

# MENTAL HEALTH SERVICE ACT 2018- 2019 ANNUAL UPDATE

Lassen County Behavioral Health

## MHSA COUNTY COMPLIANCE CERTIFICATION

<b>County Mental Health Director</b> <b>Name:</b> Tiffany Armstrong <b>Telephone:</b> 530-251-8108 <b>Email:</b> tarmstrong@co.lassen.ca.us	<b>Program Lead</b> <b>Name:</b> Tiffany Armstrong <b>Telephone:</b> 530-251-2627 <b>Email:</b> tarmstrong@co.lassen.ca.us
<b>Mailing Address</b> 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 \_\_\_\_\_.

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 (PRINT)

\_\_\_\_\_

Signature

Date

County: Lassen

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Lassen

Three-Year Program and Expenditure Plan

Annual Update

Annual Revenue and Expenditure Report

<b>County Mental Health Director</b> <b>Name:</b> Tiffany Armstrong <b>Telephone:</b> 530-251-8108 <b>Email:</b> tarmstrong@co.lassen.ca.us	<b>Program Lead</b> <b>Name:</b> Tiffany Armstrong <b>Telephone:</b> 530-251-2627 <b>Email:</b> tarmstrong@co.lassen.ca.us
<b>Mailing Address</b> 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

Mental Health Service Act 2018-2019 Annual Update

I hereby certify that for the fiscal year ended **June 30, 2017**, 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, 2017**. 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 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.

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County Auditor Controller (PRINT)

Signature

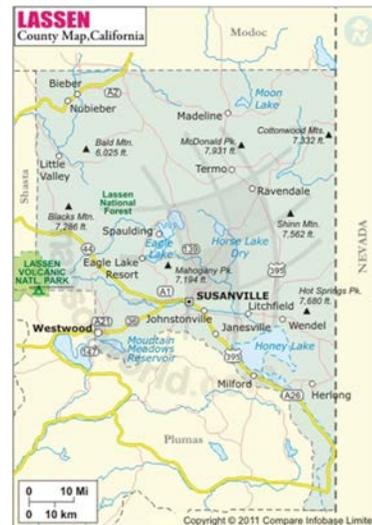
Date

**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.**

## LASSEN 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.



## 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 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. These components include:

- Community Services and Supports (CSS) which focuses on the development of recovery-oriented services for children, youth, adults and older adults with serious mental illness;
- Prevention and Early Intervention (PEI) geared toward education, supports, early interventions and a reduction in disparities for underserved groups seeking access to mental health services;
- Innovation (INN) which offers the option to introduce new and creative ways of addressing community mental health needs;
- Workforce Education and Training (WET) to support the support the development of well trained, qualified and diverse workforce; and,
- Capital Facilities which is pivotal to strengthening the foundation of the mental health system.

The development of services and programs within each component was the result of a collaboration of individuals and organizations with expertise and experience that enrich the community planning process. Over the past several years, LCBH) has held hosting meetings and conducting 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 now lies with the County Board of Supervisors.

### WHAT IS ASSEMBLY BILL 114?

AB 114 became effective July 10, 2017. The bill amended certain Welfare and Institution Code (WIC) Sections related to the reversion of MHSA funds.

AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion, are deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated. Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal Year (FY) 2005/2006

through FY 2014-15. By July 1, 2018, counties are required to have a plan to spend those funds by July 1, 2020.

Every county must develop a plan to spend its reallocated funds and post it to the county's website. The county must submit a link to the plan to DHCS (Department of Health Care Services) by July 1, 2018. Each county's Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county's website. Each county must submit its final plan to DHCS and the MHSOAC (Mental Health Services Oversight and Accountability Commission) within 30 days of adoption by the county's BOS. A county may not spend funds that are deemed reverted and reallocated to the county until the county's BOS has adopted a plan to spend those funds.

In addition, each county must comply with the following:

- The expenditure plan must account for the total amount of reverted and reallocated funds for all impacted Fiscal Year's, as indicated in the applicable notice of unspent funds subject to reversion or in the final determination on an appeal;
- The county must include a reversion plan in the County's Three-Year Program and Expenditure Plan or Annual Update, or as a separate update to the County's Three-Year Program and Expenditure Plan, and comply with WIC Section 5847 (a); Reallocated funds must be expended on the component for which they were originally allocated to the county;
- If reallocated funds were originally allocated to the INN component, the funds are subject to the requirements of California Code of Regulations, Article 9, sections 3900-3935;
- The county must follow the stakeholder process identified in WIC Section 5848 when determining the use of reallocated funds; and
- The county must report expenditures of reallocated funds, by component, on its Annual MHSA Revenue and Expenditure Report.

## LASSEN COUNTY BEHAVIORAL HEALTH CHALLENGES

Despite many MHSA accomplishments, LCBH faces several challenges that must be managed in order to provide effective services. Some of these challenges include:

- 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.
- 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, 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.*

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. 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 2018, 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 annual update, 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. LCBH facilitated a stakeholder meeting February 2018 with community members to discuss needs/gaps in the community.

Stakeholder attendance was 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.)*

## Mental Health Service Act 2018-2019 Annual Update

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.

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

Listed below are the stakeholders involved in annual update. Not all respondents chose to answer all the questions. The following is a brief summary of the demographic make-up of those surveyed.

### LASSEN COUNTY BEHAVIORAL HEALTH MHSA ANNUAL UPDATE 2018-2019 Stakeholder Comment Form

What is your age?

0-15 yrs	0	16-25 yrs	1	26-59 yrs	7	60+ yrs	5
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What is your gender?

Female	9	Male	4	Choose not to State	0	Other	0
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What region do you live in?

Herlong/Doyle/Wendel/Milford/Ravendale/Termo/Madeline	4
Susanville/Janesville/Standish/Johnstonville/Litchfield/Eagle Lake	1
Westwood/Clear Creek/Pine Town	1
Bieber/Nubieber/Little Valley	4
Other	2
Adin	2
Fall River Area	1

## Mental Health Service Act 2018-2019 Annual Update

### What group(s) do you represent?

Family member of consumer	2
Social Services Agency	0
Consumer of Mental Health Services	1
Consumer of Alcohol and Drug Services	0
Health Care Provider	0
Community Member	6
Law Enforcement	0
Active Military	0
Education	1
Veteran	0
Community Agency	6
Representative from Veterans Organization	0
Faith Community	0
Provider of Mental Health Services	2
County Staff	0
Provider of Alcohol and Drug Services	0
Other	1
program mgr at Sr. Ctr.	0

### What is your Ethnicity?

African American/Black	0
Asian/Pacific Islander	0
Latino/Hispanic	1
American Indian/Native American	0
Caucasian/White	12
Other	0

### What is your Ethnicity?

African American/Black	0
Asian/Pacific Islander	0
Latino/Hispanic	1
American Indian/Native American	0
Caucasian/White	12
Other	0

### What is your Primary Language?

English	13
Spanish	1
Other	0

## Mental Health Service Act 2018-2019 Annual Update

Please write the three most important topics that should be the focus for Lassen County Behavioral Health and for our community (Lassen County)

1 Housing

Transition place to go  
family/children

Early intervention, prevention & early interv

More training for law enforcement

Homelessness

Crisis Team

2 Community activities for all people

Homelessness with mental health issues

Mental health awareness

Prevention

Training and more training

Transportation for people in outlying areas to go to events  
suicide prevention

3 Places for MH people to live so don't have to send out of county

Suicide awareness

Suicide education

Innovation-using technology in our rural-rural areas

Getting more people involved in events

Children and families

More trained counselors



## Mental Health Service Act 2018-2019 Annual Update

### Herlong - Fort Sage 8/6/18 Comments from Stakeholders

"When can we get a MH worker again"

"Without somebody (therapist) we're not served"

"My daughter when she had to be transported, she had excuses for not going"

"We need workers here - more at ease to talk to someone at home"

"FRC don't have the people with the education and experience to deal with people and their problems"

"Did the people evacuated at eagle lake have someone there to help them"

"Need someone to check our community, knock on door, see how they are"

"Forced out of homes, devastation - won't say anything"

"Art and activities is part of BH - keep people occupied"

"Different mind set - between Eagle lake and Redding Carr fire"

"Something is better than nothing - and nothing is what we have"

"Depression and anxiety are gateway to alcohol and other substance abuse"

"No income - Can use EBT cards, access alcohol at local store"

"Can't hold everyone's hand"

"Sheriff don't have background - need training - tell you are on your own - repeated calls - sheriff"

"With budget cuts has fewer options. Will not take person - nothing they can do, cannot transport for psych"

"No options"

"Crisis management - 2 phases, call police or ambulance to MH facility"

"Police stick to protocols - need someone with medical crisis team"

"Talking about education"

"30 years as paramedic - like a child with autism, different levels of autism, each required a different response"

"Education don't work, it's the protocols of what each agency has to work within"

"Biggest problem - we have no place to talk them and they have no options - hit and miss out here"

"The 30 miles from here to Susanville is not possible"

"We need someone here"

"Need crisis team here"

"Take over Roosevelt school like proposed with the Gables - for an immediate evaluation"

"Roosevelt is a better location - move MH to that site"

"How about Reno and the college"

"Need trained individuals to come in"

"Faster, start prioritizing with what dollars you have"

"Each department has tunnel vision"

"We're so spread out, we're going to lose services with budget cuts"

"No forward motion for MH"

"Without sheriff deputy in this community, be bad"

"Stop talking about all those different departments and other communities and differences between"

"Consensus and reality is great"

"What kind of numbers do we have in Lassen County regarding suicides? 11 suicides in year?"

"Everything is doable, prioritize, what you are doing, work with your guidelines?"

"Comes with the schools - work with teenagers, the economic way they are brought up?"

"Is what they will fall back on"

"Education of young people have to come from young people, dollars from jobs are not spent in this community"

"People here don't have opportunities for jobs. First and second generations, change philosophy of family, copying what parents did."

"No place for these kids to go. Start them young in program relevant for each community - drawing, projects -"

"Help One Stop and community"

"Curriculum comes down to school and principal - why kids leave school at 14-16. what to stimulate, how do you interest them during week?"

"Need spin off from FNL - need more involvement during week - who is going to give up their time to help unless you pay someone."

"What volunteers are there dealing with teenager attitude."

"You got 3 people with different ideas - is there funding to support this program?"

"Emergency accommodations for crisis interventions. Just as soon as you can get us just as much as you can"

"Your department is the only one getting any dollars"

## Mental Health Service Act 2018-2019 Annual Update

### Big Valley- 8/7/18 Comments from Stakeholders

"Volunteers - give unspent money to me"  
"Deputy Sheriff - retired part-time - Long Valley has lots of issues, someone to go with him"  
"Need crisis intervention training"  
"It's hard to spend money on training, but need volunteers and to train firefighters, police"  
"Excellent, good opportunity. Keep peer support specialist in loop to participate so first responders can meet and know what is available at wellness center."  
"What is SB-840 regarding homeless"  
"Grand care - more people using - more information about grandcare in community"  
"Presence in outlying area schools - use of FNL program"  
"In our school junior high and high school are in one school - 40 students - do we have to do feeder program to FNL? Can we operate one program?"  
"Issues at school; bullying at school. Kids are home-schooled - kids don't have transportation or parental involvement"  
"Kids home schooled not getting social interaction. If program at school, would it be observed as school activity. Do you need school involvement?"  
"Good to see the MH hotline # in your monthly newsletter"  
"Big Valley Art in the Park - flew kites"  
"Are we higher in Northern California than elsewhere, suicide rate?"  
"See here and dealing personally how to educate family members to MH or addiction-it is frustrating"  
"How do you know what to do - not enabling"  
"Use newsletter to put information in monthly"  
"Wellness center - LAN came up - how to motivate people to come and participate"  
"Prevention & early intervention, that's huge. 80% community below poverty level. Its about survival-not attending meetings like this or their addiction"  
"Connections - need something small to start-Would tablet access to therapists be available to peer support specialist"

### Westwood- 8/8/18 Comments from Stakeholders

"It would be good to have FRC directors and peer support staff attend a CIT training"  
"Help law enforcement and first responders transition to peer support - can we use PEI funds?"  
"SB 840 - what is it?"  
"Need after hours wellness center - like the triage grant - how and where are we going to get the bodies, staff and clients"  
"Have grand care system up and running for the open house"  
"Need an app on phone to talk to people and first responders and law enforcement"  
"Mental Health America"  
"Need training on early stages of psychosis"  
"FNL-club live"  
"Bullying - now school is offering independent study"  
"Need Nicole to come and do a safe talk training"

### Susanville- 8/13/18 Comments from Stakeholders

"For the proposed CIT training - peer support specialists should also attend"  
"Is this proposed training Post 1,2,or 3 for law enforcement"  
"Need first episode training for staff - issues at college - first episode training for college and high school staff"  
"Going to college is a whole new world"  
"Larger areas use MHSA dollars to help support programs in local colleges"  
"Our little town does great things. I work with CC inmates, they say programs aren't operational"  
"Dollars are just flapping around. Geo groups taking over a lot of things"  
"PEI subject to reversion, when and how can LAN get involved that would be appropriate. The triage grant, modified would work"

- 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: South County (Herlong, Wendel, Doyle) 08-06-18, Big Valley area (Bieber, Little Valley, and Nubieber) 08-07-18, Westwood 08-08-18 and Susanville 08-13-18.

The MHSA FY2018/2019 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 three year (2017-2020) 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 10-08-2018 through 11-08-2018, is included in this report.

The Public Hearing is scheduled to take place at the regularly scheduled Behavioral Health Advisory Board Meeting on 11-13-2018 which is held from 5:30 p.m. until 7 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.*

No programs were eliminated or consolidated.

- 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

At the Public Hearing on 11-13-2018,

Board of Supervisor XX-XX-2018 adopted the MHSA Annual Update.

## 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 Community Services and Supports (CCS) Outreach and Engagement System Development.

This annual update outlines programs generated in collaboration with consumers, family members, and community partners for FY18/19. 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, transitional age youth, LGBTQ and mentally ill homeless 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.

<b>Community Services and Supports-One Stop Centers</b>				
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+
<b><u>Program Purpose &amp; Description</u></b>				
<p>The One Stop Centers partnership was formed 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.</p>				
<b><u>Program Challenges</u></b>				
<ul style="list-style-type: none"> <li>• Not enough therapists to provide services at the One Stop facilities</li> </ul>				
<b><u>Proposed Activities for FY 2018 – 2019</u></b>				
<ul style="list-style-type: none"> <li>• LCBH will continue to provide behavioral health services in non-clinical environments, such as the One Stop locations throughout the county through tele-health.</li> <li>• 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.</li> <li>• LCBH will train BH staff in “Seeking Safety”, a present-focused therapy program to help people attain safety from trauma/PTSD and substance abuse.</li> <li>• Train One Stop staff and community partners in SAFETalk/ASIST suicide prevention. The SAFETalk/ASIST workshop is for individuals who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.</li> <li>• Train One Stop staff and community partners Mental Health First Aid. Mental Health First Aide workshop is for anyone who wants to learn more about mental illness and stigma.</li> <li>• 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).</li> <li>• Expand Friday Night Live (FNL) at the One Stop locations.</li> </ul>				
<b><u>Goals and Objectives</u></b>				
<b>Goals</b>	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			
<b>Objective 1:</b>	Conduct regular outreach in remote areas of Lassen County, and enroll eligible participants. A log of outreach attempts and total reach will be kept.			
<b>Objective 2:</b>	Develop and implement participant outcomes with regular administration of evaluation tools, making data-driven service improvements.			
<b>Objective 3:</b>	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.			

<b>Number to be served FY 2018-2019:</b>	<b>Estimated 100</b>	<b>Proposed Budget FY2018-2019:</b>	<b>Estimated \$344,135.00</b>
<b>Cost per Person FY 2018-2019:</b>	<b>\$34,414.00</b>	<b>Total Proposed Budget FY 2018-2019:</b>	<b>\$344,125.00</b>

## 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 on 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. LCBH engaged 9 consumers in FSP in FY 17/18 at a cost of approximately \$26,705.00 per clients. As anticipated, the average number of adults enrolled in the project declined in FY 17/18 based on the expanded continuum of care in the community. Medi-Cal and client-share-of-cost (as determined by the Uniform Method for Determining Ability to Pay (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 community.

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-CA-50)
- 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. 0 children/youth and 3 Transitional Age Youth (TAY) were identified as FSP's in FY 17/18 at a cost of \$33,199.00 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.

<b>Community Services and Supports-Full Service Partnership</b>				
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+
<b>Program Purpose &amp; Description</b>				
<p>The FSP program is designed to expand mental health services and supports to SMI residents of all ages, and to assist these residents in achieving their goals. LCBH 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>				
<b>Program Evaluations and Participant Outcomes</b>				
<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>				
<b>Proposed Activities for FY 2018 – 2019</b>				
<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>				

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, Child and Adolescent Needs and Strengths (CANS-CA-50) tool is an assessment/outcome strategy that is designed to be used for decision support and outcomes management. Its primary purpose is to allow a system to remain focused on the shared vision of serving children and families.

**Goals and Objectives**

<b>Goals</b>	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.		
<b>Objective 1:</b>	Conduct outreach to SED/SMI residents and continue to enroll eligible residents. A log of outreach efforts will be kept.		
<b>Objective 2:</b>	Develop and implement participant outcomes with regular administration of evaluation tools, making data-driven service improvements.		
<b>Objective 3:</b>	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.		
<b>Number to be served FY 2018-2019:</b>	<b>26</b>	<b>Proposed Budget FY 2018-2019:</b>	<b>\$624,306.00</b>
<b>Cost per Person FY 2018-2019:</b>	<b>\$24,012.00</b>	<b>Total Proposed Budget FY 2018-2019:</b>	<b>\$624,306.00</b>

## OUTREACH AND ENGAGEMENT SERVICES

### Outreach and Engagement Project

In collaboration with Probation, Jail and Banner Hospital, LCBH will engage (SMI individuals 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 LCBH 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 One Stop Centers 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 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.

***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 for FY 18/19 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



<b>Community Services and Supports-Outreach and Engagement</b>				
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, Family Resource 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.
- LCBH and community partners participated in Each Mind Matters and flew kites in the month of May 2018.

**Proposed Activities for FY 2018-2019**

- Based on stakeholder input, Lassen County will focus on Family Resource Staff and 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**

<b>Goals</b>	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.		
<b>Objective 1:</b>	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.		
<b>Objective 2:</b>	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.		
<b>Objective 3:</b>	Update website, brochures, and flyers.		
<b>Number to be served FY 2018-2019:</b>	<b>121</b>	<b>Proposed Budget FY 2018-2019:</b>	<b>\$140,986.00</b>
<b>Cost per Person FY 2018-2019:</b>	<b>\$1,165.00</b>	<b>Total Proposed Budget FY 2018-2019:</b>	<b>\$140,986.00</b>

**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 year, 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, and to other services. 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 annual update, 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 and 2,094 individuals in 17/18. The estimated annual cost of the program is \$152,925.00.



# 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 be 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 four 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:

FY 18/19, the 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.

During the past three years, three transitional age youth have followed through on a suicide in Lassen County. The community has met numerous times to address suicide prevention of the transitional age youth and resources available. Community discussion recommends having a place for transitional age youth to meet in an environment safe from stigma where they can address their wellness (See below regarding after hour wellness center)

### **Community Health Fairs**

LCBH staff participate annually in several Health and Wellness Fairs throughout the County. In FY 18/19 Lassen County Behavioral Health and contracted providers will continue to provide 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 and training for staff for FY 18/19.

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. FY 18/19 the cost to train staff \$3,700.

### **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 18/19.

### **AB 114**

LCBH has developed a plan regarding Mental Health Services Act (MHSA) unspent funds which are subject to reversion for Fiscal Years (FY) 2005-06 through 2013-14. Lassen County Behavioral Health currently has \$581,000 in unspent Prevention and Early Intervention funds. The Stakeholders met back on February 8, 2018 at Lassen Community College to work on developing an after hour triage wellness center

The Community groups that were involved:

Lassen County Behavioral Health  
Banner Lassen Medical Center  
Lassen County Health and Social Services (Public Health, Social Services, IHSS, Public Guardian)  
Lassen County Board of Supervisors  
Sherriff's Department  
Lassen Aurora Network  
Lassen Community College  
Local Community Church  
Lassen County Probation  
City of Susanville  
National Alliance of Mental Illness (NAMI)-NAMI participants could not make the meeting but was present at the initial planning process

The idea was to create a peer run drop in wellness center that would provide wellness activities to individuals when other traditional programs were closed. The purpose of this program is to provide a seamless array of services and supports to unserved and underserved individuals seeking access to mental health services. The after hour wellness center would provide phone-based wellness support and provide one-on-one support to individuals in the community. This adds an important preventive level of service for unserved and underserved individuals that will likely contribute to reduced rates of hospitalization, emergency department utilization, and incarceration. The wellness program is intended to reduce costs associated with expensive inpatient and emergency department care by better serving people in the least restrictive manner possible, including individuals discharged from a hospital requiring transitional support to longer-term outpatient services.

## **After Hour Wellness Center**

In times of crisis, people feel alone with their anxiety, panic, anger, frustrations and depression. One of the goals of peer-run wellness program is to provide connections and relationships that can lessen the intensity of these feelings. These non-medical alternative programs offer a comfortable, non-judgmental environment in which one might be able to process stresses as well as explore new options. The hope is that these interactions will result in fresh, short-term solutions and a wider array of options for handling future crises.

The peer support process allows and encourages development of mutual and reciprocal relationships between the givers and receivers of support. It is important to note that, in successful peer relationships, both individuals are givers and receivers of support, enabling both parties to feel valued and empowered. When people feel respected and valued, they become empowered and are more able to move toward recovery. It is believed that this helps to eliminate the institutionalization and potential trauma that frequently result from psychiatric hospitalizations.

As people have an opportunity to stay connected to peers while moving through challenging thoughts, feelings and impulses, the need for external intervention is diminished. This alternative approach to handling life challenges, teaches people healthier attitudes about themselves and others. With increased skills, individuals can reduce or even eliminate their susceptibilities to the pressures that cause overwhelming emotional distress.

With the establishment of a peer run wellness center “Safe Haven”, the program will allow for increased access to crisis services, linkage to outpatient care, and warm hand-offs/transitions between inpatient and outpatient settings for clients who are experiencing mental health and/or substance use crises. Safe Haven staff offers those experiencing a behavioral health crisis an opportunity for immediate face-to-face support and assistance. The program is designed with particular community needs in mind which often include rapid intervention, diversion from jail, and reduction in the use of hospital emergency departments for behavioral health crises. Visitors to Safe Haven will find an environment, staffing, and philosophy designed to establish stability and provide a setting for recovery that is based on strengths, assets, and community supports.

Based out of the February 2018 stakeholder meeting numerous gaps regarding unserved and underserved individuals experiencing life challenges were addressed. Law enforcement has few options for responding to crises, which results in an over-utilization of the jail and hospital/ER. Law enforcement report they are often dealing with individuals who don't meet the criteria for 5150 but still have crisis issues (family conflict, loneliness, homelessness, SUD issues, etc.). Officers report they are not trained to respond to “social work” type issues and often don't want to leave the distressed individual but don't know what to provide since the individual does not meet the criteria for 5150. Many law enforcement stakeholders expressed a desire to expand partnership and collaboration on crisis intervention with government agencies and community providers. Under the current process, law enforcement officers responding to a mental health crisis have limited options for intervention: 1. to take the individual to a local hospital emergency room, 2. take the individual into custody at the local jail, or 3. leave them where they are. Law enforcement further stated that if there were alternatives to the hospital or jail, they believed individuals could be diverted into less restrictive settings.

Another gap that was addressed at the stakeholder process was alternatives to hospitalization are limited after hours. Hospital staff further reported that many of the individuals who come to the ER in crisis don't meet the criteria for 5150 but still have crisis issues (family conflict, loneliness, homelessness, SUD issues, etc.) and are often discharged with no real aftercare plan. Others are often placed on a 5150 because they require more support but don't actually require hospitalization. These individuals have no support system in the community. There are currently no supports available, other than the ER, for individuals undergoing a crisis after business hours and during the weekend. Hospitals report they see more individuals related to crisis situations after hours or on weekends. Wellness staff could facilitate access to alternative treatment settings, even if the crisis occurs during non-business hours.

People need additional support following a life challenge event to prevent additional crises and enroll in regular, outpatient care. The results of the needs assessment included identification of a pattern of individuals who cycle through the ERs and jails when released from either setting because they are unable to independently complete the discharge planning instructions for enrolling in additional outpatient services. Often these individuals have no family/natural support or often have mental illnesses that prevent them from following through on services. Wellness staff is needed to assist with ensuring access to follow-up care for an individual released from the hospital or jail after being placed in these locations.

The proposed wellness staffing is designed to address the gaps listed above. In the program design, peer support and volunteers would provide wellness services in a program called "Safe Haven". This program would be available to individuals in crisis seven days a week from 4:00 pm-midnight. This facility would allow law enforcement to expand the range of options available to persons in crisis and their families to divert individuals from the hospital and jail. The "Safe Haven" program would be an alternative to the traditional means of jail or emergency room. Peer supports/volunteers will develop a self-care plan to help the person identify next steps to recover from the crisis and avoid future crises. Peer counseling staff would also be available to provide follow-up support reaching out to individuals who had experienced a crisis event to support access to services and resources that promote recovery and prevent future crises events. Peer counseling staff may also support the development of a WRAP or self-care plan.

The peers/volunteers stationed at "Safe Haven" will also provide "warm line" to individuals who cannot leave or unwilling to leave their homes. A warm line is an alternative to a crisis line that is run by "peers," generally those who have had their own experiences of trauma that they are willing to speak of and acknowledge. Most warm line operators have been through extreme challenges themselves and are there primarily to listen. A warm line has the purpose of reducing hospitalization and forced treatment, being a cost effective and non-intrusive, voluntary intervention.

LCBH will submit a "Request for Proposal" to all community partners to apply for the funding.

<b>Community Services and Supports-After Hour Wellness Center</b>				
Status:		<input checked="" type="checkbox"/> New		<input 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+
<b><u>Program Purpose &amp; Description</u></b>				
<p>Safe Haven 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. 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>Safe Haven 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>Safe Haven 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 for the ER. Safe Haven staff will be available seven days a week from 4:00 pm-Midnight 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. The location is to be determined but the community needs assessment agreed the location needed to be in Susanville preferably on Main Street with access to a bus stop, grocery stores, motels and other community resources.</p>				
<b>Key Successes:</b> New Program				
<b>Proposed Activities for FY 2018-2019</b>				

- Request for proposal with community partners.
- Lassen County Behavioral Health determined 500 individuals will be served per year.
- Assist unserved and underserved individuals seek access to BH services.

**Program Challenges:**

New Program

**Goals and Objectives**

<b>Goals</b>	To prevent individuals from going into the psychiatric hospital, for being homeless or going to jail.		
<b>Objective 1:</b>	Decrease non-emergency crises by increasing the number of triage responses to crises that do not meet the 5150 criteria by 75% by the end of the first grant year.		
<b>Objective 2:</b>	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.		
<b>Objective 3:</b>	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.		
<b>Number to be served FY 2018-2019:</b>	<b>500</b>	<b>Proposed Budget FY 2018-2019:</b>	<b>\$214,468.00</b>
<b>Cost per Person FY 2018-2019:</b>	<b>\$429.00</b>	<b>Total Proposed Budget FY 2018-2019:</b>	<b>\$214,468.00</b>

**Crisis Intervention Behavioral Health Training**

LCBH and Lassen County Sheriff Department have worked together to add Crisis Intervention Training for all professionals working with individuals with behavioral health issues within Lassen County. This curriculum is an advanced officer course designed to provide law enforcement with information, techniques, and skills necessary to effectively respond to persons with mental illness, intellectual disability, and substance use disorder. This course was established in response to Penal Code section 13515.27 (a) (Senate Bill 11 (SB 11); Beall, August 2015) which mandates that POST establish and keep updated a continuing education classroom training course relating to law enforcement interaction with persons who have mental illness, intellectual disability, or substance use disorder.

This training will be offered twice in the community. The estimated cost of this training is \$26,000 and approximately 500 community members including peace officers will participate.

## 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.

**AB 114**

LCBH has developed a plan regarding MHSA unspent funds which are subject to reversion for Fiscal Years (FY) 2005-06 through 2013-14. Lassen County Behavioral Health currently has \$380,000 in unspent Innovation funds.

The stakeholders propose using the Innovation reversion funding to assist peace officers/case managers/peer supports in the field with additional technology where they can immediately link into a peer support or therapist using their phone or other hand held device. Stakeholders are currently exploring 7-Cups which is online therapy provided via the Internet. Sometimes it is called e-therapy, distance therapy, telehealth, or Internet therapy. Online therapy can be done by texting, video chatting, voice messaging or audio messaging with licensed therapists online.

This would expand the already existing “virtual coordinated care” by including law enforcement and peer support into the virtual coordinated care.

## **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: provide new heating and air conditioning system for the Fort Sage One Stop (completed), remodel of the Westwood, Big Valley and Fort Sage One Stop building. At the time of writing this MHSA annual Update, the remodel of Westwood One Stop has been completed. The bids have gone out for Big Valley One Stop.

## **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).

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

## **MHSA HOUSING**

There are no significant changes anticipated to this project in FY 18/19. All remaining housing funds were allocated to the California Housing Finance Agency (CalHFA) in 2010 for support of the MHSA Housing projects.



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Attachment A

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# **Announcement:**

## **Mental Health Services Act**

### **Annual Stakeholder Meetings**

- **Date:** Monday 8-06-18 (**11:00 am-Noon**) Fort Sage One Stop Center 170 DS Hall Street, Herlong
- **Date:** Tuesday 8-07-18 Time: (**11:00 am-Noon**) Big Valley One Stop 125 Hwy 299 E., Bieber
- **Date:** Wednesday 8-08-18 (**11:00 am-Noon**) Westwood One Stop Center 463-975 Birch Street.
- **Date:** Monday 8-13-18 (**5:30 pm-7:00 pm**) Mental Health Advisory Board Meeting 1400 Chestnut Suite A Susanville,

#### **The Stakeholder Process**

The Stakeholder process is an ongoing planning collaborative consisting of consumers, parents, family members, community leaders and members, education, medical, law enforcement, and a variety of mental health service providers throughout the county. This group of stakeholders is essential in creating and developing the Mental Health Services Act (MHSA) substantive plans each county is required to submit to the State for approval before it is eligible to receive MHSA funds. The venue is an open public forum held at the dates and locations listed above. Community participation is very much encouraged.

Lassen County Behavioral Health is conducting the Community Planning Process to develop the MHSA Annual Update Plan for the current year (2018-2019) and discuss AB 114 regarding MHSA reversion.

For additional information, please contact Lassen County Behavioral Health **530-251-8108** for more information.

Attachment B

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**FY 2018/19 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Lassen

Date: 5/24/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Virtual Coordinated Care	210,976	207,976				3,000
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	43,474	40,474				
<b>Total INN Program Estimated Expenditures</b>	254,450	248,450	0	0	0	3,000