



LASSEN COUNTY Health and Social Services Department

- HSS Administration**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8128
- Public Guardian/Administrator**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8337
- Housing & Grants**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8309
- Behavioral Health**
555 Hospital Lane
Susanville, CA 96130
(530) 251 - 8108
- Public Health**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8183
- Community Social Services**
1400 Chestnut Street, Ste A
Susanville, CA 96130
- LassenWORKS**
1616 Chestnut Street
Susanville, CA 96130
(530) 251 - 8152
- Child & Family Services**
1600 Chestnut Street
Susanville, CA 96130
(530) 251 - 8277
- Adult Services**
1400 Chestnut Street, Ste B
Susanville, CA 96130
(530) 251 - 8158
- Family Solutions/Wraparound**
1400 Chestnut Street, Ste C
Susanville, California 96130
(530) 251 - 8340

Mailing Address:
PO Box 1180
Susanville, California 96130

Date: March 10, 2026

To: Gary Bridges, Chairman
Lassen County Board of Supervisors

From: Tiffany Armstrong, Director
Behavioral Health

Subject: Approval of Mental Health Services Act (MHSA) Annual Update FY 2024-2025.

Background:

Lassen County Health and Social Services respectfully requests that the Board of Supervisors adopt the Fiscal Year 2024-2025 Mental Health Services Act (MHSA) Annual Update.

The MHSA, enacted by California voters through Proposition 63, provides funding to counties to expand and transform public mental health services. In accordance with California Welfare and Institutions Code Section 5847, counties are required to prepare and submit an Annual Update outlining planned expenditures, program modifications, and performance outcomes for Community Services and Supports (CSS), Prevention and Early Intervention, Innovation, Workforce Education and Training.

The FY 2024-2025 MHSA Annual Update reflects ongoing community planning efforts, stakeholder input, and program evaluations. The update identifies proposed program continuations, funding allocations, and any necessary adjustments to address emerging community needs and service delivery priorities in Lassen County.

Approval and adoption of the FY 2024-2025 MHSA Annual Update will authorize submission to the California Department of Health Care Services and allow continued receipt and expenditure of the MHSA funds.

Fiscal Impact:

Funding for MHSA programs is dependent on the approval of the Annual Updates.

Action Requested:

1) Adopt the FY 2024-25 MHSA plan update and approve its submission to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

MENTAL HEALTH SERVICE ACT ANNUAL UPDATES FOR 2024-2025

Lassen County Behavioral Health

MHSA COUNTY COMPLIANCE CERTIFICATION

County Mental Health Director Name: Tiffany Armstrong Telephone: 530-251-8108 Email: tarmstrong@co.lassen.ca.us	Program Lead Name: Nichole Bond Telephone: 530-251-8108 Email: nbond@co.lassen.ca.us
Mailing Address Lassen County Behavioral Health 555 Hospital Lane Susanville, Ca 96130	

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 non-supplantation 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 3-10-2026.

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

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

County Behavioral Health Director

Signature

Date

County: Lassen

Approved as to Form

FEB 11 2026
Lassen County Counsel

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Lassen

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

County Mental Health Director Name: Tiffany Armstrong Telephone: 530-251-8108 Email: tarmstrong@co.lassen.ca.us	Program Lead Name: Nichole Bond Telephone: 530-251-8108 Email: nbond@co.lassen.ca.us
Mailing Address Lassen County Behavioral Health 555 Hospital Lane Susanville, Ca 96130	

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

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

County Behavioral Health Director (PRINT)

Signature

Date

Approved as to Form

FEB 11 2026


Lassen County Counsel

Mental Health Service Act Annual Updates for 2024-2025

I hereby certify that for the fiscal year ended June 30, 2025, that Lassen County has maintained an interest-bearing local Mental Health Services (MHSA) Fund (WIC 5892(f)); and that Lassen County financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2025, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that Lassen County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

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

_____	_____	_____
County Auditor Controller (PRINT)	Signature	Date

These forms will be signed after public comments have been incorporated and once the plan has been finalized and approved by the Board of Supervisors.

Mental Health Services Act Background

In November of 2004, California Voters passed Proposition 63, the Mental Health Services Act (MHSA). The MHSA imposes a one percent (1%) tax on individuals with a personal income in excess of \$1,000,000. Each county receives a percentage of the funds that are collected.

According to the goals of the MHSA, the funds are available to transform the county's mental health system into one that is consumer and family driven, recovery oriented with services that are accessible, and provided in a manner that is culturally competent and appropriate for the population served.

The MHSA established five (5) components that address specific goals for priority populations and key community mental health needs. The first component, Community Services and Supports (CSS), focuses on the development of recovery-oriented services for children, youth, adults and older adults with serious mental illness. Prevention and Early Intervention (PEI) is the second component. PEI's focus is on education, supports, early interventions and a reduction in disparities for underserved groups seeking access to mental health services. The remaining components, Innovation (INN), Workforce Education and Training (WET) and Capital Facilities serve to introduce new and creative ways of addressing community mental health needs, support the development of well-trained, qualified and diverse workforce and strengthen the foundation of the mental health system.

MHSA Legislative Changes

The development of services and programs for each component is a collaboration of individuals and organizations that bring expertise and experience that enrich the community planning process. Over the past several years, Lassen County Behavioral Health held planning meetings and conducted focus groups to solicit input and gather information from consumers and community partners. On March 24, 2011, Governor Brown signed in law AB 100 which deleted the requirement that the Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) review and approve county MHSA plans. The approval of MHSA plans lies with the County Board of Supervisors.

On March 5, 2024 the voters approved Proposition 1. The Behavioral Health Services Program and Bond Measure was passed Proposition 1 was renamed Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of BHSA moneys,

including allocating funds to local behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidenced-based practices.

The fiscal transition to BHSa fiscal transition begins January 1, 2025, and Counties can start using BHSa funds July 2025. For this annual update, LCBH will continue to refer to current regulations and guidelines

MHSa Program Components

MHSa consists of five (5) components, each of which addresses specific goals for priority populations, key community mental health needs, and age groups that require special attention. The programs developed under these components draw on the expertise and experience of behavioral health and primary health care providers, community-based organizations of all types, school districts, community programs and centers, institutions of higher education, law enforcement and the judicial system, and local government departments and agencies. The five (5) programs are:

- Community Services & Supports
- Prevention & Early Intervention;
- Capital Facilities & Technology;
- Workforce Education & Training; and
- Innovation.

MHSA 2024-2025 ANNUAL UPDATE

Purpose of Annual Update

The intent of Lassen County Behavioral Health MHSA Annual Update for Fiscal Year (FY) 2024-2025 is to provide the community stakeholders a progress report of each of the components within MHSA: Community Services and Supports; Prevention and Early Intervention; Workforce, Education and Training (County exhausted all funding in 2015); Innovation; Capital Facilities/Technological Needs (County exhausted all funding in 2019); and Housing. In accordance with MHSA regulations, County Mental Health Departments are required to submit a program and expenditure plan (program description and budget) and update it on an annual basis, based on the estimates provided by the Department of Health Care Services (DHCS) and in accordance with established stakeholder engagement and planning requirements.

This update provides a progress report of Lassen County Behavioral Health MHSA activities for FY 2024-2025 including cost per person by component. This Annual update will not include purposed activities for FY2025-2026 due MHSA ending and BHSa beginning.

In the following sections, listed is each MHSA Component with:

- Brief program description
- Additional assistance needs from education and training programs
- Notable community impact
- Challenges or barriers and strategies to mitigate those challenges or barriers
- Estimations of funds spent/to be spent. It is important to note that the numbers in this report are an estimate and that the MHSA Annual Expenditure and Revenue report will come on in January of 2026 for FY 2024-2025.

This report will provide a summary of the programs and activities made possible through MHSA. The goal of MHSA is to transform the community behavioral health system in California. Lassen County Behavioral Health has been actively working towards that goal since the passage of MHSA in 2004. While there is still much to do, a significant amount of positive change has occurred.

Critical to the success of our MHSA services has been the participation and dedication of our staff, stakeholders, community partners and providers. Through collaborative efforts, we have developed a range of programs and services including those that support our clients and their families as well as education programs and resources that benefit our Lassen County communities. We are committed to providing quality care and services for our residents and we remain attentive to assure that we exercise sound fiscal management of MHSA dollars spent in the most effective manner.

COUNTY DEMOGRAPHICS



Lassen County is located in the northeastern portion of California with a population of 32,730 (2020 US Census Data). Geographically, it is among the largest counties in California incorporating 4,547 square miles. The county's terrain consists of forestland and high desert plateaus. Susanville is the county seat and the main population center. Susanville is located near the center of Lassen County and approximately 80 miles north of Reno, Nevada. There are other small-unincorporated outposts throughout the county. They include Bieber, some 80 miles to the north of Susanville, and three small-unincorporated towns over 70 miles from Susanville to the northeast with a population of about 1,390. Westwood is 22.6 miles to the west of Susanville with a population of about

1541, and Herlong 40 miles to the south with a population of about 928. Major routes leading to Susanville include Highway 395 from the south and Highway 36 from the west and a minor road Highway 139 leads to the Bieber / Big Valley area. Severe winter weather frequently affects travel on these highways making travel from outlying areas difficult or impossible. Public transportation is available on a limited basis within the Susanville area, transportation services to the outlying areas are generally limited to morning, and evening service runs.

Lassen County has a population of about 32,730, However, it is important to note that there is one California State Prison (High Desert State Prison) and one Federal Prison (Federal Correctional Institution – Herlong) and the population of these facilities are included when census information is collected. Individuals housed in correctional institutions will not be able to access the services offered by Lassen County Behavioral Health as each institution provide in-house services to offer those individuals. Previously, Lassen County housed another State Prison (California Correctional Center) but due to its closure in 2021, there is likely to be a population decrease of Lassen County. Please see figure 1 below to see the population decrease since the prison closed provided by the United States Census Bureau. Please see figure 2 below for the 2024 Lassen County population makeup by race provided by the United States Census Bureau. The economy of Lassen County is primarily supported by government services, the community hospital, and the community college. Please see figure 3 below to see the median income for Lassen County provided by the United states Census Bureau.

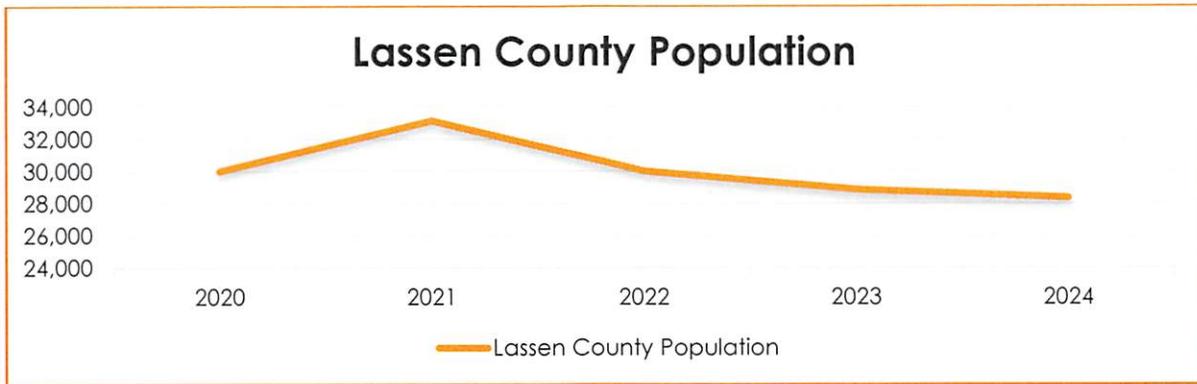


Figure 2 Lassen County Population 2020-2024

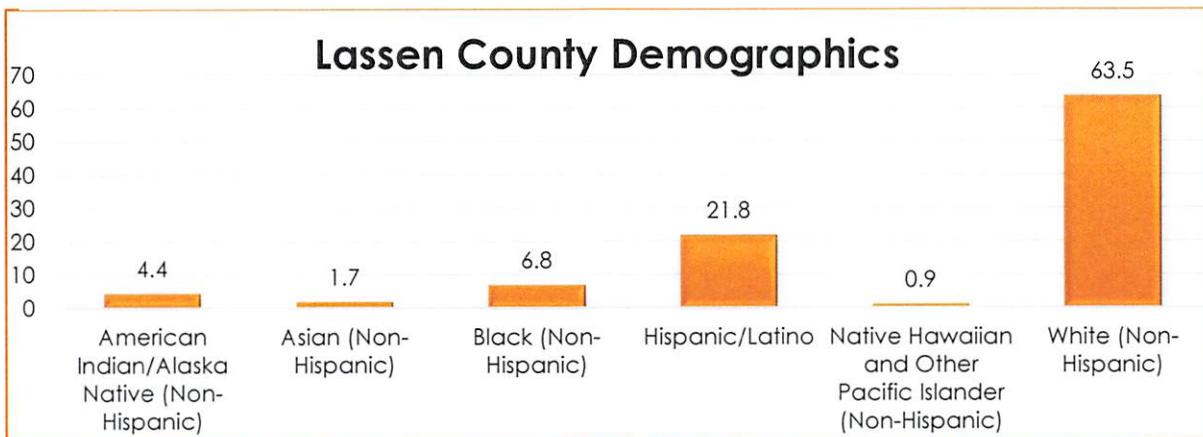


Figure 1 Lassen County Demographic Break Down 2024

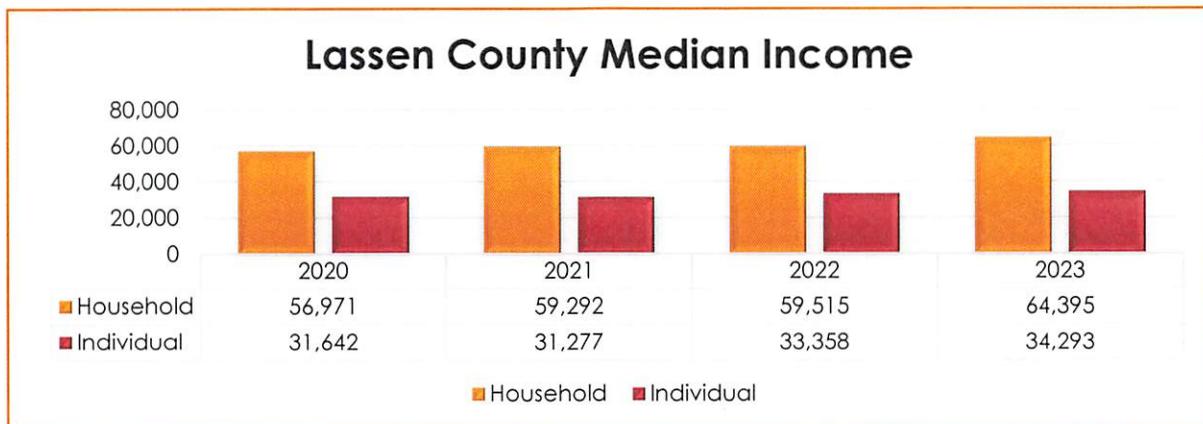


Figure 3 Lassen County Median Income 2020-2023

LASSEN COUNTY BEHAVIORAL HEALTH STRENGTHS AND CHALLENGES

Strengths

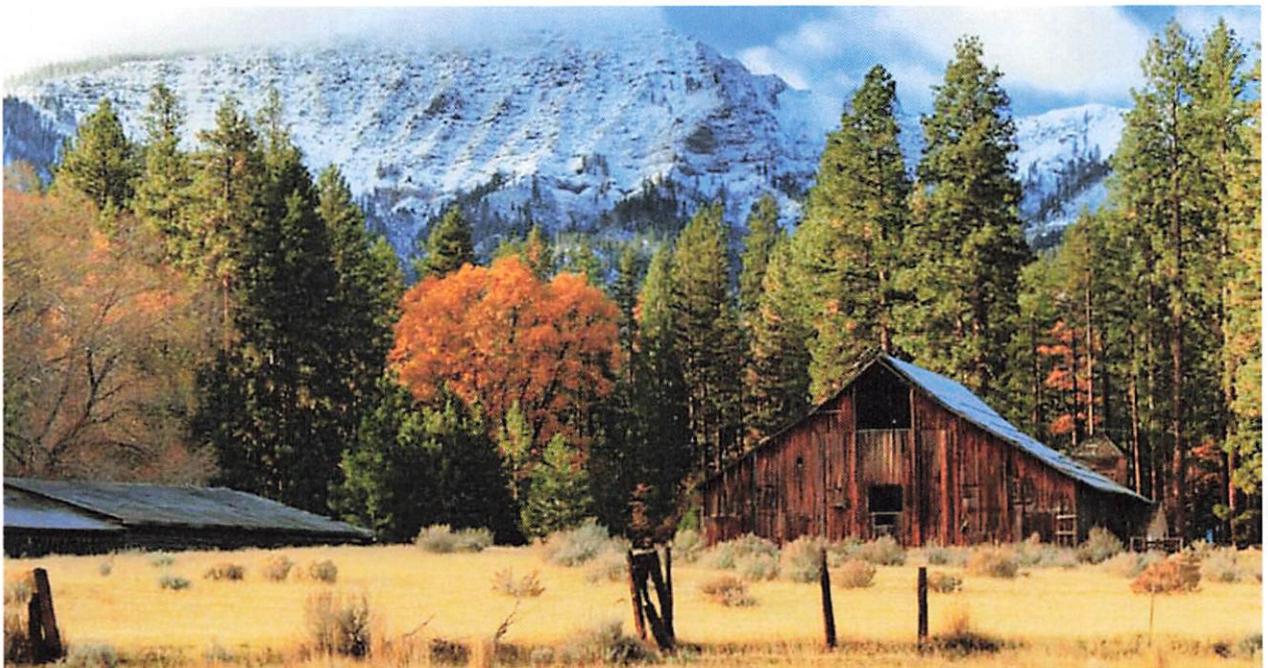
- Lassen County moved to a new electronic health record (EHR) system (Credible) July 2023, with the goal of reducing challenges and limitation that were present with the last EHR.
- Lassen County was approved for the Behavioral Health Bridge Housing grant. This grant will provide funding to county behavioral health agencies and Tribal entities to operate bridge housing settings to address the immediate housing needs of people experiencing homelessness who have serious behavioral health conditions, including serious mental illness (SMI) and/or substance use disorder (SUD).
- Lassen County is hosting monthly Cultural Humility meetings. The meetings are a collaboration with other agencies to discuss upcoming community events to identify gaps in services to unserved and underserved populations, complete outreach events, and reduce stigma and discrimination. LCBH is also releasing monthly Cultural Competency newsletter that is distributed to staff and put onto the LCBH website.
- LCBH hosted the first Veteran Stand Down in FY 2023-2024. The Veteran Stand Down is a health care event where the veterans of Lassen County were able to connect to resources in one centralized location. Due to the success of the event, the event will happen again in FY 2024-2025
- Lassen County hired a new analyst to assist with MHSA and Substance Abuse data.
- LCBH has resolved the matter with inputting the Full-Service Partnership participants into the Data Collection Reporting system. Data is now being put in timely and accurately.

Challenges

- Recruitment and retention of trained Clinicians and Psychiatrists is extremely challenging in Lassen County. With the passage of the Affordable Care Act (ACA), the expansion of behavioral health services and the resulting provider shortages across the state, Lassen County faces increasing challenges recruiting and retaining qualified staff. Lassen County has had vacant positions for a Clinical Supervisor and Fiscal Officer for over a year.
- The geography of Lassen County is a barrier to providing services, particularly in the remote areas of the region. During winter months, travel throughout the County is impacted by inclement weather, which frequently leads to significant highway delays or road closures. Lack of transportation is consistently listed as one of the main barriers clients face when seeking access to services.
- Small, rural counties have an increased potential for stigma, delaying people in need from engaging in services. Stigma regarding mental health and substance use disorders has been identified as a significant barrier in focus groups in Lassen County.

Mental Health Service Act Annual Updates for 2024-2025

- Lassen County frequently experiences power outages ranging from a couple hours to several days. During these times it is hard for clients to access services, as well as challenging for staff to contact subcontractors, clients, and hospitals.



COMMUNITY STAKEHOLDER PROCESS

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in FY 2024-2025. Include the methods used to obtain stakeholder input.*

Lassen County Behavioral Health (LCBH) is highly committed to including consumers and stakeholders throughout the county within all levels of the organization, as well as in the annual update stakeholder process. During FY 2024-2025, stakeholder meetings were held with minimal to moderate participation.

In April of 2025, LCBH scheduled five (5) community forums across all geographic regions in the county to ensure consumer involvement, and one (1) provider meeting. The purpose was to have participants engage in conversation about programs they were familiar with and to encouraged participants to share experiences working or participating in such programs. Each community forum was to include a presentation of the current MHSA programs, solicitation of stakeholder input into the annual update, review of proposed projects, an update on the implementation of the current Innovation project, and to discuss prevention early intervention options that were identified with department of health care services in the LCBH corrective action plan.

Additionally, LCBH engages stakeholders, provides information, and invites feedback about MHSA programs throughout the year using regularly scheduled monthly Mental Health Advisory Board meetings to discuss needs/gaps in the community.

Stakeholder attendance is documented on meeting sign-in sheets and consumer feedback forms indicate the representation of those community members as outlined in WIC 5848 and include underserved and unserved served populations. Significant focus on outreach to diverse stakeholders that represent the demographics of the County included clients with severe mental illness as well as other community groups. LCBH attends numerous health fairs and community education events in an effort to provide community education, offer information and connect individuals with Lassen County Behavioral Health. Outreach efforts also served to build contact lists used to distribute information about the Annual Update, community forums and regularly scheduled stakeholder meetings.

2. *Identify the stakeholders involved in the CPP process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.)*

Consumers, family members, partners, providers, staff and other stakeholders were invited to participate in six (6) community and one (1) provider forums with question and answer sessions and completed written surveys in English. The sessions were in the months of January and February of 2024 with minimal to moderate participation. Dates

Mental Health Service Act Annual Updates for 2024-2025

of the stakeholder meeting are below; some dates were rescheduled due to weather and one location had requested a second meeting.

Location	Dates
Bieber	• April 16, 2025
Herlong	• April 9, 2025
Susanville	• April 8, 2025 (2 meetings held) • April 17, 2025 (Community Partners)
Westwood	• April 23, 2025

Information regarding populations represented, ages, race/ethnicity, client/family member affiliation, and primary languages spoken can be found in the attachments of this report.

3. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 days.*

LCBH went out for stakeholders to gather community input, holding six (6) community stakeholder meetings and one (1) provider meeting.

The MHSA FY2024-2025 ANNUAL UPDATE was circulated using the following methods:

- Mental Health Board members were sent notice informing them of the start of the 30-day review and how to obtain a copy of the proposal.
 - The LCBH FY 2024-2025 annual update is posted on the department's website www.lassencounty.org/dept/behavioral-health/mental-health-services-act
 - Any feedback received during the 30-day Public Posting Period from 12/1/2025 through 01/31/2026 is included in this report.

The Public Hearing is scheduled to take place at the regularly scheduled Behavioral Health Advisory Board Meeting on 02/09/2026 which is held from 5:30 p.m. until 6:30 p.m.

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

4. *If consolidating programs or eliminating a program/project, include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.*

Mental Health Service Act Annual Updates for 2024-2025

Final Wellness Center was closed during this time due to an inability to recruit and retain staff. This was explained at the stakeholder meetings.

- 5. Include substantive recommendations received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

During the 30-day Public Posting, LCBH did not receive any feedback from the community.

Board of Supervisor _____ adopted the MHSA Annual Update FY 2024-2025.

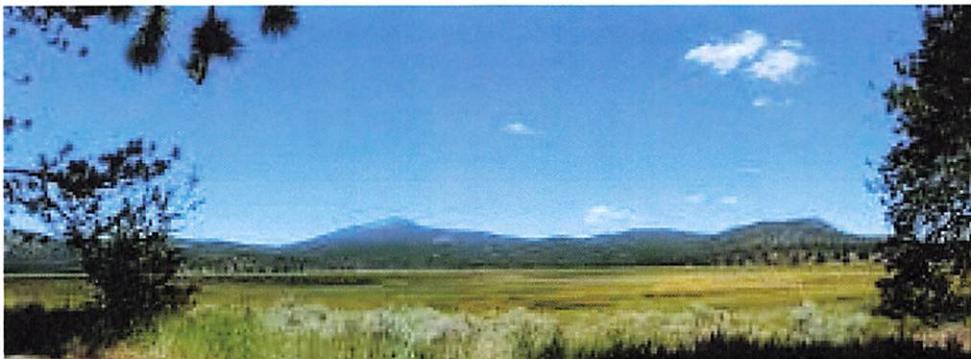
MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

1. *Provide a brief program description (must include number of clients served, age, race/ethnicity, and cost per person). Include achievements and notable performance outcomes.*

LCBH will provide Outreach and Engagement, System Development and Full-Service Partnership Services. In addition, LCBH collaborates with consumers, providers and partners in the community to identify prioritize and implement new and innovative services.

This Annual Update outlines programs generated in collaboration with consumers, family members, and community partners for FY 2024-2025. Lassen County programs and services will be provided under the following guiding principles:

- Services are consumer and family-centered and emphasize recovery and resiliency.
- Provide effective and respectful quality care and services that are responsive to the diverse cultural communities in the County, specifically continuing to expand services to underserved veterans, LGBTQIAS2+, unhoused/unsheltered populations, older adults, and Hispanic/Latino populations.
- Utilize evidence-based treatment models when possible.
- Services will be transparent and the Agency will be accountable through the following methods: data collection; the use of validated tools; and reporting of outcomes to consumers and other interested stakeholders.
- Behavioral Health will leverage MHSA dollars. Many mental health consumers have public health benefits, such as Medi-Cal, which when matched with federal dollars allow us to serve more residents. We will also assist those with private insurance to link to services covered by their insurance.
- Continue to collaborate with public and private agencies across systems so that consumers and family members experience a more integrated and holistic service experience.



FULL SERVICE PARTNERSHIP

Full Service Partnership (FSP) is a program that supports client engagement in recovery through the provision of comprehensive client-centered mental health and non-mental health services and supports focusing on recovery, wellness and resilience. Services are client and family driven, accessible, individualized, delivered in a culturally competent manner and focus on wellness, outcomes and accountability. An FSP is defined as a “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 the client can achieve the identified goals.”

Services are tailored to a client’s ‘readiness for change’ and require a ‘whatever it takes’ philosophy. Whatever it takes may include the use of innovative approaches to service provision to engage clients, assess needs and strengths, and develop collaborative supports and services to foster recovery.

Individuals qualifying for Full Service Partnership may be identified through the CARE Court process. CARE Court can be initiated by family, county and community-based social services, behavioral health providers, or first responders. CARE Court connects a person struggling with untreated mental illness – and often substance use challenges – with a court-ordered Care Plan for up to 24 months. Each plan is managed by a care team in the community and can include clinically prescribed, individualized interventions with several supportive services, medication, and a housing plan. The plan focuses on individuals with untreated schizophrenia spectrum and other psychotic disorders, who may also have substance use challenges, and who lack medical decision-making capacity and advances an upstream diversion from more restrictive conservatorships or incarceration.

Individuals qualifying for Full Service Partnership must meet the eligibility criteria in WIC § 5600.3 (a) for children and youth or WIC § 5600.3(b) for adults and older adults at risk. In addition to meeting eligibility criteria as defined under WIC, MHSA specific criteria are as follows:

Transition Age Youth (TAY) (aged 16-24) must be:

1. Unserved or underserved and one of the following:
 - Homeless or at risk of becoming homeless
 - Aging out of the child welfare system
 - Aging out of the juvenile justice system
 - Aging out of the child and youth mental health system
 - At risk of involuntary hospitalization or institutionalization
 - Involved in the criminal justice system
 - Have experienced a first episode of serious mental illness

Adults (aged 18-64) must be:

1. Unserved and one of the following:

Mental Health Service Act Annual Updates for 2024-2025

- Homeless or at risk of becoming homeless
- Involved in the criminal justice system
- Frequent users of hospital and/or emergency room (ER) services as a primary resource for mental health treatment

OR

2. Underserved and at risk of one of the following:
 - Homelessness
 - Involvement in the criminal justice system
 - Institutionalization

Older adults (ages 64 and above) must be the following:

1. Unserved and one of the following:
 - Experiencing a reduction in personal and/or community functioning
 - Homeless
 - At risk of becoming homeless
 - At risk of becoming institutionalized
 - At risk of out-of-home care
 - At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment

OR

2. Underserved and at risk of one of the following:
 - Homelessness
 - Institutionalization
 - Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment
 - Involvement in the criminal justice system

FSP eligible individuals may receive the full spectrum of services necessary to attain their treatment plan goals. Under the Full-Service Partnership agreement, services deemed necessary by the client, and when appropriate the client's family, and the County to address unforeseen circumstances in the client's life are made available.

These services may include, but are not limited to:

- Mental health treatment organized around specific, individualized treatment plan goals
- Crisis intervention
- Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education
- Wellness centers
- Case management support to assist client in accessing ancillary services

FSP eligible individuals may also receive non-mental health supportive services in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resiliency. These services include but are not limited to:

- Clothing
- Food
- Funds to cover ancillary healthcare services
- Funds for the treatment of co-occurring disorders such as substance use disorders
- Housing, including, but not limited to, rent, subsidies, housing vouchers, house payments, residence in drug/alcohol rehabilitation program and transitional and temporary housing

Adult/Older Adult Full Service Partnerships

The practical application of “full service partnership” clients in Lassen County centers on intensive case management services. These services are client centered, strength based and driven by treatment plan goals developed collaboratively with the client, and if appropriate, his/her family, and consider individual needs and interests. Goals reflect the belief that recovery can and does occur. Incorporated in treatment planning are objectives that focus on clients' eventual transition to lower levels of service and for many, a transition out of the mental health system to natural community supports. The services rendered are holistic, culturally competent; client centered, and may include medication management, primary care referral and support, individual and/or group therapy, case management, wellness and recovery skills building, and referral and linkage to community

MHSA funding used to purchase services or supplies deemed necessary for an FSP to meet their identified treatment plan goals. Services and supports funded under the MHSA program may include but are not limited to: emergency food, shelter or clothing, uncovered medical expenses (i.e. medications), rent, moving expenses, educational expenses, household items, funding for dual diagnosis treatment, housing subsidies, residence in drug/alcohol rehabilitation programs and transitional housing. A revolving account has been established to assist with addressing identified emergencies or immediate FSP needs in a timely manner.

Services in the Adult FSP program are provided by County staff and goals include:

- Reduction in psychiatric hospitalization
- Clients maintained in the community
- Reduction in use of ER
- Reduction in incarcerations

Outcomes measures will include:

- Key Event Tracking (KET)

Mental Health Service Act Annual Updates for 2024-2025

- Ongoing engagement in services
- Progress toward achieving treatment plan goals
- Board and Care

Data and information will continue to be tracked in our electronic health record system and reported in State Data Collection & Reporting System (DCR).

Number of clients served and cost:

LCBH engaged approximately 12 (10 adults, and 2 older adults) consumers in FSP in FY2024-2025 at a cost of approximately \$1.2M (\$101K per person). It is important to note that none of the FSP's in FY 2024-2025 went to an emergency room, jail, or were placed in a psychiatric hospital.

Youth and Family Full Service Partnerships

The intent of the Youth and Family FSP program is to engage children/youth and their families in services that promote health and safety at home, in school and in the community. Services aimed at keeping families intact and avoiding restrictive and expensive placements, including hospitalization, incarceration and group home placement. These services are available to youth who are juvenile justice involved, at risk of

Group 1:

Because of a mental disorder, the child/youth has substantial impairment in at least two of these areas:

- Self-care
- School functioning
- Family relationships
- Ability to function in the community

And

Either of the following occur:

- The child/youth is at risk of or has already been removed from the home
- The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment

Group 2:

The child/youth displays at least one of the following features:

- Psychotic features
- Risk of suicide

- Risk of violence due to a mental disorder

Group 3:

The child/youth meets special education eligibility requirements under Chapter 26.5 of the Government Code.

Transition Age Youth (TAY) between the ages of 16 and 24 years old, in addition to meeting the SED eligibility criteria, must meet all of the MHSA specific criteria referenced above in order to be eligible for FSP services. Referrals to the Family and Youth FSP program made by Behavioral Health clinicians and authorized by the Youth Team Supervisor. Children reviewed by the Service Allocation Team (the County's MDT for out of county placements) are given high priority access to this program. FSP services for children and youth are collaborative in nature and include innovative approaches that are strength based, culturally competent, and tailored to address individual needs. Services are unconditional and highly coordinated.

The child and youth FSP program integrates the Wellness Recovery Action Plan (WRAP) around principles including team-based decision-making, strength-based interventions, cultural competence, individualized plans, persistence and outcome-based strategies. Services for youth are family driven, collaborative and flexible. Each FSP child/youth and their family will work with the Behavioral Health Case Manager who will schedule and facilitate meetings and will provide intensive case management/WRAP around services to the family, which may include, but are not limited to, Intensive Care Coordination, Therapeutic Behavioral Services). Clinicians, extended family members, or others identified by the family, may also participate on family treatment teams.

Services and supports provided to children/youth who engage in FSP's may include but are not limited to the following:

- Community based services provided at home, in school and in the community
- Child/youth and family involvement in individualized treatment planning process
- Transportation
- Activities that facilitate the development of pro-social skills and build peer relationships
- Skill development training
- Evidence based treatment services when possible that support child/youth and family goals
- Linkage to family education services such as parenting classes and other classes offered through other county and community agencies.

MHSA funding is available for non-mental health services and supports deemed necessary for the child/youth FSP to meet his/her individualized treatment plan goals.

Flex funds utilized to promote family stabilization and may include, but are not limited to, the following:

- Emergency food, shelter and housing
- Educational supplies/expenses that promote academic success
- Recreational activities to support client progress toward treatment plan goals
- Uncovered mental health medical expenses
- Transportation costs
- Skill building activities
- Household expenses including purchase of household items and home improvement expenses that promote the likelihood of the child/youth residing in a safe living environment

Services in the Child/Youth FSP program are provided by County staff and/or under contract and goals include:

- Engage families in treatment
- Strengthen family unification and reunification
- Reduce out of home placements

Outcome measures will include:

- Screening for trauma through the Pediatric ACEs and Related Life Events Screener (PEARLS)
- Child and Adolescent Needs and Strengths (CANS-CA-50)
- Out of home placements (days)
- Psychiatric hospitalizations (days)
- Incarcerations (days)
- Key Event Tracking (KET)

Number of clients served and costs:

Five (5) children/youth and three (3) TAY were identified as FSP's in FY 2024-2025. Four (4) children/youth and three (3) TAY were able to be served in county. There was one (1) children/youth identified as FSP in FY 2024-2025 that needed to be placed out of county at an approximated cost of \$40,000 per month.

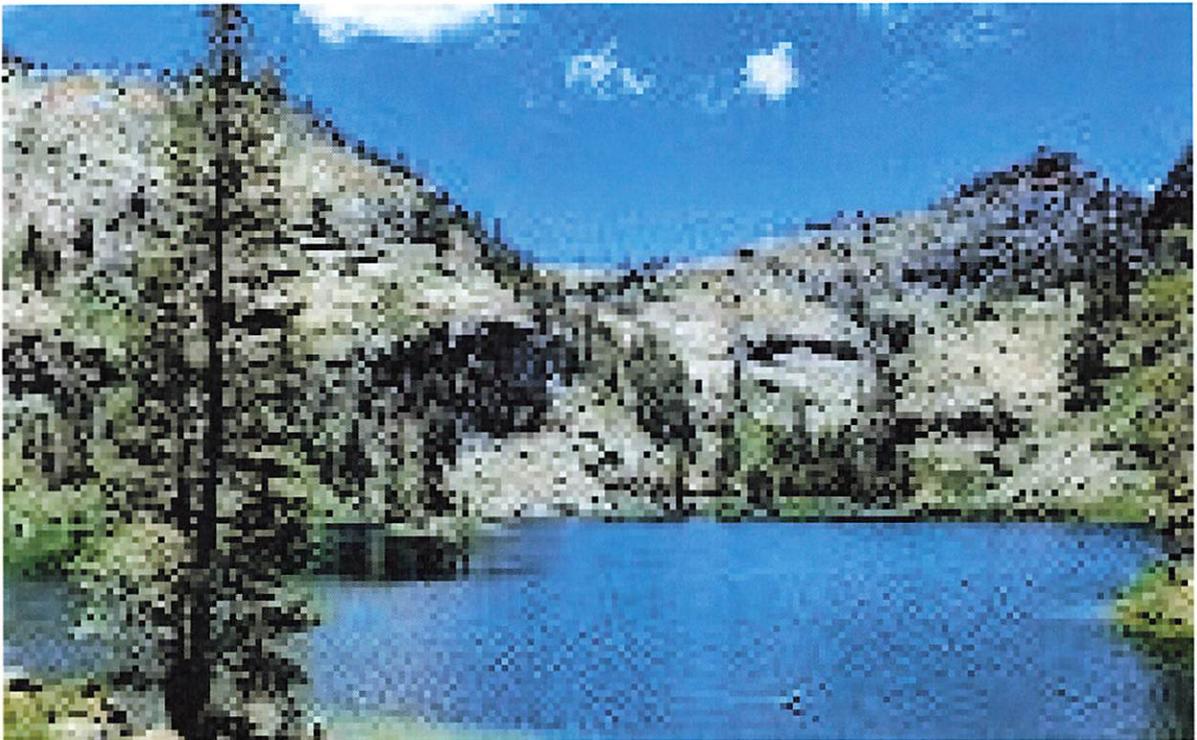
Enrollment in this program is based upon need, and it should be noted Lassen County offers a WRAP around program where many of our children and families participate in instead of Full-Service Partnership.

Mental Health Service Act Annual Updates for 2024-2025

Community Services and Supports-Full Service Partnership				
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing	
Priority Population:	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
Program Purpose & Description				
<p>The FSP program is designed to expand mental health services and supports to severely mentally ill (SMI) residents of all ages, and to assist these residents in achieving their goals. Lassen County Behavioral Health staff members also serve as active partners in Multi-Disciplinary Teams (Service Allocation Team and Allocation Resource Team) in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.</p> <p>A team composed of LCBH clinical staff offers strength-based, client/family-directed, individualized mental health and WRAP around services, and supportive funding to children and youth with serious emotional disturbance (SED) who have experienced school disciplinary problems or academic failures, are in or at risk of out-of-home placement, or are at risk of involvement in juvenile justice; transitional age youth with SED who are at risk of or have juvenile justice involvement, co-occurring disorders, risk of homelessness, or involuntary hospitalization, or institutionalization; adults with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorders, are involved in the criminal justice system, or have frequent hospitalization or use of emergency room services for psychiatric problems; and older adults with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, have reduced functioning due to health problems, or are isolated or at risk of suicide.</p>				
Program Evaluations and Participant Outcomes				
<p>LCBH staff document when FSP clients enter the program, and track any significant changes and events clients experience, including housing, employment, and educational changes. This information is used to measure participant wellbeing and outcomes.</p>				
Proposed Activities for FY 2024-2025				
<p>The FSP program will continue to provide and expand mental health services and supports to SMI/SED residents of all ages, and to assist these residents in achieving their goals. LCBH staff will continue to serve as active partners on County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.</p>				
Goals and Objectives				
Goals	<p>The goal of the FSP program is to offer strength-based, client- and family-directed, individualized mental health and WRAP-around services and funding to children and transitional age youth with SED, and to adults and older adults with SMI. FSP also aims to improve coordination of services across departments and jurisdictions, promote cross-disciplinary learning, and increase wellness, recovery, and resiliency among severely mentally ill residents.</p>			

Mental Health Service Act Annual Updates for 2024-2025

Objective 1:	Conduct outreach to SED/SMI residents and continue to enroll eligible residents. A log of outreach efforts will be kept.		
Objective 2:	Develop and implement participant outcomes with regular administration of evaluation tools, making data-driven service improvements.		
Objective 3:	Develop and administer client satisfaction questionnaires to establish baseline data regarding client satisfaction. Re-administer questionnaires on a quarterly/semi-annual basis to monitor outcomes and make data-driven program improvements		
Approx. Number to be served FY 2024-2025:	10	Total Proposed Budget FY 2024-2025:	\$596,640.00
Estimated Average Cost per Person FY 2024-2025:	\$59,664.00		



OUTREACH AND ENGAGEMENT SERVICES

Outreach and Engagement Project

In collaboration with Crossroads Ministries Homeless Shelter, Judy's House, LCBH Wellness Centers, and Social Services Housing Support, LCBH will engage Seriously Mentally Ill (SMI) individuals in the community for behavioral health support services. This project seeks to engage post-release adult and older adult offenders, homeless individuals/families, individuals with co-occurring issues who have been diagnosed with a severe mental illness or those who identify themselves as severely mentally ill by addressing barriers to service. This project also supports continued engagement in services as individual's transition into the community by providing seamless access to housing and BH support services at LCBH if such services are warranted. As identified through the community planning process, the SMI population in Lassen County is historically un- or underserved, at risk and faces many barriers to accessing services. Identified barriers include service location, housing, transportation, lack of benefits and service gaps. By providing psychiatric services at and linking participating individuals directly to BH services at LCBH, this project seeks to address barriers to service for this vulnerable population.

Services in Outreach and Engagement Project are provided under contract. Goals include:

- Reduced recidivism
- Reduction in psychiatric hospitalizations
- Reduction in ER visits

Outcome measures:

- On-going engagement in treatment as measured by successful transitions into follow up care when necessary
- Reduced recidivism
- Reduced psychiatric hospitalizations (days)

Co-Occurring Outreach and Engagement

As of 2023, according to the National Survey on Drug Use and Health, approximately 6.8 million adults aged 18 or older have a SMI and a substance use disorder (SUD). LCBH is currently running co-occurring program, with an identified barrier being curriculum. LCBH has identified a new curriculum with Hazelden that will be utilized for this program. The estimated cost for curriculum will be \$3000.

Homeless Outreach and Engagement

Lassen County has seen an increase in the homeless population; sheltered and unsheltered. Community stakeholders including business owners, law enforcement, city

employees, Health and Social Services (HSS) staff and other concerned citizens have convened to discuss strategies to address homelessness in Lassen County. LCBH and other county agencies, along with Lassen County Housing Department Participate in an outreach activity to collectively provide resources and develop an accurate count of the homeless population called the Point-In-Time (PIT) Count. The PIT Count is completed annually, with the unsheltered counted bi-annually and sheltered counted annually. According to PIT Data from 2023 there was a total of 134 homeless individuals in the community.

Total Homeless in Lassen County (2023): 134

Homeless Profile	Total
	FY22/23
Male	59
Female	48
Transgender	0
Questioning	0



Additional Demographics	% Total Lassen County			
	FY 21/22		FY 22/23	
Chronically Homeless	7	6.8%	19	14.17%
Veteran	3	2.9%	5	3.73%
Domestic Violence Victim	5	4.9%	15	11.19%
Felony Convictions	17	16.6%	17	12.68%
COVID-19	1	1%	1	.74%
Fire	NA	-	7	11.11%
Family Break Up	NA	-	11	8.95%
Drug Abuse	NA	-	5	3.73%
Sudden Loss of Income	NA	-	6	4.47%
Children Under 18	23	22.5%	2	1.49%
Youth (18-24)	NA	-	22	16.41%

*Additional demographics provided are a subset of the total count and contain actual data collected by each county. Note: Respondents were not required to answer all survey questions. Respondents may be included in more than one subset. For example: A respondent may be a Veteran and may also be Chronically Homeless.

The County will work with this information to develop strategies to address the needs of this vulnerable population. The County will develop action/treatment plans outlining necessary interventions and support services.

Goals include:

- Increased referrals to Behavioral Health
- Increase transition to housing
- Support guests with linkage to other county resources
- Decrease use of ER
- Decrease law enforcement contact with mentally ill homeless individuals

Outcome measures:

- Decrease homelessness among mentally ill consumers
- Increase mental wellness
- Reduce isolation
- Increase self sufficiency
- Decrease stress

Veterans, LGBTQIAS2+, Foster Youth, Transitional Age Youth, Outreach and Engagement

Lassen County Behavioral Health has historically struggled to engage Veterans, lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, two-spirited (LGBTQIAS2+), foster youth exiting from the foster care system and transitional age youth into behavioral health services. Some have been identified through the community planning process as unserved/underserved severely mentally ill with limited access to Behavioral Health services. In an on-going effort to address disparities, Behavioral Health provides community-based Outreach and Engagement services targeting identified individuals living in isolated communities. Behavioral Health provides Outreach and Engagement services to this community including linkage and referral to appropriate resources such as wellness and recovery services, and as appropriate, behavioral health services.

The incidence of co-occurring disorders among unserved and underserved is well recognized, and Lassen County has Behavioral Health staff qualified to work with individuals experiencing issues related to substance abuse and mental illness. Outreach and Engagement activities targeting unserved and underserved are provided throughout the County and include outreach and linkage to services for individuals suffering from mental illness and/or substance abuse, and coordination with other community providers to foster development of resources and supports for this growing population. The cost of this program is estimated at \$15,000 and includes staff time, outreach materials, food, travel and promotion of events per event.

Goals include:

- Increased referrals to Behavioral Health
- Increase transition to housing
- Support guests with linkage to other county resources
- Decrease use of ER
- Decrease law enforcement contact with mentally ill homeless individuals

Outcome measures:

- Decrease homelessness among mentally ill consumers
- Increase mental wellness
- Reduce isolation
- Increase self sufficiency
- Decrease stress

Mobile Crisis Outreach and Engagement:

Mobile Crisis Services will provide a rapid response, assessment and stabilization to residents in Lassen County. Services will include warm handoffs, coordination and referrals as needed, and short-term follow-up support. Beneficiaries of this service will be met at their location or a designated community location by two providers with at least one trained in providing naloxone, and will have access to a licensed practitioner.

		Raw Numbers - Baselines	
		23/24	24/25
Crises	ER Crises	126	111
	Non-ER Crises	130	143
	Total Crises	256	254

		23/24	24/25
Hospitalizations	After Hours Responding	29	33
	Day Staff Responding	20	32
	Out of County	18	23
	Total Hospitalizations	67	88

Goals include:

- Increased referrals to Behavioral Health
- Support individuals with linkage to other county/state/federal resources
- Decrease use of ER
- Decrease in Hospitalizations
- Decrease law enforcement contact

Outcome measures:

- Increase mental wellness
- Reduce isolation
- Increase self sufficiency
- Decrease stress

Community Assistance, Recovery, and Empowerment Outreach and Engagement:

Community Assistance, Recovery and Empowerment (C.A.R.E.) Court is a system to help individuals on the schizophrenia spectrum or other psychotics disorder diagnosis. The C.A.R.E. Court Pathway includes referral, clinical evaluation, care plan, support, and success. MHSA outreach and engagement funding will be used for initial contact and linkage for individuals referred to LCBH through C.A.R.E. Court.

Goals include:

- Increased referrals to Behavioral Health
- Support individuals with linkage to other resources
- Prevent restrictive conservatorships and incarceration
- Decrease homelessness

Outcome measures:

- Successful completion of C.A.R.E. Court
- Increase mental wellness
- Increase self sufficiency
- Housing in the community

Mental Health Service Act Annual Updates for 2024-2025

Community Services and Supports-Outreach and Engagement				
Status:		<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing
Priority Population:	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<p>Program Purpose & Description</p> <p>The Outreach and Engagement program identifies, educates, and supports individuals in need of mental health services, and serves to reduce stigma and barriers to participation in Behavioral Health services.</p> <p>LCBH staff will continue to conduct outreach to Lassen County residents, provide a wide range of engagement activities, and facilitate transportation for residents in remote areas of the county when feasible.</p>				
<p>Key Successes:</p> <ul style="list-style-type: none"> Outreach at community food drives Outreach at health fairs and community awareness events 				
<p>Proposed Activities for FY 2024-2025</p> <ul style="list-style-type: none"> Based on previous stakeholder input, behavioral health staff and community partners will focus on providing support to veteran, foster youth LGTBQ, and transitional age youth. The focus of the outreach and engagement is to identify individuals and their families who have unmet mental health needs. The goal of this expansion is to move towards addressing this issue by providing culturally competent and appropriate services, to facilitate access to other programs, and improve individual outcomes of participants in services. In addition to continuing existing outreach and engagement activities, LCBH staff will improve communications about behavioral health services and programming, including updates to the LCBH website and brochures. Staff will also distribute programming calendars earlier, providing residents with more advance notice of program offerings, and will distribute door-to- door event reminders. LCBH will also track outreach and engagement efforts moving forward as a means of program evaluation. This will include tracking when events are held, how many people are reached, and how many people are subsequently engaged in MHSA services. 				
<p>Program Challenges</p> <p>Transportation remains a barrier to engaging some stakeholders in behavioral health services and activities, particularly those from remote areas of Lassen County. Additional transportation options and/or program offerings in those communities would improve engagement in these remote regions of the county. Also, psychiatric services remain a barrier for many individuals. Some clients report telehealth is not always convenient or appropriate.</p>				

Mental Health Service Act Annual Updates for 2024-2025

Transitional Age Youth are historically underserved populations. Outreach to this unique population requires a culturally sensitive approach to service provisions. In addition to utilizing a variety of age specific strategies.

Outreach activities were previously conducted in the outlying areas by the Family Resource Centers, and the LCBH Wellness Centers. There have been significant challenges with obtaining staff in the outlying areas for the LCBH Wellness Centers. Outreach areas will be focused on where the community already gathers.

Goals and Objectives

Goals	The Outreach and Engagement program strives to identify individuals in need of behavioral health services and supports and link them to existing county services, including services at Behavioral Health and additional county service delivery locations, and to educate community members about available services and supports. The program also seeks to reduce stigma through education about mental illness and psychological wellness; improve relations between behavioral health providers, overlapping jurisdictions, and different cultures and communities; and reduce barriers to participation in Behavioral Health Services.
--------------	--

Objective 1:	Maintain a tracking log of outreach activities, including the number of outreach attempts, number of community members reached, and number of community members subsequently engaged in MHSA services.
---------------------	--

Objective 2:	Conduct regular outreach in Susanville, Westwood, Fort Sage and Big Valley and enroll eligible participants. Maintain a log of outreach attempts and total reach in these regions.
---------------------	--

Objective 3:	Update website, brochures, and flyers.
---------------------	--

Number to be served FY 2024-2025:	2500	Proposed Budget FY 2024-2025:	\$187,500
Cost per Person FY 2024-2025:	\$75.00		

CSS General System Development

System Development strategies are funded by Community Services and Supports and include funding for Adult and Children's Systems of Care; transportation to ensure access to services for clients living in rural communities; enhanced services for clients in crisis; and the development of additional options for temporary housing. The MHSA Coordinator is funded through CSS and provides program oversight, develops innovative strategies to improve service delivery and assists with implementation of policies and procedures. The Coordinator also ensures data is collected and reported properly to the State in order to support measurable outcomes and accountability, and to identify areas where quality improvement is needed.

Adult System of Care.

LCBH strives to provide clinical services in outlying communities; however, limited human resources, distance, and the lack of adequate facilities in which to conduct treatment are among the challenges associated with providing healthcare in small, isolated communities. In an effort to facilitate access to necessary services, LCBH provides transportation to the Behavioral Health clinics. Transportation services have expanded to ensure all clients have access to care, and CSS General System Development funds are utilized to increase access through the purchase of bus passes for clients who wish to access services via public transportation.

Peer Run Wellness Services

Wellness Center programs across the California have been identified as playing a prominent role in promoting self-healing, resiliency and recovery for the seriously mentally ill. Wellness Centers provide a non-stigmatizing and welcoming setting where participants receive an array of services including life skills training, support groups, and social interaction. Organized around recovery and resiliency principles, wellness services include but are not limited to communication skills, physical health, social skills, self-advocacy, recreational activities, hobby development and healthy living activities.

Located in Susanville, Judy's House Wellness Center is client driven, focused on peer support and aimed at promoting resiliency and recovery. Services are offered to anyone in the community but also target anyone with mental illness, older adults and families within a safe, caring and supportive environment where individuals can participate in activities that encourage recovery and resiliency. Judy's House offers a wide variety of support groups and activities for members to choose from. Judy's House staff also provides once a month support (meals, housing vouchers, peer support) in Westwood.

Wellness and Recovery services are provided under contract and program goals include:

- Participant recovery and resiliency
- Increased engagement in behavioral health services

Mental Health Service Act Annual Updates for 2024-2025

Outcome measures will include:

- Client participation in Wellness Center activities
- Increased knowledge regarding mental health issues
- Increased ability to advocate for self/family member

Number of clients served and cost:

Judy's House:

- Peer supports will serve approximately an average of 86 visitors per month in FY 2024-2025 at an approximate cost of the total program \$435,178 for the year.

Mental Health Service Act Annual Updates for 2024-2025

Community Services and Supports-After Hour Wellness Center				
Status:		<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuing	
Priority Population:	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<u>Program Purpose & Description</u>				
<p>Judy’s House is to provide a wide variety of skills and abilities and may include Certified Peer Counselors and volunteers. Individuals are greeted at the front door and encouraged to articulate their needs to staff who provide an atmosphere designed to assist them. Support is provided from a strengths-based perspective in line with the Recovery Model. The structure of the Wellness Recovery Action Plan (WRAP) and Motivational Interviewing has been found to be helpful tools when used in the process of assisting individuals into services. Also, staff will assist the individual with linking to resources in the community (i.e. housing, food, medical care, etc.). Also provide a “warm line” for individuals who just want to talk via phone. If the needs of the individual require longer term stabilization or are too acute for the setting, staff have access to resources to rapidly transfer the individual to the appropriate type of care.</p> <p>Judy’s house staff will engage in proactive case management, hospital discharge follow-up, peer support, and clinical care before, during and after a behavioral health issue. Although staffing levels may vary, each triage team consists of a program coordinator and two peer support counselors per shift (one peer will be available on-call). The peer supports provide assistance to urgent calls and will provide a warm line to the community and coordinate follow up linkage support. Peer support staff will, at minimum, reach out via telephone to each individual recovering from a crisis event to offer support and a face-to-face visit. For individuals who accept the face-to-face support, peer support will meet with them to assist with implementation of the self-care plan, identify and problem-solve any barriers to accessing outpatient services and other recovery supports, and facilitate the linkages and warm handoff to ongoing service providers. Peer support provide follow-up support by linking individuals to care, and in pre-crisis, early intervention, and urgent response situations. Peer support will provide individual mentorship, case management, and follow-up support to clients, as well as aid in “warm handoffs” for individuals in inpatient psychiatric treatment.</p> <p>Judy’s House can also provide food and temporary housing vouchers to individuals in need. For example, an individual needs a motel room as an alternative to going to the jail or the ER.</p> <p>Staffing Structure: Judy’s House staff will be available seven days a week from 4:00pm - 8:00am where peers and volunteers are available to provide outreach and crisis services to individuals in need. According to the “Community Needs Assessment” this was the time many individuals go into crisis and many of the traditional programs are closed or not available to provide services. Law enforcement stated a need for more behavioral health services during that time.</p>				

Mental Health Service Act Annual Updates for 2024-2025

Key Successes:

- Increased hours of operation

Proposed Activities for FY 2024-2025

Lassen County Behavioral Health determined 500 individuals will be served per year.

- Assist unserved and underserved individuals seek access to BH services.

Program Challenges

- None at this time.

Goals and Objectives

Goals	To prevent individuals from going into the psychiatric hospital, for being homeless or going to jail.		
Objective 1:	Decrease non-emergency crises by increasing the number of triage responses to crises that do not meet the 5150 criteria by 75%.		
Objective 2:	Decrease psychiatric hospital admissions by 10% from baseline (FY2015/16 & FY2016/2017) to Year 1, 15% from baseline to Year 2, and 20% from baseline to Year 3.		
Objective 3:	Decrease number of residents with mental health and/or substance abuse issues using the Emergency Department (ED) by 10% from baseline (FY2015/16 & FY 2016/2017) to Year 1, 15% from baseline to Year 2, and 20% from baseline to Year 3.		
Number to be served FY 2024-2025:	1000	Total Proposed Budget FY 2024-2025:	\$480,000
Cost per Person FY 2024-2025:	\$480.00		

MHSA Program Component PREVENTION AND EARLY INTERVENTION

1. *Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.*

Prevention and early intervention programs bring mental health awareness into the lives of all members of the community through public education initiatives and community dialogue. These programs facilitate access to services and supports at the earliest sign of mental health problems, and build upon existing capacity to increase intervention services at sites frequently visited for other routine activities, e.g. health care clinics, educational facilities, community organizations, and wellness centers. Lassen County Behavioral Health strives to meet the intent of Prevention and Early Intervention, as well as stigma and discrimination reduction with the follow programs:

Early Intervention

Mental Health First Aid and Youth Mental Health First Aid

LCBH will continue to provide 8-hour Mental Health First Aid (MHFA) and Youth MHFA trainings for anyone living in Lassen County. Training will focus on educating first responders, including medical professionals, teachers, law enforcement, Wellness Center staff, Judy's House staff, and others to recognize the early signs of potentially severe and disabling mental illness, and to provide support and/or referrals for individuals who require treatment to appropriate services. In FY 2024-2025, LCBH has partnered with Plumas Rural Services to offer this training to Lassen County residents in Lassen County, Modoc County, Plumas County, and Sierra County.

Objective:

Increase the number of first responders in Lassen County trained to identify early indicators of mental health issues

Target audience:

- Teachers and educators
- Organizational providers
- EMTs and primary care providers
- Contractors
- Law enforcement
- Family Resource Center staff and volunteers

Cost:

FY 2024-2025 the number of individuals served and cost: 150 individuals trained per year at a cost of \$50.00 per person, \$7500 total.

Outcome Measure:

There were two YMHFA trainings offered in FY 2024-2025 through Plumas Rural Services that Lassen County was able to attend.

Suicide Prevention

LCBH will offer a minimum of two SafeTALK/ASSIST or other Suicide prevention trainings in collaboration with Plumas Rural Services to providers and partners in Lassen and neighboring counties. Trainings, presentations and informational material may be provided by LCBH and/or contracted staff. Cost will include time, food, and materials.

Objective:

Increase the number of first responders, LCBH staff, and community members in Lassen County trained to identify signs of suicide.

Target audience:

- Teachers and educators
- Organizational providers
- EMTs and primary care providers
- Contractors
- Law enforcement
- Family Resource Center staff and volunteers
- Youth

Cost:

FY 2024-2025 the estimated number of Lassen County Individuals served was 3000 individuals at a cost of approximately \$15,000.

Outcome Measure:

There was on 2-day ASSIST trainings and two SafeTALK training offered in FY 2024-2025. LCBH also had ad space on reusable tote bags disseminated by a local grocery store the all consumers.

Community Health Fairs

LCBH staff participate annually in several Health and Wellness Fairs throughout the County. LCBH will also continue to participate in various health fair events throughout the year such as the Children's Fair, Sober Grad, and the Out of Darkness Walk providing information regarding mental health and substance use services.

Objective:

Provide information about LCBH, and information on other resources in the community that promote prevention and early intervention.

Target audience:

- General Population

Cost:

Approximately \$3000.00 per event. Cost includes staff time, food, and materials.

Outcome Measure:

Community events attended include Out of Darkness Walk, Family Connections Conference, Walk-a-Mile, Children's Fair, and Veteran Stand Down.

Stigma and Discrimination Reduction

LCBH is committed to reducing Stigma and Discrimination surrounding mental health issues. On-going efforts to this end include distribution of stigma and discrimination reduction materials through social marketing, newspaper ads/inserts and other outreach material such as pens, bags, posters and flyers offered through the "Each Mind Matters" statewide campaign. LCBH continues to provide stigma and discrimination reduction activities to middle and high school age youth through presentations in conjunction with the SUD prevention program. LCBH has taken strides towards stigma and discrimination reduction through social media. LCBH collaborates with Lassen Community college to put focus on TAY population (16-24 years old). The estimated cost of this program is \$8,500 and approximately 800 students participate annually.

Target audience:

- General Population

Outcome Measures:

Stigma and Discrimination reduction presentation in Herlong at Herlong High School.

Strengthening Families (SFP) and other Adult Programs

Educations and groups specifically for women, men, and/or older adult in parenting roles may have the opportunity to participate in evidence-based programs such as strengthening families and Nurturing Parenting. Other curriculum if found to be more in tuned to the need of the population being served.

- Strengthening Families (SFP) is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.
- Nurturing Parenting is a widely recognized evidenced based set of parenting programs designed to address child abuse and neglect prevention and treatment.

Eligibility criteria: Families and/or individuals suffering from the effects of mental illness and/or substance abuse that is been screened into the program and is participating at LCBH.

Program goals include:

- Improve parenting skills
- Improve social competencies
- Improve school performance
- Decrease drug and alcohol abuse

Outcome measures will include:

- Pre and post class survey

Number of clients served and cost:

- The estimated cost for this program is \$8,000 for cost of materials.

Negative outcomes addressed:

- School failure or dropout
- Removal of children from their homes
- Incarcerations
- Prolonged suffering
- Isolation
- Unemployment

Youth Programs

LCBH offers Prevention programs targeting children, youth, and the TAY population. LCBH collaborates mental health awareness activities with the Direct Change California program. LCBH also offer youth Friday Night Live, evidence-based with a strength-based perspective to foster positive connections and promote personal and collective strength and confidence in participating youth. These programs have demonstrated efficacy in reducing delinquency and recidivism rates and increasing educational aspiration and school engagement for all youth. An array of other community or practice-based programs may be offered by several contractors in the County.

LCBH currently send out staff to numerous schools to promote prevention and education. Staff are trained to engage youth before they develop a serious mental health disorder. Cost includes staff time, travel, incidentals, food, promotional material, and brochures.

Youth ages 8-20.

Youth Program goals include:

- Increased communication skills

Mental Health Service Act Annual Updates for 2024-2025

- Increased school engagement
- Reduced delinquency
- Increased resiliency

Outcome measures will include:

- Pre and post test

Negative outcomes addressed:

- Suicide
- School failure or dropout
- Removal of children from their homes
- Juvenile Justice involvement

Number of clients served and cost:

Youth programs will serve approximately 800 youth at \$75.00 each.

Phase III PEI Project

Lassen County will collaborate with other California counties to the state-wide Phase III PEI Project. The goal of this project is to develop strategies that result in larger social impacts (e.g., changing attitudes, increasing knowledge, and modifying behaviors around mental health issues), implementing programs that benefit counties regionally and statewide, and procuring resources at lower cost (e.g., cost efficiencies). Lassen County residents continue to benefit from the resources provided through this initiative including the Each Mind Matters Campaign. LCBH will contribute \$25,000 to this effort in FY24/25.

NOTE: Lassen County has a population of less than 100,000, LCBH is opting out the requirement from the state to have at least one PEI Program.

Lassen County has a population of less than 100,000, LCBH is combining/integrating early intervention programs, outreach for increasing recognition of early signs of mental illness programs, prevention programs, access and linkage to treatment programs, and stigma reduction program.

Lassen County has a population of less than 100,000, LCBH is opting out of the requirement to use at least 51% of PEI funds for populations 25 years and under.

Innovations

Lassen County does not currently have an Innovation Plan. Innovation plan was completed two (2) years ago.

Capital Facilities

LCBH has exhausted all Capital Facility Funding in FY19/20.

Workforce, Education and Training

LCBH is recommending the discontinuance WET since all funding has been fully expended since 2015.

MHSA HOUSING

Behavioral Health Bridge Housing

Through the Behavioral Health Bridge Housing (BHBH) Program, the California Department of Health Care Services (DHCS) will provide a total of \$1.5 billion in funding to county behavioral health agencies and Tribal entities to operate bridge housing settings to address the immediate housing needs of people experiencing homelessness who have serious behavioral health conditions, including serious mental illness (SMI) and/or substance use disorder (SUD). The program, which was signed into law in September 2022 under Assembly Bill 179 (Ting, Chapter 249, Statutes of 2022), provides funding through June 30, 2027.

Lassen County's Behavioral Health Bridge Housing (BHBH) program provides temporary housing and support services for individuals experiencing homelessness who have serious behavioral health conditions, including serious mental illness and/or substance use disorders. This program aims to address the immediate housing needs of these individuals while connecting them to longer-term housing stability.

PEI Evaluation Report for FY 2024-25

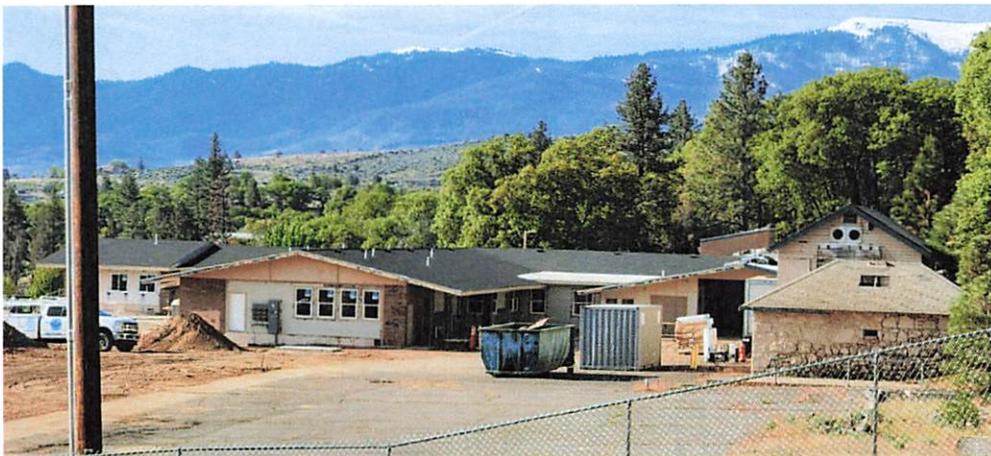
Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention programs promote positive cognitive, social, and emotional development and encourage overall well-being. Early intervention involves assisting individuals and/or families through short-term, relatively low-intensity supports designed to improve mental health concerns and reduce the likelihood that more extensive services will be required.

In FY 18/19, Senate Bill 1004 provided further oversight authority to the Mental Health Services Oversight and Accountability Commission (MHSOAC) regarding how counties allocate MHSA PEI funding. The law mandates counties to fund programs within five areas of proven need:

1. Childhood trauma prevention and early intervention.
2. Early psychosis and mood disorder detection and intervention, and suicide prevention across the lifespan.
3. Youth outreach and engagement, with priority on partnerships with secondary schools and colleges.
4. Culturally competent and linguistically appropriate services.
5. Programs addressing the mental health needs of older adults.

The State also requires that counties operate strategies that:

1. Increase recognition of the early signs of mental illness, and
2. Provide access and linkage to treatment.



LCBH
has

developed a diverse PEI portfolio that addresses these statewide priorities through community-based trainings, health promotion activities, targeted youth programs, and stigma-reduction campaigns. While California regulations typically require counties to dedicate at least 51% of PEI funds to support youth under age 25, Lassen County (with a population under 100,000) has opted out of this mandate, consistent with state law. Approximately 18% of the MHSA budget is dedicated to PEI programming in Lassen County.

It is important to note that PEI services continue to be influenced by broader community events. Lassen County has worked to adapt program delivery methods during periods of public health restrictions, and continues to expand its outreach through virtual, in-person, and hybrid community engagement approaches.

The following is an overview of PEI program outcomes for FY 2024-25

PEI Project Number 1 – Mental Health First Aid & Youth Mental Health First Aid

LCBH provides 8-hour Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) trainings to increase the number of first responders and community members who can recognize early signs of mental illness and connect individuals to services. These trainings target adults, transitional age youth, and older adults.

2024-25 Highlights

- 32 Lassen County residents trained in MHFA/YMHFA.
- Pre- and post-training evaluations demonstrate improved recognition of mental health risk factors and increased confidence in providing support.

This program is 100% Early Intervention.

PEI Project Number 2 – Suicide Prevention

LCBH implements multiple suicide prevention initiatives, including SafeTALK and ASIST trainings. These programs prepare community members, staff, and caregivers to identify warning signs, conduct suicide interventions, and refer individuals to safe supports. LCBH also supports public awareness campaigns and the dissemination of educational materials.

2024-25 Highlights

Mental Health Service Act Annual Updates for 2024-2025

- 3777 individuals reached through trainings, events, and outreach.
- SafeTALK trained 11 participants; Next ASIST training available November 2025
- Distributed suicide prevention resource materials at multiple community events, including the Out of Darkness Walk.

This program is 100% Prevention.

PEI Project Number 3 – Community Health Fairs

LCBH staff and partners attend, host, and sponsor community health fairs across Lassen County, including Children’s Fair, Veteran Stand Down, Sober Grad, and Back-to-School Night. These events provide information on behavioral health services, prevention strategies, and community resources.

2024-25 Highlights

- Approximately 2775 individuals engaged through health fair events.
- Distributed materials on wellness, early intervention, and suicide prevention.
- Increased awareness of LCBH services among underserved groups.

This program is 100% Prevention.

PEI Project Number 4 – Stigma and Discrimination Reduction

Through Lassen County’s participation in the statewide **Each Mind Matters** campaign, LCBH provides stigma-reduction education via social marketing, newspaper ads, flyers, and branded outreach items.

2024-25 Highlights

- 3777 residents reached through outreach materials.
- Campaign visibility at community fairs and schools.
- Positive feedback noted from event surveys, with participants reporting reduced stigma toward seeking behavioral health supports.

This program is 100% Prevention.

PEI Project Number 5 – Strengthening Families Program (SFP) & Other Adult Parenting Supports

LCBH offers evidence-based programs such as SFP and Nurturing Parenting for adults in parenting roles. Services are designed to improve parenting skills, strengthen family connections, reduce risk behaviors, and increase resiliency.

2024-25 Highlights

- 21 unique adults and families participated.
- 127 Nurturing Parents and ABCs of Parenting groups were attended
- Increased linkage to supportive community services.

This program is 75% Prevention / 25% Early Intervention.

PEI Program Number 6 – Youth Programs

In collaboration with schools and community partners, LCBH provides prevention and resiliency-building programs for children and transitional age youth. This includes **Friday Night Live, Directing Change**, and other evidence-based youth engagement models.

2024-25 Highlights

- 95 total Prevention participants with 13 youth participating in school- and community-based activities (FNL).
- Youth-led stigma reduction and awareness campaigns were launched in local schools.

This program is 100% Prevention.

PEI Program Number 7 – Phase III Statewide PEI Project

LCBH participates in the **Phase III PEI Project**, a statewide collaboration designed to maximize resources, expand regional impact, and promote mental health awareness on

a broader scale. Lassen County contributes to shared campaigns and benefits from access to reduced-cost outreach materials and shared evaluation methods.

FY 25/26 Highlights

- 3777 residents reached through dissemination of statewide campaign materials.
- Increased visibility of mental health awareness initiatives across rural counties.
- Collaborative cost-sharing reduced per-unit expenses for materials and messaging.

This program is 100% Prevention.