

# Lassen County Mental Health Services Act Three-Year Program & Expenditure Plan FY 2021-2024



Tiffany Armstrong  
Lassen County

# MHSA County Compliance Certification

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

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

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

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

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

County Mental Health Director (PRINT)      Date

Signature

Date \_\_\_\_\_

County: Lassen

## 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> 530-251-8108 <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 Mental Health Director (PRINT)      Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHSA) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

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

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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.

## **Overview**

Lassen County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan 2021 – 2024 in August 2019. The purpose of this plan is to describe Lassen County's CPP process, provide an assessment of the needs identified and prioritized via an inclusive stakeholder process, and the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. This plan includes the following sections:

- Overview of the community planning process that took place in Lassen County in August 2019. Lassen County's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders.
- Assessment of mental health needs that identifies both strengths and opportunities to improve the mental health service system in Lassen County. The needs assessment used multiple data sources, including service data, and public comments, to identify the service gaps which will be addressed by Lassen County's proposed MHSA programs for FY 2021-2024.
- Description of Lassen County's MHSA programs by component which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

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

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

## History of MHSA

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

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

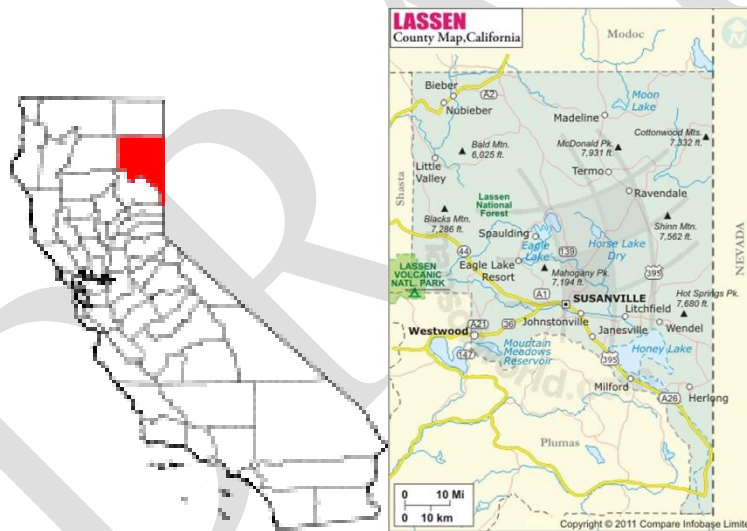
The MHSA established five (5) components that address specific goals for priority populations and key community mental health needs. The first component, Community Services and Supports (CSS), focuses on the development of recovery-oriented services for children, youth, adults and older adults with serious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

The development of services and programs for each component is a collaboration of individuals and organizations that bring expertise and experience that enrich the community planning process. Over the past several years, Lassen County Behavioral Health has held planning meetings and conducted focus groups to solicit input and gather information from consumers and community partners. On March 24, 2011, Governor Brown signed in law AB 100 which deleted the requirement that the Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) review and approve county MHSA plans. The approval of MHSA plans lies with the County Board of Supervisors. Lassen County Behavioral Health held stakeholder meetings across the county to seek input into the Mental Health Services Act Three-Year Program and Expenditure Plan 2021 – 2024.

## 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.

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.



- Recruitment and retention of trained Clinicians and Psychiatrists is extremely challenging in Lassen County. With the passage of the Affordable Care Act (ACA), the expansion of behavioral health services and the resulting provider shortages across the state, Lassen County faces increasing challenges recruiting and retaining qualified staff.



- The geography of Lassen County is a barrier to providing services, particularly in the remote areas of the region. During winter months, travel throughout the County is impacted by inclement weather which frequently leads to significant highway delays or road closures. Lack of transportation is consistently listed as one of the main barriers clients face when seeking access to services.
- The unemployment rate in Lassen County is 7.9% (January 2017) compared with the 5.5% average rate for other California counties.
- Small, rural counties have an increased potential for stigma, delaying people in need from engaging in services. Stigma regarding mental health and substance use disorders has been identified as a significant barrier in focus groups in Lassen County.
- LCBH is required to consistently gather and analyze data on a regular basis for Quality Improvement Project, Compliance, Performance Improvements projects, etc.. This is a consistent challenge for a small clinic with limited staff and often the data from the Electronic Health Record is not always consistent or available.

## Community Stakeholder Process

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

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

During the month of August 2019, LCBH scheduled nine community forums across all geographic regions in the county (please see Attachment 1 section of this Update) to ensure consumer involvement. Participants were engaged in conversation about programs they were familiar with and encouraged to share experiences working or participating in such programs. Each community forum included a presentation of the current MHSA programs, solicitation of stakeholder input into the three-year plan, review of proposed projects, and an update on the implementation of the current Innovation project.



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

Stakeholder attendance as documented on meeting sign-in sheets (Attachment 2) and consumer feedback forms indicate the representation of those community members as outlined in WIC 5848 and include underserved and unserved served populations. Significant focus on outreach to diverse stakeholders that represent the demographics of the County included clients with severe mental illness as well as other community groups. LCBH attends numerous health fairs and community education events in an effort to provide community education, offer information and connect individuals with Lassen County Behavioral Health. Outreach efforts also served to build contact lists that are used to distribute information about the Annual Update, community forums and regularly scheduled stakeholder meetings.

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

Consumers, family members, partners, providers, staff and other stakeholders participated in nine open forums with question and answer sessions and completed written surveys in English. Participants included consumers, and representatives from faith based communities, Lassen Community College (Dorms, Nursing Students) and Family Resource Centers.

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

LCBH received completed surveys from consumers, family members of consumers and providers in the community. Not all respondents chose to answer all the questions. The following is a brief summary of the demographic make-up of those surveyed.

Big Valley One Stop Stakeholder Meeting, North County August 7, 2019  
Fort Sage One Stop Stakeholder Meeting, South County August 30, 2019  
Westwood County Stakeholder meeting August 8, 2019  
Susanville (Central County) Stakeholder meeting (Lunch and Evening) August 28, and 30<sup>th</sup>, 2019  
Lassen Community College: Dorms and Nursing Program  
Community Provider Stakeholder Meeting (Lunch and Evening) August 12, 2019

Table 1:

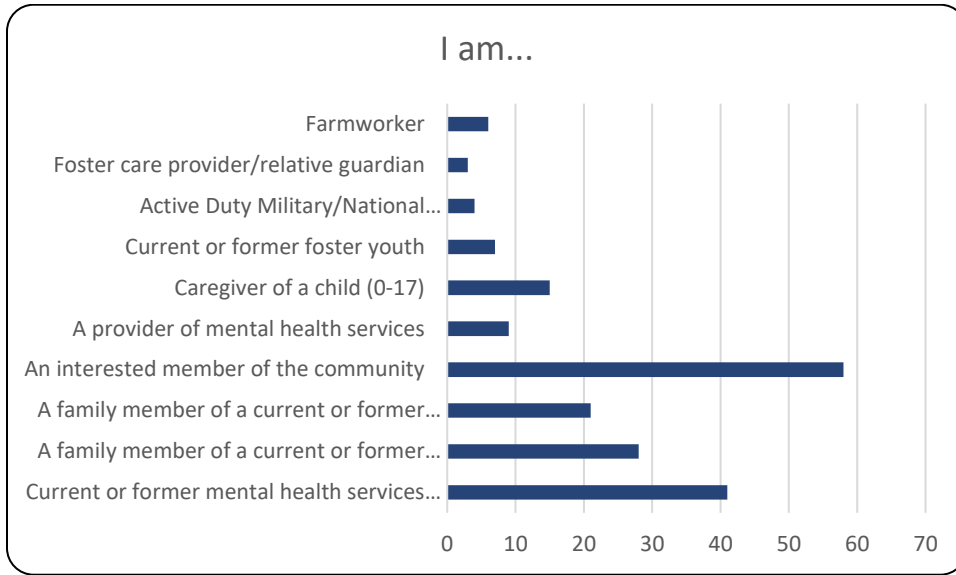


Table 2:

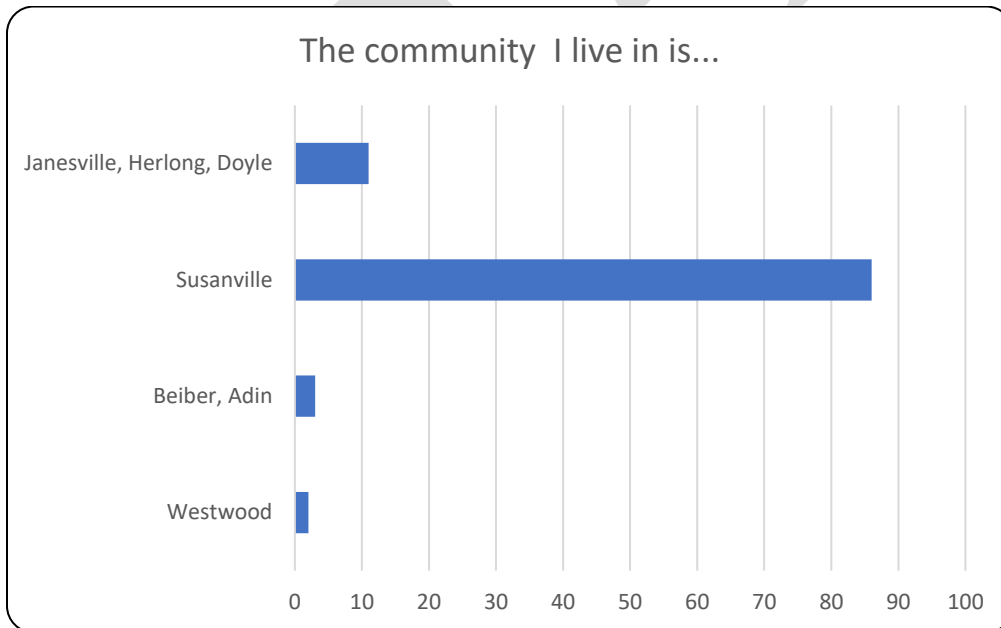


Table 3: Culture

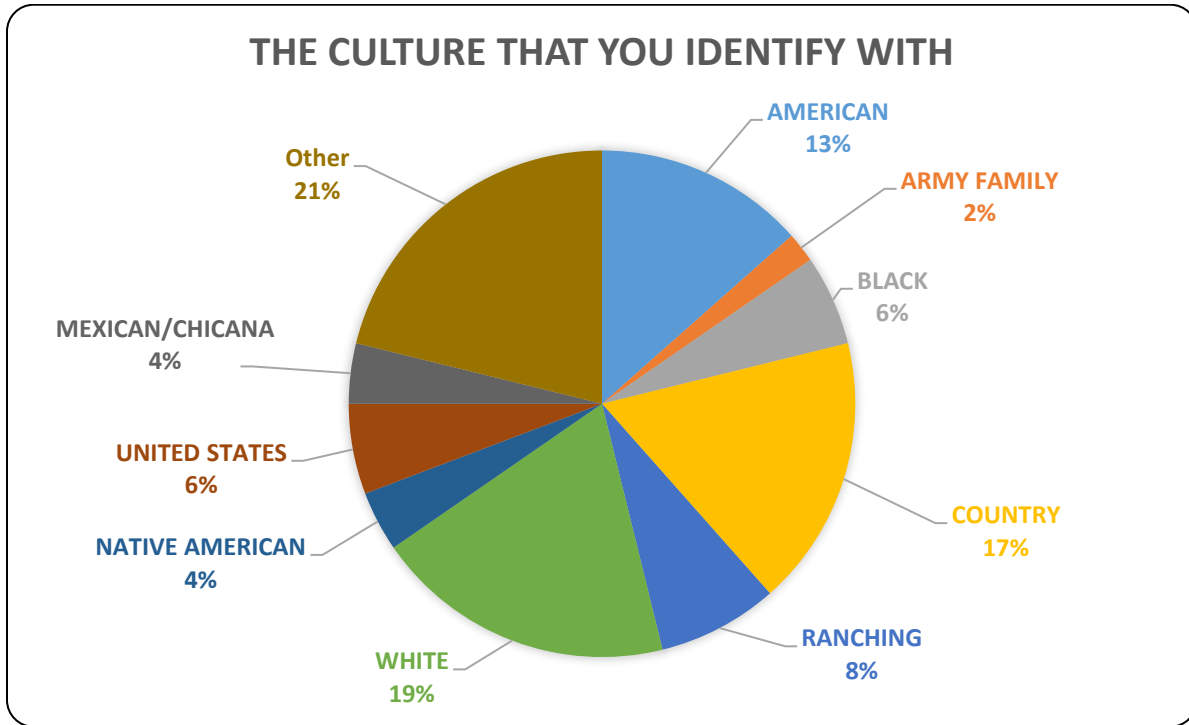


Table 4: Gender Identity

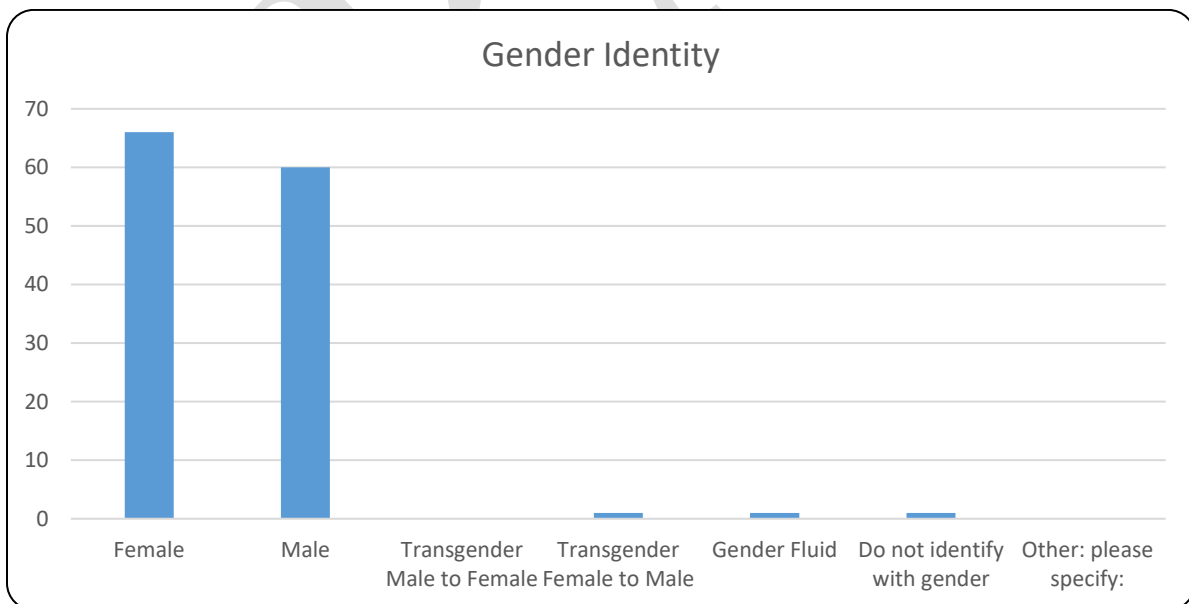


Table 5: Sexual Orientation

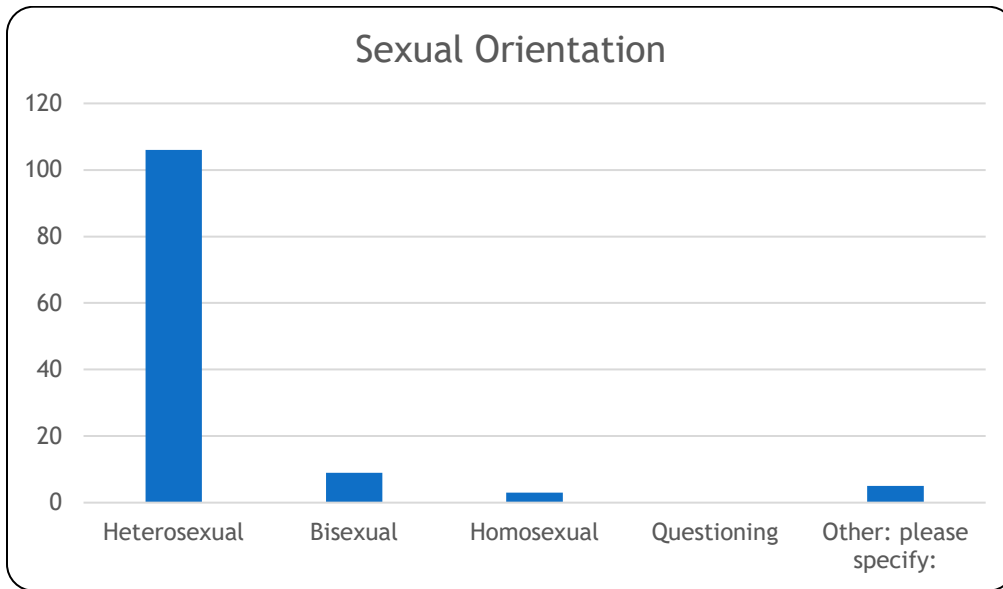


Table 6: Age

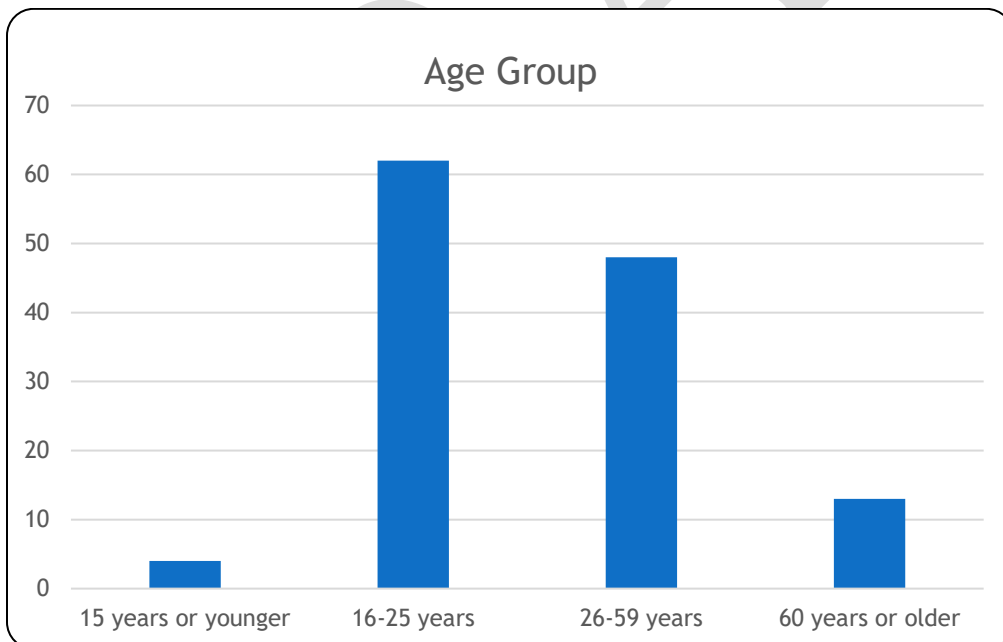


Table 7: Housing Status

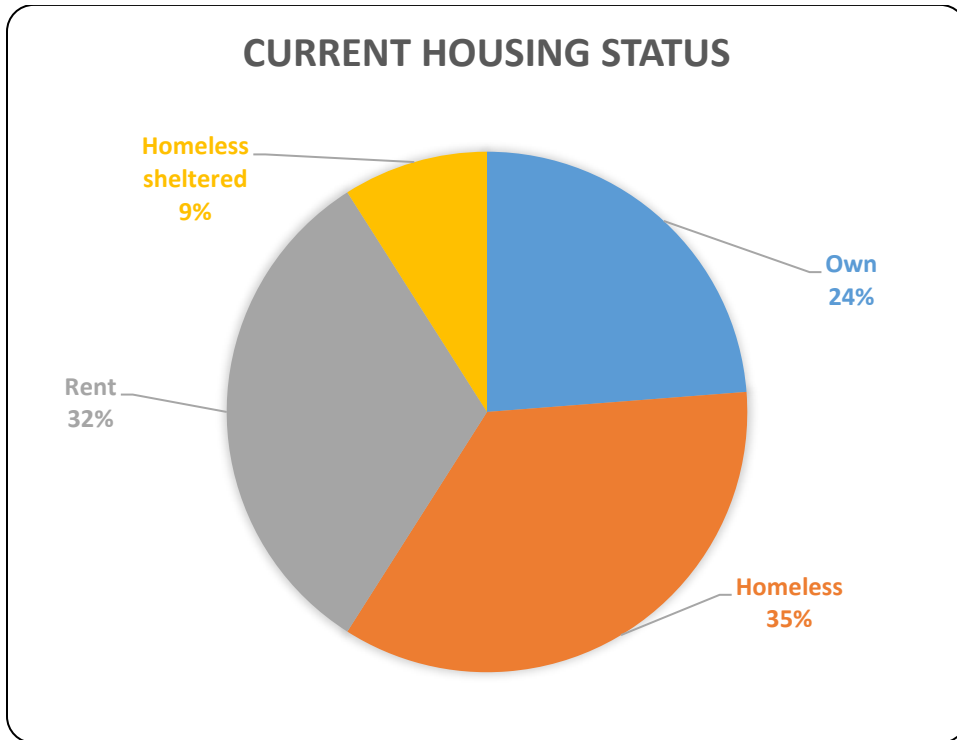


Table 8: Insurance Status

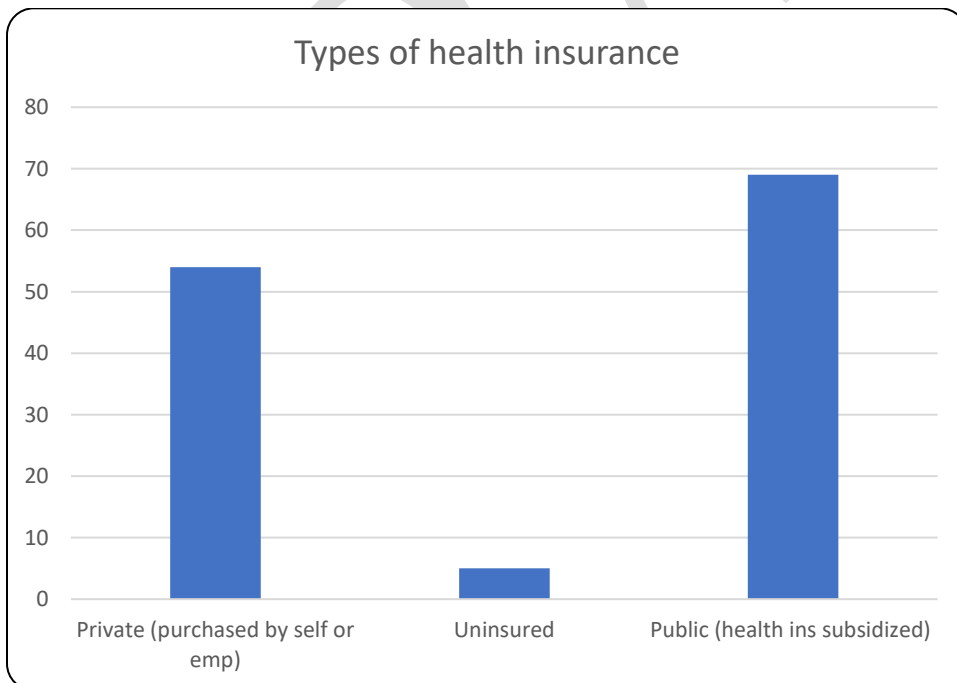


Table 9: Language

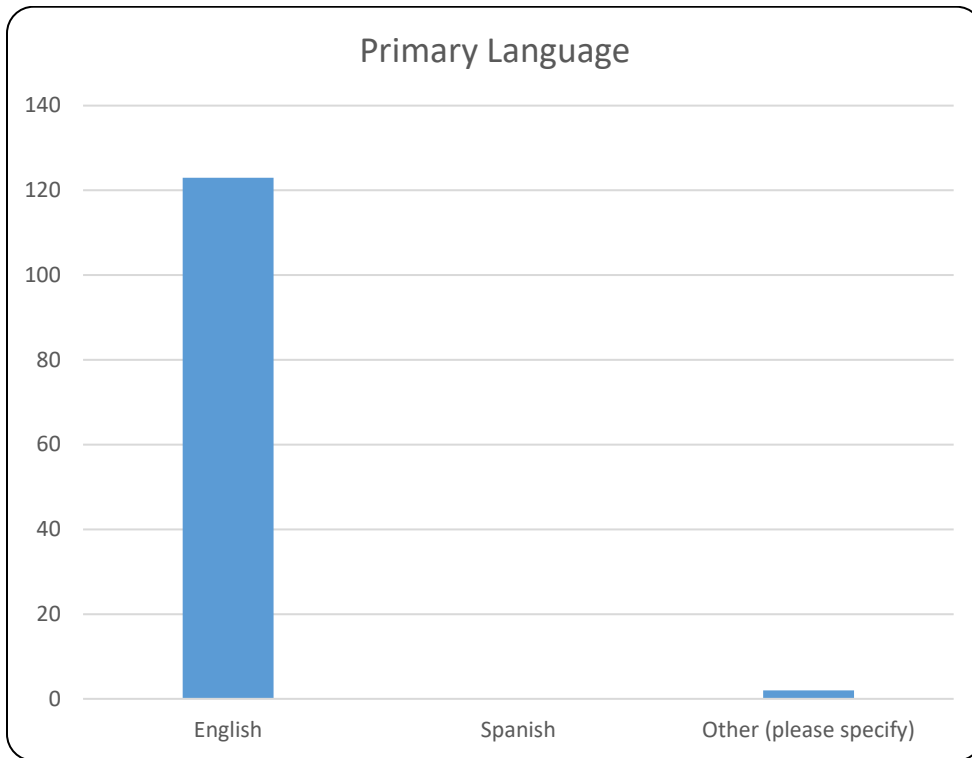


Table 10: Mental Health Services

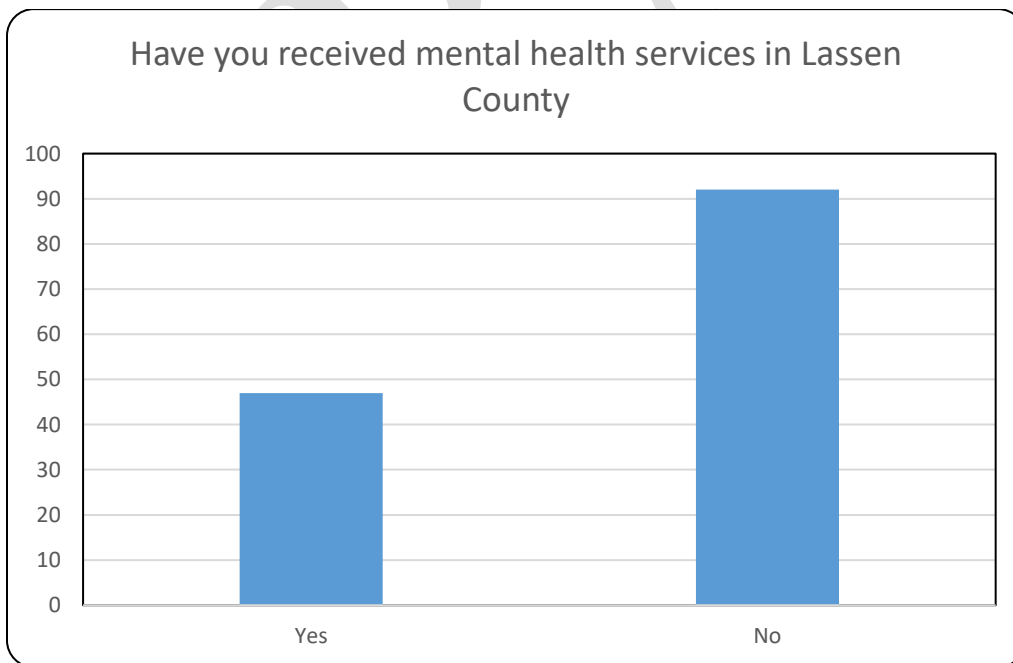


Table 11: Child/children or family members that have received mental health services in Lassen County, at what age did they receive services?

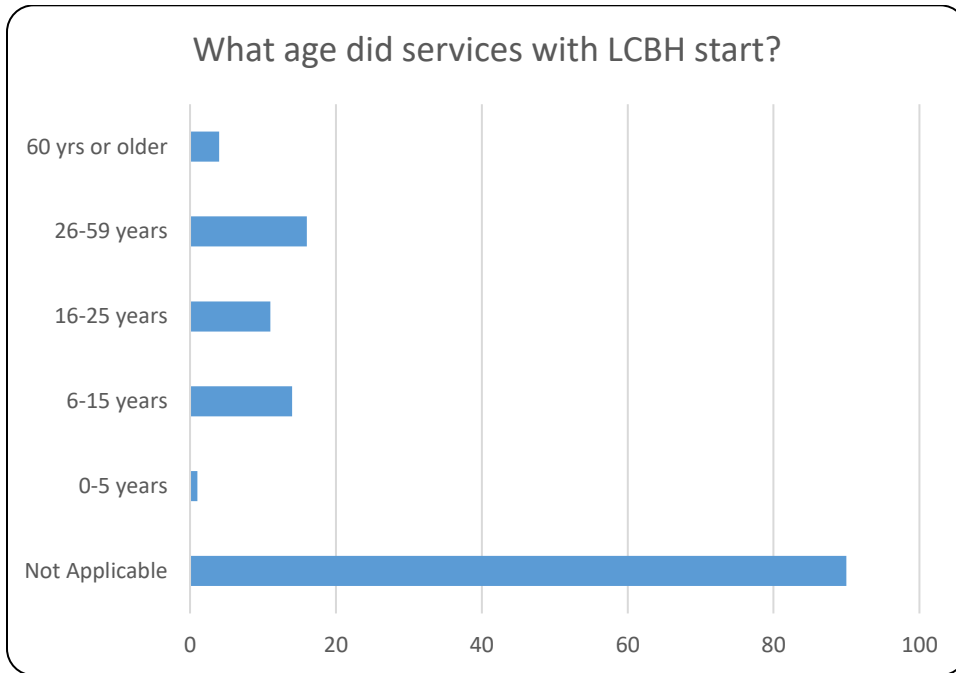


Table 12: Mental Health Services Location

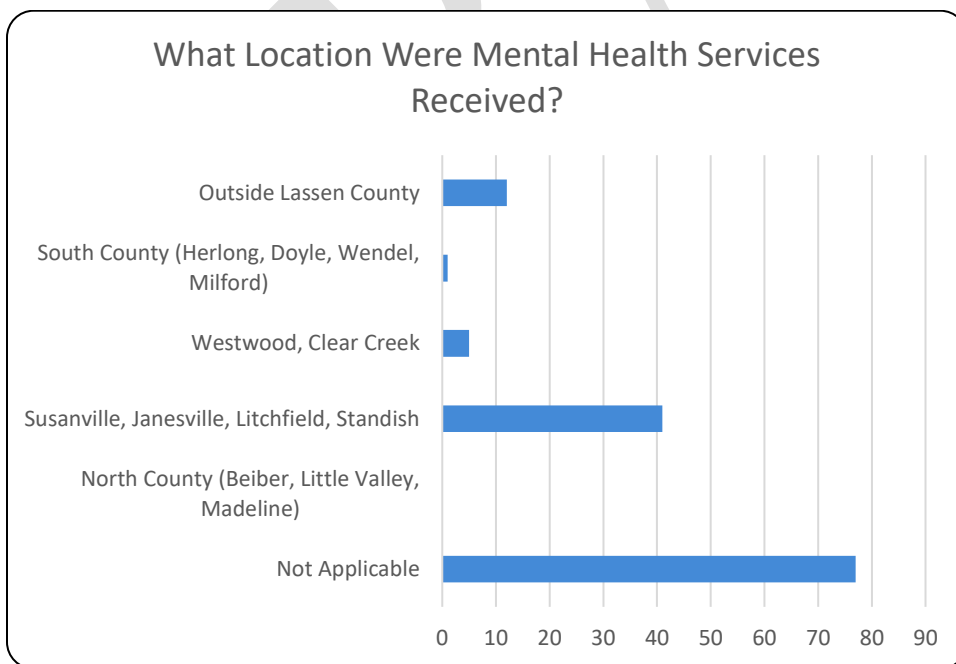




Table 13: I/my child/my family received services from one or more of the following:

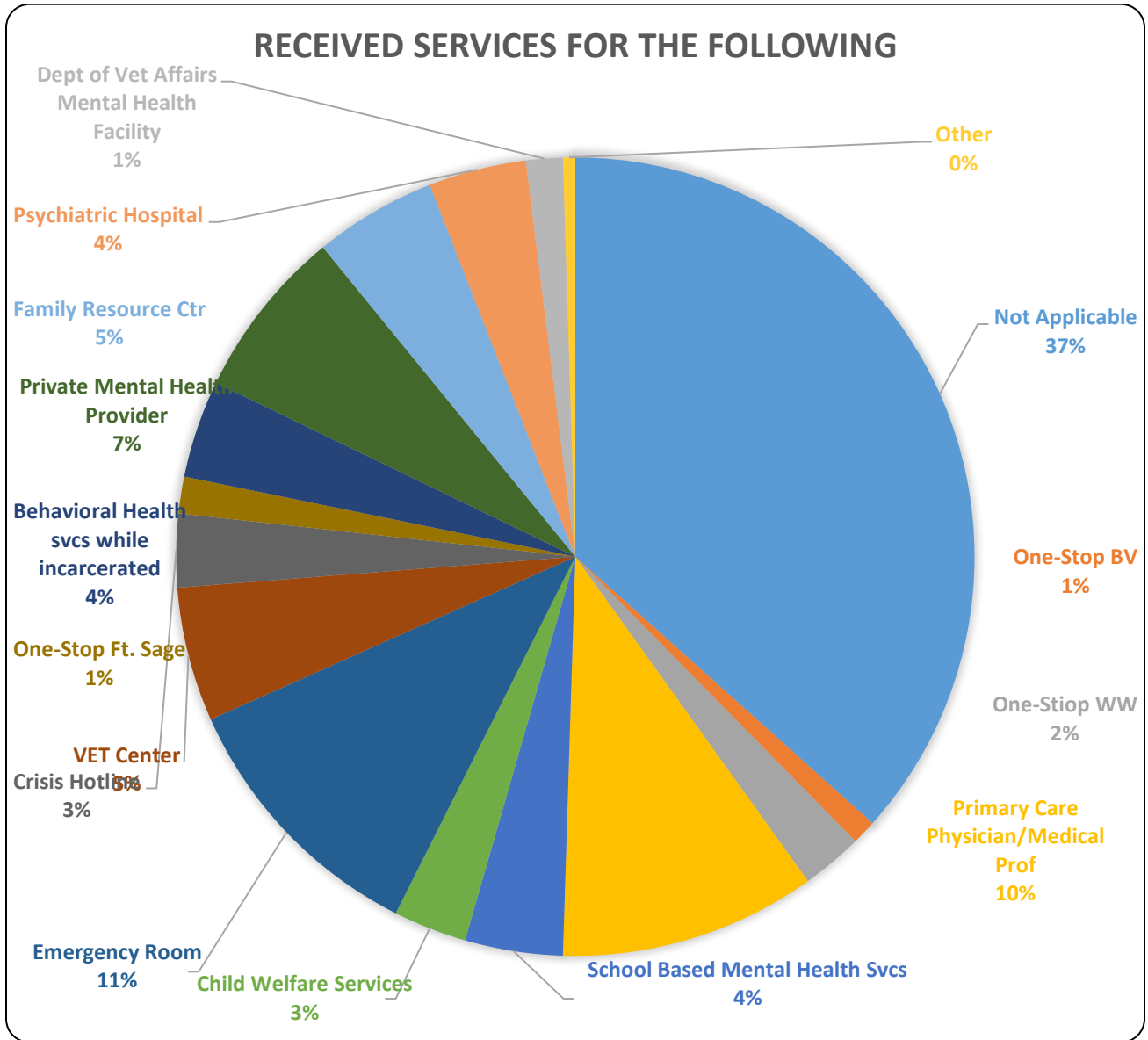
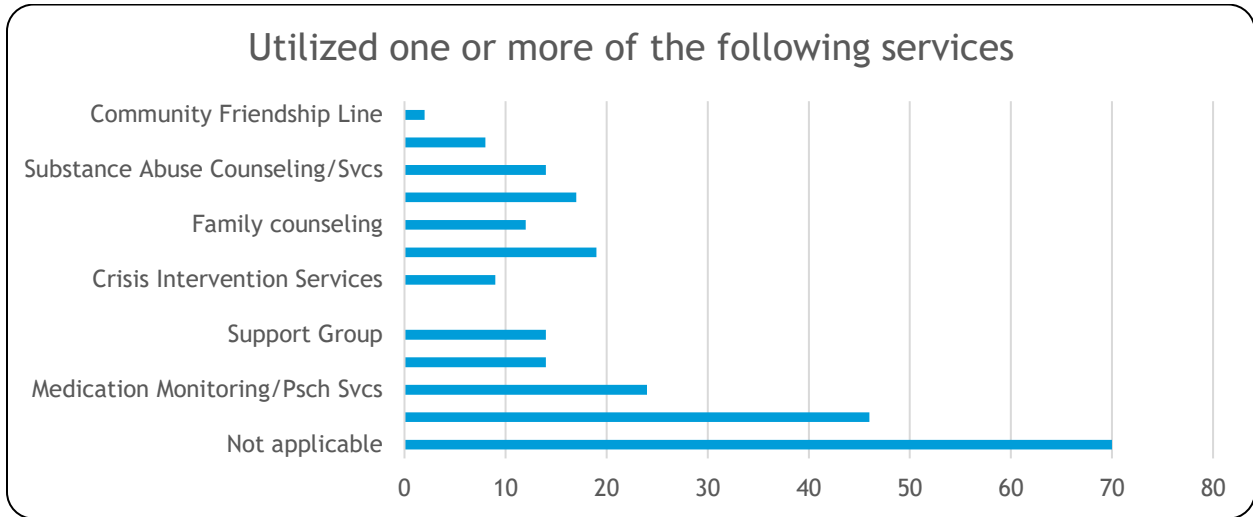


Table 14: I/my child/ my family has received or utilized one or more of the following types of services



Other responses included starting soon for PTSD, and services received not in Lassen County

Table 15: Cultural Sensitivity

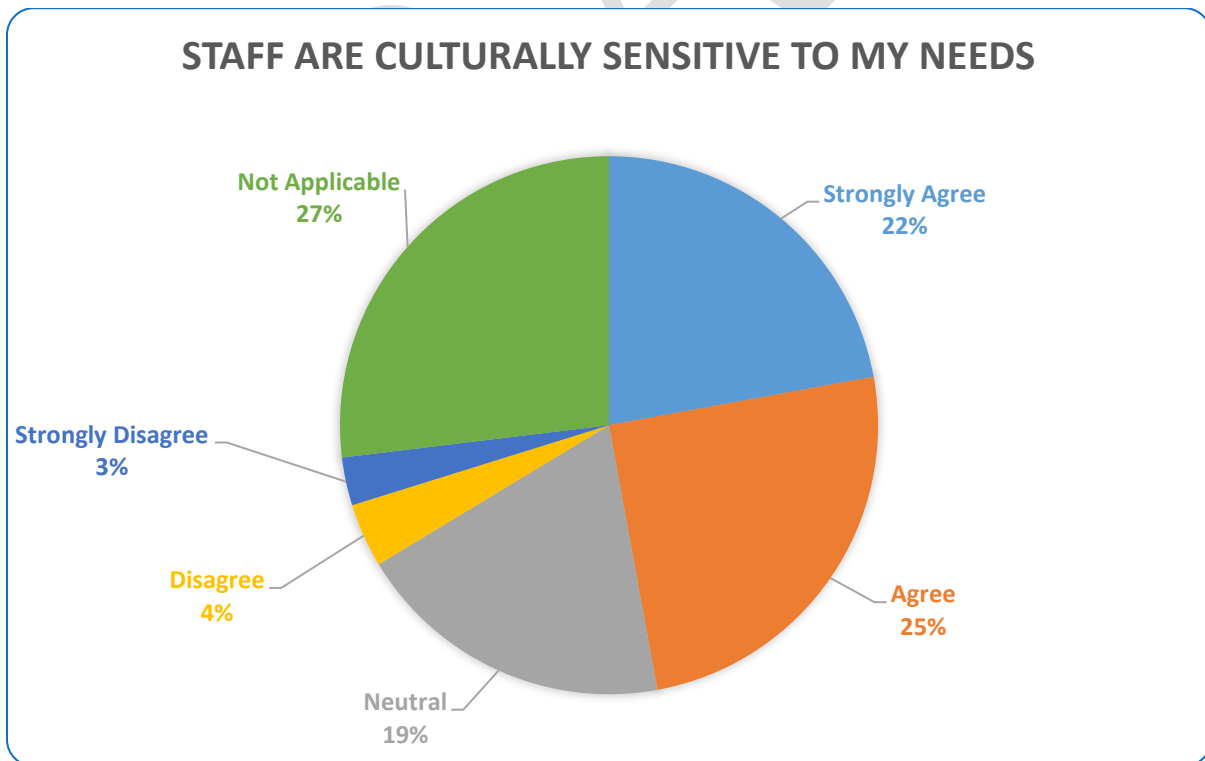


Table 16:

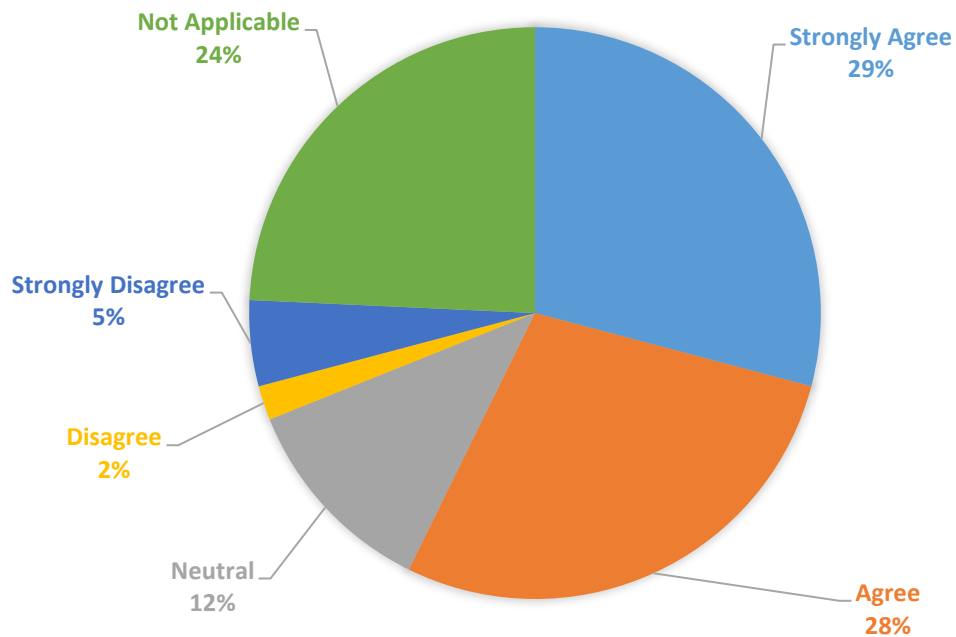
**I FEEL WELCOMED AND AT EASE IN THE SERVICE  
SETTING**

Table 17:

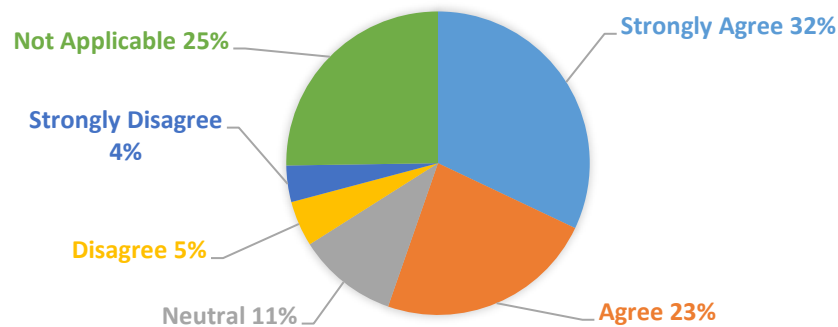
**STAFF WORK WELL WITH ME AND UNDERSTANDING  
MY ISSUES**

Table 18:

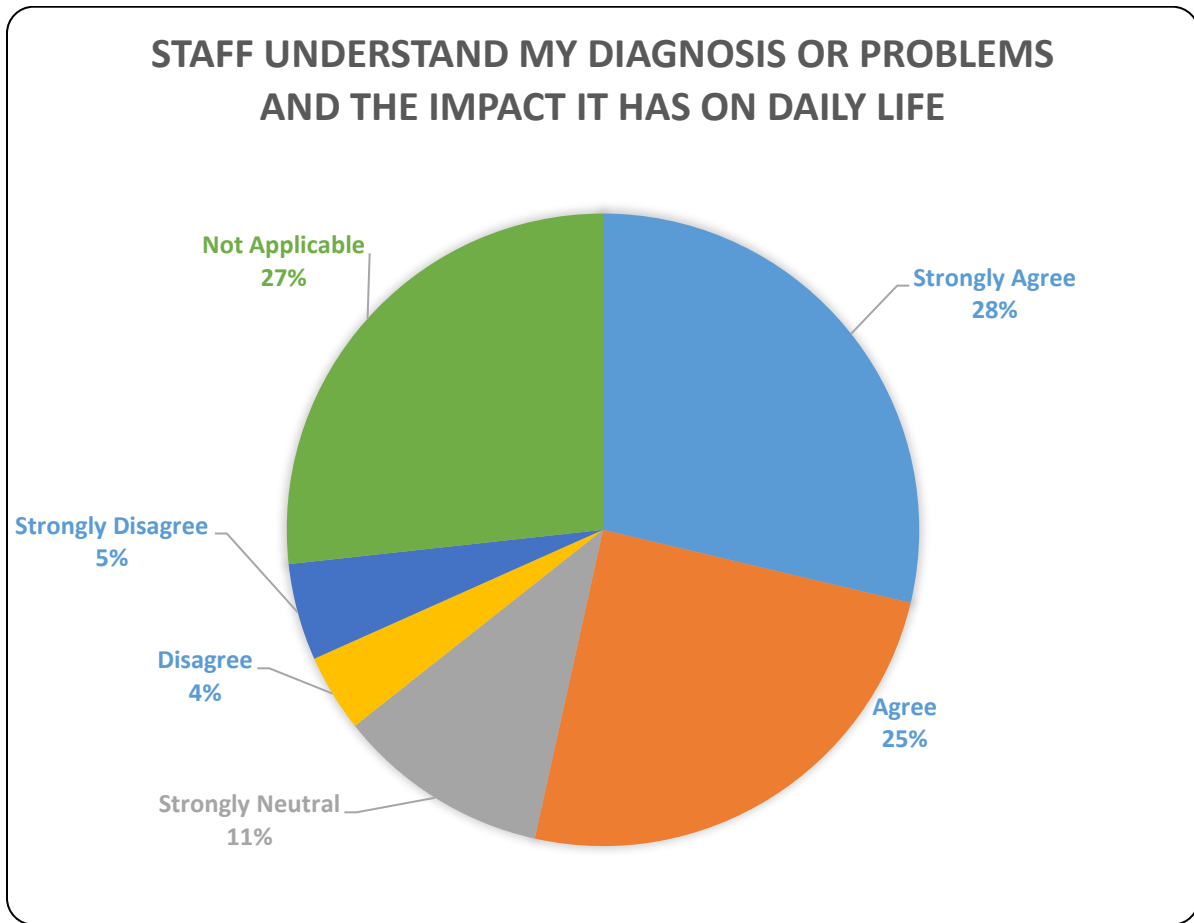


Table 19:

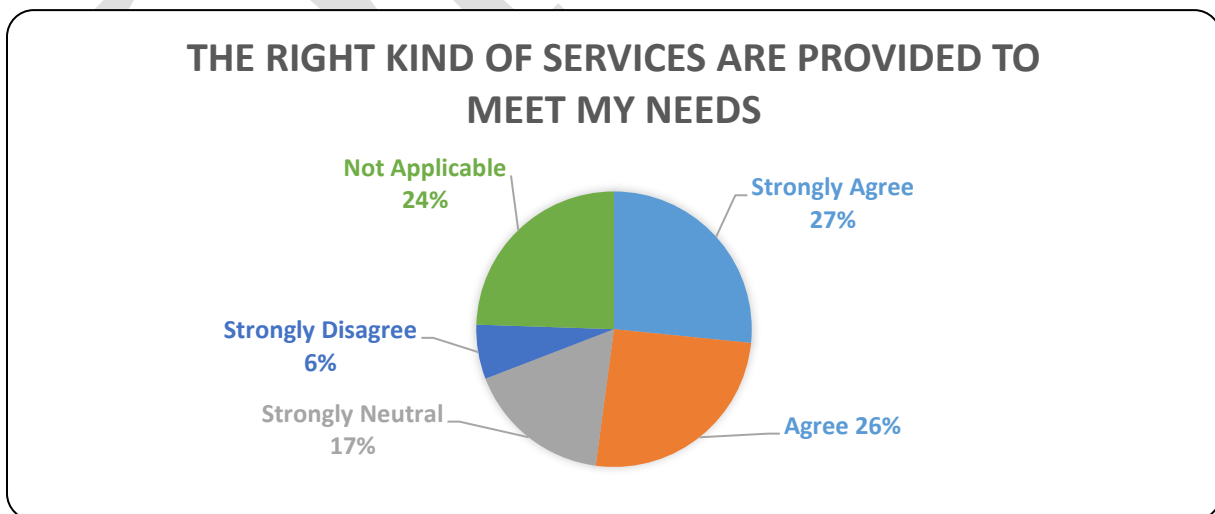


Table 20:

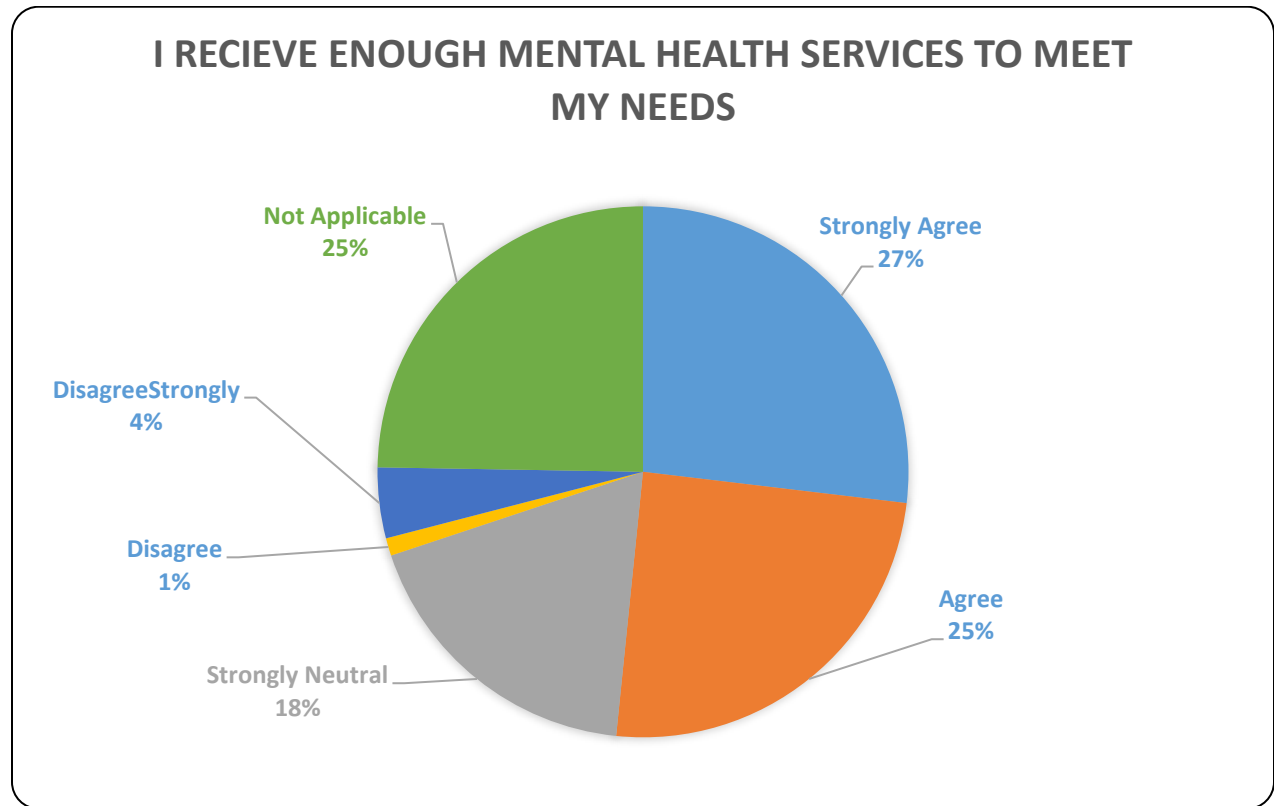


Table 21:

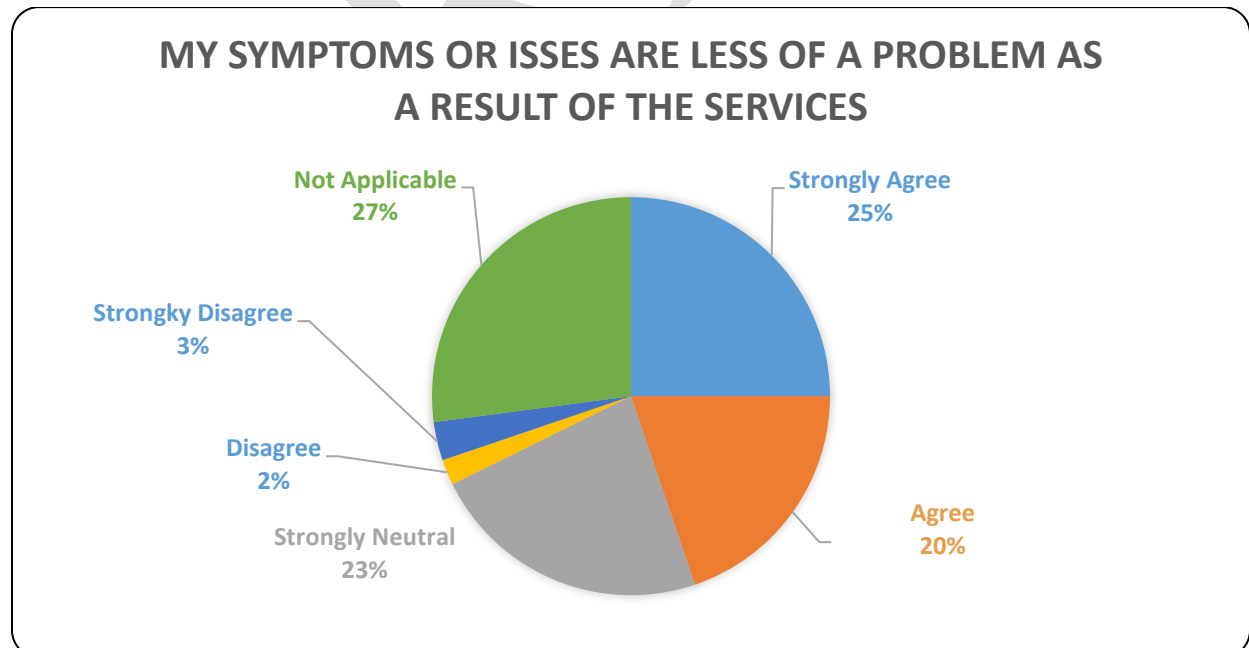


Table 22:

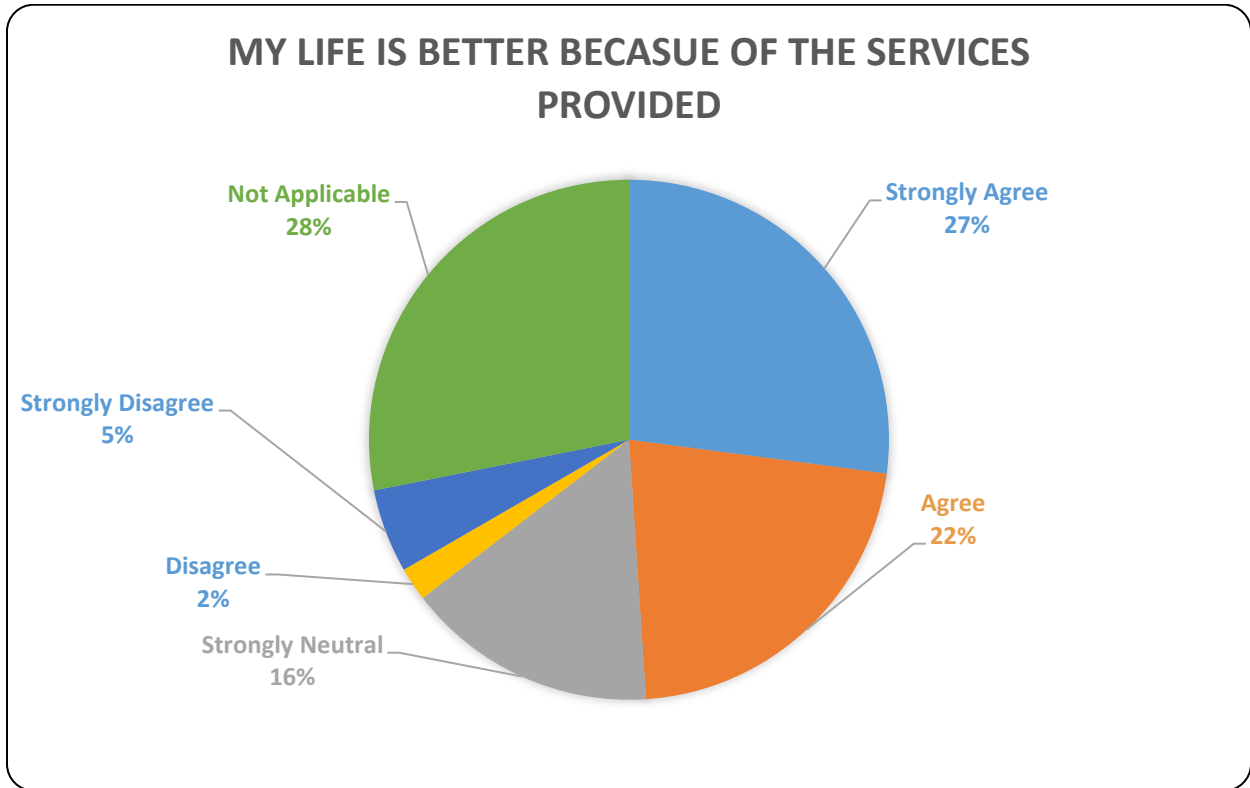


Table 23:

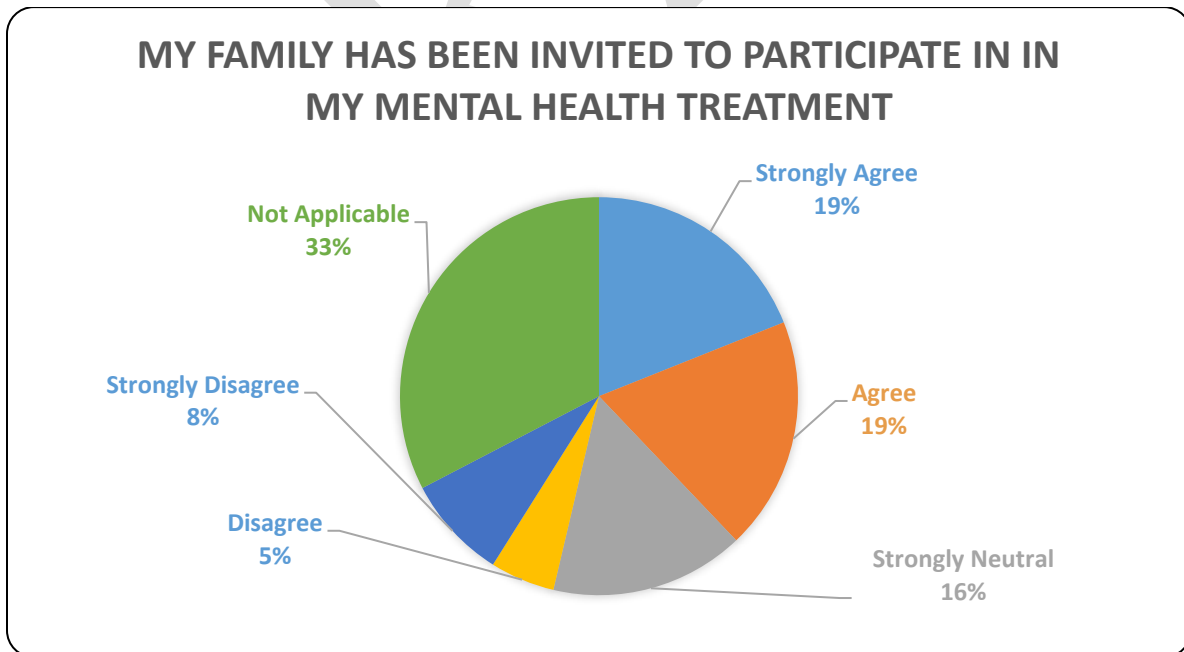


Table 24:

**MY FAMILY'S INPUT IS CONSIDERED WHEN MAKE  
DECISIONS ABOUT MY SERVICES**

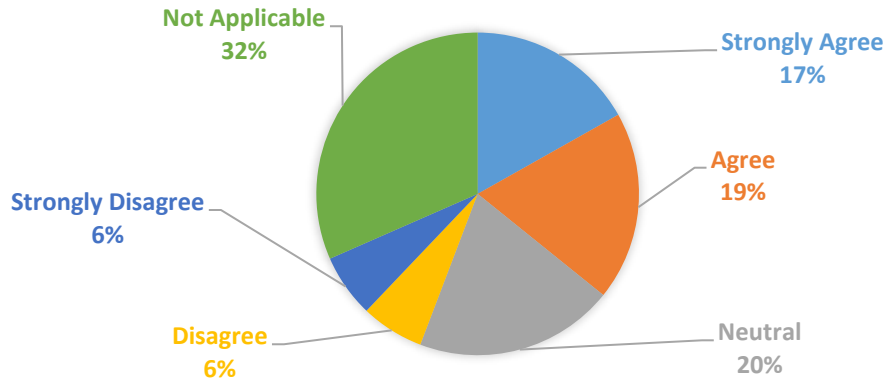


Table 25:

**I HAVE RECIEVED ENOUGH INFORMATION ABOUT MY  
DIAGNOSIS OR MENTAL HEALTH ISSUE**

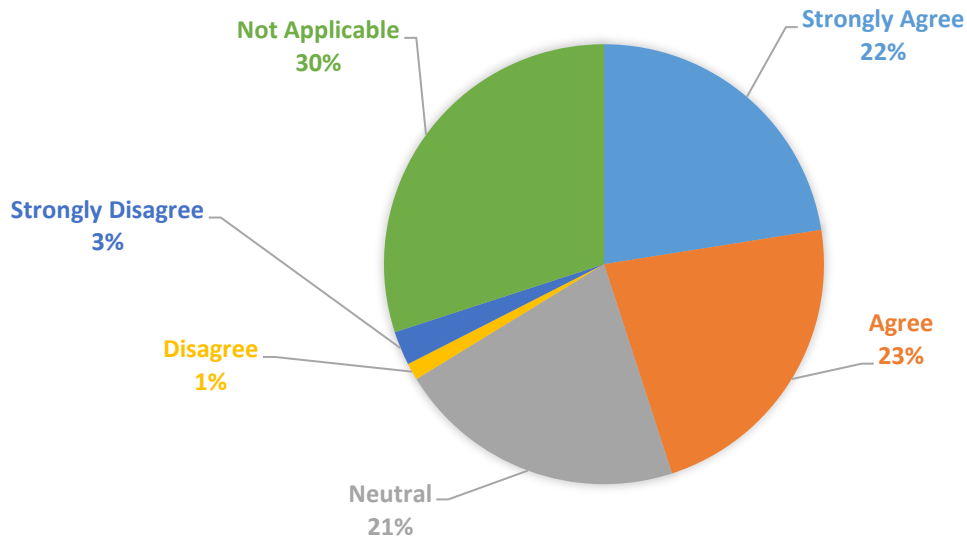




Table 26:

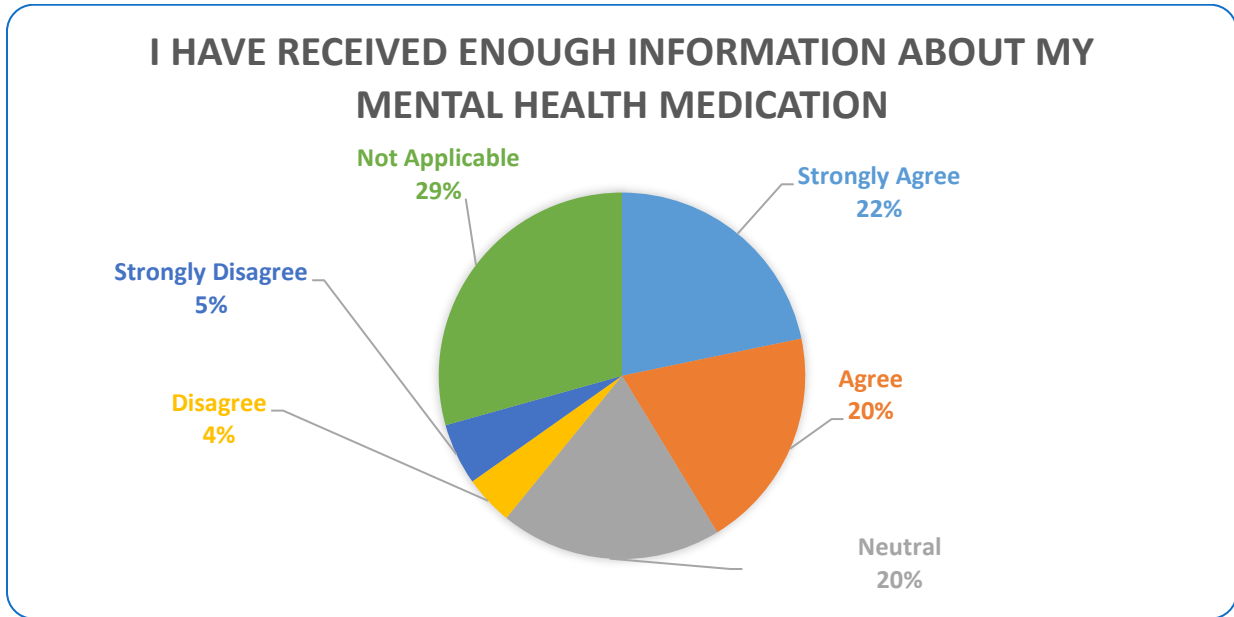


Table 27:

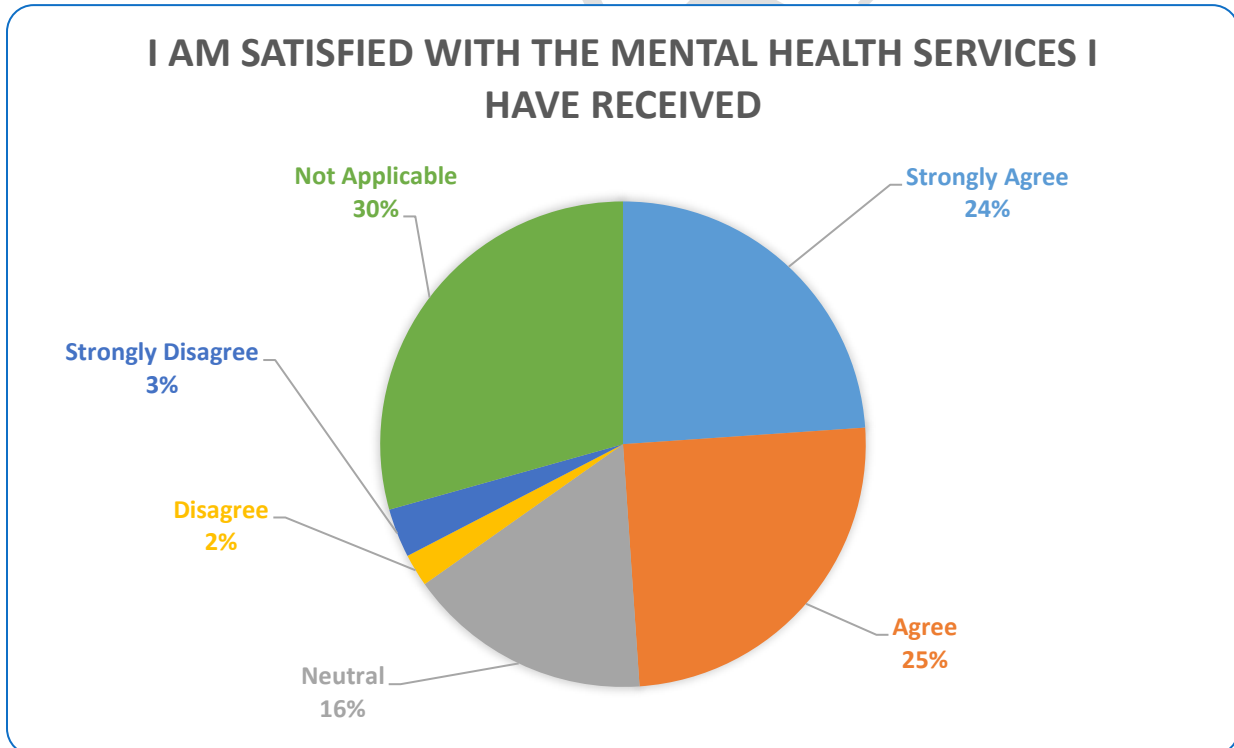
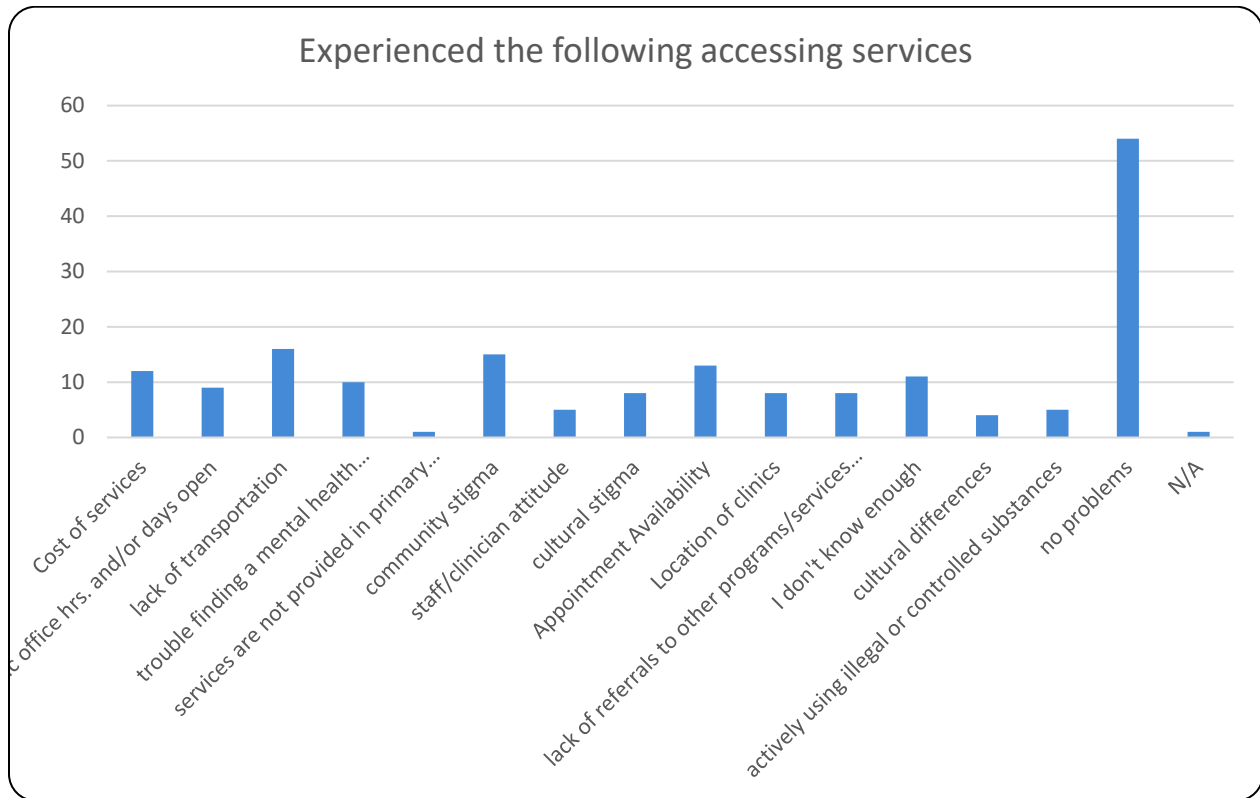


Table 28: I/my child/my family has experienced the following problems in accessing:

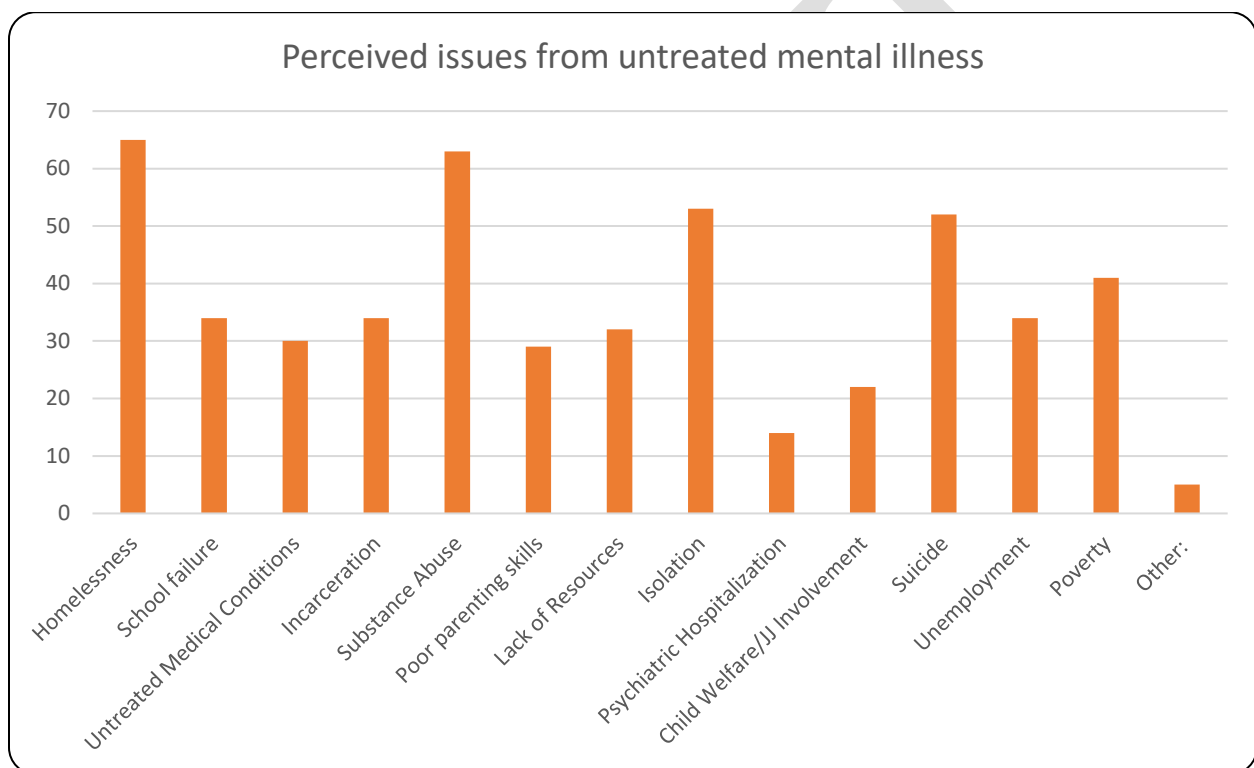


Other responses includes:

- Mostly lack of transportation;
- I am deeply grateful for the assistance I am receiving at BH. From receptionist, caseworker, therapist, doctor, nurse;
- I am treated with the upmost respect they care and it is expressed always;
- Not enough private mental health therapists;
- Again MH services get started in Westwood and then are stopped for variety of reasons;
- Sometimes the wait is frustrating but always an appointment to be seen.
- I love my worker; without this my life would be much harder to deal with and I am very grateful for BH.
- Most problems were years ago and have been addressed; African American-assistance in reaching out to the public –stigma tide [tied] to people of color –
- Susanville, low transportation; I have to use dial-a-ride or the city bus because mom working in the middle of the day.
- I have fears about acceptance;
- Never had to call during the week, so not sure if there would have been help!;
- I use to use meth and is a problem in my family but I'm clean now;

- Susanville does not consider parent issues while being court ordered to take a program, it's lose/lose;
- Uninvolved; Stigma are known in my community. You're ignored if you have a problem at home or with mental illness; I have never accessed services. It is a small town with 1 private psychologist provider which makes appointments a little difficult.

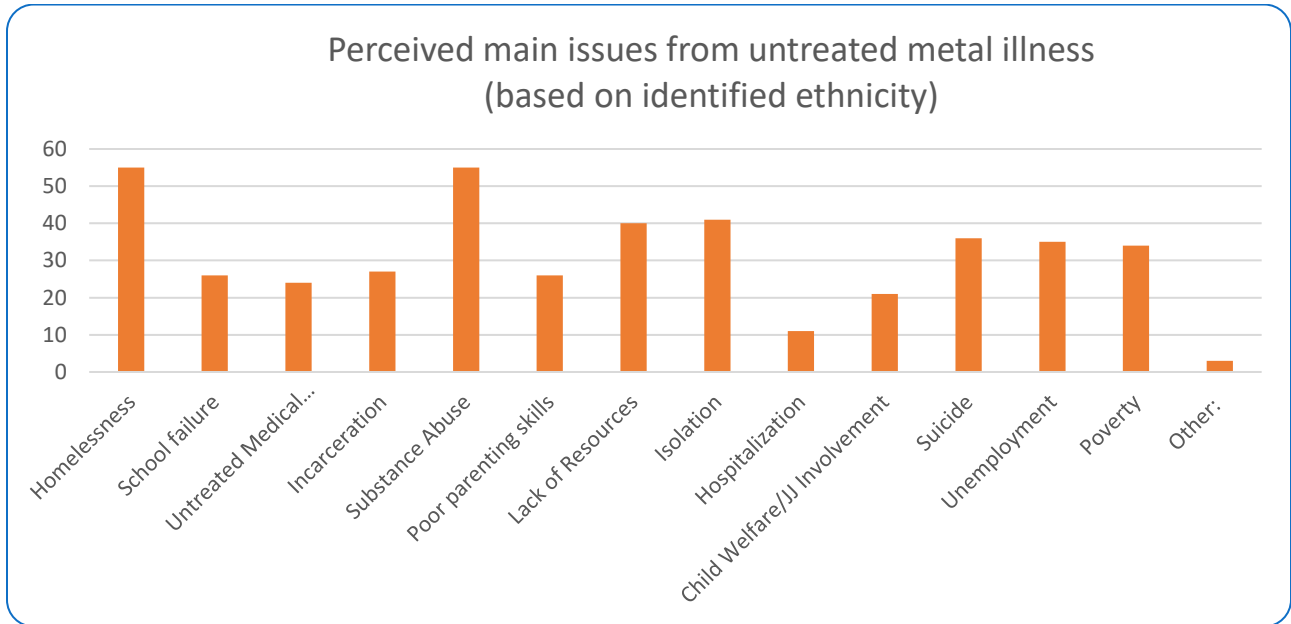
Table 29: In Lassen County, what are the perceived main issues resulting from untreated mental illness:



Other answers include:

- Lack of basic awareness of wellness outlets,
- Stigma; Anger; Violence
- There are so many it's hard to pick only 3;
- Substance abuse is the biggest problem in this town.
- Lack of purpose;
- CCPOA wives,
- CHP needs help, officers have troubling jobs that results in abuse in family;
- First responder's family wives, so important.
- This town is officer/a community-outreach;
- I don't know; No insurance; No comment;

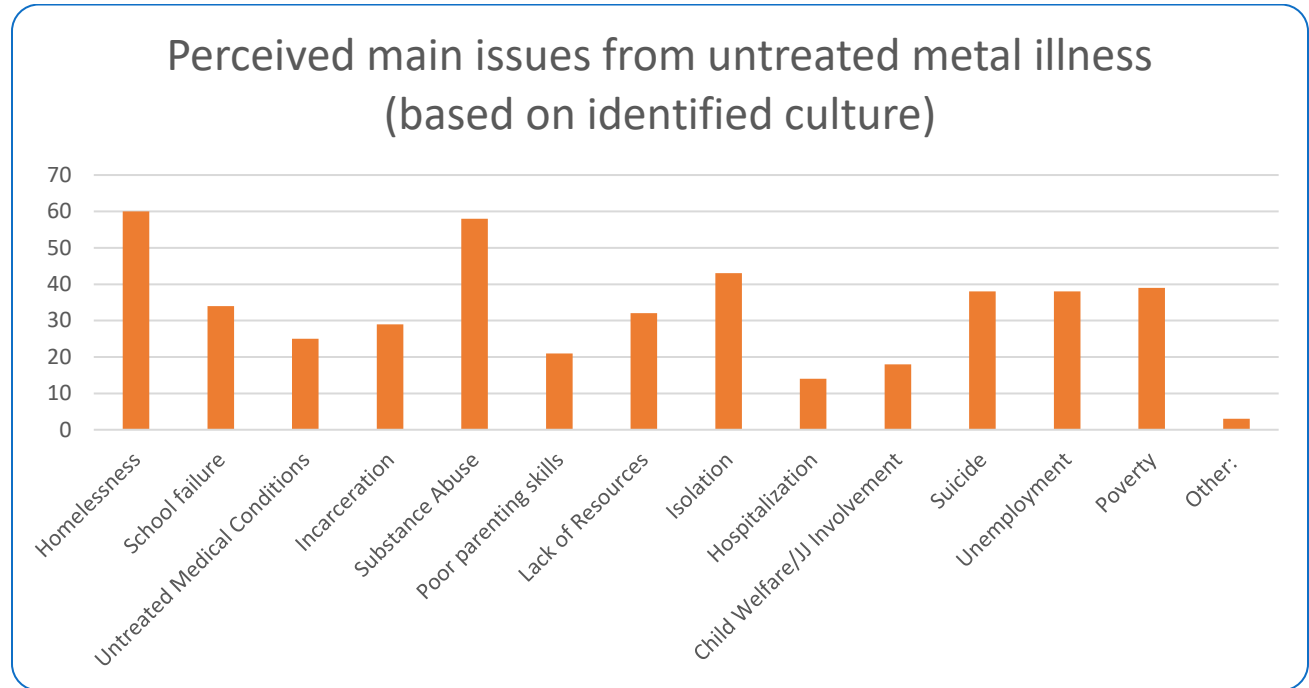
Table 30: In your perspective, in the ethnicity you identified with, what are the perceived main issues resulting from untreated mental illness



- Other answers included: PTSD; Susanville needs more programs geared towards CCOPA family; I don't know; No insurance; Not talking about it.



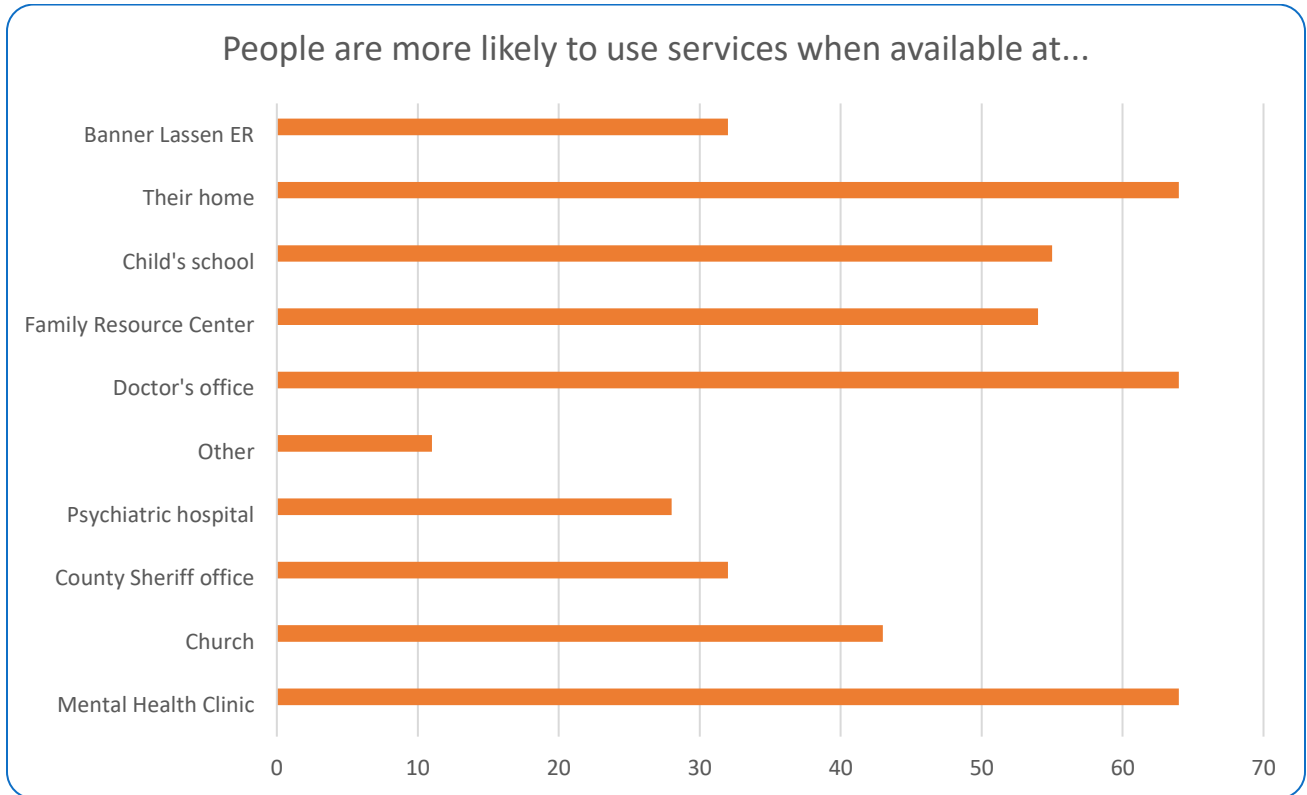
Table 31: In your perspective, in the culture you identified with, what are the perceived main issues resulting from untreated mental illness



- Other responses included: all of the above, including drug issues; lack of purpose, value, connection- anticipate, plan for and initiate program to address artificial intelligence and robotic and the impact on unemployment, marginalizing and impoverishment of residence. Thus a real opportunity to redirect collective community energy towards mental, emotional, physical and even spiritual health towards creativity. Part of his encouraging community; outreach program; no insurance.

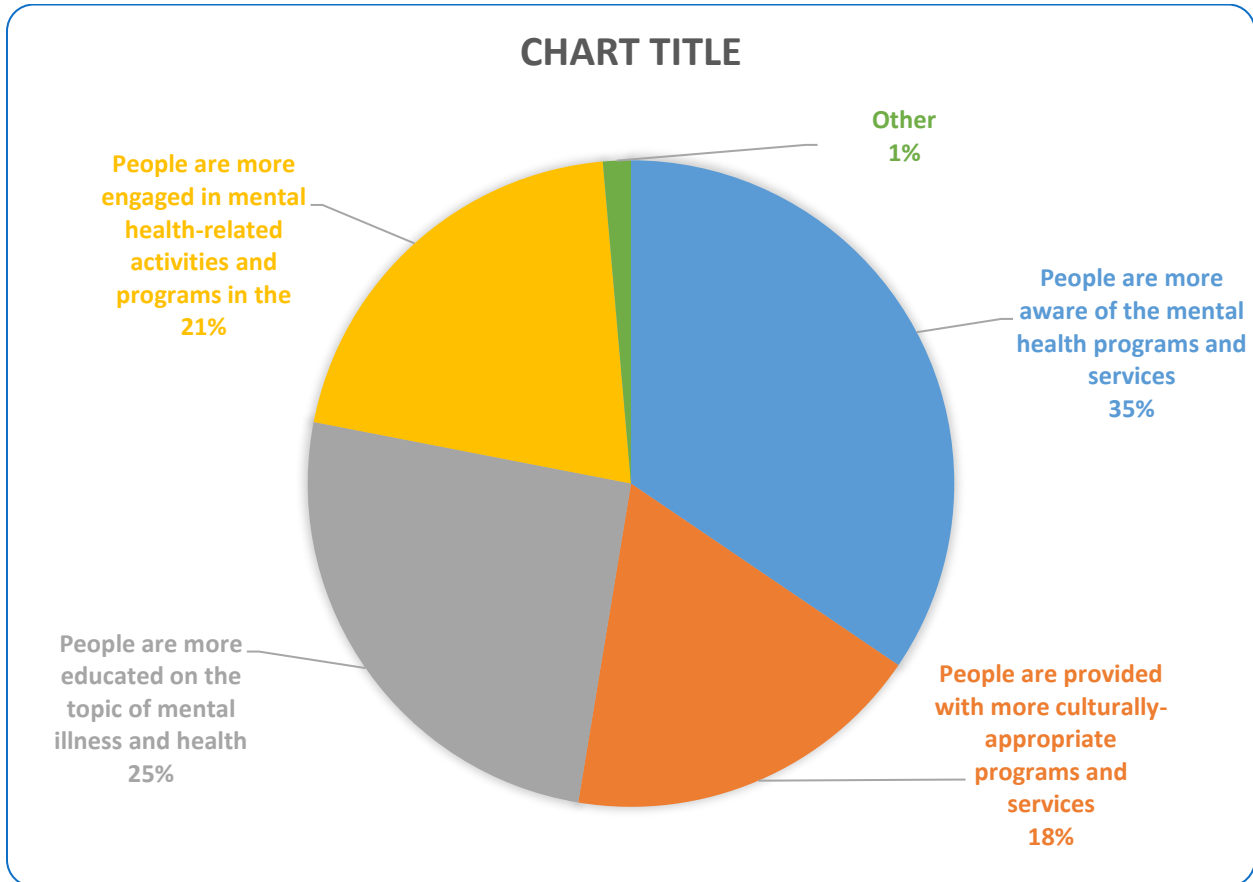


Table 32: I think people are more likely to access/use mental health programs and services when programs/services are available at



- Other answers included: all of the above; crossroads; everyday places to break stigma, online, etc; crossroads; venues that are close, familiar and welcoming and convenient; eye, renal, emergency mental health 24 hour, assistance or aid in home, CCOPA services, Tele-therapy, Skyping on mobile device; easily accessed; on college campuses; psychologist

Table 33: Wellness Centers/Media- I think people are more likely to access/use mental health services and programs if



- Other answers include:
  - All of the above;
  - Why not use media for mental health minutes;
  - Reduce stigma of mental illness and treatment.
  - Normalize mental illness as a condition of humanity similar to any disease;
  - Open, honest, and public discussion of illness and treatment;
  - Let's look at first responders. We most look at CCOPA 0 life, home, and job. They really help the public – more in house resources needed;
  - If they have local access to them;
  - That would be good if more people health and unhealthy were involved



Table 34: Please rate the following statements.

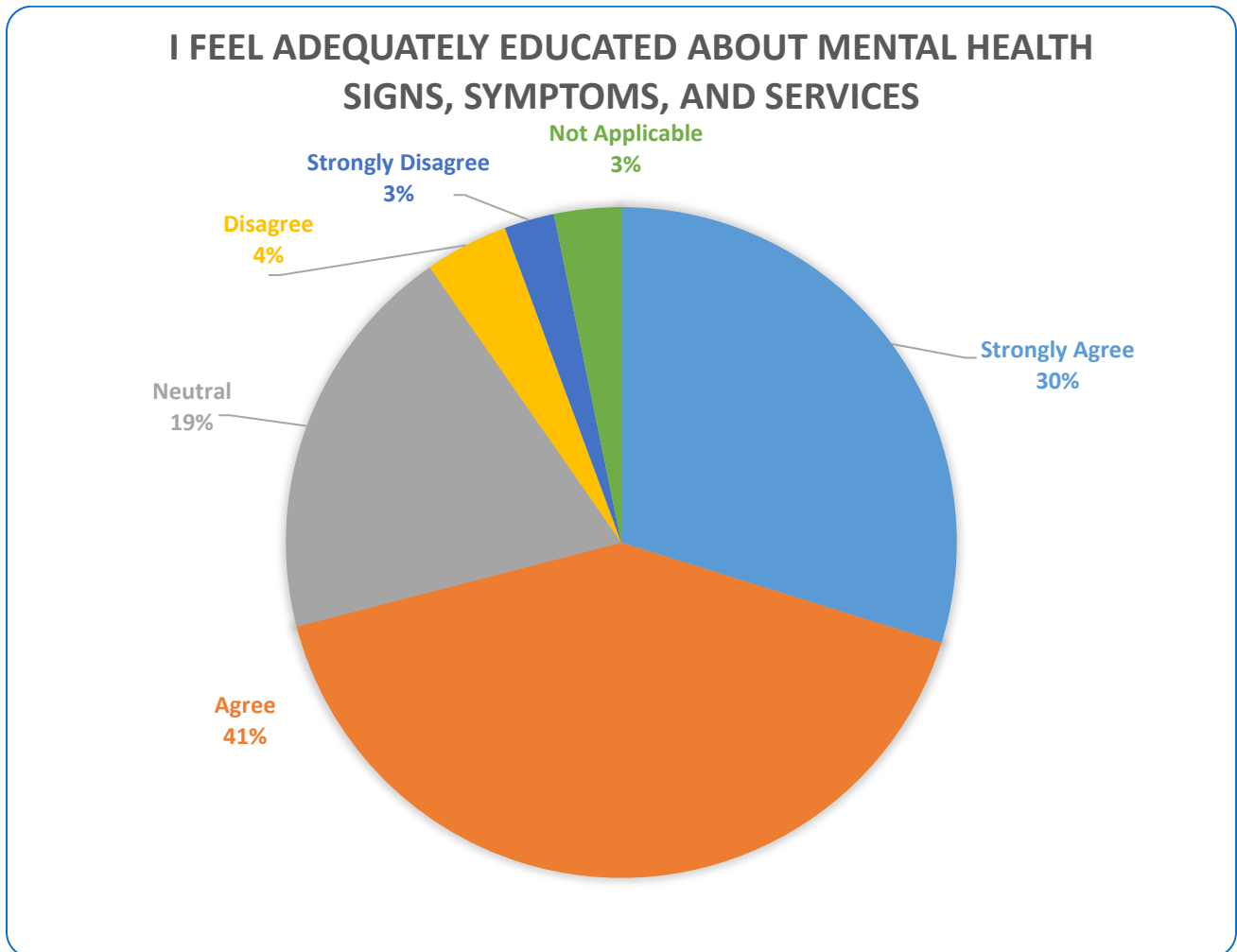


Table 35: Please rate the following statements.

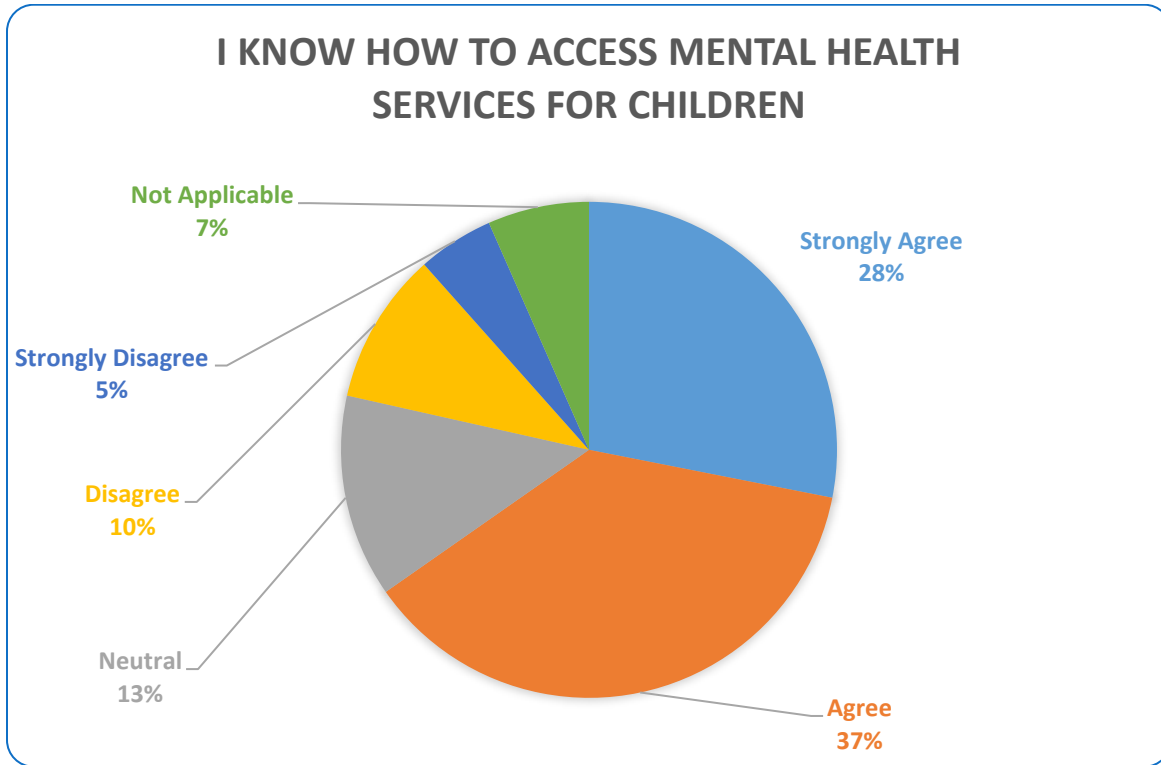


Table 36: Please rate the following statements.

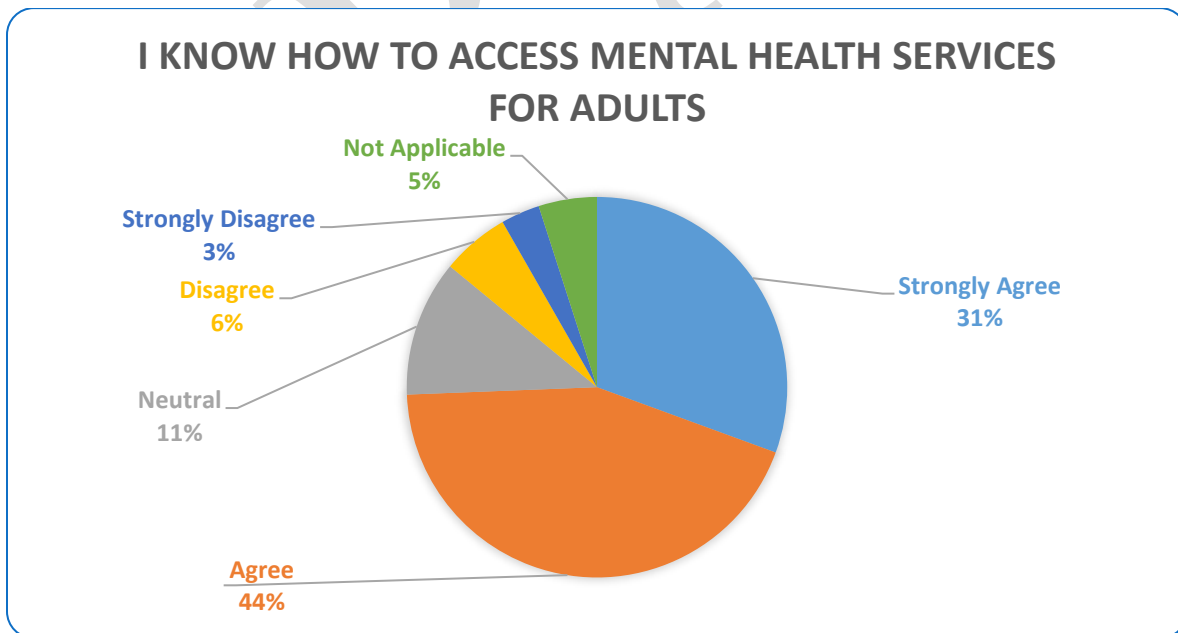


Table 37: Please rate the following statements.

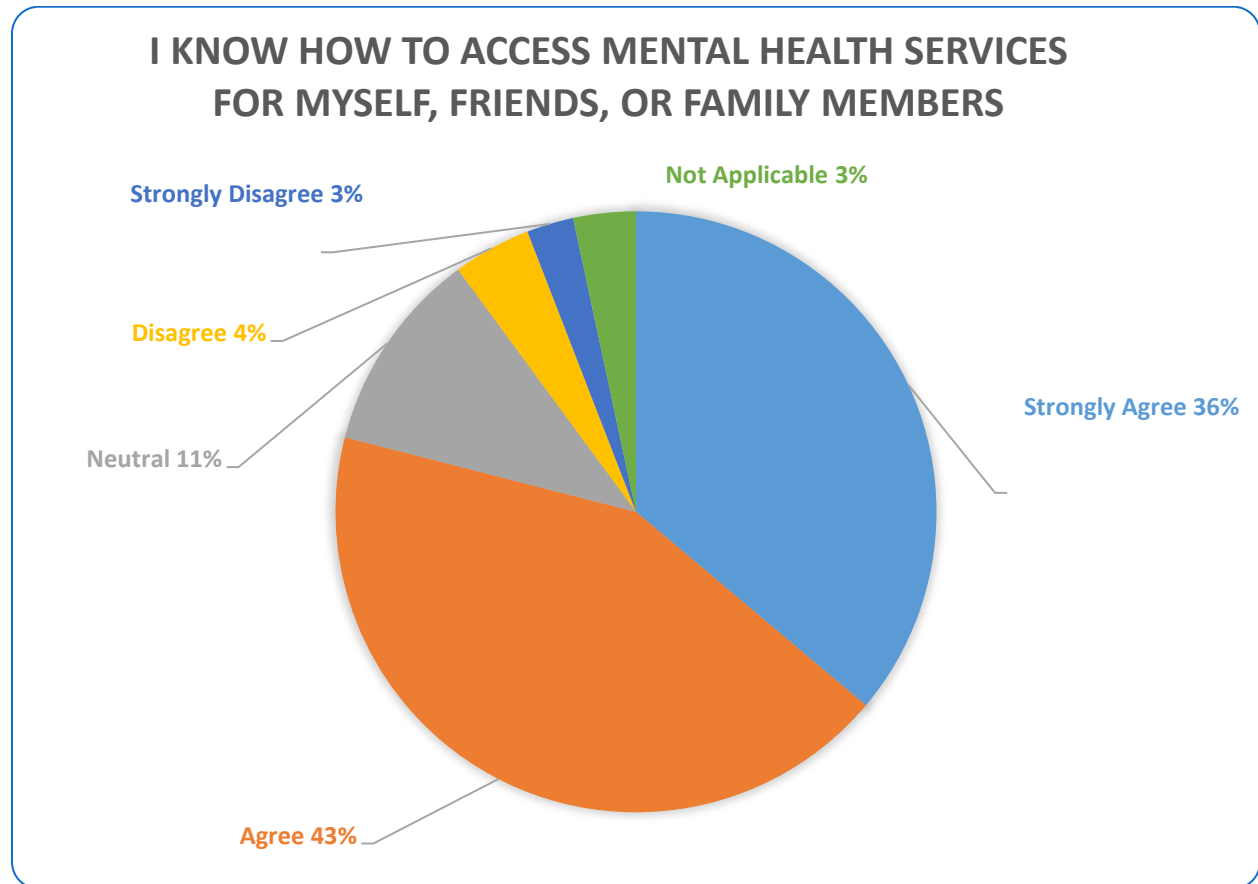
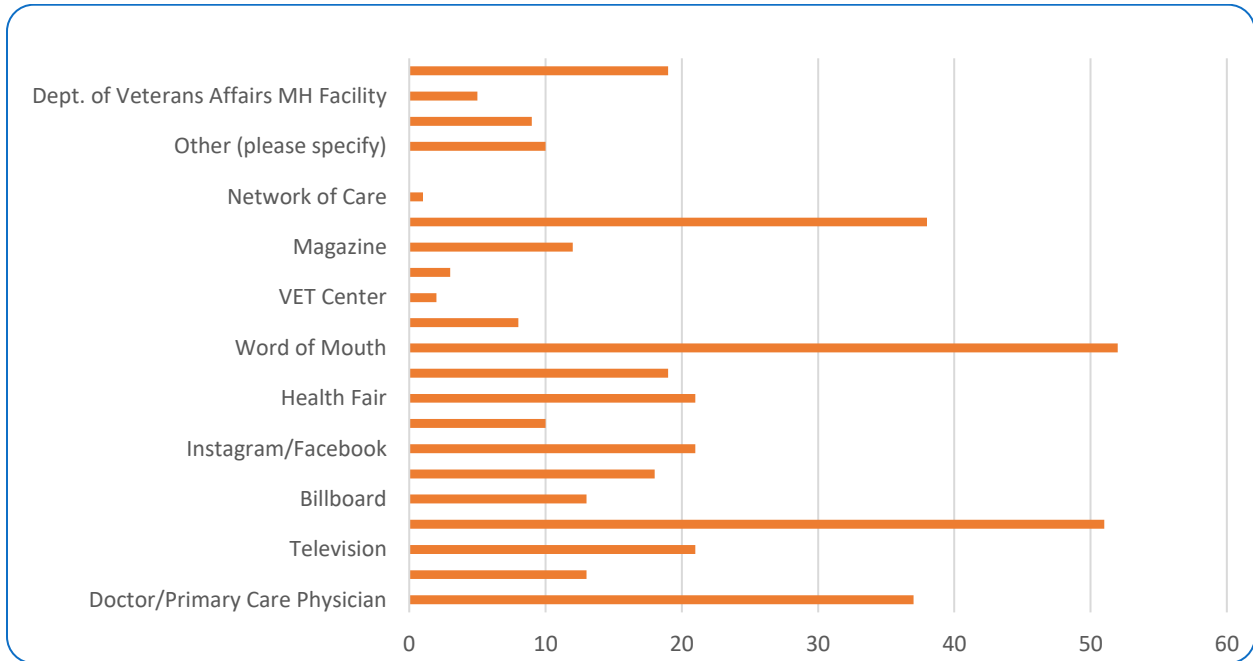
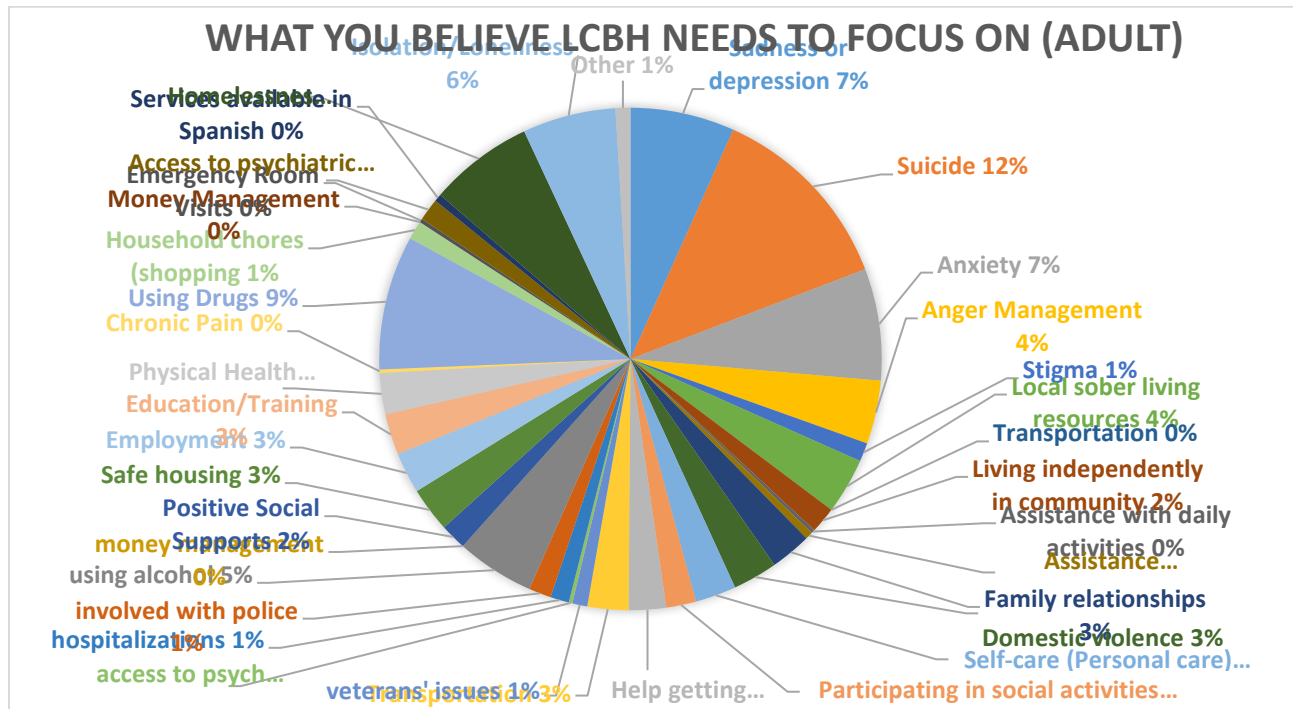


Table 38: I have looked for or received mental health information through



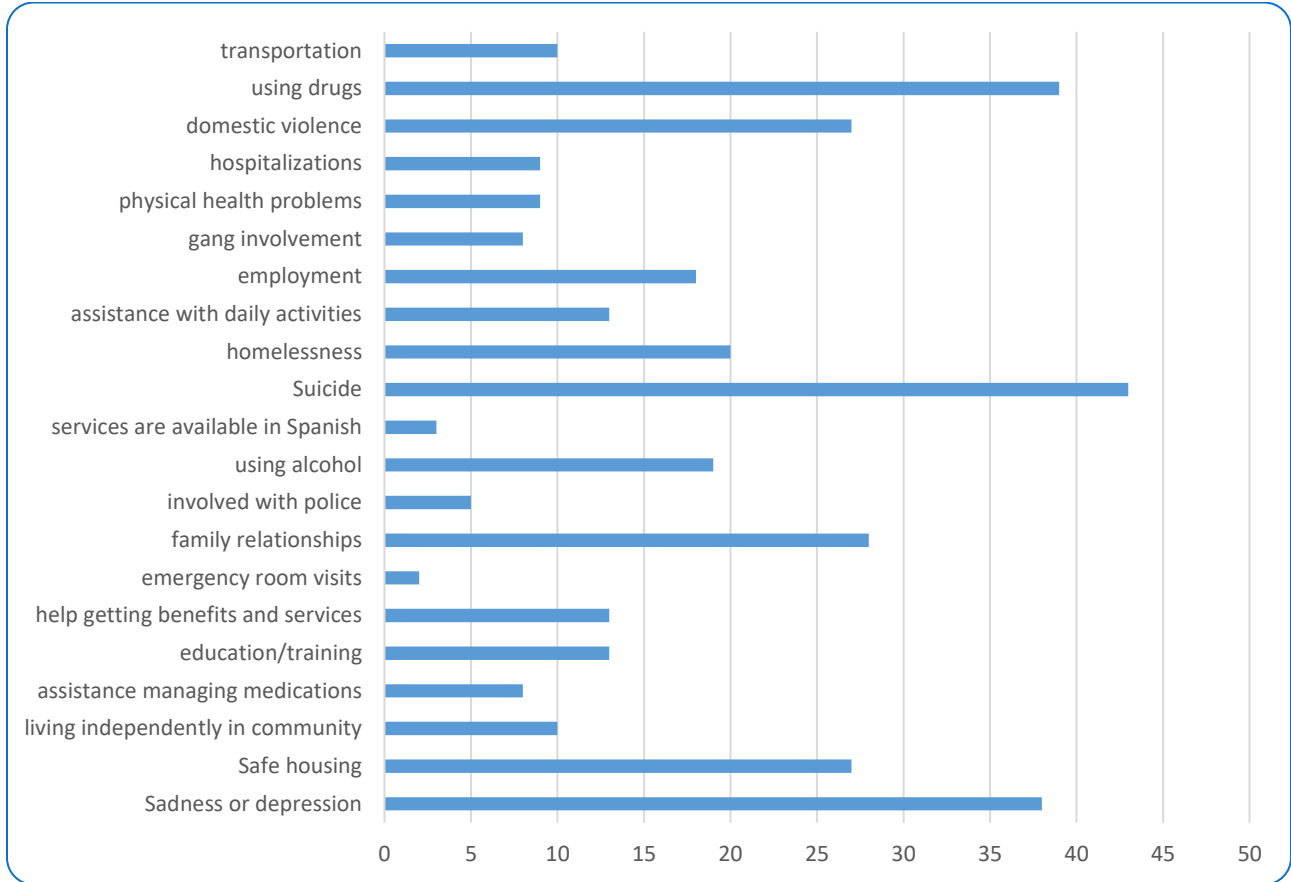
- Other answers included:
  - Crossroads,
  - Help CCOPA – family recover mental illness results from years of underserved first responders; CCOPA- first responders social resources, 1-first responders, 2-CCOPA wives and/family out put on how these programs help, 3-outreach engage/full services partnership, 4- CCOPA family events; prevention collaborative; employer; public health; going to jail. Then getting put on probation;
  - School;
  - Court appointed

Table 39:



- Other responses include;
  - Psychiatric health facilities 'PHF';
  - Could Juvenile Hall be utilized;
  - Promoting wellness to reduce stigma;
  - More LAN in outlying areas;
  - General communication skills.
  - Assertive training;
  - More help in smaller towns;
  - MH services in Westwood;
  - Install a sense of belonging community values;
  - More sources for military family.
  - One stop center/connect with local farmer and CCOPA family underserved;
  - Being lenient with parents who are actually parenting;
  - Addiction

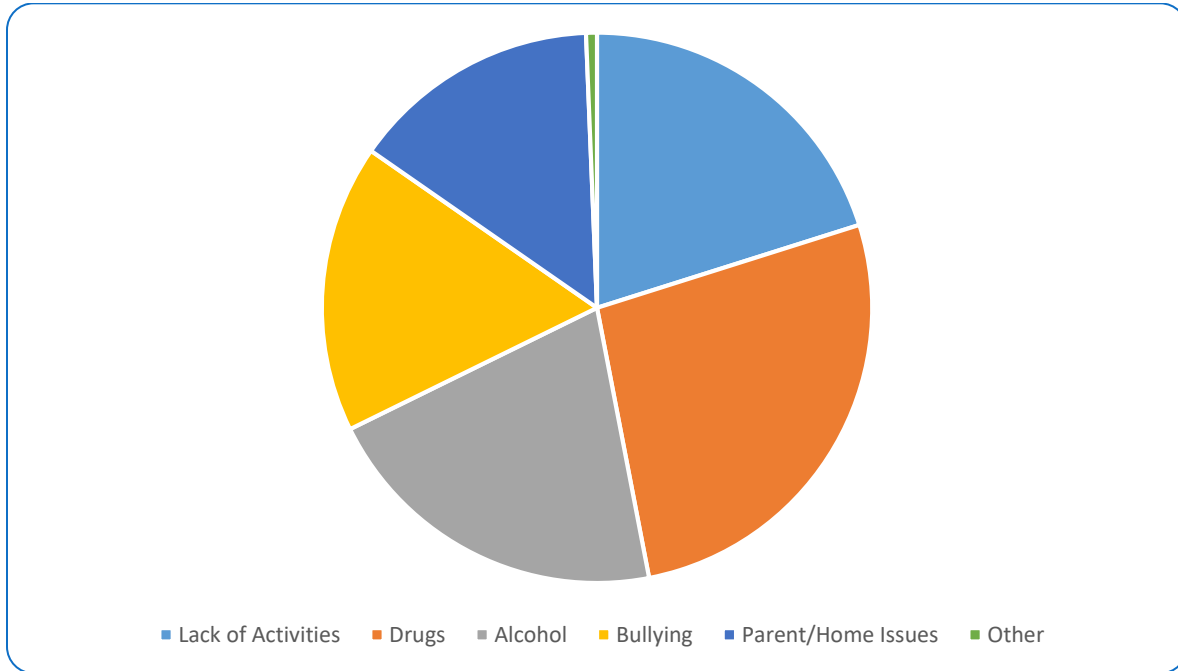
Table 40: Parent/Family- Please circle the top three you believe Lassen County Behavioral Health needs to focus on



- Other responses include: Spanish classes; earlier prevention classes, group family events (wives) CCOPA; anger; listening

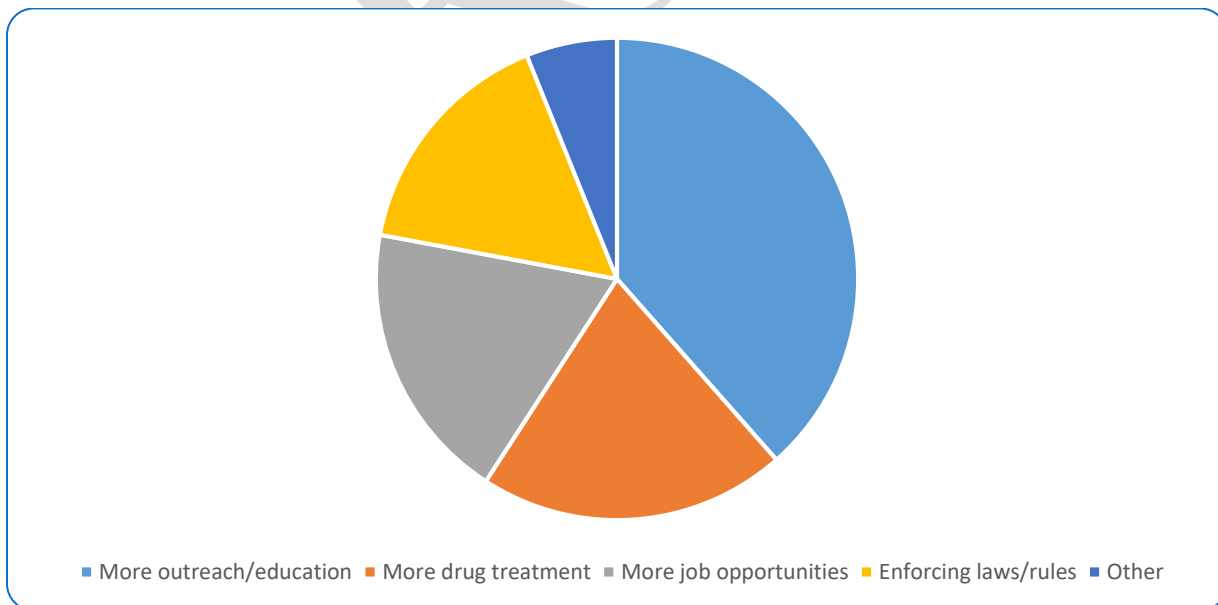
### SUBSTANCE USE DISORDER

Table 41: What are the issues you see for teen/youth in Lassen County?



- Other responses include: education regarding health families; more stuff to do.

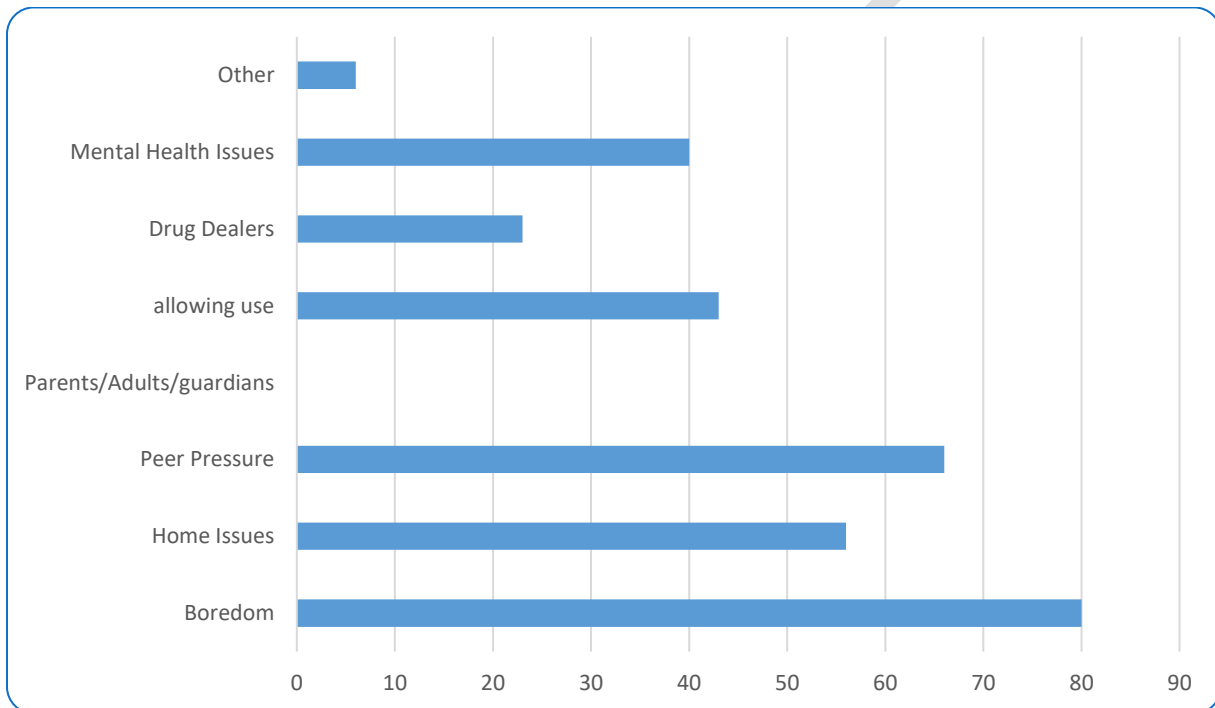
Table 42: Based on your answer above, what do you think the solution should be?





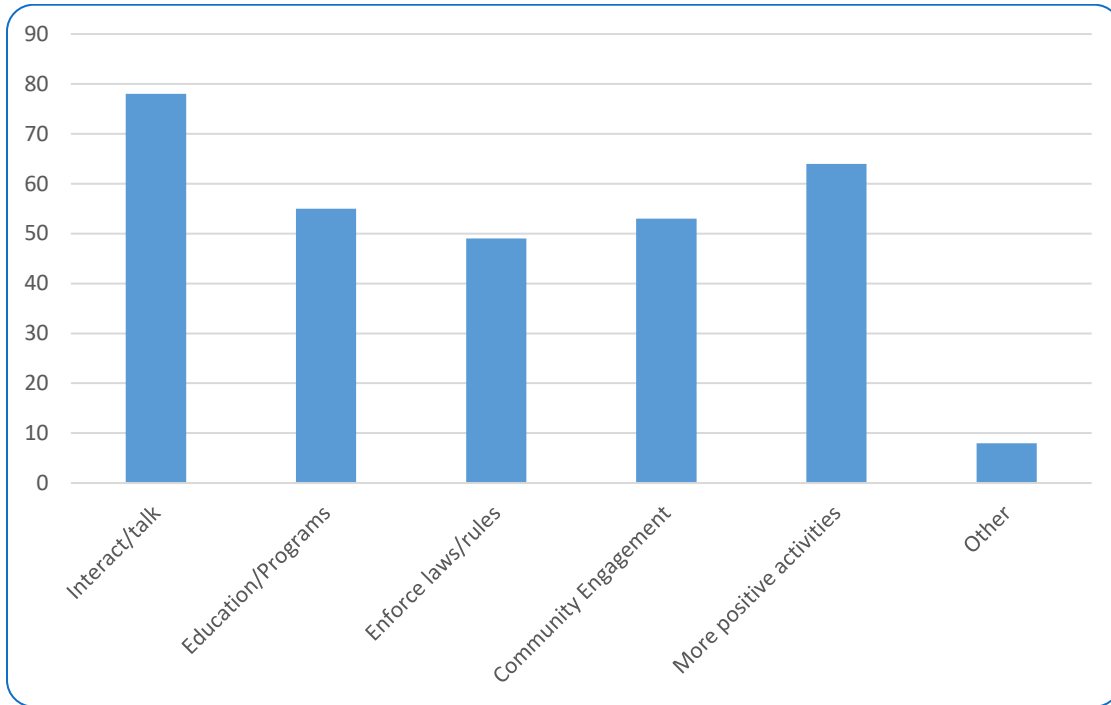
- Other responses include: Relate to kids in a real way, interweave curriculum about awareness in a consistent on going ways- in school in social media, etc; regarding parents needing to be better parents; Develop a sense of community; No outreach for family/CCOPA first responders; Parenting

Table 42: What do you see being the contributing factor for alcohol and drug use among teens/youth?



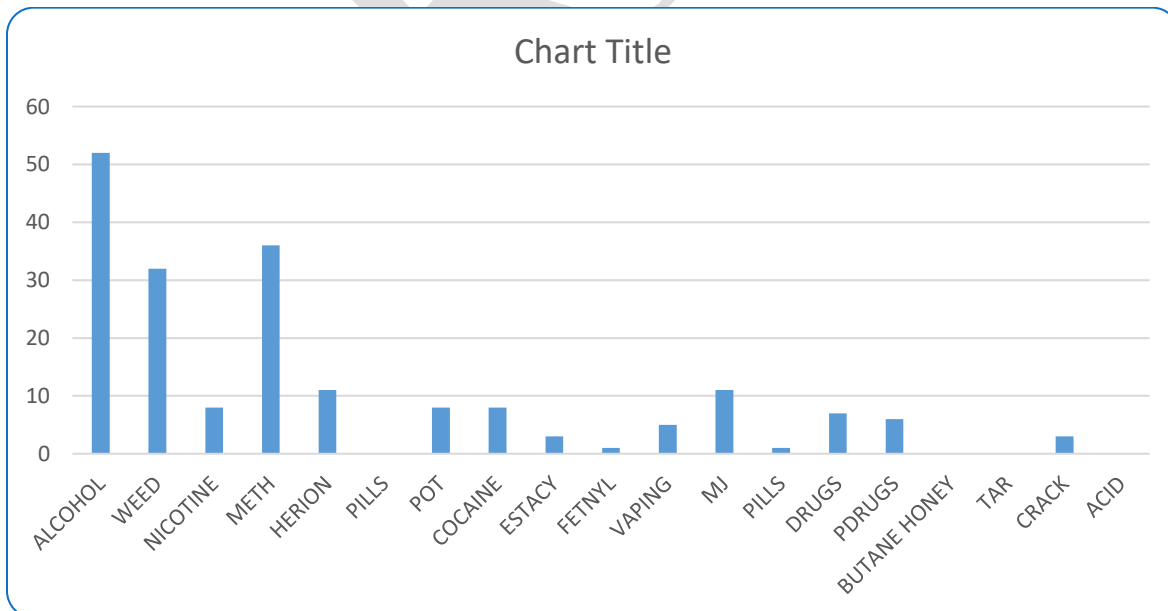
- Other responses include: Poor school education; Early established addictions to electronics, social media and lack of mindful ability; Availability of substance; No family events i.e. bowling skating, family gather, YMCA; To feel better; Access; Parent/Adult using at home; Ineffective education

Table 43: What can adults do to keep teens/youth safe from alcohol and drugs?



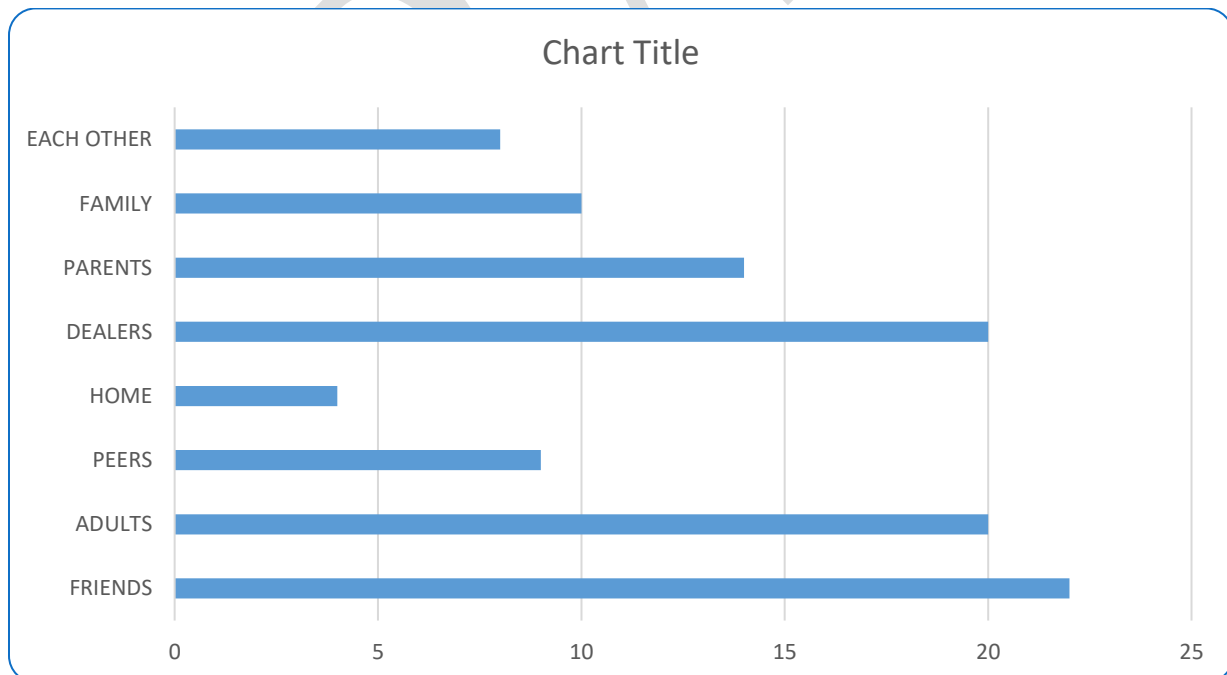
- Other responses include: Model- educate themselves, connect; Role modeling; MH services; Good clean fun that is actually fun

Table 43: What substances are being used by youth and adults in Lassen County?



- Other responses include:
  - Alcohol abuse and drugs;
  - Don't know;
  - From what I have heard many times in the 11 months I've lived here its meth;
  - I'm not entirely sure;
  - Not sure;
  - All of them; everything;
  - Why would I tell that info I ain't no snitch;
  - I don't know;
  - Everything;
  - Abundance of drugs;
  - Provide information;
  - More programs;
  - Reduce access and positive reinforcement for behavior;
  - Be more visible in the community, talk with students and families in schools;
  - Ensure they are educated about abuse for themselves; not being negative to their kids or using in from of them and being present;
  - Talk to them;
  - Education after events.

Table 44: Where do you think youth and young adults get their alcohol and other drugs?



- Other responses include:
  - Streets and persons cabinets;
  - Don't know; Not sure;
  - Steal from parents;
  - Very few parents supply their kids (or kids steal from them) and kids distribute;
  - Homeless taking money to buy kids alcohol;
  - Parties; careless parents, corrupt people;
  - Anywhere;
  - Nephew and friends had adults at the River buy them alcohol;
  - The homeless people;
  - AIN'T NO SNITCH;
  - Locals;
  - Transients;
  - People the [they] engage with;
  - On the street (hanging shoes should be taken down ASAP);
  - Strangers medicine cabinet;
  - Not from here.

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.*

Big Valley One Stop Stakeholder Meeting, North County August 7, 2019  
Fort Sage One Stop Stakeholder Meeting, South County August 30, 2019  
Westwood County Stakeholder meeting August 8, 2019  
Susanville (Central County) Stakeholder meeting (Lunch and Evening) August 28, and 30<sup>th</sup>, 2019  
Lassen Community College: Dorms and Nursing Program  
Community Provider Stakeholder Meeting (Lunch and Evening) August 12, 2019

The MHSA FY2021/2024 THREE YEAR UPDATE was circulated using the following methods:

- Paper copies were sent to all One Stop Locations
- Mental Health Board members were sent notice informing them of the start of the 30-day review and how to obtain a copy of the proposal.

The LCBH three year program and expenditures and annual update is posted on the department's website <http://lassen.networkofcare.org/mh/index.aspx>. Any feedback received during the 30-day Public Posting Period from XX-01-2020 through XX-30-2020, is included in this report. Public Posting again XX-01-20 through XX-XX-2020.

The Public Hearing is scheduled to take place at the regularly scheduled Behavioral Health Advisory Board Meeting on XX-XX-2020 which is held from 5:30 p.m. until 7 p.m.

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

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

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

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 from concerned stakeholder via email

Board of Supervisor XX-XX 2020 adopted the MHSA Three Year Plan.

## **MHSA Program Component COMMUNITY SERVICES AND SUPPORTS**

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

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

This Three Year Plan outlines programs generated in collaboration with consumers, family members, and community partners for FY21/22, 22/23, & 23/24. Lassen County programs and services will be provided under the following guiding principles:

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

- Continue to collaborate with public and private agencies across systems so that consumers and family members experience a more integrated and holistic service experience.



<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+
<p><b><u>Program Purpose &amp; Description</u></b></p> <p>One Stop Centers is a partnership program to increase behavioral health services utilization rates, supports isolated and homebound individuals, and increases behavioral health integration for unserved and underserved populations of the County. One Stop Centers also ensures that therapeutic support and case management can be provided where the client feels most comfortable in the community.</p>				
<p><b><u>Program Strength/Challenges</u></b></p> <ul style="list-style-type: none"> <li>• Strength: All of the One Stop locations have been remodeled to accommodate confidential space and American with Disabilities Act (ADA) issues.</li> <li>• Strength: All One Stop locations have the ability to telehealth BH providers or other community services providers to their locations.</li> <li>• Challenges: Some consumers are still reluctant to use the Grand Care telehealth equipment at the One Stop locations.</li> </ul>				
<p><b><u>Proposed Activities for FY 2021 – 2024</u></b></p> <p>LCBH will continue to provide behavioral health services in non-clinical environments, such as One Stop locations throughout the county.</p> <ul style="list-style-type: none"> <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>• To have BH staff trained in “Seeking Safety” which is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse.</li> <li>• To have all One Stop staff and community partners trained in ASIST suicide prevention. The ASIST workshop is for individuals who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.</li> <li>• To have all One Stop staff and community partners trained in Mental Health First Aid. Mental Health First Aide workshop is for anyone who wants to learn more about mental illness and stigma.</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> </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 2021-2024:</b>	<b>400</b>	<b>Proposed Budget FY 2021-2024:</b>	<b>\$1,125,852.</b>
<b>Cost per Person FY 2021-2024:</b>	<b>\$2814.63</b>	<b>Total Proposed Budget FY 2021-2024:</b>	<b>\$1,125,852.</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 around intensive case management services. These services are client centered, strength based and driven by treatment plan goals that are developed collaboratively with the client, and if appropriate, his/her family, and take into account individual needs and interests. Goals reflect the belief that recovery can and does occur. Incorporated in treatment planning are objectives that focus on clients' eventual transition to lower levels of service and for many, a transition out of the mental health system to natural community supports. The services rendered are holistic, culturally competent, client centered, and may include medication management, primary care referral and support, individual and/or group therapy, case management, wellness and recovery skills building, and referral and linkage to community

MHSA funding may be used to purchase services or supplies deemed necessary for an FSP to meet their identified treatment plan goals. Services and supports funded under the MHSA program may include but are not limited to: emergency food, shelter or

clothing, uncovered medical expenses (i.e. medications), rent, moving expenses, educational expenses, household items, funding for dual diagnosis treatment, housing subsidies, residence in drug/alcohol rehabilitation programs and transitional housing. A revolving account has been established to assist with addressing identified emergencies or immediate FSP needs in a timely manner.

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

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

**Outcomes measures will include:**

- Key Event Tracking (KET)
- Ongoing engagement in services
- Progress toward achieving treatment plan goals

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

**Number of adult clients served and costs:**

	FY 21-22	FY 22-23	FY 23-24
FSP Clients Served	8	9	10
Average cost of FSP client per year	\$88,256.39	\$78,450.13	\$70,605.12

\* Medi-Cal and client-share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds expended for this program.

\*\* Many of our FSP clients are being served outside Lassen County because of no Board and Care facilities in the community.

**Youth and Family Full Service Partnerships**

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

**Group 1:**

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

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

And

Either of the following occur:

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

Group 2:

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

- Psychotic features
- Risk of suicide
- Risk of violence due to a mental disorder

Group 3:

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

Transition Age Youth (TAY) between the ages of 16 and 25 years old, in addition to meeting the SED eligibility criteria, must meet all of the MHSA specific criteria referenced above in order to be eligible for FSP services. Referrals to the Family and Youth FSP program are made by Behavioral Health clinicians and authorized by the Youth Team Supervisor. Children reviewed by the Service Allocation Team (the County's MDT for out of county placements) are given high priority access to this program.

FSP services for children and youth are collaborative in nature and include innovative approaches that are strength based, culturally competent, and tailored to address individual needs. Services are unconditional and highly coordinated. The child and youth FSP program integrates wraparound principles including team based decision making, strength-based interventions, cultural competence, individualized plans, persistence and outcome-based strategies. Services for youth are family driven, collaborative and flexible. Each FSP child/youth and their family will work with the Behavioral Health Case Manager who will schedule and facilitate meetings and will provide intensive case management/wrap around services to the family which may include, but are not limited to, Intensive Care Coordination, Therapeutic Behavioral Services). Clinicians, extended family members, or others identified by the family, may also participate on family treatment teams.

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

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

MHSA funding is available of non-mental health services and supports that are deemed necessary for the child/youth FSP to meet his/her individualized treatment plan goals. Flex funds may be utilized to promote family stabilization and may include, but are not limited to, the following:

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

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

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

**Outcome measures will include:**

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

**Number of youth clients served and costs:**

	FY 21-22	FY 22-23	FY 23-24
FSP Clients Served	20	21	22
Average cost of FSP client per year	\$51,107.00	\$48,673.44	\$46,461.00

\*It should be noted Lassen County offers a Wraparound program where many of our children and families participate in lieu 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 severely mentally ill (SMI) residents of all ages, and to assist these residents in achieving their goals. Lassen County Behavioral Health staff members also serve as active partners in Multi-Disciplinary Teams (Service Allocation Team and Allocation Resource Team) in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.</p> <p>A team composed of LCBH clinical staff offers strength-based, client/family-directed, individualized mental health and wraparound services, and supportive funding to children and youth with serious emotional disturbance (SED) who have experienced school disciplinary problems or academic failures, are in or at risk of out-of-home placement, or are at risk of involvement in juvenile justice; transitional age youth with SED who are at risk of or have juvenile justice involvement, co-occurring disorders, risk of homelessness, or involuntary hospitalization, or institutionalization; adults with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorders, are involved in the criminal justice system, or have frequent hospitalization or use of emergency room services for psychiatric problems; and older adults with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, have reduced functioning due to health problems, or are isolated or at risk of suicide.</p>				
<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 2021 – 2024</b>				



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.

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, LCBH is currently using the Child Adolescent Needs & Strengths Assessment (CANS) and hope to implement Adult Needs and Strengths Assessment (ANSA) once a new electronic health record has been implemented.

### 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 2021-2024:</b>	<b>65</b>	<b>Proposed Budget FY 2021-2024:</b>	<b>\$1,022,141.90</b>
<b>Cost per Person FY 2021-2024:</b>	<b>\$15,725.26</b>	<b>Total Proposed Budget FY 2021- 2024:</b>	<b>\$1,022,141.90</b>



# OUTREACH AND ENGAGEMENT SERVICES

## **Outreach and Engagement Project**

In collaboration with Crossroads Ministries Homeless Shelter and Social Services Housing Support, LCBH will engage Seriously Mentally Ill (SMI) individuals in the community for behavioral health support services. This project seeks to engage post-release adult and older adult offenders, homeless individuals/families, individuals with co-occurring issues who have been diagnosed with a severe mental illness or those who identify themselves as severely mentally ill by addressing barriers to service. This project also supports continued engagement in services as individual's transition into the community by providing seamless access to housing and BH support services at LCBH if such services are warranted. This project is not intended to serve incarcerated individuals or those on parole. As identified through the community planning process, the SMI population in Lassen County is historically un- or underserved, at risk and faces many barriers to accessing services. Identified barriers include service location, housing, transportation, lack of benefits and service gaps. By providing psychiatric services at and linking participating individuals directly to BH services at LCBH, this project seeks to address barriers to service for this vulnerable population.

### ***Services in the Outreach and Engagement Project.***

#### ***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. According to Point-In-Time Data from 2019 there was a total of 46 homeless individuals in the community.

Homeless Profile	Sheltered	Unsheltered	Combined
Male	20	7	27
Female	15	4	19
Did Not Report	0	0	0

Additional Demographics			
Homeless profile	Sheltered	Unsheltered	Combined
Chronically Homeless	0	0	0
Veteran	1	0	1
Felony Convictions	16	2	18
Families	1	0	1
Youth (18 to 24)	5	1	6
Children	3	0	3

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

With this information BH developed a homeless outreach committee that engages the homeless at Crossroads ministries Homeless Shelter. Every week an outreach booth is set up to provide information and education to this population. 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, LGBTQ, Foster Youth, Transitional Age Youth, Outreach and Engagement**

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

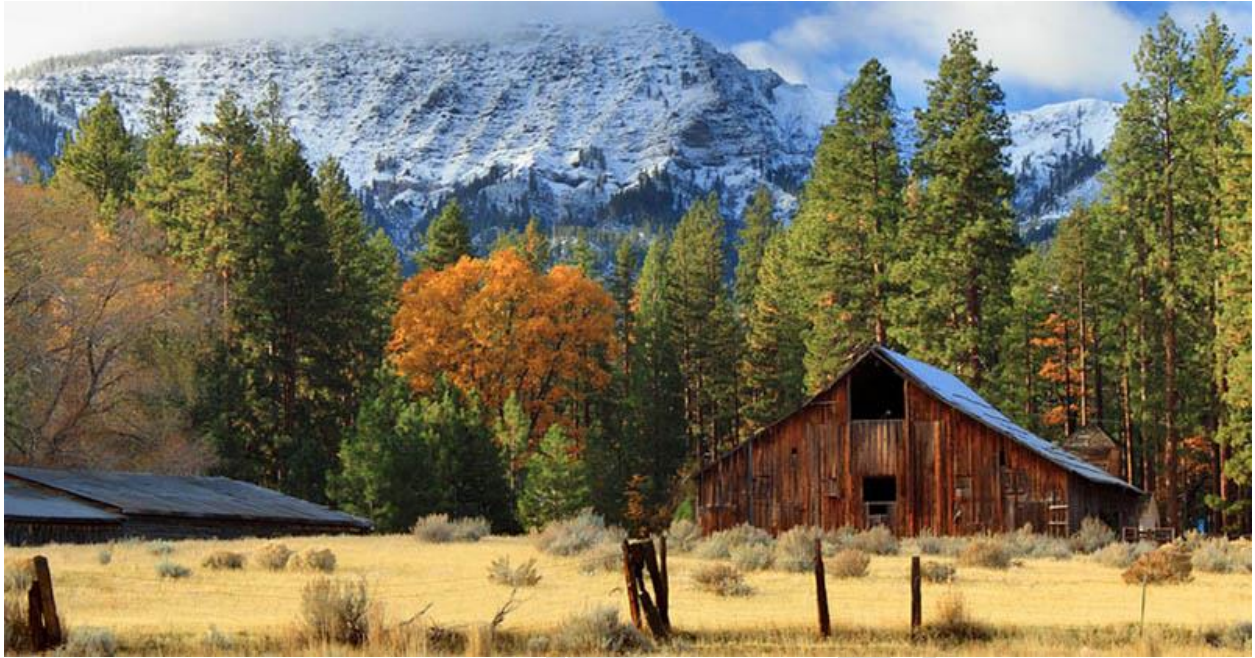
The incidence of co-occurring disorders among these unserved and underserved is well recognized, and Lassen County has Behavioral Health staff qualified to work with individuals experiencing issues related to substance abuse and mental illness. Outreach and Engagement activities targeting unserved and underserved are provided throughout the County and include outreach and linkage to services for individuals suffering from mental illness and/or substance abuse, and coordination with other community providers to foster development of resources and supports for this growing population. The cost of this program is estimated at \$20,000.00 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+
<p><b><u>Program Purpose &amp; Description</u></b></p> <p>The Outreach and Engagement program identifies, educates, and supports individuals in need of mental health services, and serves to reduce stigma and barriers to participation in Behavioral Health services.</p> <p>LCBH staff will continue to conduct outreach to Lassen County residents, provide a wide range of engagement activities, and facilitate transportation for residents in remote areas of the county when feasible. LCBH will continue efforts to reach geographically isolated Lassen residents, particularly through additional outreach in Termo, Ravendale, Spalding and Little Valley.</p>				
<p><b><u>Key Successes:</u></b></p> <p>LCBH staff and Crossroads Ministry staff conducted outreach through several key activities, including:</p> <ul style="list-style-type: none"> <li>• Presenting information on mental health awareness to children, adults, and seniors at faith based communities, resources centers and community events.</li> <li>• Provides public speakers to talk on stigma and recovery.</li> </ul>				
<p><b><u>Proposed Activities for FY 2021-2024</u></b></p> <ul style="list-style-type: none"> <li>• Based on stakeholder input, behavioral health staff and community partners will focus on providing support to veteran, foster youth LGTBQ, and transitional age youth. The focus of the outreach and engagement is to identify individuals and their families who have unmet mental health needs. The goal of this expansion is to move towards addressing this issue by providing culturally competent and appropriate services, to facilitate access to other programs, and improve individual outcomes of participants in services.</li> <li>• 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.</li> <li>• 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.</li> </ul>				



**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.

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

**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 2021-2024:</b>	<b>475</b>	<b>Proposed Budget FY 2021-2024:</b>	<b>\$528,200.00</b>
<b>Cost per Person FY 2021-2024:</b>	<b>\$1112.00</b>	<b>Total Proposed Budget FY 2021-2024:</b>	<b>\$528,200.00</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 three years, LCBH will continue to partner with the Lassen County Health Care Collaborative to identify efficient and cost effective ways to provide access to physical and behavioral health care services, and to explore opportunities for health care integration. The Collaborative meets monthly and LCBH will contribute \$1,000 annually to this membership to support organizational and facilitation activities.

LCBH strives to provide clinical services in outlying communities; however, limited human resources, distance, and the lack of adequate facilities in which to conduct treatment are among the challenges associated with providing healthcare in small, isolated communities. In an effort to facilitate access to necessary services, LCBH provides transportation to the two Behavioral Health clinics, to other services, and to Judy's House (Peer Support Service). 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. The cost for bus passes \$2,000

General system development funds will also be utilized to support facilitation of integrated care projects piloted by the Behavioral Health Task Group. In the three year plan, funds will support facilitation of the Behavioral Health Wellness project. The Behavioral Health Wellness team is comprised of law enforcement, Behavioral Health, Judy's House, 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 Judy's House 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, Judy's House Wellness Center is client driven, focused on peer support and aimed at promoting resiliency and recovery. Services are offered to anyone in the community but also target anyone with mental illness, older adults and families within a safe, caring and supportive environment where individuals can participate in activities that encourage recovery and resiliency. Judy's House offers a wide variety of support groups and activities for members to choose from.

**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:**

	FY 21-22	FY 22-23	FY 23-24
Individuals at Judy's House Served	350	400	450
Average cost of individual per year	\$2,945.00	\$2,577.00	\$2,291.00



## MHSA Program Component PREVENTION AND EARLY INTERVENTION

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

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

### Early Intervention

#### Early Newborn Observations (ENO)

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

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

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

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

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

For this three year plan, more marketing needs to be addressed for this program since many community partners do not know it even exists.

**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:**

	FY 21-22	FY 22-23	FY 23-24
Individuals served through Newborn Observations	5	10	15
Average cost of individual per year	\$59,400.	\$29,700.00	\$19,800.00

Community Services and Supports-After Hour Wellness Center				
Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing	
Priority Population:	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 17 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
<p><b><u>Program Purpose &amp; Description</u></b></p> <p>Judy's House is to provide a wide variety of skills and abilities and may include Certified Peer Counselors and volunteers. Individuals are greeted at the front door and encouraged to articulate their needs to staff who provide an atmosphere designed to assist them. Support is provided from a strengths-based perspective in line with the Recovery Model. The structure of the Wellness Recovery Action Plan (WRAP) and Motivational Interviewing has been found to be helpful tools when used in the process of assisting individuals into services. Also staff will assist the individual with linking to resources in the community (i.e. housing, food, medical care, etc.). Also provide a "warm line" for individuals who just want to talk. If the needs of the individual require longer term stabilization or are too acute for the setting, staff have access to resources to rapidly transfer the individual to the appropriate type of care.</p> <p>Judy's house staff will engage in proactive case management, hospital discharge follow-up, peer support, and clinical care before, during and after a behavioral health issue. Although staffing levels may vary, each triage team consists of a program coordinator and two peer support counselors per shift (one peer will be available on-call). The peer supports provide assistance to urgent calls and will provide a warm line to the community and coordinate follow up linkage support. Peer support staff will, at minimum, reach out via telephone to each individual recovering from a crisis event to offer support and a face-to-face visit. For individuals who accept the face-to-face support, peer support will meet with them to assist with implementation of the self-care plan, identify and problem-solve any barriers to accessing outpatient services and other recovery supports, and facilitate the linkages and warm handoff to ongoing service providers. Peer support provide follow-up support by linking individuals to care, and in pre-crisis, early intervention, and urgent response situations. Peer support will provide individual mentorship, case management, and follow-up support to clients, as well as aid in "warm handoffs" for individuals in inpatient psychiatric treatment.</p> <p>Judy's house can also provide food and temporary housing vouchers to individuals in need. For example, an individual needs a motel room as an alternative to going to the jail for the ER.</p> <p>Staffing Structure: Judy's House 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</p>				

closed or not available to provide services. Law enforcement stated a need for more behavioral health services during that time.

**Key Successes:**

- Community support

**Proposed Activities for FY 2021-2024**

- Assist unserved and underserved individuals seek access to BH services.
- Prevent individuals from over using the hospital emergency room or going to jail.
- Hoping to expand the hours from 4:00 pm to 8:00 am. 7 days per week

**Program Challenges**

- Mostly homeless accessing the services but not anyone else in the community.
- Law enforcement not using them first before taking an individual to the hospital or jail.

**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 2021-2024:</b>	<b>1062</b>	<b>Proposed Budget FY 2021-2024:</b>	<b>\$360,797.00</b>
<b>Cost per Person FY 2021-2024:</b>	<b>\$340.00</b>	<b>Total Proposed Budget FY 2021-2024:</b>	<b>\$360,797.00</b>

**Mental Health First Aid**

LCBH will contract with community partners 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. Cost includes time, transportation, lodging, meals for trainers and for trainees and materials.

**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

	FY 21-22	FY 22-23	FY 23-24
Number of individuals trained per year.	50	70	90
Average cost of individuals being trained per year.	\$508.61	\$363.30	\$285.00

**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. Cost includes staff time, lodging, meals and materials.

	FY 21-22	FY 22-23	FY 23-24
Number of individuals trained per year in SafeTALK.	50	60	75

Number of individuals trained per year in ASIST.	50	60	75
Average cost of individuals being trained per year for both SafeTALK and ASIST.	\$306.00	\$275.00	\$256.00

### **Community Health Fairs**

LCBH staff participate annually in ten Health and Wellness Fairs throughout the County. Cost includes staff time, travel, incidentals, food, promotional material, booth and brochures. Need a new pop up canopy for the next three years.

	FY 21-22	FY 22-23	FY 23-24
Number of individuals engaged per year.	250	300	375
Average cost per event	\$1500.00	\$1500.00	\$1500.00

### **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. Cost includes staff time, travel, incidentals, food, promotional material, booth and brochures.

	FY 21-22	FY 22-23	FY 23-24
Number of engagement activities per year.	24	36	48
Average cost per event	\$500.00	\$500.00	\$500.00

**Strengthening Families (SFP) and Adult Programs**

Strengthening Families (SFP) is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Groups specifically for women, men or older adult as well as Nurturing Parenting classes will be provided.

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

Program goals include:

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

Outcome measures will include:

- Pre and post class survey

Number of clients served and cost:

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

Negative outcomes addressed:

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

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

	FY 21-22	FY 22-23	FY 23-24
Number of engagement activities per year.	5	10	15
Average cost per event	\$1000.00	\$1000.00	\$1000.00



**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.

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

Number of clients served and cost:

	FY 21-22	FY 22-23	FY 23-24
Number of youth engaged per year.	450	500	550
Average cost per event	\$11,250.00	12,500.00	\$13,750.00

**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 per year to this effort.



## 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 Behavioral 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.

The integration of telehealth communication into the community has been slow and at times completely on hold. The project started in 2015 and was to end in 2019 but LCBH asked for a one year extension for the project to end in June 30, 2020.

### Success of the Innovation project

- Established the T2 lines at all three One Stop locations in Lassen County.
- Successfully implemented Grand Care Units at all three One Stop locations and peer support locations.
- Successfully implemented Grand Care Units Care units in their home.

- Was able to meet with client in a timely manner than having to reschedule because of the weather or transportation issues.
- Psychiatrists and therapists using Grand Care to check in with their clients at home and at the One Stops.
- Implemented Grand Care for crisis after hour staff to telehealth into the ER.

#### Challenges for the Innovation Project:

- Changeover of BH Directors and not having support from the previous BH Directors regarding the project.
- Lack of dedicated staff to the project and numerous staff and community partner changes.
- No buy-in from the community or clients about the project.
  - Community partners and clients felt the services was not genuine compared to the services in the office.
- Trying to obtain clients to participate in the project was almost impossible. Client wanted to be transported into the community by the County so they could attend their BH appointments in person and make a few errands (grocery store, pharmacy) on their way out. Client realized telehealth kept them at home and not able to access community resources.
- Lack of high speed internet services to the client's homes. The Grand Care units at the One Stops had T2 lines to support the telehealth communication but many clients internet provider could not support the bandwidth necessary into their homes.
- Physical health doctors or nurse did not want to participate in the telehealth communication platform. Could not determine how physical health and mental health could be treated at the same time.

**Project came to an end June 30, 2020 however the technology of the Grand Care units are still being used.**

## CAPITAL FACILITIES

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

The Capital Facilities component consisted of three projects: One Stop, provide new heating and air conditioning system for the Fort Sage One Stop (completed), Construction/Renovation of the Big Valley (completed), and the expansion and remodel of the Westwood One Stop building (completed). **All Lassen County Capital Facilities funding has been exhausted since 2019.**

There is no longer any State funding for Capital Facilities for this three year plan. If new funding become available, Stakeholders will be notified on how to proceed.

## Workforce, Education and Training

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

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

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

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

**All Lassen County WET funding has been exhausted since 2015.**



Attachment 1

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Attachment 2

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Attachment 3

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Attachment 4

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