



## **Lake County Behavioral Health**

6302 13<sup>th</sup> Avenue - PO Box 1024  
Lucerne, CA 95458-1024

### **Mental Health Services Act**

2016-2017 Annual Update  
DRAFT for Public Review

30-Day Comment Period

3/20/2017 – 4/19/2017

Public Hearing

4/20/2017

## **ACKNOWLEDGEMENTS**

Lake County Behavioral Health Department wishes to thank the many participating stakeholders who gave their time and energy to this process.

### **Lake County Behavioral Health:**

Todd Metcalf, Interim Director of Behavioral Health  
Kevin Thompson, MPA, RAS, Deputy Director, Administration  
Francois Van Wyk, LMFT, Deputy Director, Clinical Services  
Eric Kammersgard, MA, LMFT, Compliance Manager  
Robyn Rosin, RAS, AOD Manager  
Manuel Orozco, Fiscal Manager  
Kathy Herdman, MHSA Coordinator  
Elaine Allred, MHSA Analyst  
Jeffrey "JP" Shute, Business Software Analyst  
Christina Drukala, LMFT, Team Leader, Children's Services  
Amanda Yocham, LMFT, Team Leader, Adult Services  
Sheila Roseneau, MAFP, MHSA Coordinator  
Stephanie Wilson, MPA, MSW, Team Leader, Crisis  
Rachel Nell, MHSA Housing Coordinator  
Lauren Milano, MHSA WET Coordinator  
David Ables, Peer Support Specialist  
Edgar Ontiveros, Cultural Specialist, Latino  
Teresa Massingill, Cultural Specialist, Native American  
James Isherwood, MSW, Mental Health Specialist

### **Stakeholders and Key Contributors:**

Bridge Peers  
Circle of Native Minds Tribal Elders  
Continuum of Care Lake County  
First 5 Lake County/Mother-Wise  
Health Policy Cabinet  
Konocti Senior Support/Senior Peer Counseling  
Konocti Senior Support/Friendly Visitor Program  
Lake County Behavioral Health Staff Members  
Lake County Office of Education/Safe Schools  
Lake County Probation  
Lake County Sheriff's Office  
Lake County Social Services  
Lake County Tribal Health Consortium  
Lake County Veteran's Services  
Lake Family Resource Center  
Lakeport Police Department  
Latinos United Lake County

Mendocino Community Health Clinics, Lakeview Health Center  
Partnership Health Plan of California  
Redwood Community Services/Harbor on Main  
St. Helena Clearlake Hospital and Medical Clinics  
Vet Connect Lake County  
Veterans Administration, San Francisco

**Definitions:**

The following are terms that are frequently used within this document.

**California Department of Health Care Services (DHCS):** DHCS administers and provides oversight for many programs that are mandated by state law and the federal government. Their mission is to provide Californians with access to affordable, high-quality health care, including medical, dental, mental health, substance use disorder services, and long-term services and supports. Their vision is to preserve and improve the physical and mental health of all Californians.

**California Housing Finance Agency (CalHFA):** CalHFA, along with the DHCS, jointly administers the MHSa Permanent Supportive Housing programs on behalf of counties.

**California Mental Health Services Authority (CalMHSA):** A Joint Powers Agreement between participating California counties which was formed in July 2009 to implement mental health initiative statewide.

**Consumer:** An individual who receives services for a mental illness.

**Full Service Partnership (FSP):** Program for adults with serious mental illness or a child/youth with a serious emotional disturbance. The program is defined by the California Code of Regulations, Title 9, Section 3200.130 as “the collaborative relationship between the County and the client, and when appropriate the client’s family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.”

**Lake County Behavioral Health (LCBH):** The LCBH is a governmental department within Lake County. It includes an Office of the Director which oversees two branches: Mental Health and Alcohol and Other Drug Services.

**Mental Health Services Oversight and Accountability Commission (MHSOAC):** Established by Proposition 63, the role of the MHSOAC is to oversee the implementation of the MHSa by providing training and technical assistance for county mental health planning as needed. Additionally, the Commission evaluates MHSa-funded programs throughout the State as well as approves county Innovation plans. The MHSOAC receives all county 3-year plans, annual updates, and annual Revenue and Expenditure Reports.

**MHSa Community Stakeholder:** An MHSa community stakeholder is any individual, group, or organization that has an interest in the MHSa and wants to participate in the process. It includes consumers of mental health services and their families, service providers, educators, veterans, law enforcement, social service agencies, veterans, providers of alcohol and drug services, health care providers and anyone with an interest in mental health services.

**Proposition 63, Mental Health Services Act (MHSa):** The MHSa was approved by the California voters in November 2004 and became law in January 2005. It is funded by imposing an additional 1-percent tax on individual taxable income in excess of one million dollars and represents a comprehensive approach to the development of a system of community-based mental health services and supports.

**Serious Emotional Disturbance (SED):** Defined as a child who possesses a diagnosable, serious disorder such as pervasive developmental disorder, childhood schizophrenia, schizophrenia of adult-type manifesting in adolescence, conduct disorder, affective disorder, other disruptive behaviors, or other disorders with serious medical implications.

**Serious Mental Illness (SMI):** Persons 18 years and older who, at any time during a given year, had a diagnosable mental, behavioral, or emotional disorder that met the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

**Lake County Mental Health Board (LCMHB):** California code has provisions for community mental health services to have an advisory board. It is the mission of LCMHB to inform and educate the public on mental health issues and to advise LCBH on program development, availability of services, and planning efforts. The LCMHB members are from the community, as well as a representative from the Lake County Board of Supervisors.

**History:**

Proposition 63, now known as the MHSA, was passed by the California voters in November 2004 and became law in January 2005. The MHSA is funded by imposing a 1% income tax on personal taxable income in excess of \$1 million. It represents a comprehensive approach to the development of a system of community-based mental health services and supports. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology, and training elements that support this system.

The purpose and intent of the MHSA is as follows:

- To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services, and medical and supportive care.
- To reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness.
- To expand the kinds of successful, innovative service programs begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.
- To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs.
- To ensure that all funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

## **Introduction:**

This second update to the 3-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17 represents continued implementation, and minor changes and adjustments to existing approved programming in fiscal year 2016-17. The following changes (highlighted in yellow throughout the document) are found in the program and budget descriptions contained herein. Included in this update is the final approved Innovation Project of Full Cycle Referral and Care Coordination programming and the proposed scope of work for the evaluation of the project intended for the next five years.

1. The Innovation program, Full Cycle Referral and Care Coordination has been approved by the Mental Health Services Oversight and Accountability Commission.
2. The MHSAs Housing program plan has ended and the permanent housing funds were moved to a new program called the Local Government Special Needs Housing Program (SNHP).
3. CalMHSA is in Phase 2 of their current implementation of Statewide Projects. Phase 3 will begin in FY 17/18 and they are proposing to focus most of their efforts in social marketing as they feel it would have the most statewide impact, and that it is the best avenue for collaboration and integration at the local level. At the direction of the CalMHSA Board (which includes our director), CalMHSA will continue to implement Each Mind Matters and Know the Signs, contingent upon receiving funding for these programs. The County Impact Report is attached as Appendix C.

## **Permanent Housing:**

The Mental Health Service Act Housing Program was developed in 2008 as a result of voter approved Proposition 63 and offers permanent financing and capitalized operating subsidies for the development of permanent supportive housing to serve persons with serious mental illness and their families who are homeless or at risk of homelessness.

MHSA Housing Program funds are allocated for the development, acquisition, construction, and/or rehabilitation of permanent supportive housing. Using a one-time MHSA appropriation of \$400 million shared by 51 participating mental health agencies, the participants assigned their MHSA funds to California Department of Mental Health (DMH), who assigned them to the California Housing Finance Agency (CalHFA) who, in turn, administered the funds on behalf of the mental health agencies (MHAs).

MHAs generally solicited housing proposals through a local over-the-counter process or through a competitive request for housing proposals. The goal of each MHA was to award funds to those projects that best leveraged the limited MHSA resources, while still meeting the need to create permanent supportive housing opportunities across the state, while providing greater accessibility and integration of housing in communities.

Since the implementation of the MHSAs Housing Program by DMH and CalHFA in May of 2008, over \$391 million of MHSAs funds have been allocated to housing proposals financed by MHSAs capital development loans and long-term capitalized operating subsidy reserves. MHSAs units are typically located within larger affordable rental housing developments and restrict occupancy to MHSAs clients that include individuals, families, seniors, and Transitional Aged Youth leaving the foster care system. Some MHSAs units also allow for occupancy preferences for veterans. Local MHAs commit to provide MHSAs residents with an individualized array of supportive services to assist with their recovery and increase the likelihood of them becoming fully functioning community members. The California Department of Health Care Services (DHCS) took over DMH responsibilities in 2012. The MHSAs Housing Program sunset on May 30, 2016 with the expiration of the 8-year Interagency Agreement between CalHFA and DHCS.

CalHFA operates the Local Government Special Needs Housing Program (SNHP) on behalf of jurisdictions throughout California. The SNHP allows local governments to use Mental Health Services Act (MHSAs) and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

The SNHP has been created to replace the MHSAs Housing Program as an option for local governments to begin or continue to development supportive housing for MHSAs-eligible persons, and to more fully utilize MHSAs funds for housing purposes. An advantage of the SNHP allows local governments to roll over their unused MHSAs Housing funds when the MHSAs Housing Loan Program ended on May 30, 2016. Participation in the SNHP also ensures County MHSAs funds are not redirected locally for other purposes, and allow a County over time to roll over any residual receipt loan payments and deposit supplemental MHSAs funds into the SNHP for the development of new housing opportunities and supplement expiring capitalized operating subsidy reserve (COSR) accounts to ensure a longer term of affordability for their MHSAs residents.

CalHFA, the state's affordable housing bank, is uniquely qualified to provide housing development expertise and real estate lending services for the benefit of other governmental entities in the State of California for the construction, rehabilitation, and development of housing for persons qualifying for mental health services under the Act.

[www.calhfa.ca.gov/multifamily/mhsa/index.htm](http://www.calhfa.ca.gov/multifamily/mhsa/index.htm)

LCBH SNHP agreement attached as Appendix B.

**Community Program Planning and Stakeholder Process**

The Community Program Planning process in Lake County is an ongoing process of key informant contact, monthly departmental MHSA meetings, monthly meetings with consumers, and planning meetings that include county-wide stakeholders. The information gathered through this process is considered and incorporated in the resulting 2016-2017 Annual Update to the Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17. Further planning, stakeholder input, and resulting changes for the 2016-2017 Annual Update are contained in this plan and build on previous planning efforts, specifically to the current Three-Year Plan.

Community stakeholder meetings were held semi-annually in fiscal year 2015-2016 on the following dates:

- May 18, 2016
- November 2, 2016

**Community Planning Meetings -**

<b>Row Labels</b>	<b>Sum of #</b>
Behavioral Health Advisory Board	1
The Bridge	1
CalMHSA	1
Circle of Native Minds	2
Client	1
Family Member	2
HLN	1
Konocti Senior Support	2
Lake County Area Agency on Aging	1
Lake County Behavioral Health	15
Lake County Office of Education	2
Lakeview Health Center	2
Mother-Wise	4
Public	1
Redwood Children’s Services/The Harbor on Main	8
La Voz	1
<b>Grand Total</b>	<b>45</b>

(Information presented at these meetings is attached as Appendix D.)

**Key Informant/Single Topic/Population Meetings -**

Throughout the year the MHSA Team reaches out to existing collaborations, consortiums, and individuals in the community to take input on needs and gaps in services available in Lake County and their relation to the existing plan. In fiscal year 2015-2016 this effort included attendance at standing meetings for the Tribal Elders Talking Circle, the Health Leadership Network, the Forensic Multi-Disciplinary Team, and the Continuum of Care, Children’s Council, Healthy Start Collaborative. Individual key informants for the year include representatives from Latinos United Lake County, Lake County Tribal Health, Indian Child Welfare Advocates, First 5 Lake County, Konocti Senior Support, the senior center directors, Lake County Office of Education, and the Lake County Suicide Prevention Taskforce.

**Local Review Process –**

The MHSA Annual Update to the Three-Year Program and Expenditure Plan (the Plan) for 2016-2017 will be reviewed by stakeholders at the agency level and in a public forum. The Plan will be posted for 30 days on the County website with copies distributed to all active stakeholders via e-mail, and hard copies made available at Department clinics, the peer recovery support centers, and by mail upon request. At the end of the 30-day posting period, the Plan will be presented to the Mental Health Board (MHB) at their monthly meeting. The MHB will hold a public hearing to address substantive comments or input. The comments and input are documented in the Plan with corresponding responses or actions. The Plan will then be heard by the Lake County Board of Supervisors for adoption. A copy of the Plan will then be forwarded to the Mental Health Services Oversight and Accountability Commission for informational purposes.

**Comment Period and Substantive Feedback -**

The plan update will be made available for public comment for 30 days prior to the Mental Health Board meeting and public hearing on 4/20/2017 at 4:00 p.m. Substantive feedback below.

<b>Substantive Feedback:</b>	<b>LCBH Response:</b>

<b>Substantive Feedback:</b>	<b>LCBH Response:</b>

**MHSA Programming in Lake County**

<b>Component</b>	<b>Program Name</b>	<b>Program Description</b>
Community Services and Supports – Full Service Partnership	Full Service Partnership	Consumers of all ages (children 0-15, transition age youth 16-25, adults 26-59, and older adults 60+) who meet eligibility requirements are provided “whatever it takes” services. A full array of recovery-oriented mental healthcare, including psychiatric services, is provided to consumers enrolled in an FSP. Services and supports include funding for housing, food, clothing, primary healthcare, transportation, education, and vocational opportunities.
Community Services and Supports – General Systems Development	Crisis Access Continuum	Provides increased access and an introduction to mental health recovery concepts at the earliest opportunity for consumers experiencing challenges. Provides a local crisis hotline, a warm line, and outreach and engagement services for consumers who have recently been hospitalized or released from a crisis evaluation, and respite in a supported transitional housing setting.
Community Services and Supports – General Systems Development	Forensic Mental Health Partnership	Provides support for consumers who encounter legal problems or are incarcerated in jail or juvenile hall due to mental illness. Assists consumers in addressing their mental health needs, navigating the legal process, transition planning, and provides support in the community after release from incarceration through service coordination, clinical services, and the FSP program when indicated.
Community Services and Supports – General Systems Development	Housing Access	Provides resources and linkage to MHSA-subsidized housing for FSP consumers, one-time funding for those consumers at risk of losing their housing or needing assistance getting established in housing, and transitional housing for homeless consumers.
Community Services and Supports – General Systems Development	Older Adult Access	Provides outreach and engagement services, linkage to resources, mental health interventions, and FSP programming to seniors who may be experiencing mental health challenges. The Senior Peer Counseling program provides peer-aged volunteer support to older adults who may be isolating or experiencing mild mental health concerns.
Community Services and Supports – General Systems Development	Coordinated Care for Co-occurring Behavioral and Physical Health Conditions	This expanding element in the recovery planning process is a critical component of comprehensive services and supports that has been identified as an obstacle to wellness for consumers experiencing behavioral health difficulties. The program is intended to provide coordinated resources and treatment options for consumers with complex co-occurring behavioral and physical health disorders.

Component	Program Name	Program Description
Community Services and Supports – General Systems Development	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 services (including non-mental health related), peer support, socialization, and companionship to these two age groups. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations.
Community Services and Supports – General Systems Development	Parent Partner Support	Supports families involved with community mental health. A Parent Partner with “lived experience” as a family member assists families with navigating the system, service coordination, group support, and, as an FSP team member, assists the family through the FSP process.
Community Services and Supports – Outreach and Engagement	Community Outreach and Engagement	Serving specifically the Tribal and Latino communities in the corresponding Peer Support Centers serving each population. Each culturally influenced program provides access to services (including non-mental health related), peer support, socialization, and companionship to these two communities. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations.
Prevention and Early Intervention	Early Intervention Services	Lake County Behavioral Health provides the equivalent of one full-time mental health specialist 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.
Prevention and Early Intervention	Early Student Support	Enhances the social and emotional development of young students (grades K-5) who are experiencing school adjustment difficulties such that they are served in an intensive services setting. Alternative personnel provide direct services to students under ongoing supervision and training by credentialed school psychologists in collaboration with Lake County Behavioral Health Department professional staff.
Prevention and Early Intervention	Peer Support Recovery Centers	The Bridge Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center and La Voz de la Esperanza, serve niche populations, promote cultural competency through program design, and allow access to resources and linkage to needed services. They are intended to reduce disparities in access to mental health services to the identified priority population, provide project coordination and peer training.
Prevention and Early Intervention	Older Adult Outreach and Prevention	The Friendly Visitor Program provides companionship to the vulnerable population of homebound older adults. The volunteers offer individualized companionship, support, and friendship on a regular basis to seniors who have limited access to outside activities. Reassuring phone calls and access to the MHSA-funded Senior Peer Counseling Program are also benefits of the program.

<b>Component</b>	<b>Program Name</b>	<b>Program Description</b>
Prevention and Early Intervention	Postpartum Depression Screening and Support	Mother-Wise provides volunteers, in their role as Saathi, who offer mothers the companionship of a listening ear and a helping hand. They offer real support and solutions to mothers at a time when they need it the most through home visitation. Mother-Wise services are available for all pregnant women or new moms with babies under twelve months, regardless of income.
Prevention and Early Intervention	Trauma Focused Co- Occurring Disorder Screening and Treatment	Serving clients in community collaboration for screening and treatment of trauma and co-occurring disorders.
Prevention and Early Intervention	Prevention Mini-Grants	Invites community-based providers and organized consumer and family groups to design prevention activities and submit a funding request to Lake County Behavioral Health. This mini-grant program issues funding of \$1,500 to \$2,500 for one-time events and projects.
Prevention and Early Intervention – Training, Technical Assistance, and Capacity Building	Regional Data Workgroup	Lake County committed this resource to the California Mental Health Services Authority and the Superior Region Data Workgroup to identify outcome measures to be used across programs. This pilot project was facilitated by RAND corporation providing training to the County on results based accountability using the Getting to Outcomes © approach to program design, evaluation, and continuous quality improvement.
Prevention and Early Intervention	Statewide and Regional Projects	Lake County is contributing 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. The County is also continuing to support the regional suicide prevention hotline by providing sustainability funding beginning in fiscal year 2015/16.
Prevention and Early Intervention	Regional Suicide Prevention	Funding to support the regional suicide prevention hotline and local suicide prevention task force.
WET	Workforce Education and Training	Provides funding for workforce staffing support, training and staff development, mental health career pathways strategies, and financial incentives to address shortages in the public mental health workforce.
WET	Superior Region WET Collaborative	Lake County has been a contributing member of this 16-county partnership since 2008. The collaborative is focused on the development of career pathways in community mental health in conjunction with institutions of higher education in the region.

Component	Program Name	Program Description
INN	Full Cycle Referral and Consumer Driven Care Coordination	This proposed two phase project will include the use of a web based call center and community resources clearinghouse to link consumers to needed resources. Phase one involves notification of when referrals are sent, received, and completed. The system will also allow consumers to grant access to personal health information to anybody in their circle of support by way of a secure electronic personal health record in Phase two.
CFTN	Capital Facilities	The Clearlake Clinic will be renovated to provide a more integrated experience that promotes wellness, recovery, and resiliency and increased access and engagement to underserved populations.
CFTN	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. Includes the following components: implementation of Anasazi software, conversion to Microsoft SQL servers, conversion of paper charts, purchasing additional hardware, and ongoing service/maintenance, as well as meeting Meaningful Use and Interoperability requirements.
CSS – Housing	Local Government Special Needs Housing Program (Formerly Housing Program)	The MHSA Housing Program provides funding for development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals and their families who have a mental illness and are homeless, or at risk of homelessness.

### **Local Program Data and Evaluation Efforts**

While Lake County is considered a small county according to its population of 64,591 (1), Lake County is not small in geography, covering over 1,300 square miles (2). With a population increase of over 10% in the past decade, almost 20% of the population below poverty level, and significant percentages of Latino and Tribal community members (3), Lake County has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory.

MHSA programming in Lake County served 4711 consumers in fiscal year 2015-2016. The total number of consumers served in CSS programs was 1311. Community Services and Supports programs provided services to 86 consumers enrolled in Full Service Partnerships (FSPs). The number of child, TAY, adult and older adult FSPs served during the year was 4, 17, 50, and 15 respectively. The actual expenditure per consumer will be available upon completion of the cost reporting and revenue expense report processes in the coming months. PEI Programming provided services to 3312 consumers, some of whom participated in programs modeled after the Substance Abuse and Mental Health Services Administrations Eight Dimensions of Wellness Program. Data collection has begun and evaluations will be provided at a future stakeholder meeting. MHSA provided Transitional Housing for 43 consumers, and Permanent Housing for 35 consumers, for a total of 78. Of those consumers, 23 transitioned from Transitional to Permanent Housing.

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<sup>1</sup> US Census Bureau, 2010, <http://www.census.gov/quickfacts/table/PST045215/06033,00>

<sup>2</sup> Lake County, "Lake County at a Glance," 2011, <http://lakecounty.com/explore/lake-county-california-at-a-glance/>

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

Component	Program Name	Percentage	2016 Budgeted	2016 Target Number of Individuals	2016 Status of Budget Narrative	2016 Projected Cost per Client	Percentage	FY 16/17 Roughout	FY 16/17 Budgeted	FY 17/18 Roughout	FY 17/18 Budgeted
CSS - FSP	Full Service Partnership	54.35%	\$ 1,250,000	140		\$ 8,929	55.00%	\$ 1,233,143	\$ 1,235,000	\$ 1,334,110	
CSS - GSD	Crisis Access Continuum	11.96%	\$ 275,000	600		\$ 458	11.96%	\$ 271,291	\$ 270,000	\$ 293,504	
CSS - GSD	Forensic Mental Health Partnership	4.35%	\$ 100,000	50		\$ 2,000	4.35%	\$ 98,651	\$ 100,000	\$ 106,729	
CSS - GSD	Housing Access	3.48%	\$ 80,000	100		\$ 800	3.48%	\$ 78,921	\$ 80,000	\$ 85,383	
CSS - GSD	Older Adult Access	6.96%	\$ 160,000	1500		\$ 107	6.96%	\$ 157,842	\$ 160,000	\$ 170,766	
CSS - GSD	Coordinated Care for COD	2.61%	\$ 60,000			\$ -	2.61%	\$ 59,191	\$ 60,000	\$ 64,037	
CSS - GSD	Peer Support	6.09%	\$ 140,000	800		\$ 175	6.09%	\$ 138,112	\$ 140,000	\$ 149,420	
CSS - GSD	Parent Partner Support	2.61%	\$ 60,000	140		\$ 429	2.61%	\$ 59,191	\$ 60,000	\$ 64,037	
CSS-OE	Community Outreach and Engagement	7.61%	\$ 175,000	500		\$ 350	7.61%	\$ 172,640	\$ 160,000	\$ 186,775	
PEI	Early Intervention Services	18.61%	\$ 115,000	24		\$ 4,792	18.61%	\$ 133,468	\$ 115,000	\$ 135,133	
PEI	Early Student Support	9.71%	\$ 60,000	160		\$ 375	9.71%	\$ 69,635	\$ 60,000	\$ 70,504	
PEI	Peer Support Recovery Centers	31.55%	\$ 195,000	1500		\$ 130	31.55%	\$ 226,315	\$ 200,000	\$ 229,138	
PEI	Older Adult Outreach and Prevention (Postpartum Depression)	4.85%	\$ 30,000	350		\$ 86	4.85%	\$ 34,818	\$ 30,000	\$ 35,252	
PEI	Screening and Support	11.48%	\$ 71,000	160		\$ 444	11.48%	\$ 82,402	\$ 71,000	\$ 83,430	
PEI	Trauma Informed Screening for Co-Occurring SUD	12.94%	\$ 80,000	20		\$ 4,000	12.94%	\$ 92,847	\$ 80,000	\$ 94,005	
PEI	Prevention Mini-Grants	4.05%	\$ 25,000	1500		\$ 17	4.05%	\$ 25,015	\$ 25,000	\$ 29,377	
PEI	Statewide Projects	4.37%	\$ 27,000	N/A		\$ -	4.37%	\$ 31,336	\$ 27,000	\$ 31,727	
PEI	Regional Suicide Prevention	2.43%	\$ 15,000	N/A		\$ -	2.43%	\$ 17,409	\$ 15,000	\$ 17,626	
INN	Full Cycle Referral and Care Coordination	100.00%	\$ 150,000	N/A		\$ -	100.00%	\$ 188,749	\$ 150,000	\$ 150,000	
WET	Workforce Education and Training	100.00%	\$ 168,000	N/A		\$ -	100.00%	\$ -	\$ 168,000	\$ 168,000	
WET	Superior Region WET Collaborative	0.00%	\$ -	N/A		\$ -	0.00%	\$ -	\$ -	\$ -	
CFTN	Capital Facilities		\$ 1,000,000	N/A		\$ -		\$ -	\$ 1,200,000	\$ 1,400,000	
CFTN	Lake County Electronic Health Record Project		\$ 125,000	N/A		\$ -		\$ -	\$ 125,000	\$ 125,000	
Admin	MHSA - Administration		\$ 229,000	N/A		\$ -		\$ -	\$ 229,000	\$ 229,000	
Totals			\$ 4,590,000			\$ -		\$ -	\$ 4,760,000	\$ 5,252,953	

Lake County Behavioral Health  
MHSA Estimations for FY 16/17

MHSA Revenue Estimated By Mike Geiss

	Actual				Estimated			
	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	
Cash Transfers	\$ 1,204.0	\$ 1,189.0	\$ 1,355.0	\$ 1,422.3	\$ 1,480.0	\$ 1,538.0	\$ 1,592.0	
Annual Adjustments	\$ 157.0	\$ 153.5	\$ 479.8	\$ 94.3	\$ 464.1	\$ 417.7	\$ 378.0	
Interest	\$ 0.7	\$ 1.2	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.6	
<b>Total Estimated</b>	<b>\$ 1,361,700,000</b>	<b>\$ 1,343,700,000</b>	<b>\$ 1,835,400,000</b>	<b>\$ 1,517,200,000</b>	<b>\$ 1,944,700,000</b>	<b>\$ 1,956,300,000</b>	<b>\$ 1,970,600,000</b>	
<b>MHSA Revenue Disbursed Statewide</b>	1,589,680,373	1,235,772,421	1,729,797,749	1,418,777,892	\$ 1,813,284,666	\$ 1,832,411,824		
<b>MHSA Revenue Received</b>	3,290,574.78	2,557,999.48	3,580,612.15	2,987,398.04	\$ 3,774,977	\$ 3,822,056		
<b>Variance</b>	116.74%	91.97%	94.25%	93.51%	Estimated 93.24%	93.67%		
Distribution Percentage	0.20700%	0.20700%	0.20700%	0.21056%	0.20818%	0.20858%		

<b>Total Lake County MHSA Estimated FY 16/17</b>	\$	3,774,977	
<b>Total CSS</b>	\$	2,868,982	\$ (600,000)
<b>Total PEI</b>	\$	717,246	\$ 717,246
<b>Total INN</b>	\$	188,749	\$ 188,749
<b>Total WET</b>			\$ -
<b>Total CFTN</b>	\$	400,000	\$ 400,000
<b>Total Prudent Res</b>	\$	200,000	\$ 200,000
<b>Total MHSA Components</b>			<b>\$ 3,774,977</b>

<b>Total Lake County MHSA Estimated FY 17/18</b>	\$	3,822,056	
<b>Total CSS</b>	\$	2,904,762	\$ (450,000)
<b>Total PEI</b>	\$	726,191	\$ 726,191
<b>Total INN</b>	\$	191,103	\$ 191,103
<b>Total WET</b>			\$ -
<b>Total CFTN</b>	\$	250,000	\$ 250,000
<b>Total Prudent Res</b>	\$	200,000	\$ 200,000
<b>Total MHSA Components</b>			<b>\$ 3,822,056</b>

## **Appendices**

**Appendix A – Innovation Plan Final Approved: Full Cycle Referral and Care Coordination and Resource Development Associates Evaluation and Scope of Work**

**Appendix B – Lake County Behavioral Health Special Needs Housing Program Agreement**

**Appendix C – California Mental Health Services Authority Statewide PEI Project County Impact Report**

**Appendix D – Community Program Planning Process Presentations**