,000	450,000	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,184,262	699,601	278,569	0	0	
2. Estimated New FY2021/22 Funding	2,825,790	706,448	185,907			
3. Transfer in FY2021/22[a/]	(235,000)			235,000		
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	5,775,053	1,406,048	464,476	235,000	0	
D. Estimated FY2021/22 Expenditures	3,895,000	1,053,140	190,000	235,000	0	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,880,053	352,908	274,476	0	0	
2. Estimated New FY2022/23 Funding	2,508,803	627,201	165,053			
3. Transfer in FY2022/23[a/]	(200,000)			200,000		
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	4,188,856	980,109	439,529	200,000	0	
F. Estimated FY2022/23 Expenditures	3,895,000	1,053,140	190,000	200,000	0	
G. Estimated FY2022/23 Unspent Fund Balance	293,856	(73,031)	249,529	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	827,324
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	827,324
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	827,324
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	827,324

Community Services and Supports (CSS) Component

FY2020-21 Through FY2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Lake County Date: May 2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership (including Housing Access)	2,500,000	2,000,000	500,000			
Non-FSP Programs						
1. Crisis Access Continuum	275,000	265,000	10,000			
2. Forensic Mental Health Partnership	110,000	85,000	25,000			
3. Older Adult Access - Senior Peer Counseling/SOC	220,000	180,000	40,000			
4. Parent Partner Support	70,000	70,000				
5. Trauma-Focused Co-Occurring Disorder Screening & Treatment	100,000	65,000	35,000			
6. Peer Support Centers: Outreach and Engagement	400,000	400,000				
7. Peer Support Centers: Peer Support	150,000	150,000				
CSS Administration	680,000	680,000				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,505,000	3,895,000	610,000	0	0	0
FSP Programs as Percent of Total	64.2%					

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

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership (including Housing Access)	2,500,000	2,000,000	500,000			
Non-FSP Programs						
1. Crisis Access Continuum	275,000	265,000	10,000			
2. Forensic Mental Health Partnership	110,000	85,000	25,000			
3. Older Adult Access - Senior Peer Counseling	220,000	180,000	40,000			
4. Parent Partner Support	70,000	70,000				
5. Trauma-Focused Co-Occurring Disorder Screening & Treatment	100,000	65,000	35,000			
6. Peer Support Centers: Outreach and Engagement	400,000	400,000				
7. Peer Support Centers: Peer Support	150,000	150,000				
CSS Administration	680,000	680,000				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,505,000	3,895,000	610,000	0	0	0
FSP Programs as Percent of Total	64.2%					

Prevention and Early Intervention (PEI) Component

FY2020-21 Through FY2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Lake County Date: May 2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Stabilization and Wellbeing: NEST	221,000	221,000				
2. Peer Support Recovery Centers	200,000	200,000				
3. Prevention Mini-Grants	25,000	25,000				
PEI Programs - Early Intervention						
4. Early Intervention Services	200,000	150,000	50,000			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
5. Postpartum Depression Screening and Support: Mother-Wise	115,000	115,000				
PEI Programs - Stigma and Discrimination Reduction						
6. Statewide, Regional Projects & Local Projects	60,000	60,000				
PEI Programs - Access and Linkage to Treatment						
PEI Programs - Suicide Prevention						
7. Suicide Prevention	20,000	20,000				
PEI Programs - Improve Timely Access to Services for Underserved Populations						
8. Older Adult Outreach and Prevention - The Friendly Visitor Program	42,140	42,140				
PEI Administration	170,000	170,000				
PEI Assigned Funds	0					
PEI Evaluation	0					
Total PEI Program Estimated Expenditures	1,053,140	1,003,140	50,000	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Stabilization and Wellbeing: NEST	221,000	221,000				
2. Peer Support Recovery Centers	200,000	200,000				
3. Prevention Mini-Grants	25,000	25,000				
PEI Programs - Early Intervention						
4. Early Intervention Services	200,000	150,000	50,000			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
5. Postpartum Depression Screening and Support: Mother-Wise	115,000	115,000				
PEI Programs - Stigma and Discrimination Reduction						
6. Statewide & Regional Projects	60,000	60,000				
PEI Programs - Access and Linkage to Treatment						
PEI Programs - Suicide Prevention						
7. Suicide Prevention	20,000	20,000				
PEI Programs - Improve Timely Access to Services for Underserved Populations						
8. Older Adult Outreach and Prevention - The Friendly Visitor Program	42,140	42,140				
PEI Administration	170,000	170,000				
PEI Assigned Funds	0					
PEI Evaluation	0					
Total PEI Program Estimated Expenditures	1,053,140	1,003,140	50,000	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Stabilization and Wellbeing: NEST	221,000	221,000				
2. Peer Support Recovery Centers	200,000	200,000				
3. Prevention Mini-Grants	25,000	25,000				
PEI Programs - Early Intervention						
4. Early Intervention Services	200,000	150,000	50,000			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
5. Postpartum Depression Screening and Support: Mother-Wise	115,000	115,000				
PEI Programs - Stigma and Discrimination Reduction						
6. Statewide & Regional Projects	60,000	60,000				
PEI Programs - Access and Linkage to Treatment						
PEI Programs - Suicide Prevention						
7. Suicide Prevention	20,000	20,000				
PEI Programs - Improve Timely Access to Services for Underserved Populations						
8. Older Adult Outreach and Prevention - The Friendly Visitor Program	42,140	42,140				
PEI Administration	170,000	170,000				
PEI Assigned Funds	0					
PEI Evaluation	0					
Total PEI Program Estimated Expenditures	1,053,140	1,003,140	50,000	0	0	0

PEI Priority Area: Estimated Allocation

PEI PROGRAM	PEI PRIORITY AREAS				
	Childhood Trauma Prevention and Early Intervention	Early Detection, Intervention, and Suicide Prevention	Youth Outreach and Engagement	Older Adult Services	Culturally Competent Services
Early Intervention Services	■	■			
Family Stabilization and Wellbeing: NEST	■				
Older Adult Outreach and Prevention - The Friendly Visitor Program				■	
Peer Support Recovery Centers			■		■
Postpartum Depression Screening and Support: Mother-Wise		■			
Prevention Mini-Grants	■	■	■	■	■
Statewide, Regional Projects & Local Projects	■	■	■		
Suicide Prevention		■			
Estimated Percent of PEI Funding*	**48%**	**38%**	**27%**	**6%**	**21%**

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

Innovation (INN) Component

FY2020-21 Through FY2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Lake County Date: May 2020

	Fiscal Year 2020/21					
	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	260,000	260,000				
INN Administration	40,000	40,000				
Total INN Program Estimated Expenditures	300,000	300,000	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. New Project (s) - TBD	150,000	150,000				
INN Administration	40,000	40,000				
Total INN Program Estimated Expenditures	190,000	190,000	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. New Project(s) - TBD	150,000	150,000				
INN Administration	40,000	40,000				
Total INN Program Estimated Expenditures	190,000	190,000	0	0	0	0

Workforce, Education, and Training (WET) Component

FY2020-21 Through FY2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Lake County Date: May 2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Staff Development	57,000	57,000				
2. Financial Incentive Program	40,000	40,000				
3. Career Pathways Program	40,000	40,000				
4. WET Coordinator	75,000	75,000				
5. Electronic Learning System	23,000	23,000				
WET Administration	0					
Total WET Program Estimated Expenditures	235,000	235,000	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Staff Development	57,000	57,000				
2. Financial Incentive Program	40,000	40,000				
3. Career Pathways Program	40,000	40,000				
4. WET Coordinator	75,000	75,000				
5. Electronic Learning System	23,000	23,000				
WET Administration	0					
Total WET Program Estimated Expenditures	235,000	235,000	0	0	0	0

	Fiscal Year 2022/23					
	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	52,000	52,000				
2. Financial Incentive Program	25,000	25,000				
3. Career Pathways Program	25,000	25,000				
4. WET Coordinator	75,000	75,000				
5. Electronic Learning System	23,000	23,000				
WET Administration	0					
Total WET Program Estimated Expenditures	200,000	200,000	0	0	0	0

Capital Facilities and Technological Needs (CFTN) Component

FY2020-21 Through FY2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Lake County Date: May 2020

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities - SouthShore Improvements	300,000	300,000				
2. Facility Security Upgrades	50,000	50,000				
CFTN Programs - Technological Needs Projects						
3. Lake County Electronic Health Record Project	100,000	100,000				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	450,000	450,000	0	0	0	0

VII. Appendices

Appendix A. Community Meeting Flyers

Lake County Department of Behavioral Health invites you to participate in the:

Community Program Planning for Behavioral Health Services

Are you a wellness center and/or behavioral health consumer, friend, family member, or other interested community member?

We want to hear from you! Come discuss current behavioral health services available for and needed by Lake County residents. Together, we will work to build and improve programs and services that work for you, your family, and your neighbors.

Community meetings will be held at the following times and locations:

Monday, December 16th
11:00 AM - 1:00 PM
Circle of Native Minds
845 Bevins St
Lakeport, CA 95453

Tuesday, December 17th
10:00 AM -12:00 PM
La Voz de la Esperanza Centro Latino
14585 Suite B Olympic Drive
Clearlake, CA 95422

All are welcome to attend! Share your ideas, and help make a difference!

SNACKS WILL BE PROVIDED!

If you are not able to attend a meeting but still want to contribute, please take our survey online at:
http://sgiz.mobi/s3/Lake-MHSA-Stakeholder-Survey

Please RSVP:
Scott Abott, LCBH Program Manager
707-274-9101 x26124 or scott.abbott@lakecountyca.gov

La División de Salud del Comportamiento del condado de Lake (LCBH) te invita a participar en:

Grupos de discusión de consumidores y familias para la Planificación de Servicios de Salud del Comportamiento

¿Es usted un consumidor de un centro de bienestar y / o de servicios de salud del comportamiento, amigo o familiar?

¡Ven y cuéntanos tus experiencias al recibir servicios de salud mental en el condado de Lake! ¡Háganos saber qué funciona bien y qué podemos mejorar! Juntos, trabajaremos para construir y mejorar programas y servicios que funcionan para usted, su familia y sus vecinos.

Los grupos focales de consumidores y familias se llevarán a cabo en los siguientes horarios y lugares:

Lunes 16 de Diciembre
3:00-5:00 PM
The Harbor on Main
154 S Main Street
Lakeport, CA 95453

Martes 17 de Diciembre
2:00-4:00 PM
The Big Oak Peer Support Center
13340 E. Hwy 20, Suite O
Clearlake Oaks, CA 94523

¡Queremos escuchar de ti! ¡Comparte sus ideas y ayuda a hacer la diferencia!

¡Aperitivos serán disponibles!

Si no puede asistir a una reunión, pero aún desea contribuir, complete nuestra encuesta en su computadora en:
http://sgiz.mobi/s3/Lake-MHSA-Stakeholder-Survey

o solicite una encuesta en papel en uno de los Centros de Apoyo de Pares o en una Clínica de Salud Mental del Condado de Lake

Por favor RSVP:
Scott Abott, LCBH Program Manager
707-274-9101 x26124 o scott.abbott@lakecountyca.gov

Appendix B. Public Hearing and Posting Notice

Lake County Behavioral Health Services

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

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

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

I. **The public review and comment period begins Tuesday, July 14, 2020 and ends at 5:00 p.m. on Wednesday, August 12, 2020.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be sent to **LCBHS, Attn: Scott Abbott, 6302 Thirteenth Ave, PO Box 1024, Lucerne, CA 95458,** or may be emailed to **scott.abbott@lakecountyca.gov no later than 5 p.m. on Wednesday, August 12, 2020.** Please use the comment form that accompanies the 3-Year Plan.

II. **A Public Hearing will be held by the Lake County Behavioral Health Services Department on Thursday, August 13, 2020 at 10:00am – 11:30am** for the purpose of receiving further public comment on the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23. **Due to restrictions on public gatherings as a result of COVID-19, the public hearing will be held virtually on the Zoom web-based meeting platform.** Attendees will have the option to join the public hearing via the meeting URL link, or dial into the meeting by phone. If you need support accessing or joining the public hearing, please contact Morgan Hunter at morgan.hunter@lakecountyca.gov or 707-274-9101 ext. 26261. The meeting information is as follows:

Public Hearing URL Link: https://zoom.us/j/92572204744

Public Hearing Dial-in Information:

Phone Number: 669-900-6833

Meeting ID: 925 7220 4744

III. **To review the MHSA Annual Update and Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23**, the comment form, or other MHSA documents via Internet, follow this link to the Lake County website:
http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm

IV. Printed copies of the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23 are available to read at the reference desk of all public libraries in Lake County and in the public waiting areas of these Lake County offices, during regular business hours:

- Behavioral Health Office: 6302 Thirteenth Ave, Lucerne.
- Behavioral Health Office: 7000-B South Center Dr., Clearlake.
- La Vos Esperanza Latino Peer Support Center: 14585 Suite B Olympic Dr., Clearlake.
- Circle of Native Minds Peer Support Center: 845 Bevins St., Lakeport.
- The Big Oak Peer Support Center: 13340 East Highway 20, Suite O, Clearlake.
- The Harbor on Main Peer Support Center: 154 South Main St., Lakeport.
- Family Support Center, 21389 Stewart Street, Suite E, Middletown.

To obtain a copy by mail, or to request an accommodation or translation of the document into other languages or formats, call 707-274-9101 before 5:00 p.m., by Tuesday, July 21, 2020.

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

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

Document Posted for Public Review and Comment:

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

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

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

___Client/Consumer
___Family Member
___Educator
___Social Services Provider
___Mental Health Service Provider
___Law Enforcement/Criminal Justice Officer
___Probation Officer
___Other (specify) _____

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

Appendix C. Public Comments

The following comments were received during the Public Hearing via chat box and voice. Many of the comments concerned the logistics of retrieving information shared during the Hearing. Some comments received in the chat box included requests such as advancing the agenda and identifying speakers are not included here. Several of the comments were redundant of one another and have been synthesized:

Comment	Response
Can you put the survey link in the chat box?	During the Public Hearing, attendees were asked to complete the demographic survey so that the MHSA Planning Team could record attendee numbers and representation. The survey link for this was: https://tinyurl.com/lakemhsa
Can we get copies of the powerpoint?	A copy of the PowerPoint and the recording of this meeting will be made available following today's presentation. We will post it next to our 3-year plan on our website: http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm
How are you noting who is in attendance, and what group they are with for this meeting?	We noted that there were 43 attendees at the Public Hearing and we tracked their group affiliation via the survey. The survey was self-report and anonymous.
LOVE "ZOOM" — saves time and money, most inclusive process we have had here so far!!!	Thank you.
I'm really grateful this is on Zoom. I'm sort of thankful to the pandemic that we got to do this because our problem with these MHSA meetings 15 years ago is that everybody had to travel. And so I'm hoping that we're going to do a whole lot more of this stuff on Zoom from now on because then I just have to carve out the time and we can come to these things.	Thank you.
I noticed an error in the description for the NEST. Pg 53 Errors: Ages checked are incorrect, we serve 0-15 and TAY 16-25, not older adults. We updated our target population from 18-21 to 18-25. The number reportedly served in FY 18/19 was not 568. The NEST is a 15 month program, which has the capacity to serve 6 families. 40 individuals served might be a far reach for the NEST program. I believe	Thank you, we have made these revisions.

we updated the assessment portion to include an adult needs assessment, not only the CANS.	
On our part of the plan [Mother-Wise], this kind of goes to what I've always had trouble understanding: the MHSA PEI service areas. So in our little section we get one boxed marked as outreach for increasing recognitions for early signs of mental illness, which is fine and we do that, but I think it's the least thing we do. We do that on occasion, but we don't go and train providers on a regular basis. Our main thing we do is supporting moms. So I just always have trouble with that little box and I feel like we could be almost all the boxes and it might just be a way that you have to put the report together for the state.	Counties must have at least one program in each PEI service area. Mother-Wise programming and services meet the requirements for the "Outreach for Increasing Recognition of Early Signs of Mental Illness" PEI service area. However, we will work with the program to determine if there are other PEI service areas that Mother-Wise addresses.
Will contractors be able to participate in the staff retention programming enhancements?	Of course. It's part of our WET Regional Project, which is just in the planning stages.
Are volunteer stipends (in the Older Adult Programs) going to be provided to your volunteers in the "Peer Counseling" program funded by MHSA?	Volunteer stipends, as noted above, are part of Konocti Senior Support's Senior Peer Counseling, which is funded by MHSA.
There's a small working group of us working to develop a program that would bring something called CAHOOTS to our county. CAHOOTS is a program that you might have heard of already that is a first responders for mental health crisis, it's a fabulous program in Eugene Oregon and saves their police department $12 million a year, and we're going to have a meeting with CAHOOTS. So if anyone would like to join us that will be on this Sunday at two o'clock on Zoom and they're going to tell us about this program. We're working very hard to try and get something going like that here in the county where there's a first responders that are a van with an EMT and a mental health worker so that instead of having the police show up with their cars and guns and uniforms, we're hoping to have something like CAHOOTS does. CAHOOTS Eugene Oregon https://whitebirdclinic.org/cahoots/	Members of our clinical management have been and desire to participate in looking into the feasibility of such a program. Our Deputy Director of Clinical Services participated in the Sunday CAHOOTS meeting.

We also need a Friends Outside Program here especially with all the inmates being released!	Proposals for such a program can be submitted for future years and added to MHSA, providing there is funding available and consensus among stakeholders.
So peer support centers WILL be seeing an increase in funding or are these just the "proposed" ideas?	If the Board of Supervisors approve this three-year plan, yes, there will be an increase for peer support centers.
it was initially stated that this plan does not reflect any changes. however, there is increase funding to peer support. is that not a change?	The plan does not include any new programs, but does have some modifications to existing programs, including increased funding to the peer support centers.
What % of PEI is supposed to be youth focused?	At least 51 % of PEI budget must be dedicated to individuals who are between the ages of 0 and 25. Small counties (population less than 100,000) may be exempt from this requirement.
Thanks to Scott Abbott for keeping the process in line with fiscal mandates from the state.	Thank you.
Where is the County Supervisor who is assigned to the Mental Health Advisory Board, theoretically the "host" of this legal meeting?	I'm not sure who the County Supervisor is who is assigned to the Mental Health Advisory Board, but I do see that Bruno Sabatier did attend this meeting. Members of the Mental Health Advisory Board were present in the meeting as well, opening up the meeting at the beginning of it.
With regard to the local Mental Health Advisory Board, the requirements are found in state legislation for the Welfare & Institutions Code Section 5604, et sequentia. The requirements are accessible at the state level (from Google search) but not locally, because there is no web presence for public access.	There is currently a requirement in our bylaws that you attend 3 meetings in person in order to be considered for membership. We are hoping to try to amend this to 2 meetings however at the moment it is 3. The board has positions open for at least 2 Family Members or consumers of behavioral health services and up to 2 more member at large positions. You may not be an employee of the county nor may you be a family member or employee of a financial contracting agency of the county. Link for applying for mental health advisory board: www.lakecountyca.gov/Assets/Departments/BOS/docs/BoardApp.pdf
[The] link does not provide information about how to contact the MHAB, etc., because of the way the County website is supported (NOT). It is one of the issues that the MHAB is working on for improved communication with the public.	For information about the Mental Health Board, please follow this link: http://www.lakecountyca.gov/Government/Boards/MHB.htm You may also contact existing Mental Health Board members as well as the Behavioral Health Director

	Todd.Metchalf@lakecountyca.gov or Daniel.McAtee@lakecountyca.gov for meeting times.
Could you tell us the kind of people you want for these committees [on the Local Mental Health Advisory Board].	For the committees, they're open to the public - anyone who's interested in, maybe has family members involved or involved themselves or know someone or anything - all are welcome http://www.lakecountyca.gov/Government/Boards/MHB.htm
Please answer the question about "contracted service providers" (such as licensed MFT/LCSW reimbursed by Medi-Cal/Medi-Caid)? The reason I'm asking that is because KPFZ hosted a couple of people on one of our programs. I did not receive a response from Todd Metcalf as to whether the individual on the radio was a contractor, an independent service provider, or an employee when that individual spoke about your programs on our radio station.	Lake County Behavioral Health Services does contract service providers in the community as well as out-of-county if the need is there. Our current provider directory is available at our front desks of our clinics or on our website: http://www.lakecountyca.gov/Government/Directory/LCBHS.htm Our contracts are public documents and on our website as well: http://www.lakecountyca.gov/Government/Directory/LCBHS/Compliance/contracts.htm

Lake County Behavioral Health Services' Innovation Project

MHSA Annual Innovation Project Report, Fiscal Year 2018-2019

Prepared by:

Resource Development Associates

October 2019

Table of Contents

Background....110

Lake County Behavioral Health's Innovation Project Description....111

Goals and Objectives....112

Project Timeline....112

Key Accomplishments in FY18-19....114

Capacity Building Activities....114

Completion of Phase I Pilot....115

Evaluation Activities....115

Evaluation Findings for FY18-19....117

Consumer Profile....117

Referral Outcomes....119

Program Challenges and Opportunities....121

Changes to Innovation Project during FY18-19....123

Planned Activities for FY19-20....123

Phase I: Closed Loop Referral System....123

Phase II: Virtual Care Coordination....123

Stakeholder Engagement....124

Appendix A. LCBHS Innovation Project Theory of Change....125

Background

While Lake 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.[32,33] High levels of poverty, unemployment, and rural and cultural isolation affect many residents of the County. Over 20% of the population lives below the poverty line and the rate is notably higher among Latino and Tribal community members.[34,35] The County's population also includes a significantly high proportion of formerly incarcerated individuals, and its residents face some of the worst health outcomes in the entire state.[36] The demographics of behavioral health consumers mirror those of Lake County's population.

The County, with its distinct geographic, cultural, and socio-economic characteristics, has the unique challenge of providing services to diverse communities, some of whom reside in geographically distant locations, 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 a prior community planning process in 2014, 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.

To more adequately address the mental health needs of the County's population, Lake County Behavioral Health Services (LCBHS) developed a Mental Health Services Act (MHSA) Innovation Project, described in the next section.

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[32] U.S. Census Bureau. 2017. https://www.census.gov/quickfacts/fact/table/lakecountycalifornia,US/PST045217.

[33] Lake County. Lake County at a Glance. 2018. https://lakecounty.com/explore/lake-county-california-at-a-glance/.

[34] U.S. Census Bureau. 2017. https://www.census.gov/quickfacts/fact/table/lakecountycalifornia,US/PST045217.

[35] U.S. Census Bureau. 2017. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

[36] Robert Wood Johnson Foundation. County Healthy Rankings & Roadmaps – Lake County, California. 2018. http://www.countyhealthrankings.org/app/california/2018/rankings/lake/county/outcomes/overall/snapshot

Lake County Behavioral Health's Innovation Project Description

Studies suggest that health technology, or eHealth, can be an effective tool to provide outreach and access to care regardless of a consumer's socioeconomic status, race, ethnicity, or geographic location.[37] LCBHS Innovation Project utilizes "Network of Care", an existing online information and communication portal for community-level health and social services.[38] Although the Network of Care system is used by various counties across the nation, the Innovation Project creates a new, tailored Network of Care online information portal that integrates a closed loop referral process and virtual care coordination capabilities. This new portal provides the County's diverse behavioral health consumers with accessible tools to empower them to manage their treatment and health. It also serves to facilitate continuous and consistent consumer-provider communication, increase interagency communication, and provide tailored information on available and appropriate behavioral health services to both consumers and providers.

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

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

[37] eHealth Initiative. 2012. A Study and Report on the Use of eHealth Tools for Chronic Disease Care among Socially Disadvantaged Populations.

[38] Network of Care website. Lake County Behavioral Health. http://lake.networkofcare.org/mh/

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

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

Goals and Objectives

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

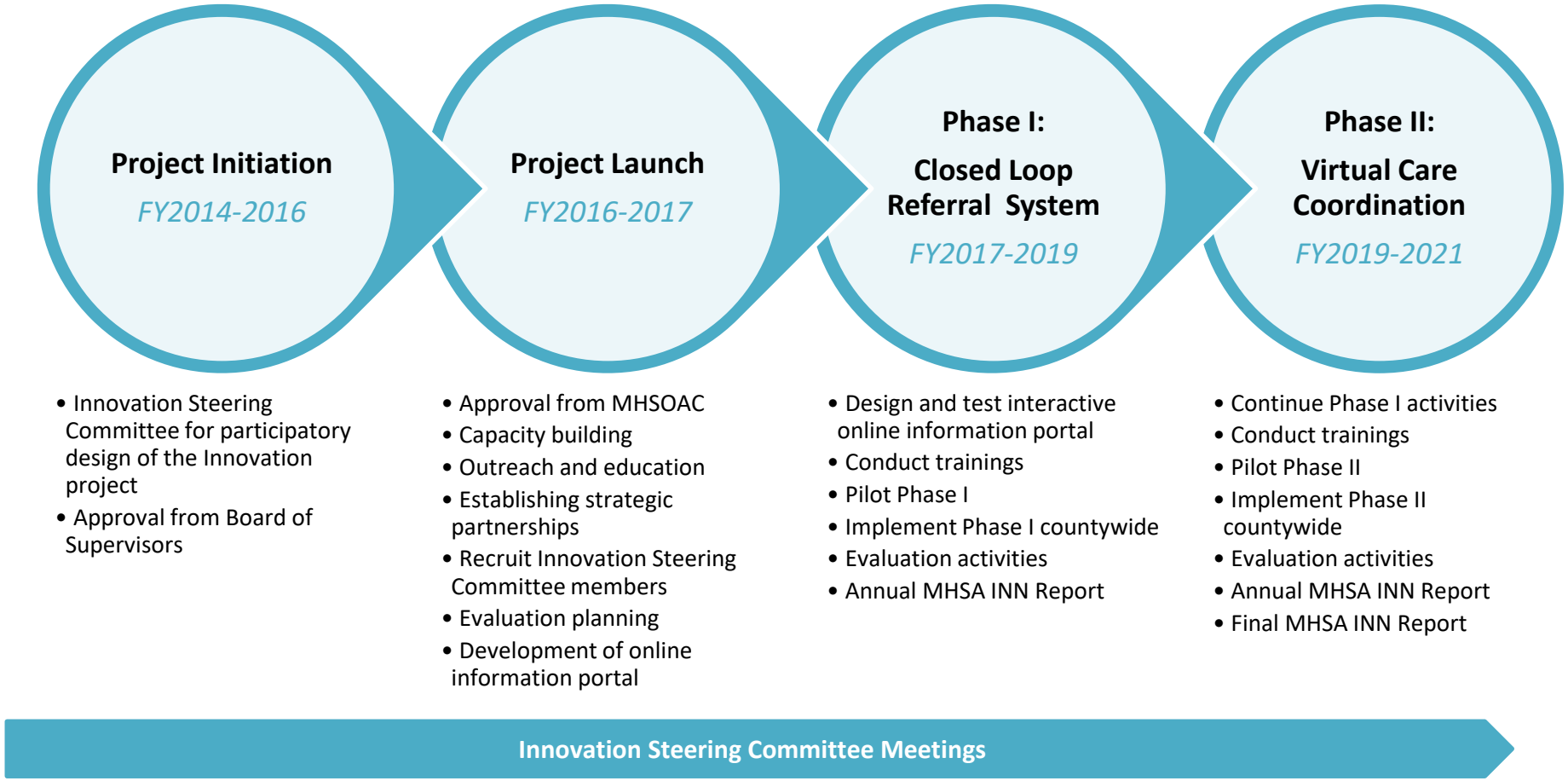
- Establish a robust consumer-driven online health portal and information management system that blends referral tracking, consumer education and resource awareness, and service coordination;
- Support LCBHS providers and consumers to shorten and close the referral loop that consumers experience between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

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

Project Timeline

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

Figure 5. Timeline for Lake County Behavioral Health Services MHSA Innovation Project, Fiscal Years 2014-2021



Key Accomplishments in FY18-19

During FY18-19, LCBHS conducted a variety of important project activities and achieved several key accomplishments along the way.

Capacity Building Activities

Lake County is committed to addressing the critical issue of linking consumers to referred services and developing a user-friendly platform for coordinated care. However, this issue is persistent throughout the state of California and is widely acknowledged as very difficult and complex to solve. 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, in FY18-19, LCBHS continued to conduct the critical capacity building and system change activities from FY17-18 to support successful launch, implementation, and adoption of the online information portal. These activities served to further increase the shared understanding of the project across stakeholders and decision makers, strengthen relationships with strategic partners, create and refine the channels for ongoing communication throughout the project period, and refined the infrastructure necessary to inform data-driven decision-making.

Throughout the course of the pilot implementation, LCBHS and partner agencies improved the program efficiency and effectiveness by identifying and implementing coordination and communication processes and protocols. These activities, in turn, improved LCBHS' effectiveness at ensuring clients are linked to mental health care.

Staff Training and Hiring

In FY18-19, LCBHS continued to work with the 16 staff from LCBHS and partner agencies (Live Well and Lakeview) who were trained to use the online information portal. LCBHS conducted regular refresher trainings and tailored trainings throughout the year whenever new features were added to the portal or when new staff were brought in. LCBHS also developed protocols to better support provider-to-provider coordination and communication. Furthermore, LCBHS worked closely with partner agencies to define roles and responsibilities in the referral process. The trainings, protocols, and role clarity served to form a critical foundation for successful adoption of the online information portal.

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 required county staff and providers to actively use the online information portal, it was important for LCBHS to maintain a strong relationship and continuous communication with participating providers. Thus, LCBHS conducted extensive outreach and engagement throughout the project period to strengthen relationships with strategic partners and key stakeholders.

- **Partner Agencies.** LCBHS fostered relationships with two behavioral health provider agencies who participated in the pilot phase of the LCBHS Innovation Project: Live Well and Lakeview.
- **Advisory Leadership Team.** LCBHS met with the advisory leadership team several times to gather input and refine the online information portal design for the Phase I: Closed Loop Referral System.
- **Innovation Steering Committee.** LCBHS involved diverse stakeholders to engage in participatory evaluation, inform evaluation activities, and derive recommendations from evaluation findings to improve the Innovation Project's referral processes. RDA facilitated three steering committee meetings during the evaluation period (see Participatory Evaluation section).
- **Online Information Portal Development.** LCBHS worked closely with Trilogy Integrated Resources (TIR) to refine the online information portal and address emerging technical issues.

Completion of Phase I Pilot

In FY18-19, LCBHS successfully tracked more than 100 referrals to mental health services through the online information portal. The threshold of 100 referrals was the goal of the pilot phase. Through ongoing meetings with LCBHS partner agencies and stakeholders, the steering committee was able to identify critical points in the online information portal that needed improvement. In addition, LCBHS continued to implement targeted outreach strategies to recruit additional behavioral health providers and staff within partner agencies to participate in the pilot.

Throughout FY18-19, LCBHS worked with TIR and providers to further refine the interactive online information portal and establish supporting protocols and processes. LCBHS made significant improvements in the online information portal referral processing based on the feedback through the LCBHS Innovation Project:

- LCBHS followed up with Beacon regularly and improved automated email communications to receive updates on whether referred clients were connected to care.
- Established shared agreements and procedures between provider agencies to improve coordination and communication channels.
- Providers improved timeliness of data entry processes.
- LCBHS conducted intake assessments as soon as possible, rather than waiting until the actual appointment date with a clinician.
- Trained additional business software analyst to support data pull process.

LCBHS continues to work with providers and the Innovation Steering Committee to address emerging issues and improve the quality of information gathered from the online information portal.

Evaluation Activities

Program Evaluation

LCBHS contracted with RDA in 2017 to evaluate and support the Innovation Project and its participatory evaluation activities. Evaluation activities were conducted concurrently with implementation activities to

support learning and ensure availability of data for the evaluation. The purpose of the evaluation is to measure outcomes of the project and identify trends that highlight the Innovation Project's strengths and opportunities for improvement. LCBHS worked with RDA in FY18-19 to refine data collection protocols and procedures to more effectively support learning and data-driven decision-making. Prior to FY18-19, LCBHS worked with RDA to finalize an evaluation plan that outlined 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 LCBHS Innovation Project and the intended outcomes.

Evaluation Methodology

RDA employed a mixed-methods evaluation approach (i.e., using both quantitative and qualitative data) to track outcomes of referrals and understand how LCBHS is adapting to emerging challenges using real-time data from the online information portal. This report includes information about LCBHS Innovation Project implementation and the consumers served during the evaluation period (FY18-19, between July 1, 2018 and June 30, 2019).

Data Sources and Analysis

RDA worked with LCBHS to identify and obtain data from multiple sources to address the evaluation questions. RDA obtained quantitative data from the online information portal to measure and characterize the population served, referrals processed through the system, and the outcomes of referrals. In addition, RDA conducted key informant interviews with key staff from LCBHS and partner agencies to gather qualitative data about their experience with using the online information portal as well as program implementation. RDA used descriptive statistics to examine frequencies and ranges of quantitative data. For qualitative data, RDA thematically analyzed interview response transcripts to identify commonality and differences in experiences.

Participatory Evaluation

LCBHS' 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. In FY18-19, participatory evaluation involved the evaluation team and the project's stakeholders coming together on a frequent basis to: 1) refine evaluation measures and data collection methods, 1) gather and analyze data, 3) reach agreement about key findings from the data, 4) collaboratively develop conclusions and recommendations, 5) disseminate results, and 6) contribute towards an action plan to improve program performance. In FY18-19, the Innovation Steering Committee involved participants from diverse stakeholder communities:

- Consumer of mental health services / Person with lived experience
- Family member or caregiver for a consumer of mental health services
- Mental health provider
- Immigrant / English learner

- Children, Youth, and Families
- Transition Age Youth
- Older Adults
- Homeless individuals and families
- Geographically isolated communities
- Veterans or Veterans Organizations
- Individuals involved with Alcohol or Other Drugs
- Individuals involved with the criminal justice system or forensic mental health
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally
- Faith-based community
- Tribal community / Native American
- White or Caucasian
- Hispanic

In FY18-19, RDA facilitated four meetings in support of the LCBHS Innovation Steering Committee's participatory evaluation process with attendance ranging between 10 and 17 attendees per meeting.[39] At each meeting, the committee reviewed implementation updates, discussed interim evaluation findings, and provided input on the LCBHS Innovation Project and referral processes. The Innovation Steering Committee's input and feedback from each meeting allowed for efficient and timely data-driven decision-making to be made on the project.

Evaluation Findings for FY18-19

The following section describes the population served through the LCBHS Innovation Project, as well as program evaluation findings related to the pilot implementation during FY18-19.

Consumer Profile

A total of 102 consumers were served by the LCBHS Innovation Project in FY18-19, representing 102 total referrals to mental health services. For the Phase I pilot, consumers were referred from the partner agencies, Live Well and Lakeview, to LCBHS. Consumers generally had mild to moderate mental health symptoms, and were referred to LCBH as a step up (i.e., needing a higher level of behavioral health care than the referring partner agency can provide). Figure 2 shows the flow of referrals between the partner agencies and LCBH (i.e., North Shore and South Shore locations). Most referrals to LCBH came from Lakeview (n=59), but a substantial number of referrals also came from Live Well (n=42).

[39] One planned steering committee meeting was cancelled due to the wildfire in Lake County.

Figure 6. Flow of Referrals between LCBHS and Partner Agencies, FY18-19 (N=102)[40]

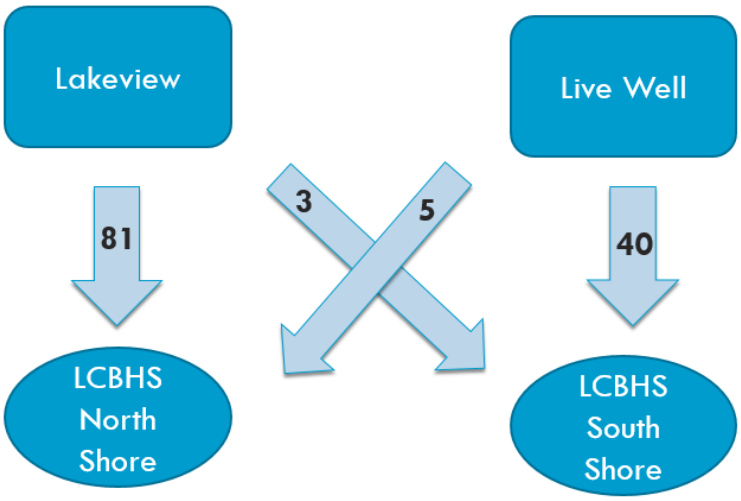


Table 1 below shows the demographic profile data collected on the referred consumers. Data for some race and ethnicity groups (i.e., American Indian, Black, and Other) had small sample sizes and are not detailed in this report to protect client confidentiality.

Table 10. Demographic Profile of LCBHS Innovation Project Consumers, FY18-19 (N=102)

Characteristic	Population	% of Total
Gender		
Female	43	42%
Male	56	55%
Other or Unknown	3	3%
Age		
Adult *(18 – 81 years old)*	37	36%
Children *(Less than 18 years old)*	65	64%
Race		
White	61	60%
Hispanic	31	30%
Other or Unknown	10	10%
Residency[41]		
Non-Rural	81	79%
Rural	18	18%

[40] One referral came from LCBH to Lakeview during the pilot launch and is excluded from the flow diagram since it is an anomaly.

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

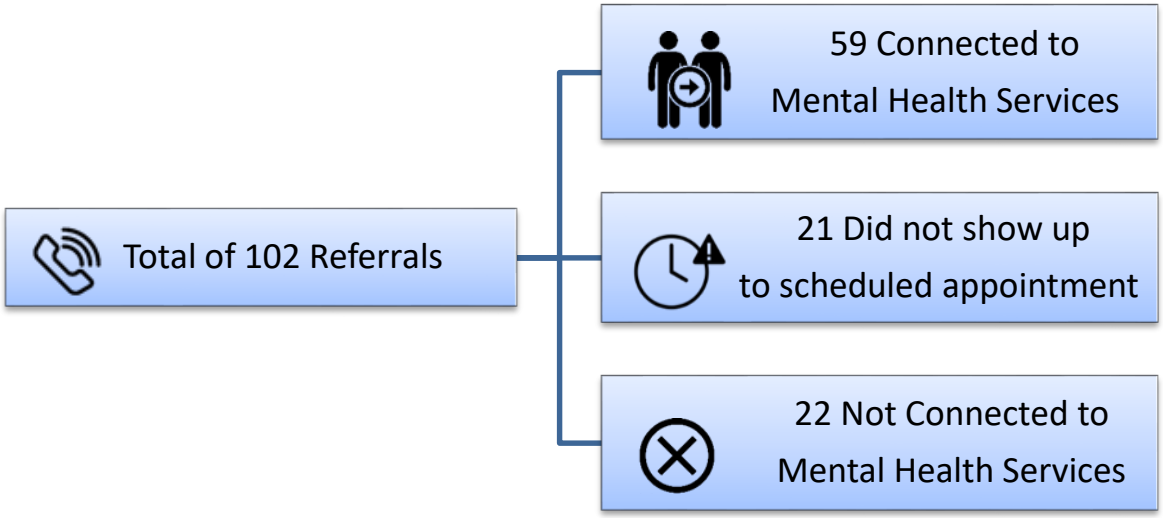
Characteristic	Population	% of Total
Unknown	3	3%

The majority (n=43, 55%) of consumers were male and more than half (n=65, 64%) were over the age of 18 years. Race and ethnicity were unknown for only a small proportion of client (n=10, 10%) of the consumers, which is an improvement of data quality compared to prior years. The majority (n=81, 79%) of consumers lived in non-rural areas, which is expected since providers are located in more densely populated areas.

Referral Outcomes

Among the 102 referrals to mental health services made in FY18-19, the majority (n=59, 58%) of consumers were connected to mental health services (Figure 7). Although most consumers were referred to LCBHS providers, some consumers were referred to providers not participating in Phase I pilot (e.g., Beacon provider, private provider) if they required a level of care that LCBHS could not provide or they requested to be seen by a provider outside of the LCBHS network. Providers reported an increased capacity to follow up on tracked referrals to ensure the consumers were connected to the referred mental health provider. The rest of the referred consumers were not connected to services because they declined services, did not show up for their scheduled appointments, were unreachable by the providers (who made several attempts to reach them), or for other reasons (e.g., disconnected phone number, hospitalization, etc.).

Figure 7. Outcomes of Referrals to Mental Health Services, FY18-19 (N=102)

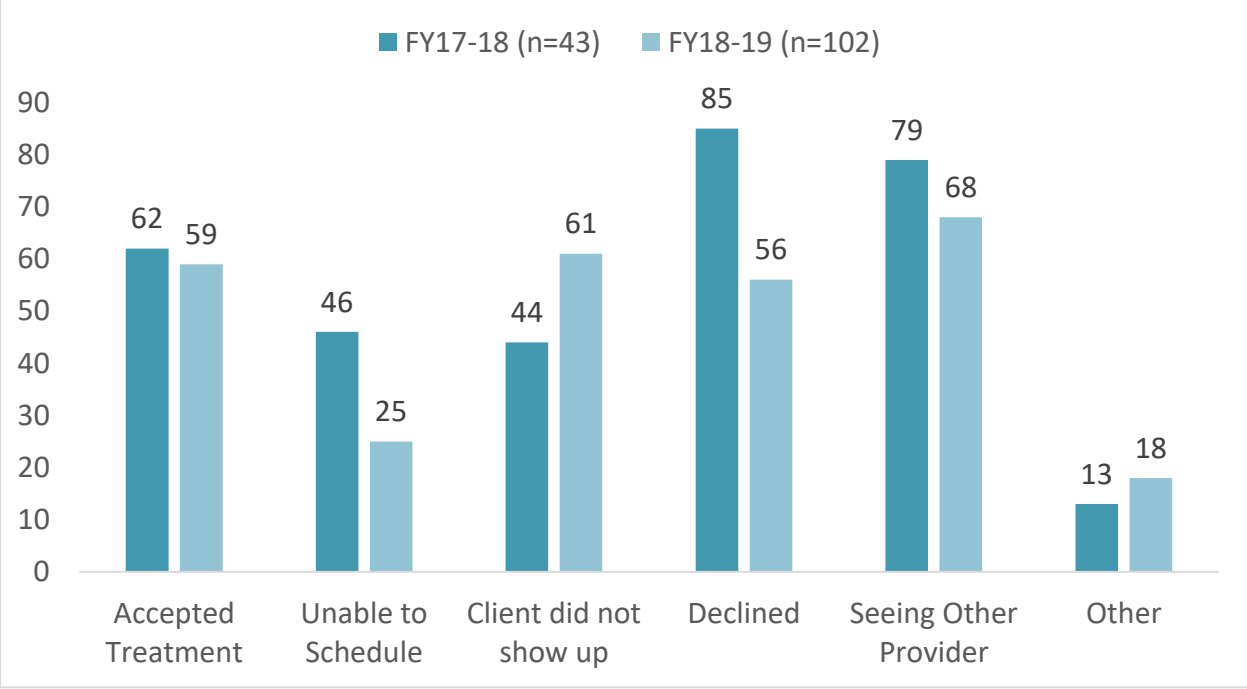


In FY18-19, LCBHS and partner agencies processed more than double the number of referrals made in the previous fiscal year (Figure 4). The length of time for processing a referral (i.e., the number of days between referral initiation and referral closure) generally decreased from an average of 62 days in FY17-18 to an average of 54 days in FY18-19. This decrease in referral processing time is significant given that the volume of referrals in the same time period more than doubled.

Figure 8. Average Number of Days Between Referral Steps (N=43)

The LCBHS and partner agency staff worked diligently to improve efficiency of referral processing throughout the pilot period. Among referrals that resulted in clients successfully accepting treatment, the initial referral communication step was fairly quick (2 days) while the subsequent steps took longer (17 days for scheduling appointment and 31 days for appointment waiting period) (Figure 8). The longest step of the referral was the long appointment waiting time (31 days), which stakeholders and providers attributed to the limited availability of clinicians in Lake County. Sample sizes were too small to estimate average referral step days for other referral dispositions; thus, future reports with larger sample sizes will explore trends for other referral dispositions.

Figure 9. Average Number of Days from Referral Initiation to Close, FY17-18 and FY18-19



Among the 102 referrals made in FY18-19, the processing time varied widely across referral outcomes (Figure 9). In FY18-19, referrals took the longest when clients were referred to a provider outside of LCBHS. Compared to FY17-18, providers spent less time conducting follow up calls with clients they were unable to reach or who declined services, and providers spent more time conducting follow up calls to reschedule appointments for clients who did not show up for the original appointment. The shift in prioritization of

efforts is likely due to the staffing shortage experienced by the LCBHS Access team, who conducted the majority of outreach and follow up.

Program Challenges and Opportunities

The following section summarizes the results analyzed by RDA in key informant interviews conducted with LCBHS staff and behavioral health providers. Providers highlighted challenges and opportunities in Phase I Pilot, described below, during FY18-19.

1. **The online information portal successfully captured data to represent the processes on the ground.**

> *"We were able to look at the extreme amount of time we experienced to get people into services. It told a story of what we went through. That was very valuable."* – Behavioral Health Provider

Providers reported how the referral tracking data was useful for identifying opportunities to improve the referral process. The data allowed providers to understand how clients were experiencing the impacts of program challenges, such as staff turnover and clinician shortages. These insights challenge providers to think critically about all the ways in which a client could get care, and develop innovative solutions to emerging challenges. For example, the data revealed the clients' general experience of having long appointment waiting times. Since clinician shortages remained a critical challenge, LCBHS developed a new protocol to allow clients to be seen right away for an intake assessment. This new process allowed clients to engage with mental health services sooner. Providers highlighted the value of tracking metrics over time to manage their programs and respond in real time to better serve their clients.

2. **Despite duplication of data entry efforts, providers found the referral system valuable and worthwhile.**

Several providers recognized that the referral system required them to do double data entry across two different systems. However, despite the additional labor, providers noted the burden to be manageable and highlighted how the benefits outweight the cons. Providers noted that the abillity to track referred clients to ensure they get connected to care is very worthwhile and valuable. For example, one provider highlighted the usefulness of automated reminder messages to track clients who require additional follow up. Additionally, the online information portal helps providers capture data and better understand the impacts of clinician shortages on timely linkage to mental health services.

3. **The online information portal and participatory evaluation process contributed to increased accountability and transparency across providers.**

The online information portal successfully promoted increased accountability and transparency across participating behavioral health provider agencies by allowing providers to find out what happened to referrals and how long clients had to wait for an appointment. The portal also tracked the length of time between steps in the referral process, allowing providers to capture data on the efficiency of their referral processes. Providers highlighted the importance of how the portal links providers together and allows them to hold themselves and each other accountable to conduct each step of the referral process. Furthermore, the collaborative thought partnership between providers and stakeholders at quarterly Innovation Steering Committee meetings was helpful to Identify tangible ways to measure and critically review the current referral processes.

> *"Tracking referral response times on a quarterly basis helped providers understand how they are doing and correct the course in real time."*
> – Behavioral Health Provider

4. **The online information portal supported increased communication and care coordination across providers.**

The online information portal promoted increased communication among the providers, which in turn supported improved care coordination for consumers. Providers expressed gratitude for the ability to track the status and outcome of referrals through the convenient online information portal, which was previously done over the phone. Using the online portal, providers were able to quickly follow up with each other to provide updated consumer information and discuss care coordination activities. The increased communication and care coordination among providers helped to ensure consumers were not forgotten or neglected in the process of being referred to mental health services. In addition, providers are looking forward to the development and implementation of the Phase II: Virtual Care Coordination platform, which will further improve their communications and care coordination.

> *"There are all kinds of projects and agencies that need to get that feedback on referrals they send out."*
> – Behavioral Health Provider

5. **Fostering strong relationships between provider agencies was critical for improving communication and coordination of referrals.**

Providers highlighted the critical value of leveraging strong relationships as a foundation for collaboratively improving referral processes and coordination of care. They also highlighted challenges related to data-sharing and client confidentiality, which inhibited their ability to coordinate care. Providers noted that the ability to share records and client information between providers would improve care coordination. In addition, the ability to have more real-time direct communication between providers would improve the referral process.

6. **Although providers are doing their best to shorten referral processing times, many consumers still experience long waiting times due to clinician shortages in the County.**

> *"If not for our constraints with clinicians, this portal would be even more helpful"*
> - Behavioral Health Provider

Clinician shortages remain a critical gap and barrier to improving care coordination and closed loop referrals. This has been an ongoing challenge from prior years across Lake County. Providers noted the difficulty in recruiting and retaining licensed clinicians, such as nurses and therapists, in rural areas. This shortage sometimes results in consumers having to wait long periods of time before they can receive services. Thus, although providers are doing their best to shorten response times and referral processing times, consumers may still experience long waiting periods for services if the clinician shortage is not further alleviated.

Changes to Innovation Project during FY18-19

In FY18-19, there were no changes to the implementation of the LCBH MHSA Innovation project from how it was planned.

Planned Activities for FY19-20

Phase I: Closed Loop Referral System

In FY19-20, LCBHS plans to continue using the online information portal from Phase I Closed Loop Referral System to track mental health referrals. The two agencies piloting the platform, Lakeview and Adventist Health, will continue to use the system to track referrals. Once Phase II implementation is completed in the future, LCBHS will

Phase II: Virtual Care Coordination

LCBHS plans to build upon learnings and collaborations from Phase I: Closed Loop Referral to explore care coordination models and expanded software platforms for Phase II: Virtual Care Coordination. LCBHS will explore and gather information on advanced software that is specifically designed for both closed loop referrals and virtual care coordination across providers. In addition, LCBHS will identify software with the ability to have Application Programming Interface (API) bridges to link existing record systems and thereby reduce the need to double-enter data across multiple systems. The design and implementation of Phase II will be informed by a participatory stakeholder engagement process. LCBHS will develop the Phase II implementation plan, and pilot the virtual care coordination platform when the development is completed. In addition, LCBHS will also continue to meet with strategic partners to ensure appropriate handling of personal health information, leveraging and integrating with existing processes and systems, and fostering strong relationships as a foundation for future successful collaboration.

Stakeholder Engagement

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

Appendix A. LCBHS Innovation Project Theory of Change