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Date: April 24, 2018

To: Chris Gallagher, Chairman
Lassen County Board of Supervisors

From: Barbara Longo, Director
Health and Social Services

Subject: Mental Health Services Act Three-Year Plan Update for
FY 2017/2020

Background:

The Mental Health Services Act (MHSA) of 2004 imposed a one percent (1%) tax on individuals with an annual personal income in excess of \$1 million. Proportionate shares of those funds are distributed to counties to fund mental health services for un- and underserved individuals, including youth.

As a condition of receiving MHSA funding, the Behavioral Health Department is required to submit periodic updates to its various MHSA plans. The attached FY 2017/2020 MHSA Plan update was approved by the Lassen County Behavioral Health Advisory Board On April 9, 2018, and must now be adopted by the County Board of Supervisors and submitted to the Mental Health Services Oversight & Accountability Commission (MHSOAC) within 30 days of adoption.

Fiscal Impact:

There is no impact to County General Funds.

Action Requested:

Adopt the FY 2017/2020 MHSA Three-Year Plan Update and approve its submission to the MHSOAC.

Lassen County Mental Health Services Act Three-Year Program & Expenditure Plan FY 2017-2020



Tiffany Armstrong
Lassen County

*Lassen County Mental Health Services Act
Three-Year Program & Expenditure Plan FY 2017-2020*

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MHSA County Compliance Certification

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

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

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 Mental Health Director (PRINT) Date

Signature
Date

County: Lassen

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.

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: Tiffany Armstrong Telephone: 530-251-8108 Email: tarmstrong@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 Mental Health Director (PRINT) Date

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.

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest- bearing local Mental Health Services (MHSA) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local 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 Three-Year Program & Expenditure Plan FY 2017-2020

Overview

Lassen County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan 2017 – 2020 in August 2017. The purpose of this plan is to describe Lassen County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. This plan includes the following sections:

- Overview of the community planning process that took place in Lassen County from August 2017- October 2017. Lassen County's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders.
- Assessment of mental health needs that identifies both strengths and opportunities to improve the mental health service system in Lassen County. The needs assessment used multiple data sources, including service data, and public comments, to identify the service gaps which will be addressed by Lassen County's proposed MHSA programs for FY 2017-2020.
- Description of Lassen County's MHSA programs by component which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

This report will provide a summary of the programs and activities that have been made possible through the Mental Health Services Act (MHSA). The goal of the Mental Health Services Act (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 so that MHSA dollars are spent in the most effective manner.

History of MHSA

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 to be used 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 that is 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.

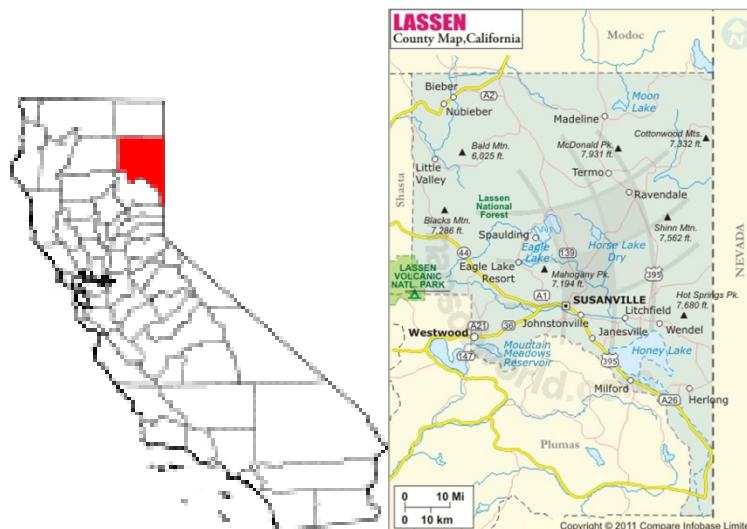
The development of services and programs for each component is a collaboration of individuals and organizations that bring expertise and experience that enrich the community planning process. Over the past several years, Lassen County Behavioral Health has held planning meetings and conducted focus groups 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 (MHSAOC) review and approve county MHSA plans. The approval of MHSA plans lies with the County Board of Supervisors. Lassen County Behavioral Health held stakeholder meetings across the county to seek input into the Mental Health Services Act Three-Year Program and Expenditure Plan 2017 – 2020.

County Demographics

Lassen County is located in the northeastern portion of California with a population of 34,895 (2010 US Census Data). Geographically, it is among the largest counties in California incorporating 4,547 square miles. The county's terrain consists of forest land 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, three small unincorporated towns over 70 miles from Susanville to the northeast, Westwood 22.6 miles to the west and Herlong 40 miles to the south. 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 impacts travel on these highways making travel from outlying areas difficult or impossible. Public transportation is available on a limited basis within the Susanville area and transportation services to the outlying areas are generally limited to morning and evening service runs.

The economy of Lassen County is primarily supported by government services, the community hospital and the community junior college. The county hosts three prisons, High Desert State Prison (Population approximately 4,260), California Correctional Center (Population approximately 5,395) and Herlong Federal Prison (Population approximately 1,484) which opened in May of 2005. It should be noted the US Census data incorporates data from the three prison systems which skews Lassen County data (i.e. population, ethnicity, and gender) as it relates to general population services.



Lassen County Behavioral Health 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.
- 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.

- The unemployment rate in Lassen County is 7.9% (January 2017) compared with the 5.5% average rate for other California counties.
- 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.
- LCBH is required to consistently gather and analyze data on a regular basis for Quality Improvement Project, Compliance, Performance Improvements projects, etc.. This is a consistent challenge for a small clinic with limited staff and often the data from the Electronic Health Record is not always consistent or available.

Community Stakeholder Process

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the 3-year Plan, FY 2017-2020. Include the methods used to obtain stakeholder input.*

Lassen County Behavioral Health (LCBH) is highly committed to including consumers and stakeholders from throughout the county within all levels of the organization, as well as in the annual update stakeholder process. To meet the requirements of WIC 5847, 5848 and California Code of Regulation (CCR), Title 9, Section 3300, 3320, extensive outreach to promote the annual update stakeholder process was done using a variety of methods at many levels to invite stakeholders to have their voice heard and their feedback included. Information regarding the stakeholder process was disseminated through the use of press releases to all local media outlets, email and flyer distribution to community partners, community and contracted organizations, other county agencies, and regularly scheduled stakeholder meetings, to reach populations representative of the descriptions provided above.

During the month of August 2017, LCBH scheduled four community forums across all geographic regions in the county (please see Attachment 1 section of this Update) to ensure consumer involvement. Participants were engaged in conversation about programs they were familiar with and encouraged to share experiences working or participating in such programs. Each community forum included a presentation of the current MHSA programs, solicitation of stakeholder input into the three-year plan, review of proposed projects, and an update on the implementation of the current Innovation project.

Additionally LCBH engages stakeholders, provides information, and invites feedback about MHSA programs throughout the year using regularly scheduled monthly board meetings.

Stakeholder attendance as documented on meeting sign-in sheets (Attachment 2) 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 that are 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 participated in four open forums with question and answer sessions and completed written surveys in English. Participants included consumers, and representatives from faith based communities, NAMI, Head Start, and Family Resource Centers.

LCBH also reached out to organizations individually who could not attend the community forum: Lassen County Social Services/Child Protective Services, Probation, Veteran Services Office, Sheriff Department, Lassen Community College, and Banner Hospital

LCBH received completed surveys from 33 individuals. Not all respondents chose to answer all the questions. The following is a brief summary of the demographic make-up of those surveyed.

Table 1-A: Gender

Female	16
Male	7
Other (please specify, eg., transgender, intersex, did not want to state)	0

Table 1-B: Age

15 years or younger	0
16-25 years	0
26-59 years	14
60 years or older	10

Table 1-D: Language

English	23
Spanish	1
Other (please specify)	0

Table 1-C: Ethnicity

Hispanic/Latino	2	African American	0
Caucasian(not of Hispanic/Latino origin)	15	Native American/American Indian	0
Southeast Asian	0	Other (specify)	3
Asian American/Pac Islander/Native Hawaiian	1	Human	1

Table 1-E: Involvement

Current or former mental health services consumer	8
A family member of a current or former consumer of adult (18+) mental health services	8
A family member of a current or former consumer of child (0-18) mental health services	3
An interested member of the community	19
A provider of mental health services	6
Caregiver of an older adult	6
Caregiver of a child (0-18)	0
Current or former foster youth	0
Active Duty Military/National Guard/Former Military Service Member	0
LGBTQ (lesbian, gay, bisexual, transgender, Questioning)	1
Currently or have been homeless	0
Foster care provider/relative guardian	2
Farmworker	1

Table 1-F: Top Nine Concerns Regarding Un-Served and Underserved

Using Drugs and Alcohol
Sadness or Depression
Suicide
Anxiety
Anger Management
Stigma
Homelessness
Transportation
Family Relationships

Table 1-G: Service Gaps –Statements from Stakeholders

Big Valley One Stop, North County 8/14/2017

- “This office in Big Valley has helped a lot of people - need more medical services. Hope to not erase MHSA funds in our area - 13 years later our area is still depressed and I've heard a lot of promises. Lots to stigma.”
- “Little girl that came into One Stop that was going to kill herself - safe place for her.”
- “People have to work, not available in the evening.”
- “Don't want to walk into clinic for therapist - don't want stigma - physical health – can impact mental health”
- “Teacher deals with MH issues”
- “No longer Veteran Peer Support in Big Valley. Veterans are not doing well and are isolating in their homes.
- “Co-occurring issues regarding people taking prescription drugs”
- “Don't think we have an epidemic in Lassen County - don't have transient population in Susanville - not a large homeless population in BV.”

Stakeholder notes Fort Sage One Stop, South County 8/16/2017

- “Elderly can't get out of house, don't drive - health not good, losing memory and can't drive.”
- “Depression - moved here from Susanville, change, depressed area, depression sets in.”
- “People don't have ability to come to food pantry. Some have home phones and cell, some people have no phones.”
- “Wellness groups 14-25. Should be part of school curriculum”
- “How come MH can't be combined with health to address issues?”
- “Safe Talk would be good class on school campus”

- “Always a need for veteran services in our area. Our veterans go to Reno for their services. We have younger veterans also.”
- “Co-occurring is bad here - is medium mental health issue, self-medicated, veterans hooked on opiates”
- “People in this area use booze, street drugs here, not so much opiate”
- “Depression is huge and it seems more this year - people in community are bummed”
- “When you call MH, they only option given is to call police. Seems like we're not included and stuff happens in Susanville, not here.
- “Fire tax paid here, don't know where the dollars go, so additional taxes impact community”
- “Seven sites selling hard liquor in this area”
- “MH clients, do they receive bus tickets. No transport between Doyle to Herlong”
- “No community soccer, kids came to One Stop to use computers.
- “Not much community participation, marketing - even after all these years, people don't know we're here”

West County Stakeholder notes 8/17/2017

- “Botvin Life Skills has been used 6th grade through high school at Westwood”
- “Bullying - adults bullying older adults - parenting classes - who will pay for child care - dads who are parenting, mom's that are parenting”
- “Prevention and early education works - I've seen it - MH services - why do consumers have to go to Susanville rather than MH come here - if we're working at One Stop as a volunteer, why don't we have training on HIPAA”
- “Housing project is not shelter type of housing. People live there permanently - do they leave if they break the rules - I've seen residential house that are in reality, long term care for mentally ill”
- “No hospital in Westwood, Veterans have no services really.
- “Co-occurring - bad - not enough police force to take care of problems. Teen pregnancy, drugs and crime we need education, no pro-active movement in community”
- “BOTVIN has parenting component. Children are following pattern of parents”
- “Not enough for children to do (in the community)”.
- “Education, family events, attitude and general climate of community. Can't force people to change. Some people want to help but don't know how. Seems to be a little more bad parenting in our community than in others. If we offer something good, organized recreational events, people come. They come because they don't have money to do other things.
- “Focus on positives – recreational family focused events. Need jobs”
- “Older Westwood people that wanted to keep Westwood as it was - pull Westwood out of past and into future. Need a bank, grocery store - need people to bring business back - to make a thriving town, something like job corps.

Doesn't have to be huge, maybe 3-4 events that are alcohol free

Central County stakeholder notes 8/18/2017

- “Do you have anything for preschoolers? Reinforce school and home, parents don't know how to ask for help”
- “Young mothers don't know how to ask for help - go and ask for help- people love to help - its valuable to learn its okay to ask”
- “NAMI Families to families - teaching the skill - how to identify and cope - teenagers don't realize they have a mental illness - don't want to be one of them - stigma.
- “Educators need to know what mental illness is, community classes in elementary school”
- “Faith community - moved from Fresno, culture shock. Aceovercome.org - training designed for local and state entities and faith groups - helps teen and adults overcome trauma - trauma plays big role in our mental health - addressed in young age reduces as adults - lot of poverty here, lack of resources - invite leaders from churches in town, the more people in the community that know the better to help the people. We in the faith community don't want to replace anything you do, we want to know resources and work with you”
- “I struggle with depression - have to be proactive in my self-care”
- “NAMI and Lassen Aurora Network (LAN) definitely - a spiritual need, how to incorporate and not alienate clients.
- “Love it - I do skype - allows you to build a relationship in this area - easy to isolate, check in during winter”

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.*

The Stakeholder process consisted of four meetings within Lassen County: Big Valley area (Bieber, Little Valley, and Nubieber) 8-14-17, South County (Herlong, Wendel, Doyle) 8-16-17, Westwood 8-17-17 and Susanville 8-18-17.

The MHSA FY2017/2020 THREE YEAR UPDATE was circulated using the following methods:

- Paper copies were sent to Lassen Aurora Network
- 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 three year program and expenditures and annual update is posted on the department's website <http://lassen.networkofcare.org/mh/index.aspx>. Any feedback received during the 30-day Public Posting Period from 02-09-2018 through 03-09-2018, is included in this report. Public Posting again 3-19-18 through 4-6-2018.

The Public Hearing is scheduled to take place at the regularly scheduled Behavioral Health Advisory Board Meeting on 03-12-2018 which is held from 5:30 p.m. until 7 p.m. The Board did not have a chance to review the MHSA Three Year plan so it was postponed until the following MHAB meeting 4-9-2018. Public Hearing on 4-9-2018

We asked stakeholders to list the concerns regarding un-served and underserved populations of Lassen County what are the service gaps in the community. The majority of Stakeholders listed older adults and transitional age youth as un-served and underserved populations.

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.*

Positive Behavioral Intervention Strategies (PBIS) concluded in FY 16/17 at Fort Sage, Big Valley and Shaffer Elementary school. This effort focused on preventative and responsive approaches that effectively implemented with all students in a classroom and intensified to support small groups or a few individual students. PBIS strategies to decrease disruptions, increase instructional time, and improve student social behavior and academic outcomes, which is critical as schools are held to greater accountability for student outcomes and teacher effectiveness. This was only a three year program.

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 received feedback from concerned stakeholder via email regarding concerns over tardiness of the MHSA plan, no table of contents in the MHSA plan, the section regarding the Innovation Plan and the use of Grand Care, measuring outcomes and the layout of the MHSA plan regarding stakeholder comments.

At the Public Hearing on April 9th, a board member questioned the amount of funding allocated for Full Services Partnerships. The member was questioning the amount of

funding allocated for a small group of individuals. The BH Director explained the Full Service Partnership (FSP) program and how the funding would be used for FSP's. No other public comments were received and the plan was approved.

MHSA Program Component COMMUNITY SERVICES AND SUPPORTS

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

LCBH collaborates with consumers, providers and partners in the community to identify, prioritize and implement new and innovative services. In addition, LCBH funds One Stop Centers throughout the County through CSS Outreach and Engagement, System Development and Full Service Partnership Services.

This Three Year Plan outlines programs generated in collaboration with consumers, family members, and community partners for FY17/18, 18/19, & 19/20. 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 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.

Behavioral Health served the following consumer populations reported in the department's electronic health record and the Monthly Medi-CAL Eligibility File (MMEF) Data.

FY 16/17 Total Clients served by Age

Years	# Clients	% Clients
0-5	49	.02%
6-17	397	.18%
18-24	299	.14%
25-64	1366	.64%
65+	47	.02%
Total	2158	100

Average Dollars per Client for FY16/17

	#Dollars	#Clients	Dollar/Client
Total	\$9,542,480	2158	\$ 442,191

FY 16/17 Clients by Race/Ethnicity

	# Clients	% Clients
Caucasian	1733	.81%
Hispanic	180	.08%
Asian/Pacific Islander	19	.01%
Alaskan/Native American	112	.05%
Black/African American	72	.03%
Other/Unknown	42	.02%
Total	2158	100



Community Services and Supports-One Stop Centers				
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+
<u>Program Purpose & Description</u> One Stop Centers is a partnership program to increase behavioral health services utilization rates, supports isolated and homebound individuals, and increases behavioral health integration for unserved and underserved populations of the County. One Stop Centers also ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community.				
<u>Program Challenges</u> <ul style="list-style-type: none"> Lack of space, confidentiality, and appropriate space for individual with disabilities (i.e. bathrooms are not American with Disability Act (ADA) compliant). 				
<u>Proposed Activities for FY 2017 – 2020</u> LCBH will continue to provide behavioral health services in non-clinical environments, such as One Stop locations throughout the county. <ul style="list-style-type: none"> LCBH will also expand services to reach individuals with serious mental illness (SMI) living in areas of the County where access to services is difficult. To have BH staff trained in “Seeking Safety” which is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. To have all One Stop staff and community partners trained in ASIST suicide prevention. The ASIST workshop is for individuals who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. To have all One Stop staff and community partners trained in Mental Health First Aid. Mental Health First Aide workshop is for anyone who wants to learn more about mental illness and stigma. Additionally, LCBH plans to develop and implement a program evaluation that tracks participants’ outcomes over time, program progress and satisfaction with services (e.g., client satisfaction questionnaire). 				
<u>Goals and Objectives</u>				
Goals	LCBH aims to increase service utilization rates and support individuals who live in remote areas of the community, who are homebound, or who prefer to receive services in non-clinical settings. The program also aims to increase integration of Behavioral Health Services into the unserved and underserved community and improve overall trust and community relations			
Objective 1:	Conduct regular outreach in remote areas of Lassen County, and enroll eligible participants. A log of outreach attempts and total reach will be			

	kept.		
Objective 2:	Develop and implement participant outcomes with regular administration of evaluation tools, making data-driven service improvements.		
Objective 3:	Engage stakeholders in client satisfaction questionnaires to establish baseline data of community integration and relations. Re-administer quarterly/semi-annually to monitor outcomes and make data-driven program improvements.		
Number to be served FY 2017-2020:	300	Proposed Budget FY 2017-2020:	\$1,032,405.00
Cost per Person FY 2017-2020:	\$344,135.00	Total Proposed Budget FY 2017-2020:	\$1,032,405.00

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 that 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 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) 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:

- Homeless or at risk of becoming homeless
- Involved in the criminal justice system
- Frequent users of hospital and/or emergency room 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 around intensive case management services. These services are client centered, strength based and driven by treatment plan goals that are developed collaboratively with the client, and if appropriate, his/her family, and take into account 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 may be 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)
- Ongoing engagement in services
- Progress toward achieving treatment plan goals

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 26 consumers in FSP services in FY 16/17 at a cost of approximately \$172,297.00 per client. Adult and Older Adult FSP's totaled 22 at an average cost of \$152,522.00. As anticipated, the average number of adults enrolled in the project declined in FY 16/17 based on the expanded continuum of care in the community. Medi-Cal and client-share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds expended for this program.

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 are 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:

As a result 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 25 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 are 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 wraparound 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 that may be 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 the local FR

MHSA funding is available of non-mental health services and supports that are deemed necessary for the child/youth FSP to meet his/her individualized treatment plan goals. Flex funds may be 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:

- Child and Adolescent Needs and Strengths (CANS)
- Out of home placements (days)
- Psychiatric hospitalizations (days)
- Incarcerations (days)
- Key Event Tracking (KET)

Number of clients served and costs:

0 children/youth and 4 Transitional Age Youth (TAY) were identified as FSP's in FY 16/17 at a cost of \$27,751.00 per client. Enrollment in this program is based upon need, and it is anticipated that the average number of children/youth served by the program will remain consistent, as will the cost per child. It should be noted Lassen County offers a Wraparound program where many of our children and families participate in instead of Full Service partnership.

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+
<p>Program Purpose & Description</p> <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 wraparound 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>				
<p>Program Evaluations and Participant Outcomes</p> <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>				
<p>Proposed Activities for FY 2017 – 2020</p> <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> <p>Additionally, LCBH plans to develop and implement a program evaluation that tracks participants' outcomes over time, program progress and satisfaction with services (e.g., Quality of Life Survey). For example, Level of Care Utilization System LOCUS (18 years and older), and Child & Adolescent Level of Care Utilization System CALOCUS (ages 5 to 17).</p>				

Goals and Objectives			
Goals	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.		
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.		
Number to be served FY 2017-2020:	78	Proposed Budget FY 2017-2020:	\$1,872,918.00
Cost per Person FY 2017-2020:	\$26,013.00	Total Proposed Budget FY 2017- 2020:	\$1,872,918.00

OUTREACH AND ENGAGEMENT SERVICES

Day Reporting Center Outreach and Engagement Project

In collaboration with Probation, Jail and Banner Hospital, LCBH will engage Seriously Mentally Ill (SMI) individuals at the Day Reporting Center in medication support services. This project seeks to engage post-release adult and older adult offenders 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 offenders transition into the community by providing seamless access to medication support services at SCBH if such services are warranted. This project is not intended to serve incarcerated individuals or those on parole. As identified through the community planning process, the criminally involved SMI population in Lassen County is historically un- or underserved, at risk and faces many barriers to accessing services. Identified barriers include service location, transportation, lack of benefits and service gaps. By providing psychiatric services at the Day Reporting Center and linking participating individuals directly to medication and

other medically necessary services at LCBH, this project seeks to address barriers to service for this vulnerable population.

Services in the Day Reporting 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)

Homeless Outreach and Engagement

Over the last year, 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. The 2017 Point-In-Time Homeless Count and survey, conducted on January 24, 2017, identified 66 unsheltered and 80 sheltered homeless people (total = 146) in Lassen County, California. Data collected during the count reflects a snapshot of Lassen County's homeless population at one particular point in time.

The 2017 unsheltered count methodology consisted of a street-based count, service-based count, magnet events, and a Department of Behavioral Health homeless event. A total of 43 volunteers were deployed across the City of Susanville to successfully count and survey the unsheltered homeless population.

The sheltered count methodology consisted of counts at the Lassen County Jail, Nothing Like Your House, Lassen Family Services, Crossroads, and Community Social Service's Hotel Voucher recipients to identify sheltered homeless individuals on the night of January 24, 2017.

All 146 people who completed the survey lack fixed, regular, and adequate nighttime shelter. They need affordable housing; effective and efficient supportive services; and a permanent, healthy support system.

Data also illustrated the uniqueness of individuals; that services cannot be universal. They must be adaptive for age, family status, accompaniment status, chronic homelessness, veterans, addiction, physical and mental illness, family dynamic, safety, and community characteristics.

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.

The desired:

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 Outreach and Engagement

Lassen County is home to approximately 3,500 veterans. Some have been identified through the community planning process as unserved/underserved severely mentally ill veterans 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 veterans living in isolated communities with a high concentration of veterans. 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 veterans is well recognized, and Lassen County has Behavioral Health staff qualified to work with veterans experiencing issues related to substance abuse and mental illness. Outreach and Engagement activities targeting veterans are provided throughout the County and include outreach and linkage to services for un- or underserved veterans suffering from mental illness and/or substance abuse, and coordination with the Veteran's Service Office and 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, travel and promotion of events.

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



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+

Program Purpose & Description

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.

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. LCBH will continue efforts to reach geographically isolated Lassen residents, particularly through additional outreach in Termo, Ravendale, Spalding and Little Valley.

Key Successes:

LCBH staff and Lassen Aurora Network (consumer run nonprofit) staff conducted outreach through several key activities, including:

- Presenting information on mental health awareness to children, adults, and seniors at faith based communities.
- Lassen Aurora Network partnered with National Alliance of Mental Illness (NAMI) to do panels on “*In Our Own Voice*.”
- Lassen Aurora Network provides public speakers to talk on stigma and recovery.

Proposed Activities for FY 2017-2020

- Based on stakeholder input, Lassen County will focus on Lassen Aurora Network providing peer support to provide outreach and engagement to the 3,500 Veterans of Lassen County. The focus of the outreach and engagement is to identify veterans 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. The Lassen County stakeholders have identified the need for an integrated service experience to address the complex needs of the Veterans in our community.
- In addition to continuing existing outreach and engagement activities, LCBH staff will improve communications about behavioral health services and programming, including through 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.

Program Challenges

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 telemedicine is not always convenient or appropriate.

Transitionally 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.

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, the One Stop Centers, 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 2017-2020:	365	Proposed Budget FY 2017-2020:	\$442,959.00
Cost per Person FY 2017-2020:	\$1,214.00	Total Proposed Budget FY 2017- 2020:	\$442,959.00

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 (currently unfilled) 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.

Over the next three years, LCBH will continue to partner with the Lassen County Health Care Collaborative to identify efficient and cost effective ways to provide access to physical and behavioral health care services, and to explore opportunities for health care integration. The Collaborative meets monthly and LCBH will contribute \$1,000 annually to this membership to support organizational and facilitation activities.

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 two Behavioral Health clinics, to other services, and to Lassen Aurora Network. 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.

General system development funds will also be utilized to support facilitation of integrated care projects piloted by the Behavioral Health Task Group. In the three year plan, funds will support facilitation of the Behavioral Health Wellness project. The Behavioral Health Wellness team is comprised of law enforcement, Behavioral Health, Lassen Aurora Network, One Stops, Banner Hospital, Veteran Services, Northeastern Health Clinic, Lassen Community College school personnel and others that identify individuals with unmet needs and collaborate to facilitate access to needed services. The anticipated cost of this program is \$3,000 and includes organization and facilitation of meetings, and data collection.

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.

LCBH currently partners with Lassen Aurora Network and with the Family Resources Centers with providing wellness activities and peer support to anyone in the community. In late 2017, LCBH partnered with the Family Resource Centers and modified the peer support services to have an expanded role in the outlying areas.

Located in Susanville, Lassen County's most populous city, Lassen Aurora Network Wellness Center is client driven, focused on peer support and aimed at promoting resiliency and recovery. Services at Lassen Aurora Network are offered to mentally ill adults, older adults and families within a safe, caring and supportive environment where individuals can participate in activities that encourage recovery and resiliency. Lassen Aurora Network (LAN) offers a wide variety of support groups and activities for members to choose from. LAN staff are completing a Peer Specialist Certification training program, and have been trained in WRAP (Wellness Recovery Action Plan) Facilitation.

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

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

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:

Lassen Aurora Network has served over 2,479 individuals 16/17 fiscal year. It is anticipated that membership over the next three years will continue to grow. The estimated annual cost of the program is \$163,935.00.

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 Family Resource 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

Early Newborn Observations (ENO)

The ENO is a structured set of observations designed to help the clinician and parent together, to observe the infant's behavioral capacities and identify the kind of support the infant needs for his successful growth and development. It is a relationship-based tool designed to foster the parent-infant relationship. The ENO system consists of a set of 18 neurobehavioral observations, which describe the newborn's capacities and behavioral adaptation from birth to the third month of life. While it describes the infant's capacities, the ENO provides parents with individualized information about their infant's behavior, so that they can appreciate their baby's unique competencies and vulnerabilities and thereby understand and respond to their baby, in a way that meets her/his developmental needs. The 18 ENO items include observations of the infant's

- capacity to habituate to external light and sound stimuli (sleep protection)
- the quality of motor tone and activity level
- capacity for self-regulation (including crying and consolability)
- response to stress (indices of the infant's threshold for stimulation)
- visual, auditory and social-interactive capacities (degree of alertness and response to both human and non-human stimuli)

While the ENO attempts to reveal the full richness of the newborn's behavioral repertoire, the clinical focus is on the infant's individuality, on the aspects of behavior that make the baby unique and different. In other words, the ENO provides the baby

with a "voice", with a "signature". It gives the baby an opportunity to tell the caregiver who he or she is, if you will, what her preferences are and what her vulnerabilities might be and in what areas she may need support. By providing this behavioral profile of the infant's strengths and challenges, the ENO can provide clinicians with the kind of individualized guidance that can help parents meet their baby's needs. This, in turn, will help the parents develop the kind of confidence they need to support their baby's development and enjoy the experience of being a new parent.

While the ENO was developed to meet the needs of parents, it is designed in its ease of use to be a helpful tool for professionals who work with parents during the perinatal period. It is flexible and can easily integrated into routine home visits. The ENO, therefore, was designed as a relationship-building method that can be flexibly administered and that offers individualized information to parents about their baby, with a view to promoting a positive bond between parent and child and between themselves and the parents and family. For that reason, the ENO is best understood as a relationship-building tool. It is inherently interactive and family-centered, because parents are involved as partners in the ENO session throughout.

Eligibility criteria:

Children ages 0-5 in stable placement who are identified by LCBH clinical staff as exhibiting signs of aggression, defiance, withdrawal and other behavior disorders.

ENO program goals include:

- Improve family relationships
- Increase positive and nurturing parents
- Increase positive behavior in children
- Increase family stability

Outcome measures:

- TBD

Number of clients served and cost:

LCBH will send five staff or community partners to be trained in ENO. This project will continue in FY 18/19, 19/20, and the anticipated funding is approximately \$100,000

Mental Health First Aid

LCBH will continue to provide 8-hour Mental Health First Aid (MHFA) trainings for anyone living in Lassen County. Training will focus on educating first responders, including medical professionals, teachers, law enforcement, Family Resource Center 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 FY16/17 LCBH hosted 4 MHFA training. Approximately 100

participants successfully completed the course. Feedback from these classes was favorable and participants reported that the courses were useful and informative.

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:

Number of individuals served and cost: 100 individuals trained per year at a cost of 40.00 per person, \$4000 total.

Suicide Prevention

LCBH will offer a minimum of two safeTALK/ASSIST or other Suicide prevention trainings to providers and partners in Lassen and neighboring counties. Trainings may be provided by agency and/or contracted staff, at a cost of approximately \$2,500. Cost includes time and materials.

Community Health Fairs

LCBH staff participate annually in several Health and Wellness Fairs throughout the County. In FY 16/17 over 250 individuals were contacted at various community events and information regarding mental health and substance use services was distributed at a cost of approximately \$1500.00. Cost includes time and materials.

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. Also focused on the TAY population 15-25 years old. The estimated cost of this program is \$7,500 and approximately 500 students participate annually.

NAMI

Lassen County Behavioral health has partnered with NAMI volunteers to bring peer-led programs to a wide variety of community settings, from churches to schools to law enforcement. With the unique understanding of people with lived experience, these programs and support groups provide outstanding free education, skills training and support. NAMI will provide a minimum of 1 Stigma and Discrimination Reduction programs and 3 NAMI Provider Education workshops. NAMI volunteers will also disseminate resources concerning mental wellness such as website links, hotline numbers, stories of recovery and combating challenges associated with mental illness. Information will be shared via social media, newsletters and monthly calendars, and will include information about programs and support offered in the local communities, the county and nationally.

Other NAMI Programs to reduce stigma:

NAMI Family-to-Family

NAMI Family-to-Family is a class for families, partners and friends of individuals with mental illness. The course is designed to facilitate a better understanding of mental illness, increase coping skills and empower participants to become advocates for their family members. This program was designated as an evidence-based program by SAMHSA.

NAMI Homefront

NAMI Homefront is a class for families, partners and friends of military service members and veterans experiencing a mental health challenge. The course is designed specifically to help these families understand those challenges and improve the ability of participants to support their service member or veteran.

NAMI Peer-to-Peer

NAMI Peer-to-Peer is a recovery education course open to anyone experiencing a mental health challenge. The course is designed to encourage growth, healing and recovery among participants. This program is also available in Spanish, De Persona a Persona de NAMI.

NAMI Provider Education

NAMI Provider Education is a class for line staff at facilities providing mental health treatment services. The NAMI Provider Education class is designed to expand the participants' compassion for the individuals and their families and to promote a collaborative model of care.

NAMI Presentations:

NAMI Ending the Silence

NAMI Ending the Silence is an in-school presentation designed to teach middle and high school students about the signs and symptoms of mental illness, how to recognize the early warning signs and the importance of acknowledging those warning signs.

NAMI In Our Own Voice

NAMI In Our Own Voice is a presentation for the general public to promote awareness of mental illness and the possibility of recovery.

NAMI Parents & Teachers as Allies

NAMI Parents & Teachers as Allies is a presentation for teachers and other school personnel to raise their awareness about mental illness and help them recognize the early warning signs and the importance of early intervention.

Community-based workshops are designed to increase understanding of mental health related topics and are facilitated by a LPHA or other qualified provider. These programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge and behavior are intended, and shall:

- Be designed to create Access and Linkage to Treatment
- Be designed in ways that improve timely access to Mental Health Services for underserved populations
- Be provided in a convenient, accessible, acceptable, culturally appropriate setting

Outcome measures:

- To be determined based upon individual program

Number of individuals served and cost:

- The estimated cost for this program is \$10,000 for cost of materials.

Family and Adult Programs

A variety of programs focusing on families and adults will be provided throughout Lassen County.

Strengthening Families (SFP)

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. Groups specifically for women, men or older adult as well as Nurturing Parenting classes will be provided.

Eligibility criteria: Families and/or individuals suffering from the affects of mental illness

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 and youth. Programs such as Friday Night Live and Botvin Life Skills are evidence-based and utilize motivational interviewing and a strengths 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 will be offered by several contractors in the County.

Writing and storytelling classes focused on mental health, wellness, resiliency and recovery will be offered in the next three years. These courses target transitional age youth at risk of school failure and/or juvenile justice involvement. Students will write

about lived experience with mental health challenges or substance abuse and express themselves through writing stories or poetry. This program includes hosted community events where youth are encouraged to present their writings to promote recovery and wellness, as well as reduce the stigma that is often associated with mental illness.

Eligibility criteria:

Youth ages 8-20.

Youth Program goals include:

- Increased communication skills
- 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 600 youth at \$25.00 each. Positive change was documented from these groups.

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 \$20,000 to this effort in FY 17/18.

Innovations

The goal of the Innovation component is to explore new and creative approaches to the provision of mental health services. The Innovation component provides an opportunity to test and evaluate, to “try out” a new intervention that can inform our current or future practices in community mental health. Lassen County Behavioral Health Innovation plan is titled: Tele-communication to the Rural Areas

Tele-communication also known as “Telemedicine” has been done in many rural Counties in the superior region for many years but most of the “Telemedicine” programs are subcontracted out to a private contractor. Lassen County wants to adapt the tele-communication program so it will work in our One Stop Centers. The focus of our innovative idea will be an adaptation of Tele-communication that incorporates our County employed psychiatrist and the use of a mental health nurse.

Tele-communication, if done correctly, will hopefully prevent many hospitalizations. The idea of trying to reach individuals and their families prior to a crisis and providing them with support, services, education, and resources could reduce the negative outcomes of a crisis. This approach could prevent individuals from reaching a full crisis situation, thus decreasing emergency room visits, hospitalizations, and incarcerations. It would also maintain the individual's level of independence.

With the increased awareness to improve clients’ outcomes many Counties are moving towards integration. Lassen County Mental Health has slowly moved forward on integration but it seems to create many challenges in the outlying areas of the County. Many un-served and underserved individuals who are involved in multiple County services often do not receive the benefits of a multi-disciplinary treatment team. Resource constraints have sometimes limited the ability of our partners to participate in team meetings. Many County partners cannot afford the few hours necessary to attend a team meeting in the outlying areas. Often information and decisions are left unresolved until the partners can come together to share as a team. This often contributes to poor outcomes and individuals not achieving their goals. With Tele-communication partnering agencies can communicate with each other without the need for travel.

Grand Care Units have been placed at Big Valley and Westwood One Stop and Lassen Aurora Network. They have also been deployed to five consumers’ homes. The Innovation Team is currently working to have more units placed at the ER of Banner hospital, Herlong One Stop, and County jail.

Capital Facilities

The Capital Facilities component of MHSA consists of technological projects that support the development of an integrated infrastructure and improve the quality and coordination of care that will transform the mental health system and support the goals of MHSA.

The Capital Facilities component consisted of three projects: One Stop, provide new heating and air conditioning system for the Fort Sage One Stop (completed), Construction/Renovation of the Big Valley, and the expansion and remodel of the Westwood One Stop building. A consultant was hired in 2015 to address all concerns at each of the One Stop locations including the buildings in Susanville. Some of the concerns are space capacity, ADA issues and confidentiality. At the time of writing this MHSA Three Year Plan, the building remodels have gone out for bid.

Workforce, Education and Training

Mental Health Service Act funds were allocated to support County-administered Workforce, Education and Training (WET) efforts. These funds were designated to be used over a period of ten years in order to transform California's public mental health workforce based on recovery-oriented principles. In Lassen County, community members engaged in an extensive planning process and identified the following as local workforce development needs and priorities:

The programs developed in the County's initial WET plan have included a broad array of staff development, training, and community-capacity building strategies. Fiscal challenges have continued to impact on the progress of our Workforce, Education and Training (WET) strategies, particularly in the recruitment of psychiatric nurses and bi-lingual clinical staff. In addition, enhancing the meaningful participation of consumers and family members remains an important goal.


WET funding provides consultants and training resources to improve the capacity of Lassen County Mental Health therapists, consumer and family member partners, and partner agencies to better deliver services consistent with the fundamental principles of the Mental Health Services Act. These include expanding our capacity to provide services that support wellness, recovery and resilience; that are culturally and linguistically competent; that are client-driven and family-driven; that provide an integrated service experience for clients and their family members, and that are delivered in a collaborative process with our partners. Consumers and family members will be an integral part of each training, as participants in trainings and as trainers and/or co-facilitators, whenever possible. Our budget includes incentives for participation in training, including travel expenses, meals, and other incentives for participants.

WET funding also assists with engaging and preparing individuals for a career in mental health. Lassen County Mental Health will move to identify and support local individuals, including clients and family members, who are interested in entering careers in the public mental health system (strong consideration will be given for consumer/family member experience, Hispanic or Native American candidates, Spanish linguistic competence, and to current employees of Lassen County Health Services).


All Lassen County WET funding has been exhausted since 2015.



Attachment 1



Announcement: Mental Health Services Act Stakeholder Meetings



Date: Monday 8-14-2017 Time: (11:00 am-Noon) Big Valley One Stop 125 Hwy 299 E., Bieber

Date: Monday 8-14-17 (5:30 pm-7:00 pm) Mental Health Advisory Board Meeting 1400 Chestnut Suite A Susanville, CA

Date: Wednesday 8-16-17 (11:00 am-Noon) Fort Sage One Stop Center 170 DS Hall Street, Herlong


Date Thursday 8-17-17 (11:00 am-Noon) Westwood One Stop Center 463-975 Birch Street.

Date: Friday 8-18-17 (11:00 am-Noon) Lassen County Behavioral Health 555 Hospital Lane Susanville, Ca 96130

INVITATION FOR LASSEN COUNTY MHSA COMMUNITY PLANNING WORKGROUP

Lassen County Behavioral Health is conducting the Community Planning Process to develop the MHSA Annual Update Plan for the current year (2017-2018) and the Three-Year MHSA Program & Expenditure Plan for 2017-2020.

The purpose of these meetings is to obtain your feedback on Mental Health Services Act (MHSA) funded programs, and if any changes are needed. For additional information, please contact Lassen County Behavioral Health 530-251-8108 for more information.



Attachment 2

Fort Sage

MHSA Community Stakeholder Meetings

[illegible]

Westwood

MHSA Community Stakeholder Meetings

[illegible]

Susannah

MHSA Community Stakeholder Meetings

[illegible]

Big Valley

MHSA Community Stakeholder Meetings

[illegible]

12B Tuesday, March 27, 2018

**Lassen County Behavioral Health
Mental Health Services Act**

**PUBLIC COMMENT ON DRAFT MHSA 3 YEAR PLAN 2017-2020
Public Review March - April 9, 2018**

**The plan will be available online at:
<http://lassen.networkofcare.org/mh/>**

Copies of the plan will be available at:

Lassen County Behavioral Health

555 Hospital Lane and 1400 Suite A Chestnut, St., Susanville, CA 96130

Westwood One Stop - 462-975 Birch Street, Westwood

Fort Sage One Stop - 170 DS Hall Avenue, Herlong

Big Valley One Stop - 125 Hwy. 299 E., Bieber

**Public Hearing: April 9, 2018 at 6:00 p.m.
1400 Suite A Chestnut Street, Susanville**

For more information, please contact
Corrine Reed at 530-251-8355 or creed@co.lassen.ca.us