

**Mental Health Services Act  
Public Hearing  
Lake County Behavioral Health Services  
Meeting of August 13, 2020**

**Location:** Zoom      **Start Time:** 10:05am    **Participants:** 43

**1. Topic: Three-Year Planning Meeting for FY 2020-23**

**Meeting opened with members of the Mental Health Advisory Board**

**Jamie Dorsey (RDA) – provided a brief overview of the history as well as components of MHSA.**

**Highlights of Overview:**

- The purpose of the three-year plan is to identify mental health service gaps and develop strategies to address them in Lake County
- Community planning is essential to ensure that MHSA programs and services are responsive to the community unique needs

**Timeline of MHSA Planning Activities:**

- Kickoff with LCBHS in November 2019 (included review of materials and regulations)
- Phase II: Conducted community meetings in December 2019 (collected program data)
- Phase III: Gathered stakeholder input on needs and services in January 2020
- Phase IV: Develop three-year plan, post for public comment, hold public hearing, and finalize plan and present to BOS on September 15, 2020
- 125 stakeholders involved through community meetings, surveys, interviews, and public hearing

**COVID-19 Considerations:**

- Due to COVID-19 the development of the three-year plan was slightly delayed
- Over the next three fiscal years the MHSA funding may need to be modified given the financial landscape we are facing.

**Current MHSA Programs:**

- The impacts of COVID-19 there are not any new programs being proposed, we will focus on strengthening the existing programs
- Current programs have been funded in previous years' plans
- Early Student support program will end due to inactivity and has reached its goals

**Highlights of Services**

- Peer Support Centers provide a variety of services and target different populations
- Consumers feel supported
- Mini grants help to expand services
- Referral process is more streamlined
- Development of new programs, i.e. Mother-Wise, Middletown Peer Support Center, Teen Mental Health First-Aid

**Identified Needs**

- Some consumers have longer wait times to access services
- Need more peer-navigation to help consumers through the system
- Reluctant to access services through county clinics due to feeling unwelcomed and not culturally responsive
- Transportation challenges to access services

**Populations need more targeted support for:**

- Older Adults
- TAY
- Males
- Latinx community
- LGBTQ + community
- Native American community
- Families and caregivers
- Schools and children

**Other Needs Identified**

- More recreation activities
- Raise more awareness of existing services
- More outreach of services in both English and Spanish

**Staff Capacity and Training**

- Staff capacity has improved, particularly within the crisis team and access team
- Still facing challenges with turnover and retention
- First responders need more mental health training

**Communication and Collaboration**

- Stakeholders feel more involved in the planning process
- Need more communication and collaboration when transitioning from different levels of care

**Themes Beyond the Scope of MHSA**

- Unhoused individuals can face challenges accessing care
- Building a homeless shelter
- Offer behavioral health navigation services
- Offer more integrated health and SUD services
- LCBHS is increasing SUD screenings

**Proposed MHSA Program Modifications****CSS****Older Adult Access:**

- Offer volunteer stipends and technical support

**Prevention & Early Intervention (PEI)****Peer Support Centers**

- Hire a total of five outreach workers to provide outreach and navigation services
- Increase funding

**Mother-Wise**

- Consider hiring additional staff
- Mom-to-Mom coordinator

**Early Intervention Services**

- Expand services
- TAY, youth focused team, and provide early intervention services

**Workforce Education & Training (WET)**

- Hire coordinator
- Provide a training room
- Provide infrastructure and staff development
- Support retention
- Obtaining a software platform to help with staff training and development
- Superior Regional WET Partnership program

**Capital Facilities and Technological Needs (CFTN)**

- Remodel Clearlake clinic to make it feel more welcoming
- Install generators during disasters and blackouts
- Transitioning EHR software platform

**Innovation (INN)**

- Pathways platform

**Stakeholder Question:**

- Will the peer support centers receive more funding?

Scott Abbott (MHSA Program Manager): Yes the Peer Support Centers will receive more funding.

**MHSA Allocation**

- PEI: 19%
- INN: 5%
- CSS: 76%
- FSP: 50%
- O+E and SD – 50% of CSS

**LCBHS MHSA Budget Request**

Scott Abbott (MHSA Program Manager)

- See slide for MHSA Budget Request Breakdown
- FY 22/23 projections are a rough estimate and will be updated accordingly

**Impact of COVID-19 on MHSA Funding**

- State is anticipating a 20% drop in revenue from 18/19, due to the tax base dropping from economic conditions in 2020
- Anticipated decrease in FY22-23
- 19/20 drop due to the delay in tax collections

**MHSA Requirement Flexibility in Response to COVID-19**

- The state will allow us to access our prudent reserve (rainy day account)
- Extend deadlines for 3-year plans, annual updates, and revenue expenditure reports
- Flexibility to move funds within and between some MHSA components
- Flexibility with reversion deadlines

**Two-Phase Budget Action on MHSA**

- Prudent Reserve 3-year plan deadlines in June
- INN flexibility: transfer to WET, Cap Facilities, prudent reserves in August
- We have unspent MHSA funds that are not in immediate danger of reversion
- If we don't expand we should be able to get by on our current revenues and unspent funds to fulfill our programming
- The worries are the length of the economic recovery

**\*\*Intentionally left blank\*\***

### **Questions from stakeholders:**

- **Have we used the prudent reserves?**
  - No. If we stay with our current funding and programming level we should not have to use our prudent reserves.
- **Are you saying that reversion funds from previous years can be used to supplement reduced funding in the next three years?**
  - We have funds that if we do not use will be reverted but they are not in immediate danger of reversion. We do have INNnovation funds that are in danger of innovation; however will be using those funds for our INNnovation project.
- **How much do we have in the prudent reserve?**
  - We have about \$800,000

### **Public Comment and Discussion**

#### **Scott Abbott (MHSA Program Manager) presented information about WET Regional Planning Project**

- Each region in the state can come up with a plan that is within certain parameters, Office of Statewide Health Planning and Development (OSHPID) will match the amount all the counties put in and we can use those funds according to what our plan is.
- We are a part of a superior region which is made up of over small northern California counties
- We contribute \$54,000
- We would get around \$5,000,000
- We will use the funds according to what our plan is.
- **The top three plans are:**
  - Loan repayment
  - Stipends
  - Employee retention program

#### **Stakeholder comment:**

- Concern is that there is not enough communication between MHSA program, Lake County Behavioral Health, and local therapists. We need to connect more. What are the methods you use to communicate? We need more communication from the county.
- Develop a program called CAHOOTS which is a first responder for mental health crisis out of Eugene, Oregon.

#### **Stakeholder Comment:**

- Mental Health Advisory Board has the opportunity, purpose, and ability to engage in the outreach and education for the community. We have discussed this for many years at QIC meetings. The department does not seem to know how to do it. The Mental Health Advisory Board needs to be an active body. This is a legal requirement for the Mental Health Advisory Board to conduct this legal hearing so the final document presented to the BOS contains the input from all legally required participants. Who made the decisions for voluntary stipends for older adult programs? We would like to have more

input as to what services will be delivered to senior centers. We need the CAHOOTS program.

**Michael Ray (member of the Mental Health Advisory Board)**

- There does need to be a lot more communication about these meetings as well as resources
- Top of priority list is to make Lake County more aware of resources and get more people engaged

**Scott Abbott (MHSA Program Manager)**

- The goal was to have a meeting once a month between MHSA, Cultural Competency, and Quality Improvement.
- We would like to start conducting these meetings with zoom in the near future

**Stakeholder – Mother-Wise**

- So many aspects of the plan will be different partially due to COVID-19 and other program challenges
- We switched from a grant program to a non-profit organization

**Chat box comments:**

**Information about joining the mental health board can be found on the county website:**

- <http://www.lakecountycga.gov/Government/Boards/MHB.htm>

**Ronnie Duncan (Mental Health Advisory Board member)**

- In reading the plan about limited staff capacity and staff retention, have you identified any of the barriers of why this is happening?

**Scott Abbott (MHSA program manager)**

- The WET regional plan will help us Behavioral Health staff progress and gain more training
- We need to get a WET coordinator to help us with staff retention and training

**Elise Jones (Behavioral Health Program Manager)**

- In regards to staff retention, our department has done okay in the last year. In most departments including private sectors you can almost always find recruitment challenges in this field. We are not unique to those challenges and we are looking at ways to expand our workforce which includes taking on interns to grow our on. We want people who are motivated to continue their education and stay with us as we support them through that and that is how we can meet the challenge.

**Stakeholder comment**

- I know a couple of students studying for the social working degree in Humboldt and they live in the county. Is that the type of people you are looking for to conduct mental health work in the county?

**James Isherwood (Clinical Director for Behavioral Health) - Comment on workforce development plan**

- The agency has 20 allocations for clinical people and only three licensed
- We have 13 students at different levels of development
- Eight people who are waived (registered with BBS and waiting for licensure)
- Three in first year of practicum, two in the second year
- Therefore we have an up and coming crop of clinicians within our department that we have been working on a number of years and it is working!

**Ronni Duncan (Mental Health Advisory Board member)**

- We discussed a way to get a public zoom meeting so people can attend meetings online and this is something we are going to work on.
- Question to James Isherwood: Has Behavioral Health identified why it is so difficult to get clinicians in the area?

**James Isherwood (Clinical Director for Behavioral Health)**

- **Wages! We cannot compete.**

**Upcoming Meetings:**

- TBA

**Minutes Prepared by:**

Morgan Hunter

\*\*Some info taken from PP slides\*\*