Lake County Mental Health Services Act Annual Update Report Fiscal Year 2018-2019

Prepared by:

Resource Development Associates

November 2019

Lake County Mental Health Services Act (MHSA) Annual Update Fiscal Year 2018-19

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.

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.

Table of Contents

MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____Lake_____

Local Mental Health Director	Program Lead
Todd Metcalf, Lake County Behavioral Health Services Administrator 707-274-9101 todd.metcalf2@lakecountyca.gov	Sheila E. Roseneau, Lake County Behavioral Health Services Deputy Administrator 707-274-9101 sheila.roseneau@lakecountyca.gov

County Mental Health Mailing Address:

<div align="center">

Lake County Behavioral Health Services

P. O. Box 1024

Lucerne, CA 95458

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on November 19, 2019.

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.

_____   Signature _____ Date 1/7/20

Todd Metcalf

Local Mental Health Director (PRINT)

County: _____Lake_____

Date: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: ___Lake___

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

Local Mental Health Administrator	**County Auditor-Controller/City Financial Officer**
Todd Metcalf, Lake County Behavioral Health Services Administrator 707-274-9101 todd.metcalf2@lakecountyca.gov	Cathy Saderlund, Lake County Auditor 707-263-2312 cathy.saderlund@lakecountyca.gov

County Mental Health Mailing Address:
Lake County Behavioral Health Services P. O. Box 1024 Lucerne, CA 95458

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

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

Todd Metcalf		11/22/19
County Mental Health Director (PRINT)	Signature	Date

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

Cathy Saderlund	As provided by	12/17/19
County Auditor Controller / City Financial Officer (PRINT)	Signature	Date

I.   Overview

Purpose

This is Lake County's Mental Health Services Act (MHSA) Annual Update for Fiscal Year (FY) 2018-19. The purpose of this Annual Update is to report updates to programs and expenditures to support a robust mental health system based in wellness and recovery.

About 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 the 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 (Riveria West, Riveria Heights, and Riveria); 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]

The County, with its distinct geographic, cultural, and socio-economic characteristics,

Figure 1. Population by Race and Ethnicity, Lake County, 2017

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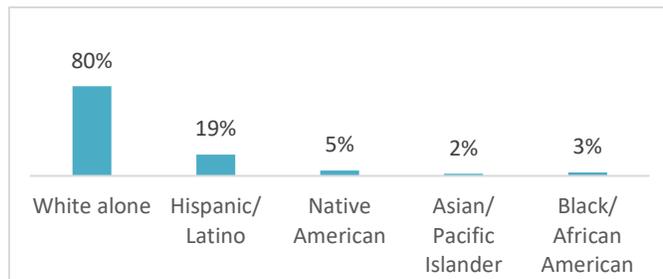
[1] A "small County" is defined as a California county with a population of less than 200,000 (as determined by the most recent census data).

[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/

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.

Since 2012, more than 420,000 acres have been burned by devastating wildfires in Lake County.[8] The fire resulted in a number of fatalities and thousands of residential and commercial buildings destroyed. Thousands of residents were evacuated from their homes. In the aftermath of the 2015 fire, approximately 3,000 Lake County residents were left homeless.[9] Fire disasters, like other natural or man-made disasters, can have significant mental health impact on individuals directly and indirectly affected.[10] In the years since, Lake County has been recovering from fire-related physical and emotional damage.

MHSA Background in Lake County

Proposition 63, the Mental Health Services Act (MHSA), requires this annual update. The MHSA was 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).

Figure 2: Mental Health Services Act (MHSA) Values

In 2014 stakeholders convened to develop the *Mental Health Services Act (MHSA): Three-Year Program & Expenditure Plan 2014 – 2017, Lake County*. This plan included continued implementation of and minor adjustments to existing approved programming. Stakeholders also identified the following programs and projects that they felt could address gaps that had emerged and enhance services offered by existing MHSA programs:

- Integrated care coordination of mental health, substance abuse, and primary care services focused on consumers with co-occurring disorders.
- Expansion of the Crisis Access Continuum to include a mobile access team and direct linkage to other MHSA and community resources, including peer support staff.

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[8] 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

[9] 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/

[10] 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

- Additional funding directed to older adult programs to increase access and services to the older adult population. This includes expansion to existing programs in order to establish a presence in the various community-based senior centers, prevention and early intervention training of senior center staff, and the development of peer support capacity.
- Additional resources directed toward screening or treatment for co-occurring conditions with an emphasis on trauma-informed interventions.
- Additional funding directed to capital facilities and technological needs projects to accommodate program growth related to MHSA implementation.

LCBHS has made substantial progress towards these goals in support of the priorities identified in the *Three-Year Program & Expenditure Plan 2014 – 2017*, including the following milestones:

- Implemented coordinated care program activities for clients with co-occurring behavioral and physical health conditions.
- Implemented Crisis Access Continuum program activities that included a local crisis hotline and peer-run warm line.
- Conducted assessments with kindergarten through fifth-grade students to screen for mental health needs and identify services and better meet each student's needs.
- Conducted targeted outreach and support for older adults through the Friendly Visitor and Senior Peer Counseling programs.
- Implemented program activities to screen mothers for Perinatal Mood and Anxiety Disorders (PMAD), including postpartum depression.
- Implemented activities to initiate and continue support capital facilities and technological expansions to support the growth of MHSA programs, including: electronic health records system, remodeling facility to improve safety; relocation of the peer support center to accommodate more programs; and acquiring two new fleet vehicles to improve safety of travel to rural areas and extend services to more rural areas.

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.

Annual Update Contents

This annual update serves as an opportunity to re-engage community participation in the execution of this plan. This update, for Fiscal Year (FY) 2018-2019, is being completed alongside the current year update, for FY 2019-2020. Since FY 2018-2019 is complete, LCBHS did not undertake a community planning process for this (FY 2018-2019) update. Rather, this annual update report reflects only retrospective data. A community planning process was completed for the FY 2019-2020 annual update and is reflected in that report, along with projected program activities, service goals, and expenditure estimates for FY 2019-2020.

II.   Methodology

This annual update includes a review of retrospective data to describe mental health services provided in Lake County, as well as strengths and opportunities in data collection and documentation. Data sources include:

Service Utilization Data. RDA requested from LCBHS service utilization and demographic data for all persons who received MHSA-funded services in FY 2016-2017. RDA conducted descriptive statistics (e.g., frequencies, mean, median, and ranges) to characterize MHSA-funded service utilization in Lake County. Data obtained for this activity were submitted to RDA in de-identified, aggregate format.

Program Updates. LCBHS asks its MHSA program managers to routinely complete and submit a program update form, via an online survey platform, that summarizes program service totals and demographics; program activities; program challenges and successes; and goals for the future. LCBHS reviewed these historical MHSA program reports and provided RDA with written program updates. Findings from the service utilization data also served to inform program updates. Where written program updates did not provide sufficient data, RDA conducted program update interviews with former program leads, when possible, to obtain a deeper understanding of program activities, challenges, and successes.

Fiscal Data. LCBHS staff reviewed MHSA Revenue and Expenditure Report (RER) data and provided RDA with a spreadsheet listing the total expenditures for each MHSA program in the County in FY 2016-2017. Using these expenditures and the service utilization data, RDA calculated the expenditure per person served, per program, for FY 2016-2017, as available.

Leadership Discussion. As this report is retrospective and many former LCBHS employees have since obtained new positions, some desired data was not available at the time this report was written. RDA conducted an in-depth interview with MHSA leadership in Lake County to discuss historical data collection barriers and efforts to improve data collection going forward.

III.   Local Review Process

RDA drafted this annual update report 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 comment, in accordance with MHSA regulations. The annual update was posted publicly online on October 4th, with hardcopies available at LCBHS service locations, partner agencies, and at every County library. During the 30-day public posting period and public hearing event, community members had the opportunity provide public comment.

Public Posting, Commenting, and Hearing

The 30-day public comment period opened on October 3, 2019, when LCBHS posted this Annual Update to its website. LCBHS also emailed the draft plan to planning participants and posted printed copies at

clinic and wellness centers throughout the county. Each posting included a request for written feedback and invitation to the Public Hearing.

After the 30-day public comment period, the plan update must be presented at a public hearing. The Public Hearing was held on November 4th, at Circle of Native Minds Wellness Center. RDA and the LCBHS leadership team facilitated and presented during this public hearing. This hearing was focused on the outcomes of the needs assessment and community planning process for the FY 2019-2020 Annual Update, but findings reflected trends from both years. Further information about the public hearing can be found in the FY 2019-2020 Annual Update, including presentation slides, comments, and total attendance.

Throughout the public posting and hearing, the MHSA Planning Team received no comments on this Annual Update. The Annual Update for FY 2019-2020 received extensive public comments, which are documented and responded to in that update.

Board of Supervisors Review

Following the public hearing, the Annual Update is sent to the Lake County Board of Supervisors (BOS) for review and approval. LCBHS presented to the BOS on the MHSA Annual Update for FY 2019-2020 at 255 N Forbes St # 109 in Lakeport on November 19th. All meetings of the Lake County Board of Supervisors are open to the public. Presentation slides for this meeting were focused on the outcomes of the needs assessment and community planning processes for the FY 2019-2020 Annual Update, but findings reflected trends from both years. Further information about this presentation, including presentation slides, can be found in the FY 2019-2020 Annual Update.

IV.   MHSA Service Data

In FY 2016-2017, Mental Health Services Act-funded programs served 52,402 people in Lake County.[11] Of all the persons who received services through Mental Health Services Act (MHSA), nine percent of consumers received services through the Community Services and Supports (CSS) component while 91 percent received services through Prevention and Early Intervention (PEI).

We note that the information we present here on service demographics is limited by a lack of available data, with two-thirds of programs missing age data and one-third of programs missing race data. Gender data was limited and therefore is reported here for specific programs in Section V., as opposed to in summary here. As such, service data presented here should not be considered representative of the entire population of individuals served by MHSA programs in Lake County in FY 2016-2017. In recent years, LCBHS has improved processes and protocols for data collection, reporting, and quality assurance. More recent data about persons served in Lake County by MHSA can be found in the FY 2019-2020 update report.

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[11] The figure 52,402 is not unduplicated. Many Mental Health Services Act (MHSA) consumers participated in multiple programs and services.

The majority of consumers were adults (63%), followed by transition age youth (17%), children (10%), and older adults (10%). Among persons served, the majority were Caucasian or White (56%, n=24,269) and the rest of the client population identified as Hispanic or Latino (22%, n=9,426), Native American or Native Hawaiian (n=15%, n=6,524), Black or African American (4%, n=1,891), Asian or Pacific Island (<1%, n=618), or some other race (n=1%, n-371).

V.   Data Collection Challenges and Opportunities

Program update data presented in the next section contains a number of elements that were missing at the time of data collection in July 2019. RDA conducted an in-depth interview with Lake County MHSA leadership to discuss historical data collection barriers and efforts to improve data collection going forward. This section presents this historical context, as well as strengths, needs, and planned activities of Lake County's MHSA data collection efforts.

Staff Turnover Impacted Data Collection Capacity. From 2012 to 2017, LCBHS experienced significant staff turnover and major transitions in staff roles and responsibilities. This transition period impacted the overall department's capacity to document program updates and comprehensively collect service and fiscal data. More recently, LCBHS has hired additional staff and clarified roles and responsibilities. Staff now receive additional oversight and support to ensure that program updates and data collection are complete. Going forward, LCBHS expects data collection efforts to be more consistent and complete.

Strong Relationships with Community-Based Providers and Centers. Despite staff turnover, LCBHS has been successful in maintaining strong relationships and communications with contracted providers and community-based centers. LCBHS regularly meets with staff and leaders from community-based partners. These partners are essential for collecting data related to contracted services, including evaluation data. LCBHS will continue to leverage these strong relationships to improve data collection and interpretation.

Innovative Solutions to Improve Data Collection. Historically and currently, LCBHS has used Survey Monkey as the main platform to obtain program updates. However, this method did not prove consistently successful during staff transitions. Thus, LCBHS is exploring alternative software programs that may better support program updates and reporting. In addition, LCBHS is exploring ways to improve the Access database system they use to track program attendance and demographic data.

Planned Data Collection Activities to Meet PEI Compliance. As a small county with limited staffing and significant turnover in recent years, it has been challenging to have capacity to update PEI programming and data collection to align with newer regulations. However, conversations and planning efforts to come into compliance are underway within LCBHS to determine which of the program component designations under the new regulations are appropriate for existing programs; what standards and outcome indicators to select for these programs; and, how to develop 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 implementing collection of these data from consumers who visit the wellness centers.

The County has been tracking outcomes measures for these programs for several years (e.g., Eight Aspects of Wellness measures are used at local wellness centers; pre- and post- training testing is routinely administered), 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 the Mental Health Services Oversight and Accountability Commission (MHSOAC) as needed and expects to make significant progress toward compliance within the 2019-2020 Fiscal Year.

VI.   MHSA Program Plan Updates

This report will provide FY 2016-2017 program and service updates for the following programs:

Table 1. Summary of Mental Health Services Act (MHSA) Programs by Component

Component	Program
Community Services and Supports (CSS)	Full Service Partnerships (including Housing Access)
	Coordinated Care for Co-occurring Behavioral and Physical Health Conditions
	Parent Partner Support
	Crisis Access Continuum
	Forensic Mental Health Partnership
Prevention and Early Intervention (PEI)	Early Intervention Services
	Early Student Support
	Peer Support Recovery Centers (Wellness & Recovery Centers)
	Older Adult Outreach and Prevention
	Postpartum Depression Screening and Support
	Prevention Mini-Grants
	Statewide and Regional Projects
Innovation (INN)	Full Cycle Referral and Consumer Driven Care Coordination
Workforce, Education, and Training (WET)	Workforce Education and Training
Capital Facilities and Technology Needs (CFTN)	Capital Facilities
	Lake County Electronic Health Record Project

Community Services and Supports (CSS) 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.

CSS Funding by Component

Some individual program service and expenditure data was not available for FY 2016-2017 at the time of data collection in 2019. We present here a breakdown of CSS expenditures for FY 2016-2017 by overall activity component.

CSS Program Component	Program Description[12]	Annual Expenditure (FY 2016-2017)
Full Service Partnership	Full Service Partnership (FSP) plans for and provides the full spectrum of service, mental health and non-mental health services and supports to advance clients' goals and support their recovery, wellness, and resilience.	$1,083,933.07
General Systems Development	General Systems Development (GSD) improves the mental health service delivery system.	$385,926.71
Outreach & Engagement	Outreach and Engagement (O&E) is intended to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities.	$207,814.90

Full Service Partnerships

Program Overview	
Program Name	Full Service Partnerships, including Housing Access
Program Description	Full Service Partnerships (FSP) serves consumers of all ages who meet eligibility requirements for FSP services, a "whatever it takes" approach to service provision and support. A full array of recovery-oriented mental healthcare, including psychiatric services, is provided to consumers enrolled in FSP. Services and supports include funding for housing, food, clothing, primary healthcare, transportation education, and vocational opportunities.
	FSP seeks to engage children with serious emotional disorders and individuals with serious mental illness into intensive, team-based, and culturally appropriate services in the community with a low staff to consumer ratio. FSP/Wraparound serves children ages six years old to 21 years old with severe emotional disturbance and/or serious mental illness. Children and youth may be at risk of or are transitioning from out-of-home placement, are engaged with

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[12] Source: MHSA Funding Guidelines. (Updated 6/5/18). Available at
https://www.smchealth.org/sites/main/files/mhsa_funding_principles__guidelines.pdf.

child welfare, and/or juvenile justice, or are at risk of homelessness, incarceration or hospitalization as they transition into adulthood.

The Housing Access program provides resources and linkages to MHSA-subsidized housing for FSP consumers in need of housing assistance. Housing Access also provides one-time funding for consumers at risk of losing their housing or needing assistance securing housing. Housing Access is funded through FSP as an activity to provide FSP participants with housing assistance.

MHSA Reporting Information	
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*

CSS Service Area:	☒Full-Service Partnership	☐General System Development	☐Outreach and Engagement

Target Population	☒ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*

Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	Key Successes: Program staff focused their efforts on clients with the most significant impairments in functioning due to a serious mental illness and homelessness. Through temporary housing in two local motels, clients were able to become more stable and resilient, resulting in reduced hospitalizations and incarcerations. Very few, if any, clients had educational or employment goals at that time.
	The Housing Access program assisted homeless consumers with financial support when they were not able to get their housing needs met. Housing and shelter are critical basic needs. The program helps adult and older adult consumers eliminate the financial barrier of obtaining safe and secure housing or shelter. Housing reduces their risk of hospitalizations and placements. All consumers that are assisted in getting into permanent housing have a reduction in homelessness.
	Key Challenges: The program experienced decreased capacity due to staffing shortages, which decreased the program's ability to serve adults with serious mental illness (SMI) in the community. As a result of insufficient staffing to support community-based care, more consumers were conserved and placed in higher levels of care. LCBHS is working towards restoring the program's capacity to serve FSP adults in a comprehensive manner and leveraging crisis outreach and qualified (i.e., unlicensed/waivered) staffing to lead treatment teams for this population.
	The Housing Access program also experienced challenges related to staff turnover, which limited program implementation and service provision. More recently, a new director was hired and a new training series was established,

	including session on mental illness; counseling skills; motivational interviewing; helping models; cross-cultural knowledge; resources around the county; mental and physical changes associated with aging; legal and ethical concerns in counseling, including mandated reporting; and grief, loss, and mourning. The program also built relationships with strategic partners, including personnel at similar agencies and the American Society of Peer Counseling.
Population Served	Among the 77 persons served, 52 percent were adult, 34 percent were TAY and youth, and 14 percent were older adult. A total of 150 persons reported their race, which includes duplicated clients across multiple visits; among them, the majority (83%) identified as white, while others identified as African American/Black (8%), and Native American/Native Hawaiian or some other race (8%).
Individuals Served	77
Cost Per Person Served	$16,233.76

Coordinated Care for Co-Occurring Behavioral and Physical Health Conditions

Program Overview	
Program Name	Coordinated Care for Co-Occurring Behavioral and Physical Health Conditions
Program Description	The Coordinated Care for Co-Occurring Behavioral and Physical Health Conditions program works with consumers and links them to primary care physicians. This expanding element in the recovery planning process is a critical part of comprehensive services and support that has been identified as an obstacle to wellness for consumers experiencing behavioral health difficulties. The program intends to provide coordinated resources and treatment options for consumers with complex co-occurring behavioral and physical health disorders. The program bridges the gap between behavioral health and primary health creating direct communication channels and establishing in-person meetings to enable real-time communication.
MHSA Reporting Information	
Program Status	☐ New (i.e., Program is not mentioned or developed in prior three-year plan)
	☒ Continuing (i.e., Program is continuing as planned without any significant changes)
	☐ Modification (i.e., Program will have significant changes in upcoming year)
CSS Service Area:	☐Full-Service Partnership ☒General System Development ☐Outreach and Engagement
Target Population	☐ Children (Ages 0 – 15) ☒ Transitional Age Youth (Ages 16 – 25) ☒ Adult (Ages 26 – 59) ☒ Older Adult (Ages 60+)
Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	Program activity information was not available for this time period at the time of data collection.
Population Served	Information related to population served in FY16-17 was not available at the time of data collection in July 2019.

Individuals Served	Information related to the number of individuals served in FY16-17 was not available at the time of data collection in July 2019.
Cost Per Person Served	Information related to the number of individuals served in FY16-17 was not available at the time of data collection in July 2019.

Parent Partner Support

Program Overview	
Program Name	Parent Partner Support
Program Description	The Parent Partner Support is a crucial strategy that provides support and help for families involved with Lake County's mental health system. Parent Partners provide peer-to-peer understanding, help parents navigate the service system, and advocate for their needs. The Parent Partner Support program brings "lived experience" of the service system that can provide families with non-clinical insights on how to seek appropriate services and communicate with service providers.

MHSA Reporting Information			
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*		
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*		
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*		
CSS Service Area:	☐Full-Service Partnership	☒General System Development	☐Outreach and Engagement
Target Population	☒ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)* ☒ Older Adult *(Ages 60+)*

Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	The position of Parent Partner was vacated in FY16-17 and was not filled for this year as no suitable candidates were found.
Population Served	Information related to population served in FY16-17 was not available at the time of data collection in July 2019.
Individuals Served	Information related to the number of individuals served in FY16-17 was not available at the time of data collection in July 2019.
Cost Per Person Served	Information related to the cost per person served in FY16-17 was not available at the time of data collection in July 2019.

Crisis Access Continuum

Program Overview	
Program Name	Crisis Access Continuum
Program Description	The Crisis Access Continuum program provides increased access and an introduction to mental health recovery concepts at the earliest opportunity for consumers experiencing mental health challenges. It also provides a local crisis line, a warm line, and outreach and engagement services for consumers who have recently been hospitalizations or released from a crisis evaluation, and respite in a supported transitional housing setting.

MHSA Reporting Information			
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*		
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*		
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*		
CSS Service Area:	☐Full-Service Partnership	☐General System Development	☒Outreach and Engagement
Target Population	☐ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*
Program Updates in FY2016-2017			
Activities, Outcomes, Successes, and Challenges	Key Successes: Crisis Access Continuum targeted consumers who were recently hospitalized or released from a crisis evaluation. The program provided support to individuals in respite in a supported transitional housing setting. More recently, the Crisis Access Continuum program has been reclassified as Outreach and Engagement (CSS) as the program works to outreach and engage individuals into services. Key Challenges: No significant challenges were reported for this program in the 2016-2017 fiscal year.		
Population Served	Information related to population served in FY16-17 was not available at the time of data collection in July 2019.		
Individuals Served	Information related to the number of individuals served in FY16-17 was not available at the time of data collection in July 2019.		
Cost Per Person Served	Information related to the cost per person served in FY16-17 was not available at the time of data collection in July 2019.		

Forensic Mental Health Partnership

Program Overview	
Program Name	Forensic Mental Health Partnership
Program Description	The Forensic Mental Health Partnership (FMHP) provides support for consumers with mental health challenges who encounter legal problems or who are incarcerated in jail or juvenile hall. The program also 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.
MHSA Reporting Information	

Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*		
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*		
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*		
CSS Service Area:	☐Full-Service Partnership	☐General System Development	☒Outreach and Engagement
Target Population	☐ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*
Program Updates in FY2016-2017			

Activities, Outcomes, Successes, and Challenges	**Key Successes** Staff working at the jail and in probation were able to provide support and assistance to consumers with legal problems. These staff were also able to assist consumers with their mental health needs, assisting inmates at the jail with transition planning and providing support in the community after release. **Program Challenges** Coordination between LCBHS staff and jail medical was sometime complicated due to misunderstanding of roles. Consistent forensic staff dedicated to this program was also a challenge at times.
Population Served	Among the 19 individuals who reported race information, more than half (68%) self-identified as Caucasian/White (68%) and all others had unknown race or some other race.[13]
Individuals Served	Information related to the number of individuals served in FY16-17 was not available at the time of data collection in July 2019.
Cost Per Person Served	$5,263.15

Prevention and Early Intervention (PEI) Programs

PEI programs aim to promote wellness and engage individuals prior to development of serious mental illness or emotional disturbance. Currently, LCBHS is working on establishing data collection protocols and procedures to meet the updated PEI reporting guidelines. In addition, they are in the process of assigning appropriate classifications related to program category and evidence base.

Early Intervention Services

Program Overview	
Program Name	Early Intervention Services
Program Description	Many serious mental health problems (i.e., schizophrenia, bipolar disorder, major depression) are more 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. 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 provide evidence-based interventions to address emerging symptoms and to support the youth to stay on track developmentally.
MHSA Reporting Information	
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*
PEI Service Area:	☐ Prevention ☒ Early Intervention ☐ Access and Linkage to Treatment

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[13] Demographic data with numbers under 10 are not included in this report, for confidentiality.

	☐ Stigma and Discrimination Reduction ☐ Suicide Prevention ☐ Outreach for Increasing Recognition of Early Signs of Mental Illness ☐ Improve Timely Access to Services for Underserved Populations			
Target Population	☒ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☐ Adult *(Ages 26 – 59)*	☐ Older Adult *(Ages 60+)*
	Program Updates in FY2016-2017			
Activities, Outcomes, Successes, and Challenges	**Key Successes** EIS staffing was limited, but worked diligently with youth and young adults who were experiencing significant – but not yet chronic – mental health episodes. Services included additional assessments, such as the Structured Interview of Psychosis-Risk, medication management services, family therapy and education family therapy, support for schools to understand psychotic or prodromal disorders. **Key Challenges** Besides limited staffing, as previously noted, many client faced lack of family support and structure.			
Population Served	The populations served represented 10 male, 9 female, majority Caucasian/White and other or unknown race. Specific percentages are not provided in order to protect client confidentiality.			
Individuals Served	19			
Cost Per Person Served	$9,583.33			

Early Student Support

	Program Overview			
Program Name	Early Student Support			
Program Description	The Early Student Support program (ESS) program enhances the social and emotional development of young students (grades K-3) who are experiencing school adjustment difficulties such that they are served in an intensive services setting. The program places clinical staff in K-5th grade schools to provide student with direct mental health services. In addition to direct services, ESS works to train all school staff in Question, Persuade, Refer (QPR), an early intervention technique often used in suicide prevention to guide clients in addressing their challenges and seeking appropriate supports.			
	MHSA Reporting Information			
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*			
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*			
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*			
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			
Target Population	☒ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☐ Adult *(Ages 26 – 59)*	☐ Older Adult *(Ages 60+)*

Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	<u>Key Successes:</u> The Lake County Office of Education (LCOE) Safe Schools program identified, assessed, and provided services to children who are experiencing school adjustment difficulties in terms of social behaviors related to peers, teachers, family, and other issues. The program continues to use the Walker-McConnell Scale of Social Competence and School Adjustment Instrument to measure student growth, adapt services, and better meet each individual's needs. The program outcomes exceeded expectations this year: for the first time in the program history, over five students earned their way back into their home school. <u>Key Challenges:</u> Unfortunately, the program was not able to have a warm hand off at all sites and the traditional school sites lacked the resources to offer the same level of supports.
Population Served	Information related to population served in FY16-17 was not available at the time of data collection in July 2019.
Individuals Served	Information related to the number of individuals served in FY16-17 was not available at the time of data collection in July 2019.
Cost Per Person Served	Cost per person served information is not available. However, the total program expenditure for the year was $27,427.07.

Peer Support Recovery Centers (Wellness & Recovery Centers)

Program Overview	
Program Name	Peer Support Recovery Centers (Wellness & Recovery Centers)
Program Description	Peer Support Recovery Centers operate four peer support centers throughout Lake County that serve targeted populations, promote cultural competency through program design, and allows access to resources and linkages to needed services. The wellness programs include the following centers: 1) The Bridge Peer Support Center, 2) Harbor on Main Transition Age Youth Peer Support Center, 3) Circle of Native Minds Center, and 4) La Esperanza Centro Latino (also referred to as La Voz). A variety of education, prevention, and early intervention services, programs, and activities are provided through the centers. The concepts of wellness, recovery, and resiliency are embedded in the programming in all locations. *NOTE: Peer Support Recovery Centers are supported through split funding from CSS and PEI. CSS funds are used to support the Centers' Peer Support and Community Outreach and Engagement services and PEI funds are used to support the Centers' prevention and support services.*
MHSA Reporting Information	
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*
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

Target Population	☒ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*
Program Updates in FY2016-2017				

Activities, Outcomes, Successes, and Challenges	**The Bridge** Key Successes: The Bridge – Adult Wellness Center Program activities generally proceeded as described in the plan. Staff supported programs that serve both transition age youth and adult consumers at the TAY and Adult Peer Support Centers. Programs provide access to clinical services, peer support, socialization, and companionship to these two age groups. Key Challenges: The center hopes to serve more people, and extending center hours at the Bridge could have helped more people. **Circle of Native Minds** Key Successes: Native persons were utilized to teach activities to improve awareness and understanding of traditions. Program activities helped instill participants with knowledge about history and culture. Program participants were steeped in culture through crafting groups for cultural items, including regalia, bead work, dream catchers, medicine bags, talking feathers, and traditional foods. Educators, such as an archaeologist and a linguist, were obtained for the Native American language activities and the elders' gatherings. Key Challenges: The overall program can be improved by having the center fully staffed so that the Cultural Lead can conduct outreach and other staff can facilitate various groups and activities at the center. Adding additional groups and events can also be helpful. **La Voz de la Esperanza** Key Successes: The program's main goals are to eliminate barriers to services, such as mental health stigma, by educating the Latino community about the importance of getting mental health help when needed; and to provide outreach to link people to services, information, and mental health support. The Latino outreach and engagement program formally and informally engaged with the Latino community as part of the workforce. The outreach and engagement program also played a key role in helping to mitigate multiple barriers to accessing services, such those related to transportation, service availability, culture, language, stigma, and mistrust. Key Challenges: None reported. **Harbor on the Main:** Key Successes: This drop-in center focuses on the needs of transition age youth (TAY). The Harbor used positive youth development practices and a variety of independent living skills programs to increase youth resiliency and self-sufficiency. Activities helped youth build a variety of life skills, including cooking, nutrition education, hygiene education, problem solving, and healthy coping

	strategies. The Harbor provided resources to reduce food and hygiene disparities, such as a clothing closet, free weekly dinners, and opportunities for youth to take meals away from the center to be shared with their families when in need. The Harbor was awarded the Emergency Food and Shelter Grant as well as their Hygiene Grant during this last reporting period. Key Challenges: The Harbor experiences low enrollment when school is not in session because many youth are impacted by a lack of transportation. The Harbor attempted to increase outreach within the community by providing transportation and bus passes to assist youth in accessing services, as well as a safe and cool place to rest during summer heat.
Population Served	Across all wellness centers, the Peer Support funding has served adults (64%), older adults (20%), TAY (13%), and children (4%). Many groups were represented, including: Native American/Native Hawaiian (50%), Caucasian/White (15%), African American/Black (2%), Hispanic/Latino (1%), other (4%), and unknown (27%). Among the 1,057 individuals who reported gender, they identified as male (47%), female (44%), and other (8%). Among the 877 individuals who reported language spoken, the majority spoke English (66%) and a smaller portion of clients spoke either Spanish (31%) or some other language (2%). The wellness centers served a total of 33 clients who identified as LGBTQ, 63 veteran clients, and 32 homeless clients.
Individuals Served	2,405
Cost Per Person Served	$81.08

Older Adult Outreach and Prevention

Program Overview	
Program Name	Older Adult Outreach and Prevention[14]
Program Description	Programs provide outreach and engagement services, linkage to resources, mental health interventions, and FSP programming to older adults who may be experiencing mental health challenges. 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. The volunteers offer individualized companionship, support, and friendly 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. The Senior Peer Counseling program provides peer-aged volunteer support to older adults who may be isolated or experiencing mild mental health concerns.
MHSA Reporting Information	

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[14] The Older Adult Access has been reclassified as Outreach and Engagement as the program works to engage senior citizens into mental health services. See this "Older Adult Outreach and Prevention" section

Program Status	☐ New	*(i.e., Program is not mentioned or developed in prior three-year plan)*
	☒ Continuing	*(i.e., Program is continuing as planned without any significant changes)*
	☐ Modification	*(i.e., Program will have significant changes in upcoming year)*
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	

Target Population	☐ Children *(Ages 0 – 15)*	☐ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*
Program Updates in FY2016-2017				
Activities, Outcomes, Successes, and Challenges	Key Successes: A great success is seeing the improvement of clients after their visits with the friendly visitor volunteers through the Senior Peer Counseling program. Clients are noticeably more positive after their visits with the Friendly Visitor volunteers. Key Challenges: The Senior Peer Counseling program has experienced challenges with matching referrals with volunteers that have the same interest and geographic area. Expanding volunteer recruitment has been challenging and there was a slowdown in the number of volunteer. The program is implementing improvements and incentives to recruit and retain volunteers. They are also conducting activities to raise awareness of how important the senior population is.			
Population Served	Among the 40 individuals served, the majority were older adults (88%) and the rest of the clients were adults or some other age (13%). Most clients were female (63%) while others identified as either male (23%) or some other gender or unknown gender (15%). The majority (88%) identified as Caucasian/White and the rest of the client population identified as some other race. Specific percentages for ethnic groups with fewer than 10 individuals are not provided in order to protect client confidentiality. The majority of clients (88%) spoke English and the others did not report their language spoken.			
Individuals Served	40			
Cost Per Person Served	$857.14			

Postpartum Depression Screening and Support

Program Overview	
Program Name	Postpartum Depression Screening and Support
Program Description	Mother-Wise provides volunteers in their role as a Saathi, who offer mothers the companionship of a listening ear and a helping hand. Services are available for all pregnant women or new moms with babies under twelve months, regardless of income. The Mother-Wise program offers consistent opportunities for social support to new and expecting mothers in an effort to prevent, or limit the severity of, Perinatal Mood and Anxiety Disorders (PMAD).
MHSA Reporting Information	
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*

	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*
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
Target Population	☐ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*

Program Updates in FY2016-2017				
Activities, Outcomes, Successes, and Challenges	<u>Key Successes:</u> Mothers regularly report feeling genuinely supported by program efforts and the relationships they formed through the program. The program reduced stigma by making PMADs part of the normal conversation and addressing it as one of several potential challenges of motherhood that the program can help with. <u>Key Challenges:</u> None			
Population Served	Most persons served were adults (77%) while the rest were TAY (16%), older adults (7%), or children, (<1%). Among the 5,261 persons who reported their race, the majority were Caucasian/White (78%) and others were Hispanic/Latino (18%), Native American/Native Hawaiian (3%), African American/Black (<1%), and Asian/Pacific Islander (<1%).			
Individuals Served	9790			
Cost Per Person Served	$7.25			

Prevention Mini-Grants

Program Overview	
Program Name	Prevention Mini-Grants
Program Description	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. Projects included Family Socialization; Resiliency & Children's ACES Model; Infant Mental Health; Diabetes Depression Walk; Dying with Dignity, Rebuilding Resilience; Be Productive, Not Destructive; Wings of Hope; and Lake-Mendocino Stand Down/Veterans Resource Fair.
MHSA Reporting Information	
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)*
	☒ Continuing *(i.e., Program is continuing as planned without any significant changes)*
	☐ Modification *(i.e., Program will have significant changes in upcoming year)*
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

Target Population	☐ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*

Program Updates in FY2016-2017

Activities, Outcomes, Successes, and Challenges	Key Successes: The Mini-Grants program made the following events possible: • **Family Socialization Activities:** These activities provided families participating in the Family Pro program the opportunity to connect with their peers and build a network of natural supports. Through coordinated activities, each related to different protective factors, families learned how to increase their pro-social parenting skills and the resilience of their children. • **Resiliency & Children's ACES Model Presentation:** There was a showing of the movie "Resiliency" followed by a presentation of the Children's Adverse Childhood Experiences (ACES) model and how to use it in a health services setting. • **Infant Mental Health Training:** This was a one-day training for professionals and para-professionals working with families and caregivers of infants to promote positive attachment between primary caregivers and infants. Training content included attachment theory, identifying positive and negative attachment, identifying cultural differences, and providing modeling techniques to redirect negative attachment when noted. • **Diabetes Depression Walk:** This activity was an educational morning walk to discuss the link between diabetes and depression. The activities included diabetic testing equipment, pedometers, and healthy snacks. The education was well received, and many people have returned to related meetings in the Adventist Clinic. • **Dying with Dignity Workshop:** This activity was a four-hour workshop open to the community to increase individuals' knowledge and awareness about exploring the End of Life Option Act. The workshop included educational presentation, informational materials, tools and resources, and opportunities to process through exercises and group discussion. • **Rebuilding Resilience Event:** This was a one-day event to assist survivors of the recent Lake County fires on their road to recovery. The goal was to help survivors identify and find resources to aid in their discovery of well-being and prevent further decline into depression, trauma, and anxiety. • **Be Productive Not Destructive:** The renowned Josh Robinson visited Lake County to work with at-risk children and their families. The facilitator taught bereaved children, teens, and family members to create, express, and empower through the transforming language of drumming. • **Wings of Hope: Family Bereavement Camp:** This camp activity was a one-day event for families to come and share past positive experiences to help those overcoming grief and trauma, including trauma from the Valley Fire. • **Lake-Mendocino Stand Down/Veterans Resource Fair:** The fair provided services to active or non-active military veterans, senior veterans, disabled veterans, and veterans' spouses and dependents. The event provided information about counseling services, as well as any and all services that the veteran and family members are deemed eligible at the local, state, and federal level.

	Key Challenges: None
Population Served	Individuals served by prevention mini-grants included adults (59%), TAY (19%), children/youth (14%) and older adults (8%), Among the 31,878 persons who reported their race, they represented Caucasian/White (58%), Hispanic/Latino (26%), Native American/Native Hawaiian (8%), African American/Black (5%), and Asian/Pacific Islander (2%).
Individuals Served	35,197
Cost Per Person Served	$1.41

Statewide and Regional Projects

Program Overview	
Program Name	Statewide and Regional Projects
Program Description	Lake County contributes seven percent 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.
MHSA Reporting Information	
Program Status	☐ New *(i.e., Program is not mentioned or developed in prior three-year plan)* ☒ Continuing *(i.e., Program is continuing as planned without any significant changes)* ☐ Modification *(i.e., Program will have significant changes in upcoming year)*
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

Target Population	☒ Children *(Ages 0 – 15)*	☒ Transitional Age Youth *(Ages 16 – 25)*	☒ Adult *(Ages 26 – 59)*	☒ Older Adult *(Ages 60+)*

Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	**FY16/17 Key Successes** In 2017, Suicide Prevention Week (SPW) and Mental Health Awareness Week (MHAW) were key successes, wherein approximately 200 CalMHSA materials were distributed to students. **FY16/17 Program Challenges** One of the main challenges has been obtaining access to schools that have been non-receptive to partnership and collaboration efforts. In the coming years, LCBH plans to focus outreaching to these schools to ensure that all students receive these services and activities.
Population Served	The majority of individuals served were Caucasian/White (66%) and others were Native American/Native Hawaiian (23%) and Hispanic/Latino (10%).
Individuals Served	149
Cost Per Person Served	Information related to cost per person served in FY16-17 was not available at the time of data collection in July 2019.

Innovation (INN) 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

Program Overview	
Program Name	Full Cycle Referral and Consumer Driven Care Coordination
Program Description	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.
MHSA Reporting Information	
Program Status	☒ New (i.e., Program is not mentioned or developed in prior three-year plan)
	☐ Continuing (i.e., Program is continuing as planned without any significant changes)
	☐ Modification (i.e., Program will have significant changes in upcoming year)
Target Population	☒ Children (Ages 0 – 15) ☒ Transitional Age Youth (Ages 16 – 25) ☒ Adult (Ages 26 – 59) ☒ Older Adult (Ages 60+)
Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	Key Successes: LCBHS worked closely with TIR, the Advisory Leadership Team, Innovation Steering Committee and Resource Development Associates (RDA) to create data collection protocols and procedures and to facilitate the participatory evaluation process. Through these activities, LCBHS established the infrastructure for systematically collecting data and information that would be used to inform their decision-making. This has been crucial in building LCBHS's increased capacity for data-driven decision-making. LCBHS established important strategic partners and recruited stakeholders for the participatory evaluation process. Project launch activities included the design, testing, and adoption of the interactive online information portal. LCBHS worked with RDA to develop an evaluation plan that outlines the theory of change, methodology, data sources, and timeline of evaluation activities. LCBHS worked closely with TIR and the advisory leadership team to develop the design of the online information portal. Then, LCBHS implemented a virtual referral "call center" that is specifically tailored to support the behavioral health community's needs by opening up communication between the provider agency making the referral and the provider agency accepting the referral. LCBHS also conducted trainings for providers and worked with RDA to align implementation activities with evaluation activities. Key Challenges: Since the implementation of innovative web-based technology had not been done before in Lake County, there was a need to build technical capacity, establish new relationships, and build shared understanding of the

	technology across partner agencies and stakeholders. LCBHS conducted critical capacity building and system change activities to establish a strong foundation for the project going forward. In fiscal year 2016-2017 (FY16-17), LCBHS increased shared understanding of the project across stakeholders and decision-makers, established relationships with strategic partners, created communication channels for ongoing communication throughout the project period, and created infrastructure to inform data-driven decision-making. LCBHS conducted a number of public meetings to present and outline the planned project and potential impacts on the local mental health community. LCBHS conducted extensive targeted outreach and engagement activities with providers and agency partners. These communication channels and relationships were necessary to inform ways in which the project can grow and improve. These outreach and engagement activities formed the foundation for effective collaboration and coordination between providers, which is critical for the success of the project. See Lake County Annual Innovation Report FY16-17 for further details.
Population Served	Not applicable because no persons were served in FY`16-17.
Individuals Served	0
Cost Per Person Served	No cost per person data are available because no persons were served in FY 2016-2017. Total MHSA program expenditures was $144,414.62.

Workforce, Education, and Training (WET) Programs

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

Program Overview	
Program Name	Workforce Education and Training
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.
Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	For part of the year, LCBHS had a WET coordinator who managed the training activities of the department. These training opportunities were for staff development for career opportunities and trainings to improve the delivery of mental health services.
Program Expenditures	The WET program expended a total of $58,730.04. A small portion was paid for by WET funds (i.e., $16,460.63) and a larger portion was paid for by the 1991 Realignment funds (i.e., $41,540.41).

Capital Facilities and Technology Needs (CFTN) Projects

The Capital Facilities and Technology Needs (CFTN) component of MHSA enables counties to utilize MHSA funds to support MHSA service facilities and administrative offices that house services and develop technological infrastructure to facilitate efficient and quality services and supports to clients and families.

Capital Facilities

<table>
<tr><td colspan="4" align="center">Program Overview</td></tr>
<tr><td>Program Name</td><td colspan="3">Capital Facilities</td></tr>
<tr><td>Program Description</td><td colspan="3">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.</td></tr>
<tr><td colspan="4" align="center">MHSA Reporting Information</td></tr>
<tr><td rowspan="3">Program Status</td><td colspan="3">☐ New   (i.e., Program is not mentioned or developed in prior three-year plan)</td></tr>
<tr><td colspan="3">☐ Continuing   (i.e., Program is continuing as planned without any significant changes)</td></tr>
<tr><td colspan="3">☐ Modification   (i.e., Program will have significant changes in upcoming year)</td></tr>
<tr><td>Target Population</td><td>☐ Children (Ages 0 – 15)</td><td>☐ Transitional Age Youth (Ages 16 – 25)</td><td>☐ Adult (Ages 26 – 59)   ☐ Older Adult (Ages 60+)</td></tr>
<tr><td colspan="4" align="center">Program Updates in FY2016-2017</td></tr>
<tr><td>Activities, Outcomes, Successes, and Challenges</td><td colspan="3"><u>Key Successes:</u> In FY16-17, LCBHS was in the planning and early implementation stages for all CFTN projects, including: remodeling South Shore facility; improving safety of Lucerne facility's office lobby, relocating of the peer support center from Clear Lake to Clear Lake Oaks location (to accommodate many more programs and provide a safe space for community members to participate in activities); upgrading server to facilitate electronic health records (resulting in much less down time and more efficient processes); and acquiring two new fleet vehicles to improve safety of travel to rural areas and support more services (such as home visits, providing services during natural disasters, and evacuating clients during wildfires). LCBHS convened meetings to come up with plans on how to approach the remodel. As a result of these meetings, LCBHS decided to repair the roof of those buildings as the first phase.

<u>Key Challenges:</u> There were time constraints and challenges working within the county to move the process forward. For example, the process of getting budget approved was very long. In addition, the hiring process was very long resulting in further delays. Drafting the lease agreement language proved to be challenge; in the following year, LCBHS developed a different process that took less time.</td></tr>
<tr><td>Program Expenditures</td><td colspan="3">Due to unexpected delays and the emergency response efforts to the wildfires, no CFTN funds were expended in this time frame.</td></tr>
</table>

Lake County Electronic Health Record Project

<table>
<tr><td colspan="2" align="center">Program Overview</td></tr>
<tr><td>Program Name</td><td>Lake County Electronic Health Record Project</td></tr>
<tr><td>Program Description</td><td>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. The project includes the following components: implementation of Anasazi software, conversion to Microsoft SQL server,</td></tr>
</table>

	conversion of paper charts, purchasing additional hardware, and ongoing service and maintenance, as well as meeting Meaningful Use and Interoperability requirements.
Program Updates in FY2016-2017	
Activities, Outcomes, Successes, and Challenges	This program reported no activities in FY16-17.

IV.   MHSA Program Expenditure Updates

MHSOAC requires project program expenditures. However, this report is retroactive and the following fiscal year has already occurred. Thus, please refer to Annual Update Report for Fiscal Year 2019-2020 for projected program expenditures.

Appendix I.   Notices of Public Posting and Public Hearing

TO: LAKE COUNTY RECORD BEE

FROM: CLERK TO THE BOARD

PUBLISH: ONE TIME ONLY; **THURSDAY, OCTOBER 17, 2019**

                THE FOLLOWING PUBLIC HEARING NOTICE

FURNISH: AFFIDAVIT TO **CLERK TO THE BOARD**, 255 NO. FORBES STREET, LAKEPORT, CA 95453

COUNTY OF LAKE

BEHAVIORAL HEALTH SERVICES

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Behavioral Health Services of the County of Lake, State of California, will hold a public hearing on the MHSA Three-Year Program and Expenditure Plan Updates for Fiscal Year 2018-19 and 2019-20.

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 began Friday, October 4, 2019 and ends at 5:00 p.m. on Monday, November 4, 2019.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to **LCBHS, Attn: Scott Abbott**, 6302 Thirteenth Ave, PO Box 1024, Lucerne, CA 95458.

II. **A Public Hearing will be held by the Lake County on November 4, 2019,** at the Circle of Native Minds (845 Bevins Street; Lakeport, California 95453), 10:00am-1:00pm for the purpose of receiving further public comment on the MHSA Three-Year Program and Expenditure Plan Updates for Fiscal Years 2018-19 and 2019-20.

III. **To review the MHSA Annual Program and Expenditure Plan Updates for Fiscal Years 2018-19 and 2019-20** or other MHSA documents via Internet, follow this link to the Lake County website.

http://www.lakecountyca.gov/Government/Directory/LCBHS/MHSA.htm

CAROL J. HUCHINGSON

Clerk of the Board

By: Carolyn Purdy

     Assistant Clerk to the Board