

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION 2015-79

**RESOLUTION ADOPTING THE MENTAL HEALTH SERVICES ACT
Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17**

RECITALS

WHEREAS, AB 1467, the omnibus health trailer bill for the 2012/13 state budget was chaptered into state law on June 27, 2012; and

WHEREAS, included among the amendments to the Mental Health Services Act was the requirement that three-year plans and annual updates be adopted by the county board of supervisors prior to submission to the Mental Health Services Oversight and Accountability Commission.

RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA, that the Mental Health Services Act Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17 is hereby approved and adopted.

THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the 2nd day of June 2015, by the following vote:

AYES: Supervisors Comstock, Smith, Steele and Brown

NOES: None

ABSENT OR NOT VOTING: Supervisor Farrington

ATTEST: **Matt Perry**
Clerk of the Board of Supervisors

COUNTY OF LAKE

By: [Signature]
Deputy

[Signature]
Chair, Board of Supervisors

APPROVED AS TO FORM:
ANITA GRANT
County Counsel

By: [Signature]



The within instrument is a correct copy of the Document on file in this office.
ATTEST: 06/04/2015
MATT PERRY
Clerk of the Board of Supervisors of the State of California in and for the County of Lake.
By: [Signature]

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Lake - 17

Local Mental Health Director	Program Lead
Name: Linda Morris, LMFT, MAC	Name: Jim Isherwood, MHSA Coordinator
Telephone Number: 707-274-9101	Telephone Number: 707-274-9101
E-mail: linda.morris@lakecountyca.gov	E-mail: jim.isherwood@lakecountyca.gov
County Mental Health Mailing Address: Lake County Behavioral Health PO Box 1024 Lucerne, CA 95458	

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 Three-Year Program and Expenditure Plan, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan 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 Three-Year Plan 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 Three-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on June 2, 2015.

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 Three-Year Program and Expenditure Plan are true and correct.

Linda Morris, LMFT, MAC

Local Mental Health Director/Designee (PRINT)


Signature 6/2/15
Date

County: Lake County

Date: 6/2/15



**Lake County Department
of
Behavioral Health Services**

6302 13th Avenue - PO Box 1024
Lucerne, CA 95458-1024

Mental Health Services Act
Three-Year Program & Expenditure Plan
Fiscal Year 2014/15 through Fiscal Year 2016/17

30-Day Comment Period
May 20, 2014 to June 18, 2014
Public Hearing
June 19, 2014

ACKNOWLEDGEMENTS

Lake County Behavioral Health Department wishes to thank the many participating stakeholders who gave their time and energy to this process.

Lake County Behavioral Health:

Kristy Kelly, MFT, Behavioral Health Director
Linda Morris, MFT, Deputy Director, Clinical Services
Scott Abbott, MFTI, Behavioral Health Compliance Manager
Jim Isherwood, MHSa Coordinator/Team Leader, Outreach and Engagement
Sarah Deng, MHSa Analyst
Dennis Skinner, MFT, Team Leader, FSP Child/TAY
Christina Drukala, MFTI, Team Leader, FSP Child/TAY, EIS
Francois Van Wyk, MFT, Team Leader, FSP Adult/TAY
June Wilson, MFT, Team Leader, FSP Adult/TAY, Forensics
Jackie Smythe, MFT, FSP Older Adult
Amanda Yocham, MFT, Team Leader, Co-Occurring and Integrated Services
Karin Hudson, PsyD, Team Leader, Crisis/Outreach and Engagement
Ellen Bourne, ACSW, Team Leader, Crisis
Kevin Thompson, MPA, Behavioral Health Operations and Admin Manager
Jim Gessner, AODS Treatment and Prevention Coordinator
Carole Ford, Peer Support Specialist
Kathy Herdman, Parent Partner
Stephanie Wilson, MPA, WET Specialist
Gerald Rine, Housing Specialist
Sheila Roseneau, MAFP, Housing Specialist
Edgar Ontiveros, Latino Outreach and Engagement Specialist
Chris Partida, Tribal Outreach and Engagement Specialist
Wanda Quitquit, Tribal Outreach and Engagement

Stakeholders and Key Contributors:

Bridge Peers
Circle of Native Minds Tribal Elders
Continuum of Care Lake County
First 5 Lake County/Mother-Wise
Health Policy Cabinet
Konocti Senior Support/Sr. Peer Counseling
Konocti Senior Support/Friendly Visitor Program
Lake County Behavioral Health Staff Members
Lake County Office of Education/Safe Schools
Lake County Probation
Lake County Sheriff's Office
Lake County Social Services
Lake County Tribal Health Consortium

Lake County Veteran's Services
Lake Family Resource Center
Lakeport Police Department
Latinos United Lake County
Mendocino Community Health Clinics
Partnership HealthPlan of California
Redwood Children's Services/Harbor on Main
St. Helena Clearlake Medical Clinic
Vet Connect Lake County
Veterans Administration, San Francisco

Introduction:

Over the past three years the Mental Health Services Act (MHSAs) experienced significant changes as a result of the economic challenges at the state level. Legislation in 2011 (AB100) resulted in the following changes to how the MHSAs is administered:

1. Funding distribution will be a continuous monthly appropriation.
2. MHSAs plans will be approved at the local level.
3. Guidance and approval will no longer be provided by the Department of Mental Health (DMH) or the Mental Health Services Oversight and Accountability Commission (MHSOAC).
4. Statute and regulations will guide local policy and procedure.
5. Plans and financial reports will be submitted to the MHSOAC for evaluation purposes.

In June of 2012 the California Legislature provided clarification on the changes brought about by AB100 with the budget trailer bill AB1467. This policy resulted in the following:

1. MHSAs plans will be approved at the local level with the exception of Innovation which will require approval by the MHSOAC.
2. The local approval process now requires adoption by the Mental Health Board and the Board of Supervisors.
3. County certification is required by both the Behavioral Health Director as well as the County Auditor/Controller.
4. The Community Program Planning process will include additional stakeholder involvement required by statute.
5. Cost per client is to be reported for Children, Youth, Adults, and Older Adults.
6. Performance outcomes are to be reported as available.

The Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17 represents continued implementation and minor adjustments to existing approved programming. Additional programs/projects being considered at this time include:

1. An innovative approach to integration and care coordination of mental health, substance abuse, and primary care services focused on consumers with co-occurring disorders (a separate Innovation plan to be considered in the coming fiscal year).
2. Expansion of the Crisis Access Continuum to include a mobile access team and direct linkage to other MHSAs and community resources, including peer support staff.
3. Additional funding directed to older adult programs to increase access and services to the older adult population. This will include a significant expansion to existing programs in order to establish a presence in the various community-based senior centers, prevention and early intervention training of senior center staff, and the development of peer support capacity.
4. Additional resources directed toward screening and treatment for co-occurring conditions with an emphasis on trauma-informed interventions.
5. Additional funding directed to capital facilities and technological needs projects to accommodate program growth directly related to MHSAs implementation.

Community Program Planning and Stakeholder Process

The Community Program Planning process in Lake County is an ongoing process of key informant contact, monthly departmental MHSa meetings, monthly meetings with consumers, and planning meetings that include county-wide stakeholders. The information gathered through this process is considered and incorporated in the resulting Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17. Community stakeholder meetings were held quarterly in fiscal year 2013-2014 on the following dates:

July 10, 2013
 October 9, 2013
 January 8, 2014
 April 9, 2014

Community Planning Meetings -

Participants	Total
Organization	
Adventist Health	2
Big Valley Rancheria	1
Circle of Native Minds Wellness Center	10
Community Member	3
Elem Indian Colony Pomo	2
Escuela Engracia	2
Family Member	3
First 5 Lake County	1
Gary Bess Associates	2
Habitat for Humanity	1
Healthy Living	1
Highlands Senior Center	3
Inter-Tribal Council of California	2
Konocti Senior Support	5
Lake County Office of Education	2
Lake County Public Health	1
Lake Family Resource Center	1
Lakeport Senior Center	1
Lake County Behavioral Health	42
Live Oak Senior Center	3
Lucerne Alpine Senior Center	1
Lucerne Senior Center	1
MCHC/Lakeside Health	1
Mental Health Board	1
Middletown Rancheria	1
Middletown Senior Center	2
Mother-Wise	3
Redbud Health Care District	1

Redwood Children's Services/The Harbor	3
Redwood Coast Regional Center	1
Scotts Valley Pomo	4
Senior Support Services/Upper Lake	2
The Bridge	4
Tribal Health	1
Vet Connect	1
Grand Total	115

(Information presented at these meetings is attached as Appendix A.)

Key Informant Meetings -

Throughout the year the MHSA Coordinator reaches out to existing collaborations, consortiums, and individuals in the community to take input on needs and gaps in services available in Lake County and their relation to the existing plan. In fiscal year 2013-2014 this effort included attendance at standing meetings for the Tribal Elders Talking Circle, the WET Planning Committee, the Housing Planning Committee, the Health Policy Cabinet, the Forensic Multi-Disciplinary Team, the Continuum of Care, and MH Consumer Leadership. Individual key informants for the year include representatives from Latinos United Lake County, Lake County Tribal Health, Indian Child Welfare Advocates, First 5 Lake County, Konocti Senior Support, the senior center directors, Lake County Office of Education, and the Lake County Suicide Prevention Taskforce.

Date(s)	Meeting	Topic/Focus	# of attendees
07/01	Elders Talking Circle	Native American Issues	9
07/29			11
08/12			6
08/19			7
09/09			7
09/23			9
12/02			5
12/16			7
12/30			5
01/06			8
02/03			5
03/03			4
03/24			7
03/31			6
04/14			8
07/03	WET Planning Committee	Career Pathways, Incentives	7
09/25			Recruitment and Retention

07/09	Latinos United Tribal Health	Bi-National Health Fair	11
07/11 08/08	Forensic Multi-Disciplinary Team	Collaboration and Consumer Needs	14 9
07/19 01/17	Bridge Peer Support	Consumer Leadership	8 9
07/22	Lake County Tribal Health	Community Wellness Centers	2
07/25 09/19	Housing Committee	Housing Options & RFP Development	8 11
08/08 09/12 01/09 02/13 03/13 04/10 05/08	Health Policy Cabinet	Community Transformation	16 18 14 16 13 12 16
08/21	Indian Child Welfare Advocates	Native American Children's Issues	23
08/22 09/26 12/19 01/30 03/27 04/24	Suicide Prevention Taskforce	PEI Statewide Prevention	15 13 17 12 9 11
09/05	Latinos United Lake County	Stakeholder Meeting	26
04/02	Continuum of Care Lake County	Homeless Resource Development	18
04/03	Lake County Senior Centers	Directors Meeting	7

Local Review Process -

The Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17 is posted for 30 days on the County website, copies are distributed to all active stakeholders via e-mail, and hard copies are made available at Department clinics, the peer support center, and the tribal wellness center, and by mail upon request. At the end of the 30-day posting period, the Three-Year Program and Expenditure Plan is presented to the Mental Health Board (MHB) at their monthly meeting for input and adoption. The MHB holds a public hearing to address substantive comments or input. The comments and input are documented in the Three-Year Program and Expenditure Plan with corresponding responses or actions. The Three-Year Program and Expenditure Plan is then scheduled to be heard by the Lake County Board of Supervisors for adoption. A copy of the Three-Year Program and Expenditure Plan is then forwarded to the Mental Health Services Oversight and Accountability Commission for informational and evaluation purposes.

Comment Period and Substantive Feedback -

The Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17 was made available for public comment for 30 days prior to the Mental Health Board meeting and public hearing on June 19, 2014.

Substantive Feedback:	LCBH Response:	Not MHSA:
Gaps in treatment options need to be addressed. People in need are falling through the cracks. Perhaps institute a "teaching model".	Gaps are being addressed on multiple levels. MHSA resources are being used to develop services to address co-occurring MH and SUD clients not adequately served. WET resources are available to support internship and other training opportunities to address recruitment and retention challenges.	
Should the Prevention and Early Intervention Mini-Grant (PMG) funding maximum be \$2500 (as opposed to \$1500)? Typo in plan per Jim. But for school-based programs only?	The increase to \$2,500 was to target school based programming. New PEI regulations in FY 2015/16 will affect eligibility even more so. PEI Mini-Grant eligibility will be in line with new	

Substantive Feedback:	LCBH Response:	Not MHSA:
	regulations and be made clearer to the community.	
Concern for under-utilization of mini-grants.	PMG distributions were maxed out for the first time in FY 2014/15.	
Co-occurring screening for Traumatic Brain Injury (TBI)? Lacking community services to assess and treat adults and children. Partner with Redwood Coast Regional Center (RCRC)?		TBI patients and RCRC clients are not MHSA populations unless SMI.
PTSD needs to be addressed. Not specific to veterans.	Treatment options that are trauma-informed are being developed for both MH and SUD clients with MHSA resources being made available through PEI Community Screening and Treatment.	
Mental Health Fair to increase awareness; provide outreach and engagement; decrease stigma and discrimination. As part of the effort to reduce stigma, sponsor multi-agency booth at county events. One-hour rotation per agency. Agencies to share cost and presence. MH to create/coordinate?	The Department attends multiple events each year and hosts events for "May is Mental Health Month" and "Recovery Month" in September. Consumers and family members are always welcome to get involved. PEI Mini-Grant funding could be used to fund a more focused event for the purposes suggested.	
Prop 41 was passed strictly for veterans. There is \$600M in funding for housing for veterans. Partner with LCBH to leverage	The MHSA housing development funds are expected to be released to the County in 2015. The	

Substantive Feedback:	LCBH Response:	Not MHSA:
funding?	department will work with stakeholders to plan for the use of the funds.	
Workforce Education and Training funding. Consideration to be given to Community-Based Organizations (CBOs) as well?	Contracted organizations are always eligible for MHSA opportunities. CBOs are invited when resources allow or when the initiative applies.	
Request for LCBH psychiatrist to see dementia clients as meds-only clients to reduce number of emergency room visits and rate of hospitalization.		No capacity to do so and not a community MH or MHSA function.
<p>Recommendations for the MHSA Stakeholder process to include more consideration to Older Adult needs. Need funding for staffing Senior Peer Counseling and Friendly Visitor programs, i.e., stipends for volunteers.</p> <p>Place a therapist/counselor at each senior center (minimum one day/week)? Or use interns working on their master's degree?</p> <p>Support for the Middletown Healthy Living Support Group. Increase MHSA funding for Older Adult programs/staffing to levels proportionate to the percentage of Older Adults in Lake County (25%).</p>	Older adult services expanded for this purpose in this plan.	
Non-verbal learning disorder (autism spectrum) difficult to diagnose. Provide training for practitioners?		This is a school-based and regional center population.

Substantive Feedback:	LCBH Response:	Not MHSA:
To diagnose older adults not diagnosed as children as well.	The department provides screening and assessment for MH conditions.	Cognitive disorders are medical and those who have developmental challenges are regional center population.
<p>MHSA to fund in-house training for teachers on mental health issues?</p> <p>Encourage teachers to get mental health training. Teachers need more information/training to be able to distinguish between mental illness and behavioral issues.</p>	<p>Statewide MHSA resources available for this purpose. Lake County Office of Education receives funding and training opportunities.</p>	
<p>As there is no California Association of Marriage and Family Therapists (CAMFT) chapter in Lake County to offer free trainings, MHSA to provide county van to transport local mental health providers to monthly trainings in Santa Rosa? LCBH to partner with the Lake County Therapist Alliance to bring presenters to Lake County?</p>	<p>Mini-grant opportunity?</p>	<p>Not specific to MHSA.</p>
<p>Expand Early Student Support program to include 4th graders?</p>	<p>Target population is K-2 but not exclusive to these ages if need arises.</p>	
<p>Need to screen for mild cognitive impairment; share results with primary care.</p>	<p>This is routine for the older adult clinician.</p>	<p>Medical primarily.</p>
<p>Act on Innovation Steering Committee recommendation for resource booth in the South Shore Clinic lobby.</p>	<p>In the queue based on renovation plans.</p>	

Substantive Feedback:	LCBH Response:	Not MHSA:
<p>Partner with NAMI? LCBH to provide van to NAMI meetings? Or create Lake County chapter? LCBH to take the lead to develop then back away?</p>	<p>The department would welcome NAMI presence and MHSA could provide support if community support is demonstrated.</p>	
<p>Provide training for behaviors (social skills, etiquette, boundaries, etc.) as a path to mental health.</p>	<p>Individual rehab opportunities are part of every care plan and are client- and family-driven based on their wants and needs.</p>	
<p>Huge gap. Middle class, kids, seniors without access to mental health services. Currently no proposed solution. Must look at how to get services to un-served population to bridge the gap. How to provide services to non-SMI?</p>	<p>MHSA programming for severe emotional and mental health conditions regardless of socio-economic privilege.</p>	<p>As a result of health care reform, both Medi-Cal and private insurance provide mental health treatment in parity with medical treatment for non-SMI.</p>
<p>Take another look at age groups? Adult age group too broad? i.e., 26-38, 38-55, 55-65, over 65.</p>	<p>MHSA defines age groups.</p>	
<p>Explore using billboard advertising to reduce stigma.</p>	<p>Collective community support or possible mini-grant opportunity.</p>	
<p>Find ways to reduce crisis hospital support response time.</p>	<p>The department is using SB82 funding to explore ways to decrease emergency room usage in partnership with law enforcement and the hospitals.</p>	<p>Response time averages less than one hour to the hospital. Finding a psychiatric bed is the challenge.</p>

Substantive Feedback:	LCBH Response:	Not MHSA:
Allocate Capital Facilities (CF) dollars toward funding a clinic in the Lakeport/Kelseyville area.	The department is exploring options in Kelseyville that may not require CF funding but may include other program funding initially.	

MHSA Programming in Lake County

Component	Program Name	Program Description
CSS - FSP	Full Service Partnership	Consumers of all ages (children 0-15, transition age youth 16-25, adults 26-59, and older adults 60+) who meet eligibility requirements are provided "whatever it takes" services. A full array of recovery- oriented mental healthcare, including psychiatric services, is provided to consumers enrolled in an FSP. Services and supports include funding for housing, food, clothing, primary healthcare, transportation, education, and vocational opportunities.
CSS - GSD	Crisis Access Continuum	Provides increased access and an introduction to mental health recovery concepts at the earliest opportunity for consumers experiencing challenges. Provides a local crisis hotline, a warm line, and outreach and engagement services for consumers who have recently been hospitalized or released from a crisis evaluation, and respite in a supported transitional housing setting.
CSS - GSD	Forensic Mental Health Partnership	Provides support for consumers who encounter legal problems or are incarcerated in jail or juvenile hall due to mental illness. Assists consumers in addressing their mental health needs, navigating the legal process, transition planning, and provides support in the community after release from incarceration through service coordination, clinical services, and the FSP program when indicated.
CSS - GSD	Housing Access	Provides resources and linkage to MHSA-subsidized housing for FSP consumers, one-time funding for those consumers at risk of losing their housing or needing assistance getting established in housing, and transitional housing for homeless consumers.
CSS - GSD	Older Adult Access	Provides outreach and engagement services, linkage to resources, mental health interventions, and FSP programming to seniors who may be experiencing mental health challenges. The Senior Peer Counseling program provides peer-aged volunteer support to older adults who may be isolating or experiencing mild mental health concerns.
CSS - GSD	Integrated Physical and Behavioral Health	Works with consumers and links them to primary care physicians. This expanding element in the recovery planning process is a critical component of comprehensive services and supports that has been identified as an obstacle to wellness for consumers experiencing behavioral health difficulties.
CSS - GSD	Peer Support	Supports both transition age youth and adult consumers. TAY and Adult Wellness Centers provide a gathering point for consumers. Programs provide access to services (including non-mental health related), peer support, socialization, and companionship to these two age groups. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations.

Component	Program Name	Program Description
CSS - GSD	Parent Partner Support	Supports families involved with community mental health. A Parent Partner with "lived experience" as a family member assists families with navigating the system, service coordination, group support, and, as an FSP team member, assists the family through the FSP process.
CSS - OE	Community Outreach and Engagement	Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ.
CSS – Housing	Housing Program	The MHSA Housing Program provides funding for development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals and their families who have a mental illness and are homeless, or at risk of homelessness.
PEI	Early Intervention Services	Lake County Behavioral Health provides the equivalent of one full-time mental health specialist to provide direct early intervention services and supports to those consumers and families who experience the first onset of a serious emotional disturbance or serious mental illness.
PEI	Early Student Support	Enhances the social and emotional development of young students (grades K-3) who are experiencing school adjustment difficulties such that they are served in an intensive services setting. Alternative personnel provide direct services to students under ongoing supervision and training by credentialed school psychologists in collaboration with Lake County Behavioral Health Department professional staff.
PEI	Wellness and Recovery Centers	The Bridge Peer Support Center in Clearlake, Circle of Native Minds Center in Lakeport and the proposed Latino and Family Centers in the southern and eastern parts of the county respectively, serve niche populations, promote cultural competency through program design, and allow access to resources and linkage to needed services.
PEI	Older Adult Outreach and Prevention	The Friendly Visitor Program provides companionship to the vulnerable population of homebound older adults. The volunteers offer individualized companionship, support, and friendship on a regular basis to seniors who have limited access to outside activities. Reassuring phone calls and access to the MHSA-funded Senior Peer Counseling Program are also benefits of the program.

Component	Program Name	Program Description
PEI	Postpartum Depression Screening and Support	Mother-Wise provides volunteers, in their role as Saathi, who offer mothers the companionship of a listening ear and a helping hand. They offer real support and solutions to mothers at a time when they need it the most through home visitation. Mother-Wise services are available for all pregnant women or new moms with babies under twelve months, regardless of income.
PEI	TAY Peer Support	Funding for an outreach coordinator position at the MHSA-funded TAY Drop-In Center and is intended to reduce disparities in access to mental health services to this identified priority population (transition aged youth). This position provides project coordination, peer training for like-aged volunteers at the center, and expands the existing programming to include outreach and prevention activities for the TAY population.
PEI	Community Screening and Treatment	Will serve Lake County Behavioral Health clients in community collaboration for screening and treatment for trauma and co-occurring disorders.
PEI	Prevention Mini-Grants	Invites community-based providers and organized consumer and family groups to design prevention programming and submit a funding request to Lake County Behavioral Health. This mini-grant program issues funding of \$500 to \$2,500 for projects as diverse as Challenge Day, Children's Grief and Loss Groups, Vet Connect, Sheriff's Activity League Program, Latinos United Cultural and Behavioral Enrichment Project, Youth Football Camp, and Traditional Pomo Dance Classes.
PEI	Training, Technical Assistance, and Capacity Building	Lake County has committed this resource to the California Mental Health Services Authority and the Superior Region Data Workgroup to identify outcome measures to be used across programs. This pilot project is being facilitated by RAND corporation in collaboration with Modoc County.
PEI	Statewide Projects	Lake County is contributing 7% of its PEI funds to support the continuation of the Statewide Projects: Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative.
CFTN	Capital Facilities	The Clearlake Clinic will be renovated to provide a more integrated experience that promotes wellness, recovery, and resiliency and increased access and engagement to underserved populations.
CFTN	Lake County Electronic Health Record Project	Addresses technological needs for secure, reliable, real-time access to client health record information where and when it is needed to support care. Includes the following components: implementation of Anasazi software, conversion to Microsoft SQL server, conversion of paper charts, purchasing additional hardware, and ongoing service/maintenance, as well as meeting Meaningful Use and Interoperability requirements.
WET	Workforce Education and Training	Provides funding for workforce staffing support, training and staff development, mental health career pathways strategies, and financial incentives to address shortages in the public mental health workforce.

Component	Program Name	Program Description
WET	Superior Region WET Collaborative	Lake County has been a contributing member of this 16-county partnership since 2008. The collaborative is focused on the development of career pathways in community mental health in conjunction with institutions of higher education in the region.
INN	To be determined and approved by the Mental Health Services Oversight and Accountability Commission.	Community planning process and steering committee for ongoing Innovation Project planning to resume in July 2014.

Local Program Data and Evaluation Efforts

While Lake County is considered a small county according to its population of 64,665¹, Lake is not small in geography, covering over 1,300 square miles². With a population increase of over 10% in the past decade, almost 20% of the population below poverty level, and significant percentages of Latino and Tribal community members³, Lake County has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory.

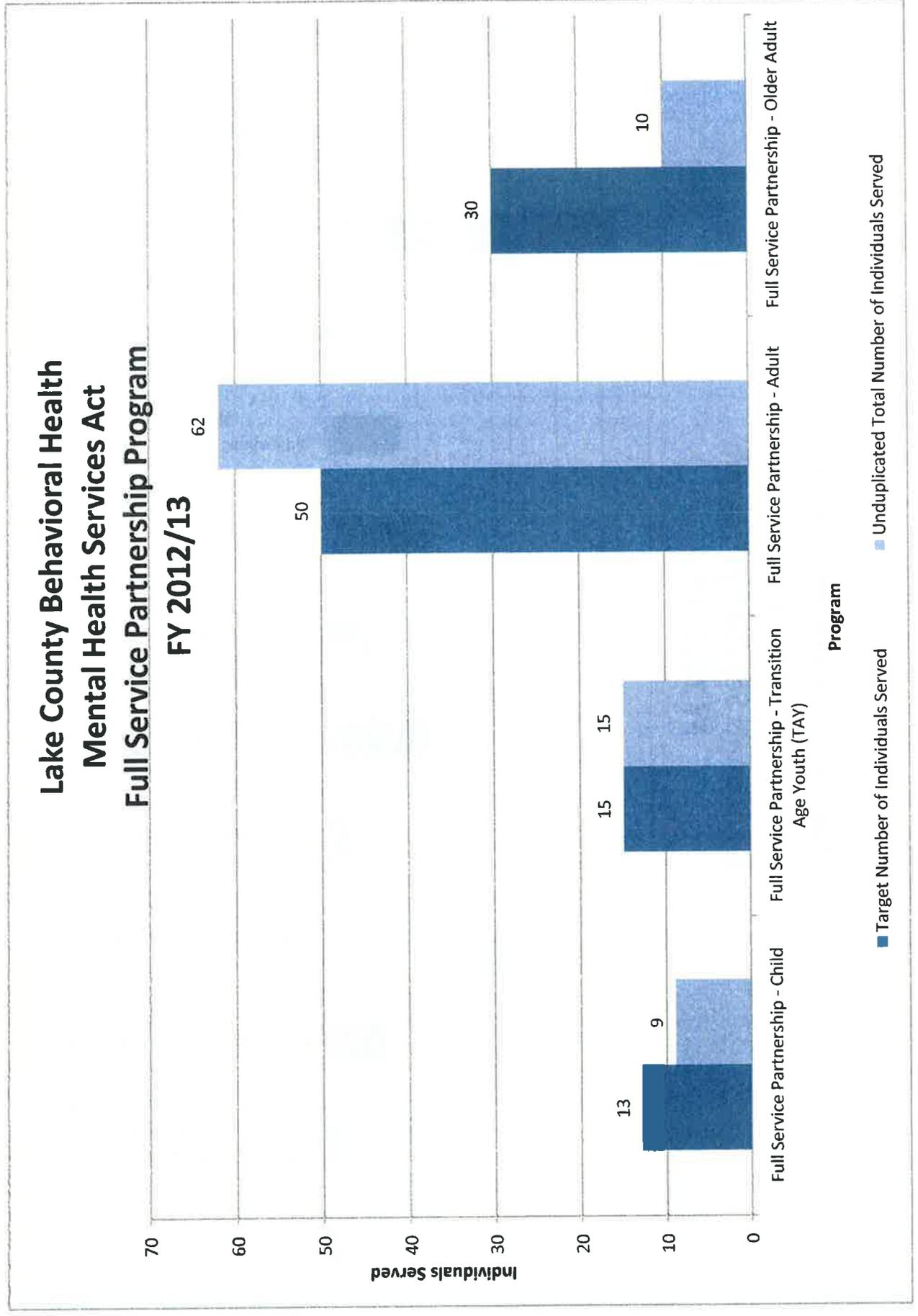
MHSA programming in Lake County served 3,775 clients in fiscal year 2012-2013. Cost per client served in all programming (CSS and PEI) is estimated at \$580 per client served. The total number of clients served in CSS programs was 817 at an estimated cost of \$2160 per person. Community Services and Supports programs provided services to 92 consumers enrolled in Full Service Partnerships (FSPs). The number of child, TAY, adult and older adult FSPs served during the year was 9, 15, 62, and 10 respectively. The estimated average net cost of services for each partnership is estimated to be \$9,780. This amount does not include federal financial participation. The actual expenditure per client will be available upon completion of the cost reporting and revenue expense report processes in the coming months. PEI Programming provided services to 2,958 consumers at an estimated cost of \$150 per person.

The following exhibits represent the continued effort to improve data collection and evaluation of programming at the local level. There is an expectation that this capacity will grow to be able to show community, system, and individual outcomes in order to better inform decisions made during the Community Program Planning process. Efforts are also being made at the State level to provide additional reporting.

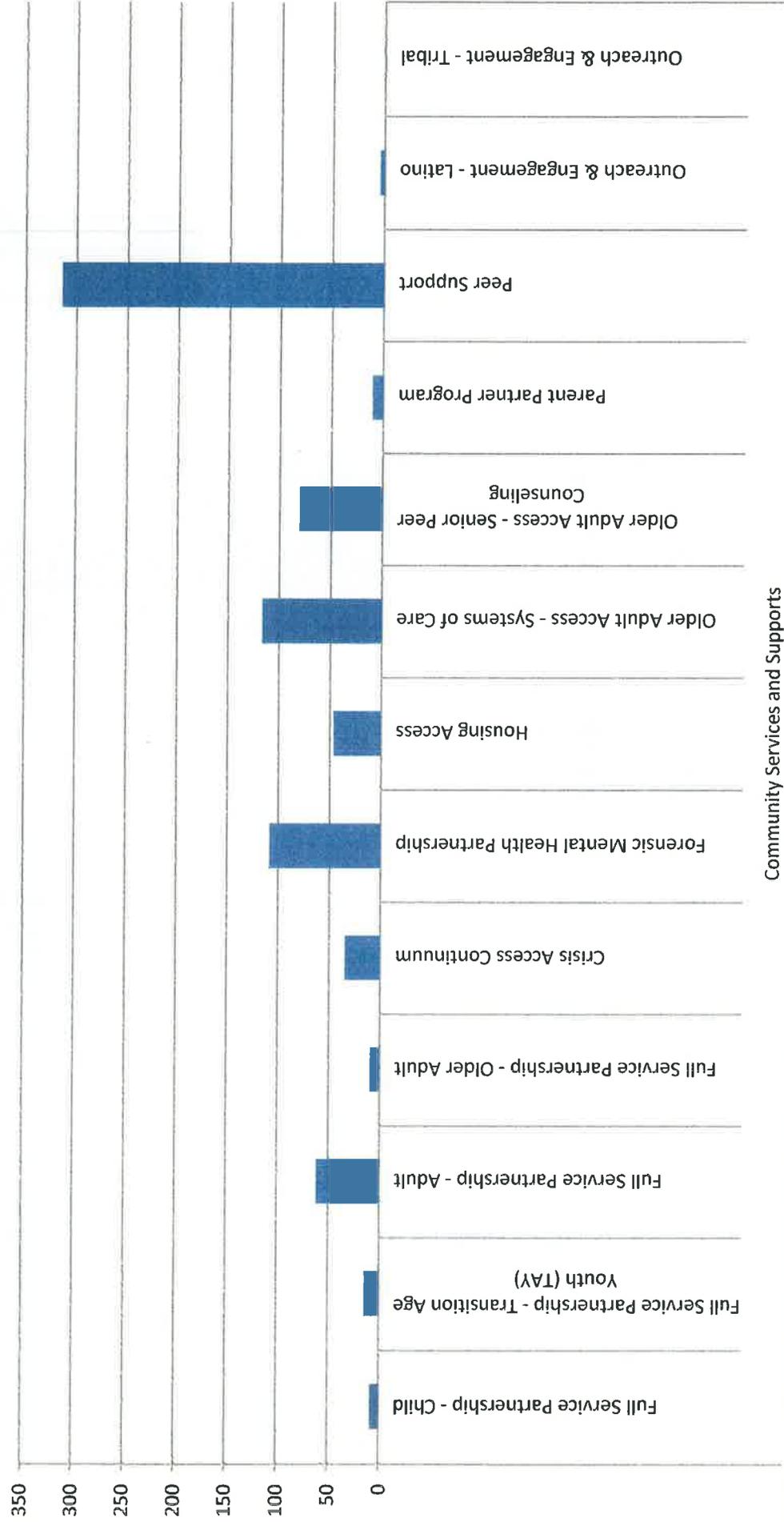
¹ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>

² Lake County, "Lake County at a Glance," 2011, <http://www.lakecounty.com/AboutLC/Glance.htm>

³ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>



Lake County Behavioral Health Mental Health Services Act Individuals Served by Program FY 2012/13



Community Services and Supports

Lake County Behavioral Health
Mental Health Services Act
Demographics of Individuals Served
FY 2012/13

Age Group	Percent
0-15	6.1%
16-25	19.0%
26-59	51.3%
60+	22.1%
Unknown	1.5%
Grand Total	100.0%

Race	Percent
White	75.7% *
Black/African American	4.6% *
Native American	4.9% *
Asian	1.1% *
Native Hawaiian	0.4% *
Two or More Races	3.4% *
Non-White-Other	3.8%
Other	1.5%
Unknown/Not Reported	4.6%
Grand Total	100.0%

* As compared to the U.S. Census Bureau: State and County Quickfacts for Lake County in 2012 last revised 12/17/13:
White alone 88.1%
Black or African American alone 2.0%
American Indian and Alaska Native alone 4.1%
Asian alone 1.3%
Native Hawaiian/Other Pacific Islander alone 0.2%
Two or More Races 4.3%

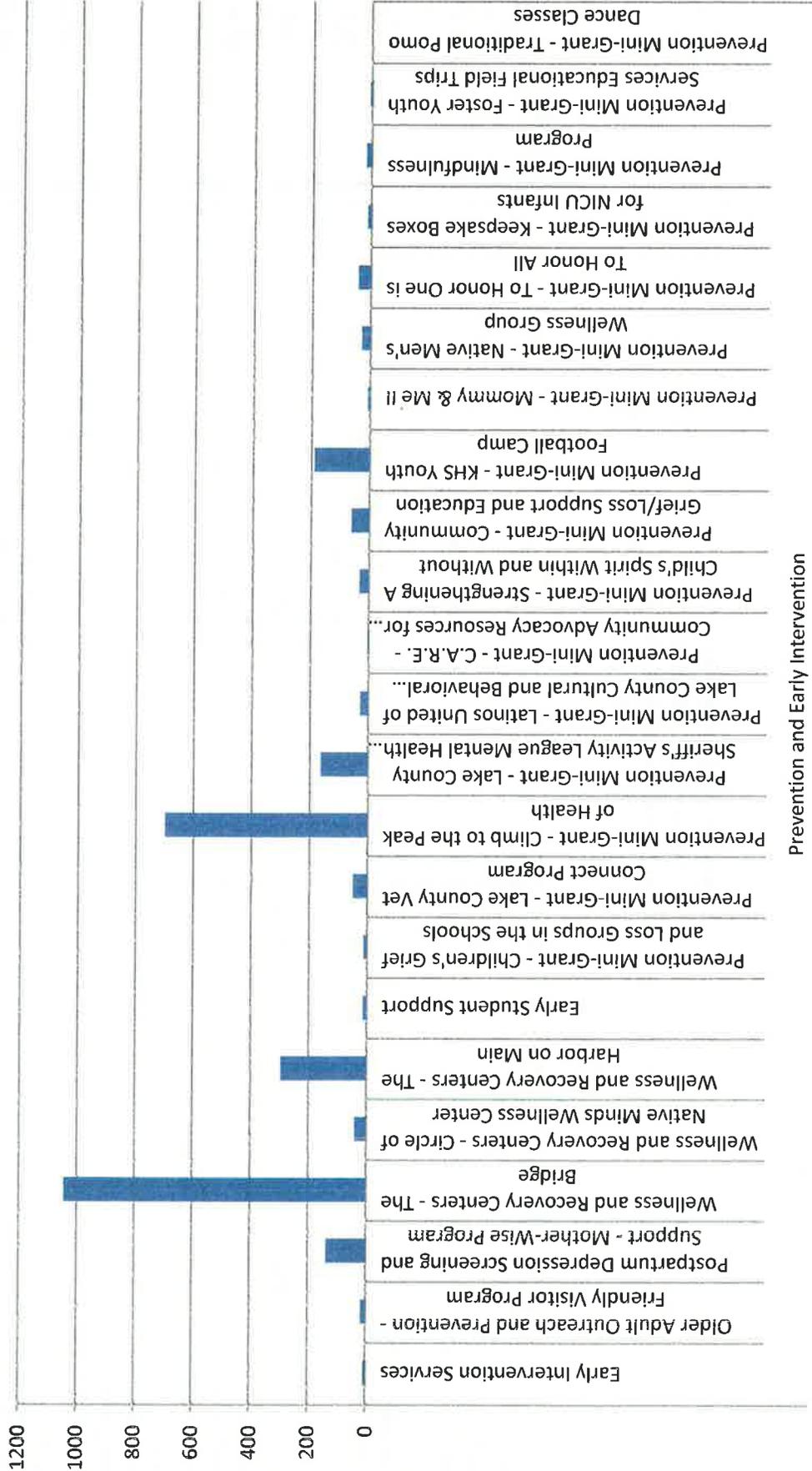
Gender	Percent
F	48.3%
M	51.7%
Grand Total	100.0%

Ethnicity	Percent
1-Not Hispanic	73.8% **
2-Mexican/Mexican American/Chicano	3.8% **
4-Puerto Rican	0.8% **
5-Other Hispanic Latino	3.8% **
U-Unknown/Not Reported	17.9%
Grand Total	100.0%

Primary Language	Percent
1-English	97.7%
2-Spanish	2.3%
Grand Total	100.0%

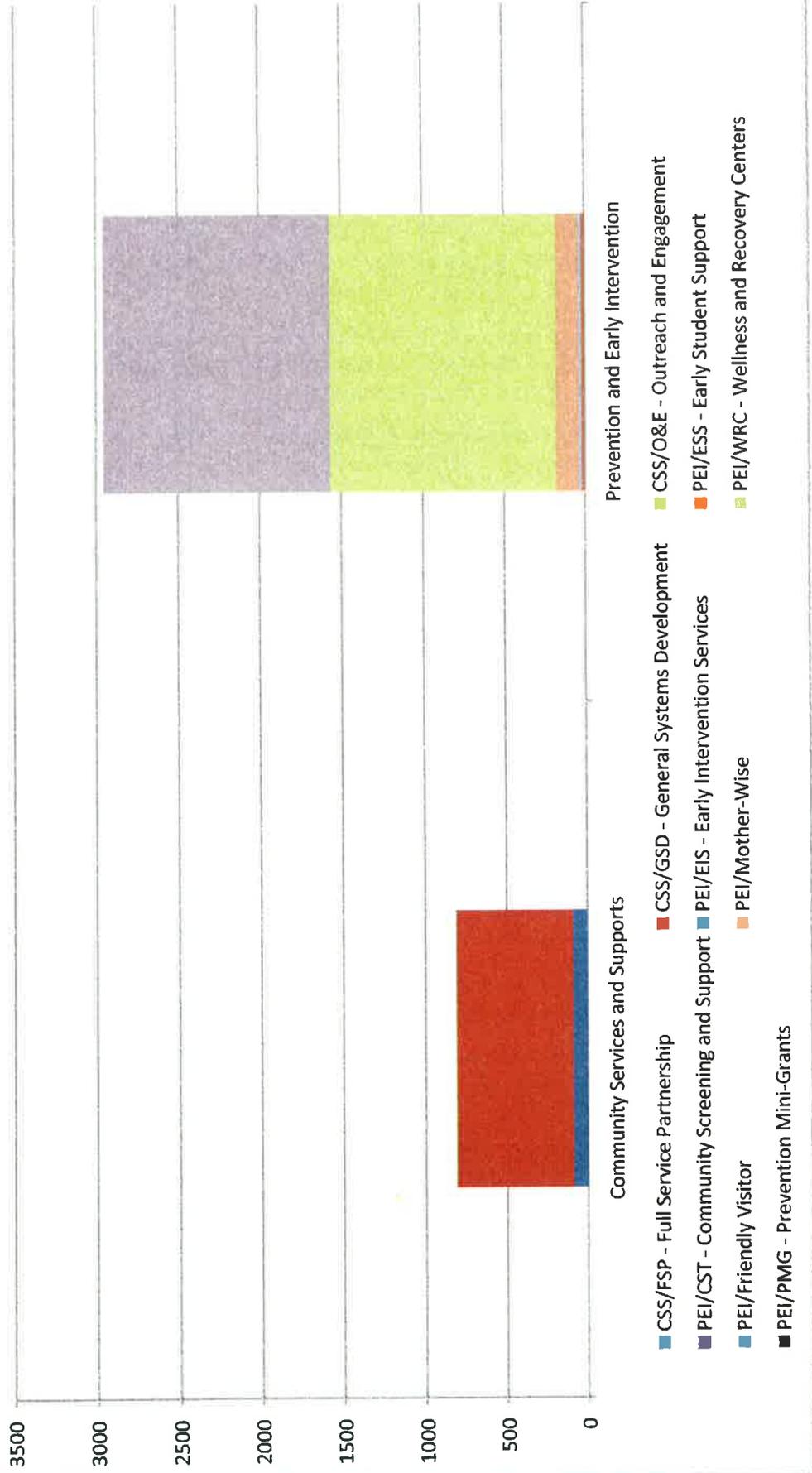
** As compared to the U.S. Census Bureau: State and County Quickfacts for Lake County in 2012 last revised 12/17/13:
White alone, not Hispanic or Latino 73.4%
Hispanic or Latino 18.0%

Lake County Behavioral Health Mental Health Services Act Individuals Served by Program FY 2012/13



Prevention and Early Intervention

Lake County Behavioral Health Mental Health Services Act Individuals Served by Program FY 2012/13



Component	Program Name	Budget Amount	Budget Narrative	Target Number of Individuals Served	Projected Cost per Client	FY 2012/13 Budget Amount	FY 2012/13 Unduplicated Individuals Served - Child	FY 2012/13 Unduplicated Individuals Served - TAY	FY 2012/13 Unduplicated Individuals Served - Adult	FY 2012/13 Unduplicated Individuals Served - Older Adult	FY 2012/13 Unduplicated Individuals Served - Total Includes Age Group Unknown	FY 2012/13 Estimated Cost per Client
CSS - FSP	Full Service Partnership	\$ 1,250,000	No changes to existing program.	140	\$8,928.57	\$ 900,000	9	15	62	10	92	\$ 9,782.61
CSS - GSD	Crisis Access Continuum	\$ 275,000	No changes to existing program.	600	\$ 458.33	\$ 220,000		8	21	3	32	\$ 6,875.00
CSS - GSD	Forensic Mental Health Partnership	\$ 100,000	No changes to existing program.	50	\$2,000.00	\$ 80,000	1	82	78	5	166	\$ 481.93
CSS - GSD	Housing Access	\$ 80,000	No changes to existing program.	100	\$ 800.00	\$ 64,000	4	6	40	2	52	\$ 1,230.77
CSS - GSD	Older Adult Access	\$ 160,000	No changes to existing program.	1500	\$ 106.67	\$ 128,000	0	1	22	181	204	\$ 627.45
CSS - GSD	Integrated Physical and Behavioral Health	\$ 60,000	No changes to existing program.	150	\$ 400.00	\$ 48,000	0	0	0	0	0	N/A
CSS - GSD	Peer Support	\$ 140,000	No changes to existing program.	800	\$ 175.00	\$ 112,000	11	276	534	0	821	\$ 136.42
CSS - GSD	Parent Partner Support	\$ 60,000	No changes to existing program.	140	\$ 428.57	\$ 48,000	4	4	3	0	189	\$ 253.97
CSS - OE	Community Outreach and Engagement	\$ 175,000	No changes to existing program.	500	\$ 350.00	\$ 160,000	1	7	17	2	3194	\$ 50.09
PEI	Early Intervention Services	\$ 115,000	No changes to existing program.	24	\$4,791.67	\$ 100,000	0	7	3	0	10	\$ 10,000.00
PEI	Early Student Support	\$ 60,000	No changes to existing program.	160	\$ 375.00	\$ 60,000	15	0	0	0	15	\$ 4,000.00
PEI	Wellness and Recovery Centers	\$ 160,000	No changes to existing program.	1500	\$ 106.67	\$ 100,000					1090	\$ 91.74
PEI	Older Adult Outreach and Prevention	\$ 30,000	No changes to existing program.	350	\$ 85.71	\$ 20,000	0	0	5	14	19	\$ 1,052.63
PEI	Postpartum Depression Screening and Support	\$ 71,000	No changes to existing program.	160	\$ 443.75	\$ 40,000	0	3	137	0	140	\$ 285.71
PEI	TAY Peer Support	\$ 35,000	No changes to existing program.	600	\$ 58.33	\$ 25,000	18	292	5	0	315	\$ 79.37
PEI	Community Screening and Treatment (implemented May 2013)	\$ 80,000	No changes to existing program.	750	\$ 106.67	\$ 20,000	0	0	2	0	2	\$ 10,000.00

Component	Program Name	Budget Amount	Budget Narrative	Target Number of Individuals Served	Projected Cost per Client	FY 2012/13 Budget Amount	FY 2012/13 Unduplicated Individuals Served - Child	FY 2012/13 Unduplicated Individuals Served - TAY	FY 2012/13 Unduplicated Individuals Served - Adult	FY 2012/13 Unduplicated Individuals Served - Total Includes Age Group Unknown	FY 2012/13 Estimated Cost per Client
PEI	Prevention Mini-Grants	\$ 25,000	No changes to existing program.	1,500	\$ 16.67	\$ 30,000	393	290	149	1387	\$ 21.63
PEI	Statewide Projects	\$ 27,000	New project to be submitted as a Plan Update during the coming year.	N/A	N/A	\$ 8,900	N/A	N/A	N/A	N/A	N/A
INN	New Project TBD	\$ 150,000		N/A	N/A	\$ 75,000	N/A	N/A	N/A	N/A	N/A
WET	Workforce Education and Training Superior Region WET Collaborative	\$ 168,000	No changes to existing program.	N/A	N/A		N/A	N/A	N/A	N/A	N/A
WET		N/A		N/A	N/A		N/A	N/A	N/A	N/A	N/A
CFTN	Capital Facilities	2015 - \$1,000,000 2016 - \$0 2017 - \$0		N/A	N/A		N/A	N/A	N/A	N/A	N/A
CFTN	Lake County Electronic Health Record Project	2015 - \$175,000 2016 - \$125,000 2017 - \$125,000		N/A	N/A		N/A	N/A	N/A	N/A	N/A
Admin	MHSA - Administration	2015 - \$229,000 2016 - \$204,000 2017 - \$204,000		N/A	N/A		N/A	N/A	N/A	N/A	N/A
Estimated Average Annual Expenditures		\$ 3,908,000									

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: Lake

Date: 6/18/14

	MHTSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,121,860	414,465	148,304	350,000	900,000	
2. Estimated New FY2014/15 Funding	2,555,771	558,003	146,843			
3. Transfer in FY2014/15 ^{a/}	(426,000)			0	426,000	0
4. Access Local Prudent Reserve in FY2014/15	0	0				0
5. Estimated Available Funding for FY2014/15	3,251,631	972,468	295,147	350,000	1,326,000	
B. Estimated FY2014/15 MHTSA Expenditures	2,430,000	610,000	160,000	175,000	1,200,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	821,631	362,468	135,147	175,000	126,000	
2. Estimated New FY2015/16 Funding	2,205,898	494,475	130,125			
3. Transfer in FY2015/16 ^{a/}	(300,000)			175,000	125,000	0
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	2,727,529	856,943	265,272	350,000	251,000	
D. Estimated FY2015/16 Expenditures	2,430,000	610,000	160,000	175,000	125,000	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	297,529	246,943	105,272	175,000	126,000	
2. Estimated New FY2016/17 Funding	2,479,158	562,789	148,102			
3. Transfer in FY2016/17 ^{a/}	(300,000)			175,000	125,000	0
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	2,476,687	809,732	253,374	350,000	251,000	
F. Estimated FY2016/17 Expenditures	2,430,000	610,000	160,000	175,000	125,000	
G. Estimated FY2016/17 Unspent Fund Balance	46,687	199,732	93,374	175,000	126,000	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	1,150,453
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	1,150,453
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	1,150,453
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	1,150,453

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership	1,250,000	1,250,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. General System Development	825,000	825,000				
2. Outreach and Engagement	175,000	175,000				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	180,000	180,000				
CSS MHA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,430,000	2,430,000	0	0	0	0
FSP Programs as Percent of Total	51.4%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership	1,250,000	1,250,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. General System Development	825,000	825,000				
2. Outreach and Engagement	175,000	175,000				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	180,000	180,000				
CSS MHSAs Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,430,000	2,430,000	0	0	0	0
FSP Programs as Percent of Total	51.4%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Full Service Partnership	1,250,000	1,250,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
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12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. General System Development	825,000	825,000				
2. Outreach and Engagement	175,000	175,000				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	180,000	180,000				
CSS MHA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,430,000	2,430,000	0	0	0	0
FSP Programs as Percent of Total	51.4%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Wellness and Recovery Centers	160,000	160,000				
2. TAY Peer Support	35,000	35,000				
3. Prevention Mini-Grants	25,000	25,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention Services	115,000	115,000				
12. Community Screening and Treatment	80,000	80,000				
13. Early Student Support	60,000	60,000				
14. Post Partum Prevention	71,000	71,000				
15. Older Adult Screening and Treatment	30,000	30,000				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	7,000	7,000				
PEI Assigned Funds	27,000	27,000				
Total PEI Program Estimated Expenditures	610,000	610,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Wellness and Recovery Centers	160,000	160,000				
2. TAY Peer Support	35,000	35,000				
3. Prevention Mini-Grants	25,000	25,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention Services	115,000	115,000				
12. Community Screening and Treatment	80,000	80,000				
13. Early Student Support	60,000	60,000				
14. Post Partum Prevention	71,000	71,000				
15. Older Adult Screening and Treatment	30,000	30,000				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	7,000	7,000				
PEI Assigned Funds	27,000	27,000				
Total PEI Program Estimated Expenditures	610,000	610,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Wellness and Recovery Centers	160,000	160,000				
2. TAY Peer Support	35,000	35,000				
3. Prevention Mini-Grants	25,000	25,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention Services	115,000	115,000				
12. Community Screening and Treatment	80,000	80,000				
13. Early Student Support	60,000	60,000				
14. Post Partum Prevention	71,000	71,000				
15. Older Adult Screening and Treatment	30,000	30,000				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	7,000	7,000				
PEI Assigned Funds	27,000	27,000				
Total PEI Program Estimated Expenditures	610,000	610,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD - Requires MHSOAC Approval	150,000	150,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	10,000	10,000				
Total INN Program Estimated Expenditures	160,000	160,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD - Requires MHSOAC Approval	150,000	150,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	10,000	10,000				
Total INN Program Estimated Expenditures	160,000	160,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD - Requires MHSOAC Approval	150,000	150,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	10,000	10,000				
Total INN Program Estimated Expenditures	160,000	160,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordination	76,000	76,000				
2. Training and Staff Development	48,000	48,000				
3. Career Pathways	24,000	24,000				
4. Financial Incentives	20,000	20,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	7,000	7,000				
Total WET Program Estimated Expenditures	175,000	175,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordination	76,000	76,000				
2. Training and Staff Development	48,000	48,000				
3. Career Pathways	24,000	24,000				
4. Financial Incentives	20,000	20,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	7,000	7,000				
Total WET Program Estimated Expenditures	175,000	175,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Coordination	76,000	76,000				
2. Training and Staff Development	48,000	48,000				
3. Career Pathways	24,000	24,000				
4. Financial Incentives	20,000	20,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	7,000	7,000				
Total WET Program Estimated Expenditures	175,000	175,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Clinic Renovation	1,000,000	1,000,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Record	175,000	175,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	25,000	25,000				
Total CFTN Program Estimated Expenditures	1,200,000	1,200,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Record	125,000	125,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	125,000	125,000	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Lake

Date: 6/18/14

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Record	125,000	125,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	125,000	125,000	0	0	0	0

Appendix A

Lake County Behavioral Health Mental Health Service Act July 10, 2013



WELLNESS • RECOVERY • RESILIENCE

Community Program Planning 3-Year Integrated Plan



Lake County Behavioral Health
Mental Health Service Act
July 10, 2013



WELLNESS • RECOVERY • RESILIENCE

Welcome!

Please help yourself to something to eat.

The meeting will start at 1pm.



Lake County Behavioral Health Mental Health Service Act July 10, 2013

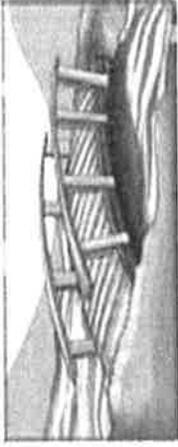


WELLNESS • RECOVERY • RESILIENCE

- **Agenda:**
 - MHSA overview and introduction to 3yr integrated planning process
 - Planning timeline discussion
 - MHSA Programming Presentations and Discussion
 - Innovation requirements and local process
 - Capital Facilities, Tech Needs, and Housing updates
 - Open Discussion

Parent Partner

- Parent Partner-provides peer support to parents – personal and professional life experiences establish credibility and infuse hope
- Values speaker= specifically but not limited to providing a parent's perspective to increase awareness and improve effectiveness of parent-professional partnerships at LCBH and other community based organizations.
- MHSA- encourages flexibility and evolution of roles= would like to see support for parents and family members of clients of any age served by LCBH including family members of clients with COD.



The Bridge

- Being a multicultural/multi ethnic MH Peer Support Center that serves the un-served and underserved; The Bridge focuses on the emotional, spiritual, and social aspect of peoples lives.
- We provide daily one on one and group support – provide lunch 3 days a week and something in the morning the alternate 3 days.
- The Bridge also has outings on occasion for special events and provides different community resource information
- NCO, Vet Connect and Live Well are resources for us along with connecting people to their services. The Bridge staff will communicate with staff at either of the BH Clinics as needed.
- We see many people that suffer from Post Traumatic Stress that have not been able to receive services other than what we provide with our Peer Support. As such, there is more needed from MHSA for services in that venue of need.

Harbor on Main TAY Drop-in Center

- The Harbor on Main is a drop-in resource center for Transition Age Youth.
- Supportive and Age Specific Activities
- Referrals to other Resources
 - Warm Hand-Off
- New Partnership with Mother-Wise
- How MHSA can meet more needs?
 - Expansion of mini-grants...

Circle of Native Minds

- Serves all Native Americans in Lake County, as an inter-tribal program since March, 2012.
- Program is served by an Elder's Talking Circle, and Native volunteers.
- Venue for cultural healing, blessing booths, family visits, and meeting areas.
- Provide wellness and peer support through cultural ways and make referrals to available resources.
- Provide Native educational materials, films, music, available computers, and other tools.

Latino Outreach and Wellness Center

- Program Introduction
- Outreach & Engagement
- Program Implementation
- Latino O&E & MHSA other funded programs
- MHSA and additional needs in the Latino Community
- Questions/comments

Housing

- MHSA funding assists our program with providing housing to our FSP consumers as well as transitional housing to consumers that have been recently released from hospitalization who without our assistance are at risk of homelessness.
- Consumers are linked to MHSA housing services through their treatment team that consists of SAI's, Mental Health Specialist, and Case Managers as well as our Discharge Planner who at times work in unison to secure both emergency housing as well as independent community housing for our consumers.
- One of the items that I am looking forward to exploring using MHSA funding is development of a program that will benefit our areas homeless population by offering temporary shelter and linkage to mental health services as well as linkage to our AOD services.

Workforce Education and Training

- Research and coordination of trainings for staff and consumers in an effort to provide quality services to consumers.
- Creating a career pathways program by supporting education in a variety of ways for staff in an effort increase the number of trained staff to provide quality services to consumers
 - Internships
 - Financial incentives
- Address the workforce needs of the agency

Prevention!

Programs/Services

- Stigma and Discrimination Reduction
 - Each Mind Matters
- Suicide Prevention
 - North Bay Suicide Prevention Hotline
 - Know the Signs
- Mini-grants
- Mother-Wise
- Older Adult Outreach & Prevention
- AODS
 - Prevention in the Schools
 - Team DUI
 - Every 15 Minutes
 - Recovery Month
 - Responsible Beverage Server/Social Host Trainings

Connections

- Trainings for staff and other community members
- TAY Drop-in Center
- Mini-grants provide funding for aspects of our own programs as well as programs/activities outside the department

Meeting Additional Needs

- Resource center geared toward fathers

Questions?

Linda Aldridge

linda.aldridge@lakecountycaca.gov

(707) 274-9101 x134



Lake County Behavioral Health Mental Health Service Act

July 10, 2013



WELLNESS • RECOVERY • RESILIENCE

- Innovation requirements and local process
- Capital Facilities, Tech Needs, and Housing updates
- Open Discussion



Lake County Behavioral Health
Mental Health Service Act
July 10, 2013



WELLNESS • RECOVERY • RESILIENCE

Jim Isherwood
Mental Health Services Act Coordinator
PO Box 1024/6302 Thirteenth Ave.
Lucerne, CA 95458
707-274-9101
jim.isherwood@lakecountycalifornia.gov



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
October 9, 2013

Agenda

- ❖ Lunch and Housekeeping
- ❖ Local Update
- ❖ Regional and Statewide Initiatives
- ❖ General System Development
- ❖ Discussion and Input



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

Local Update

- ❖ 3-Year Plan
- ❖ Funding Projections
- ❖ Prevention Mini-Grants
- ❖ Innovation Project: Sub-Committee



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

MHSA 3-Year Plan

- ❖ Assemble Steering Committee
- ❖ July 2014 – June 2017
- ❖ Budget: Flat and Sustainable
- ❖ Additional Considerations
- ❖ Goal – June 30, 2014



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

Funding

- ❖ Estimates from CMHDA consultant
- ❖ Lake County expects ~ \$3.0m/yr
- ❖ Conservative + Contingencies
- ❖ Prudent Reserve



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

Prevention Mini-Grants

- ❖ 24 Applications
- ❖ 15 Awards
- ❖ Diversity
- ❖ Youth Focus
- ❖ Next Round – September 2014



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

Innovation Project

- ❖ Planning Sub-Committee
- ❖ Develop New Plan
- ❖ Physical/Mental/Substance Use
- ❖ Integrated Treatment Options
- ❖ Coordination of Care



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

Regional and Statewide Initiatives

- ❖ WET Superior Region Partnership
- ❖ North Bay Suicide Prevention Project
- ❖ “Know the Signs” Campaign
- ❖ Stigma and Discrimination Reduction
- ❖ Regional Data Workgroup - Outcomes



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

GSD Programming

- ❖ Forensic Mental Health Partnership
- ❖ Older Adult System of Care
- ❖ Crisis Access Continuum
- ❖ Integrated Services



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 9, 2013

Jim Isherwood
Mental Health Services Act Coordinator
PO Box 1024/6302 Thirteenth Ave.
Lucerne, CA 95458
707-274-9101
jim.isherwood@lakecountycalifornia.gov

Welcome!

Please help yourself to lunch.

The planning will start shortly.

MENTAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING

LAKE COUNTY DEPARTMENT
OF
BEHAVIORAL HEALTH

January 8, 2014

AGENDA

Introductions and Housekeeping

Lunch

Guest Presentation -

- John Aguirre and Perry “Two Feathers” Tripp
- Inter-Tribal Council of California, Inc.
- CalMHSA Stigma and Discrimination Reduction

Lake County Services Data 2012-2013

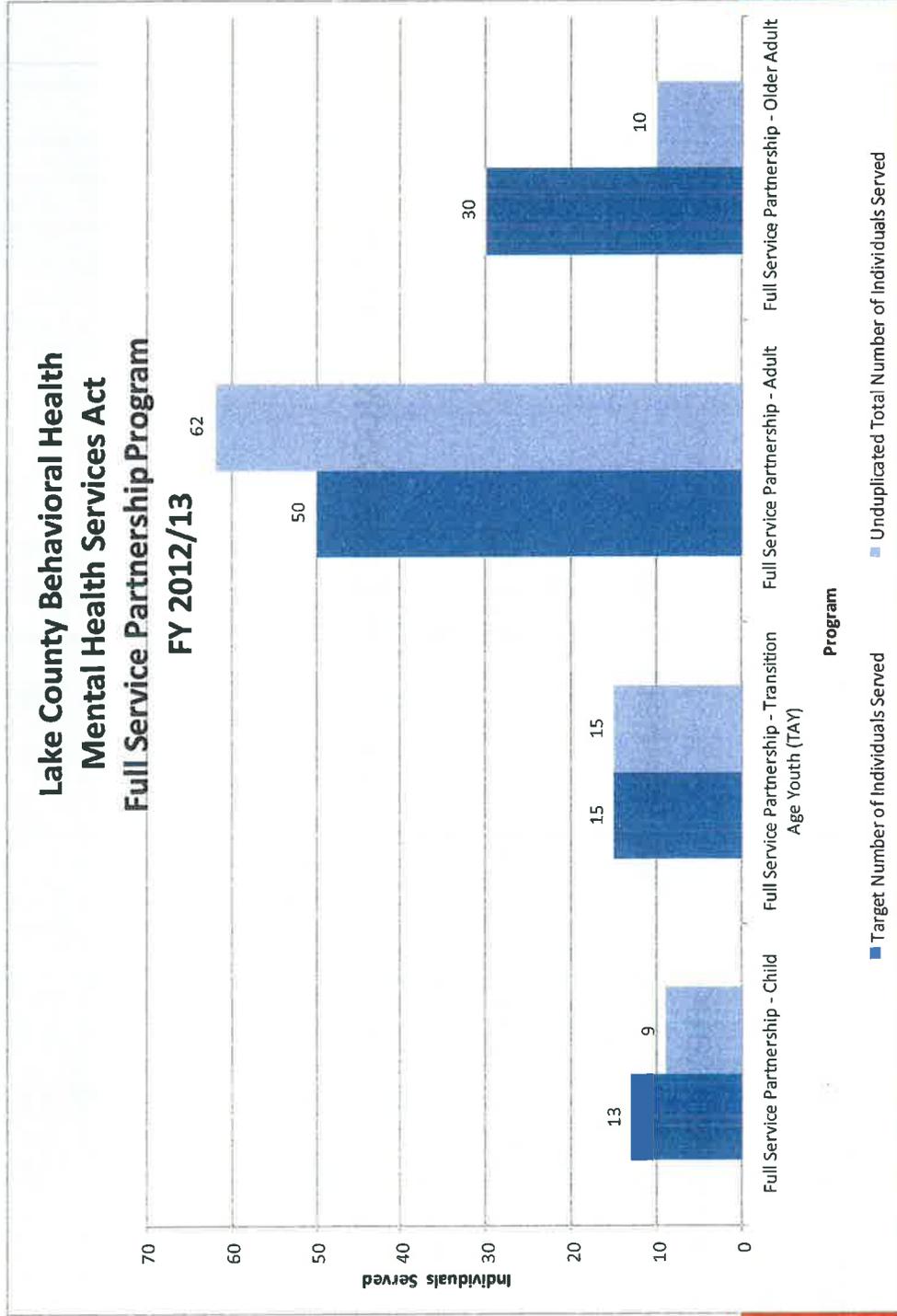
Review of Programming 2013-2014

Innovation, Integrated Services, and Care Coordination

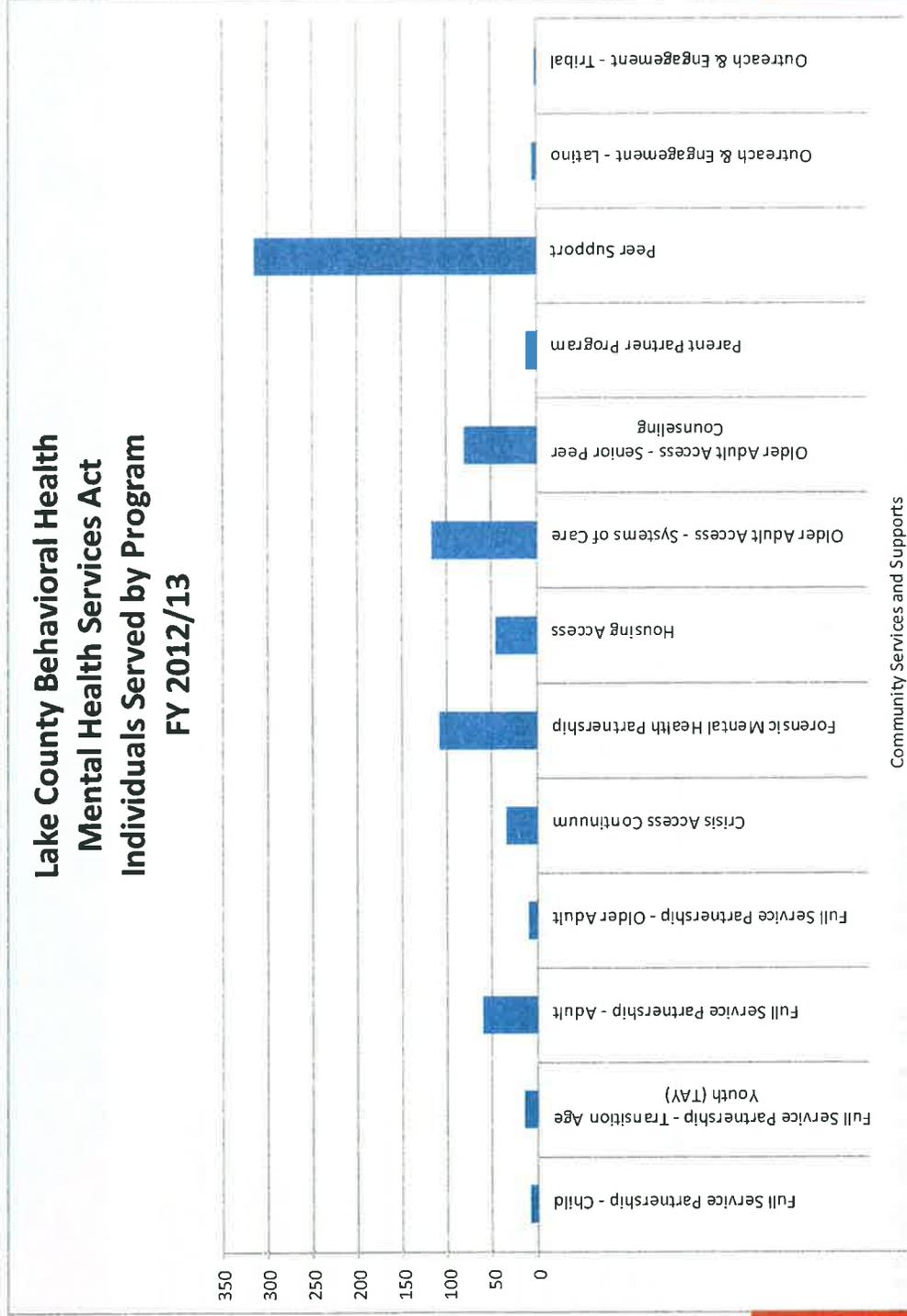
3 year plan for 2014-2017

Discussion

FULL SERVICE PARTNERSHIP - FSP



COMMUNITY SERVICES AND SUPPORTS



Community Services and Supports

DEMOGRAPHICS

Lake County Behavioral Health
Mental Health Services Act
Demographics of Individuals Served
FY 2012/13

Age Group	Percent
0-15	6.1%
16-25	19.0%
26-59	51.3%
60+	22.1%
Unknown	1.5%
Grand Total	100.0%

Race	Percent
White	75.7% *
Black/African American	4.6% *
Native American	4.9% *
Asian	1.1% *
Native Hawaiian	0.4% *
Two or More Races	3.4% *
Non-White-Other	3.8%
Other	1.5%
Unknown/Not Reported	4.6%
Grand Total	100.0%

Gender	Percent
F	48.3%
M	51.7%
Grand Total	100.0%

Ethnicity	Percent
1-Not Hispanic	73.8% **
2-Mexican/Mexican American/Chicano	3.8% **
4-Puerto Rican	0.8% **
5-Other Hispanic Latino	3.8% **
U-Unknown/Not Reported	17.9%
Grand Total	100.0%

Primary Language	Percent
1-English	97.7%
2-Spanish	2.3%
Grand Total	100.0%

* As compared to the U.S. Census Bureau, State and County Quickfacts for Lake County in 2012 last revised 12/17/13.

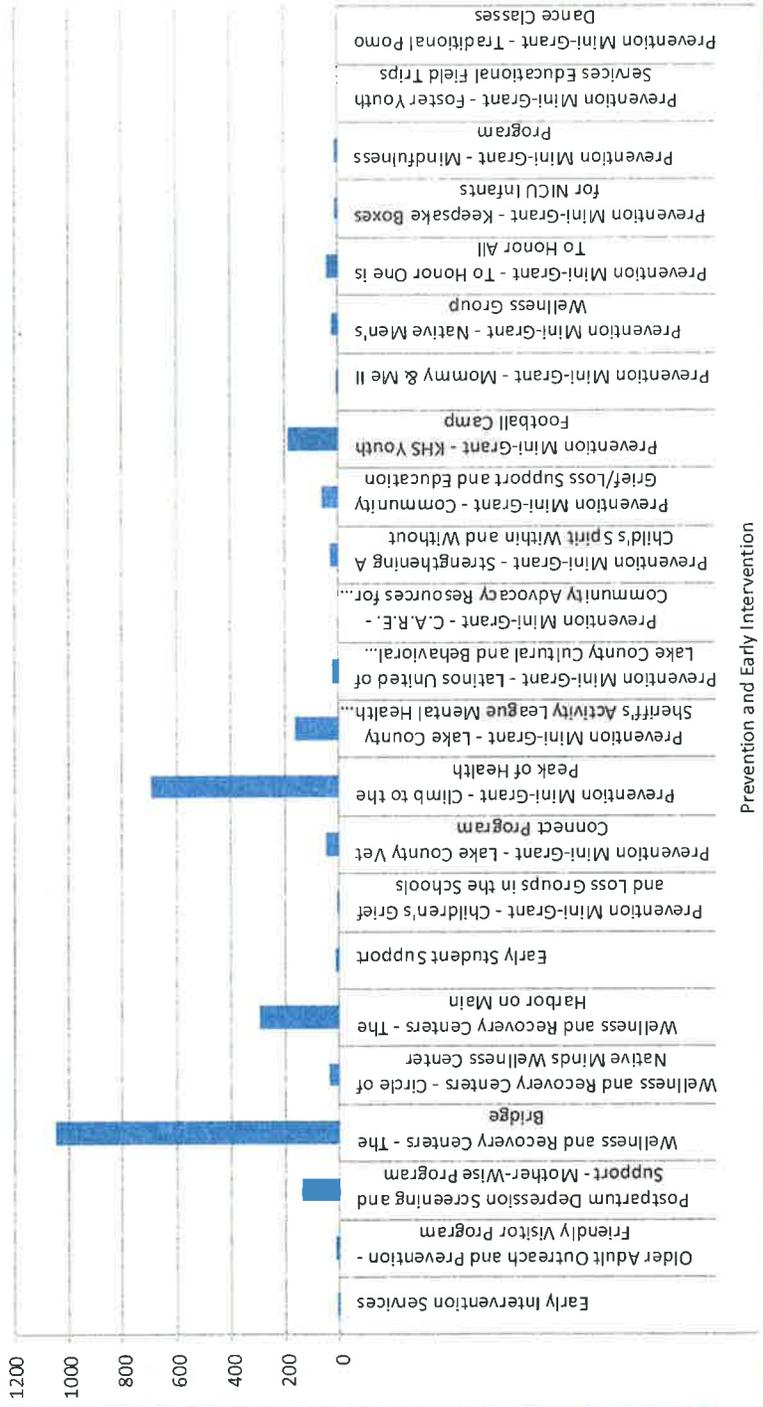
White alone	88.1%
Black or African American alone	2.0%
American Indian and Alaska Native alone	4.1%
Asian alone	1.3%
Native Hawaiian/Other Pacific Islander alone	0.2%
Two or More Races	4.3%

** As compared to the U.S. Census Bureau, State and County Quickfacts for Lake County in 2012 last revised 12/17/13.

White alone, not Hispanic or Latino	73.4%
Hispanic or Latino	18.0%

PREVENTION AND EARLY INTERVENTION

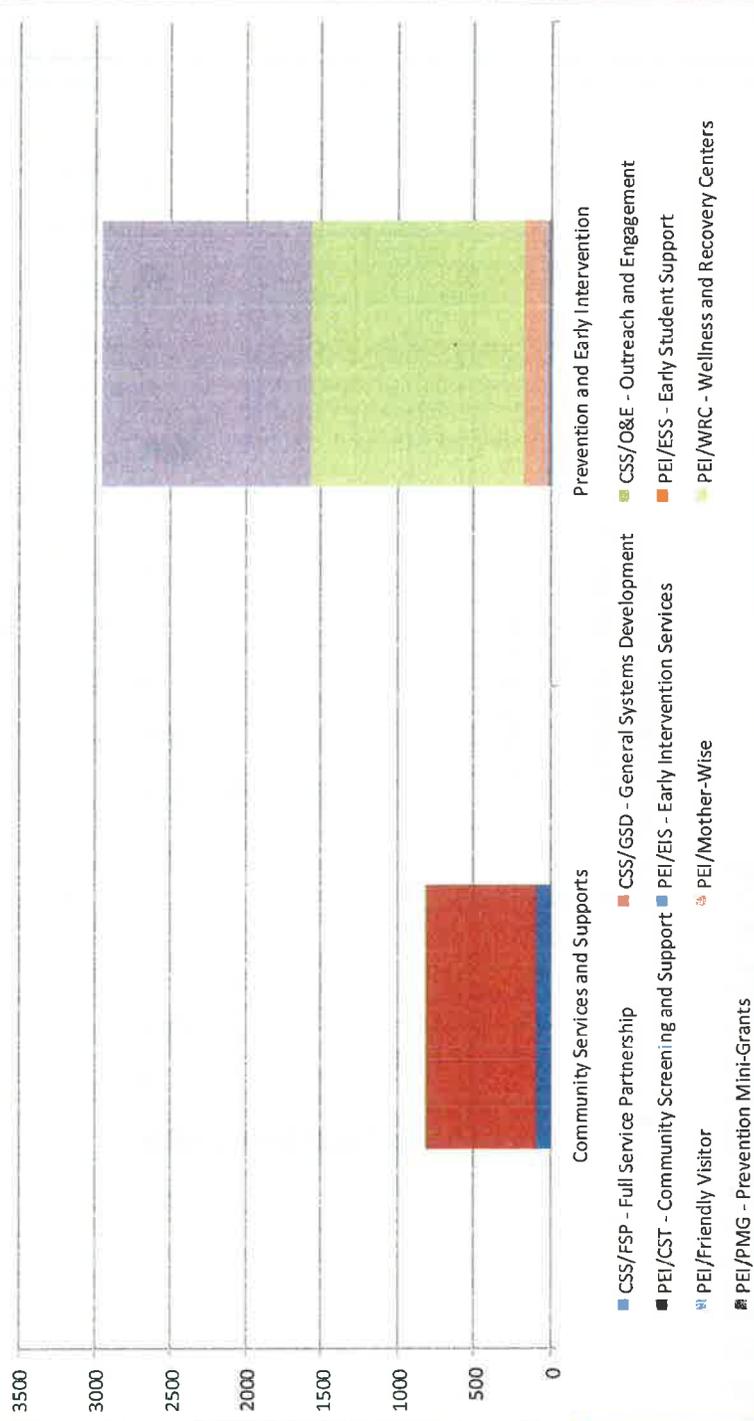
Lake County Behavioral Health
Mental Health Services Act
Individuals Served by Program
FY 2012/13



Prevention and Early Intervention

TOTAL NUMBER SERVED: 3,775

Lake County Behavioral Health Mental Health Services Act Individuals Served by Program FY 2012/13



2013-2014 IN PROGRESS

Annual Update Requirements

- Funding
- Distributions
- Contingencies

Community Services and Supports

- Full Service Partnership
- All Age Groups
 - 0-15
 - 16-25
 - 26-59
 - 60+

- General Systems Development
 - Crisis Access
 - Housing Access
 - Permanent
 - Transitional
 - Peer Support
 - Parent Partner
 - Older Adult SOC
 - Forensic MHP
 - Integrated Services
- Outreach and Engagement
 - Tribal
 - Latino

2013-2014 CONTINUED

Prevention and Early Intervention

- Early Intervention Services
- Wellness Centers
- Early Student Support
- Mother-Wise
- Friendly Visitors
- TAY Peer Support
- Mini-Grants
- Community Screening and Treatment

Innovation

Capital Facilities

Technological Needs

Workforce Education and Training

Housing

INNOVATION

- **Peer Informed Access**
 - Current project ends June 30, 2014
- **5 Innovation priorities from 2011**
 - Peer Access
 - Networked Services
 - Co-Occurring Integrated Trauma Focused Treatment
 - Peer Supported Crisis Respite
 - Targeted Employment Opportunities

INTEGRATION AND CARE COORDINATION

Integration

- MHSA Plan
- Funded in 13/14
- Align w/Innovation
 - Mental Health
 - Physical Health
 - Substance Use
- Peer Navigators
 - Recovery Introduction
 - WRAP
 - WHAM

Care Coordination

- CiMH Learning Collaborative
- Change
- Continuous Quality Improvement
 - Triple Aim
 - Client/Patient Satisfaction
 - Better Outcomes
 - Lower Cost
- Lake County Team
 - Partnership Health Plan
 - Lakeside Clinic
 - LCBH

3 YEAR PLAN 2014-2017

- Local Process
- Distributions
- Auditor Controller Certification and BOS Adoption
- PEI and Treatment

Contingencies

- **Programming**
- Community Services and Supports
- Prevention and Early Intervention
- Innovation
- Capital Facilities
- Technological Needs
- Workforce Education and Training
- Housing

MENTAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING

Contact:

Jim Isherwood
MHSA Coordinator

jim.isherwood@lakecountyca.gov

707-274-9101



Community Program Planning

April 9, 2014

Lake County Behavioral Health
Mental Health Services Act
3 Year Plan
Fiscal Years 2015 - 2017



Lake County Behavioral Health
Mental Health Services Act
April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

- ❖ **Mental Health Services Act – Prop. 63**
 - ❖ Ballot measure approved by voters in 2004
 - ❖ Tax - 1% on taxable income exceeding \$1m
 - ❖ Funds for non-traditional mental health programs
 - ❖ Wellness, recovery, and resiliency
 - ❖ Mental health consumer and family driven
 - ❖ Culturally competent
 - ❖ Integrated service experience
 - ❖ Community collaboration
 - ❖ **Initial planning in 2005**
 - ❖ First plan approved by DMH in 2006
 - ❖ Mental Health Director appointed designee



Lake County Behavioral Health
Mental Health Services Act
April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

- ❖ **Changes to the Approval Process**
 - ❖ AB100 Realignment of State functions (04/2011)
 - ❖ Department of Mental Health dissolved
 - ❖ MH Services to Department of Healthcare Services
 - ❖ Local control/approval of MHSA plans
 - ❖ All funding disbursed to Counties in June 2011
 - ❖ AB1467 2012/2013 Budget Trailer Bill (06/12)
 - ❖ Adjustments to statute (MHSA)
 - ❖ Increased local planning requirements
 - ❖ County Certification to include Auditor/Controller
 - ❖ Mental Health Board review
 - ❖ Board of Supervisors adoption
 - ❖ Mental Health Services Oversight and Accountability Commission
 - ❖ Innovation approval



Lake County Behavioral Health
Mental Health Services Act
April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

-
- ❖ Annual Update for Fiscal Year 13/14
 - ❖ Community Services and Supports
 - ❖ Prevention and Early Intervention
 - ❖ Innovation
 - ❖ Workforce Education and Training
 - ❖ Capital Facilities and Technological Needs
 - ❖ No substantial changes – programs or funding
 - ❖ **\$2.6m CSS, PEI, INN + \$900k WET, CFTN**
 - ❖ Housing*
 - ❖ Community Planning in Process



Lake County Behavioral Health
Mental Health Services Act
April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

- ❖ **MHSA 3-Year Planning Process**
 - ❖ Targeted stakeholder meetings
 - ❖ Key informant interviews
 - ❖ Quarterly community meetings
 - ❖ 30 day public comment and MHB hearing
 - ❖ Board of Supervisors consideration
 - ❖ June 2014

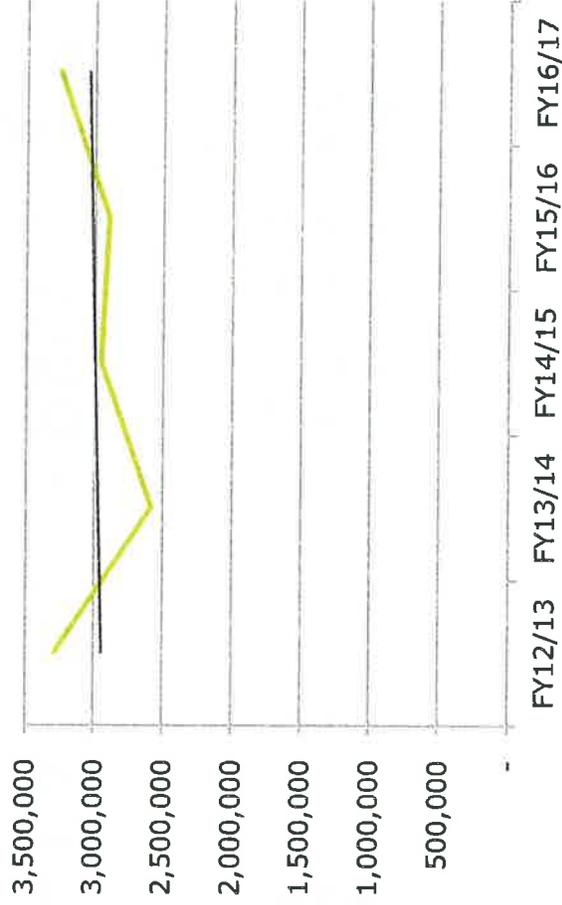


Lake County Behavioral Health
Mental Health Services Act
April 9, 2014

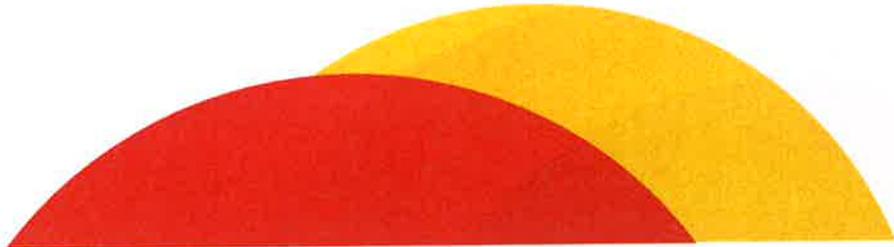


WELLNESS · RECOVERY · RESILIENCE

Average Annual Allocation - \$3,000,000



Funded by Proposition 63

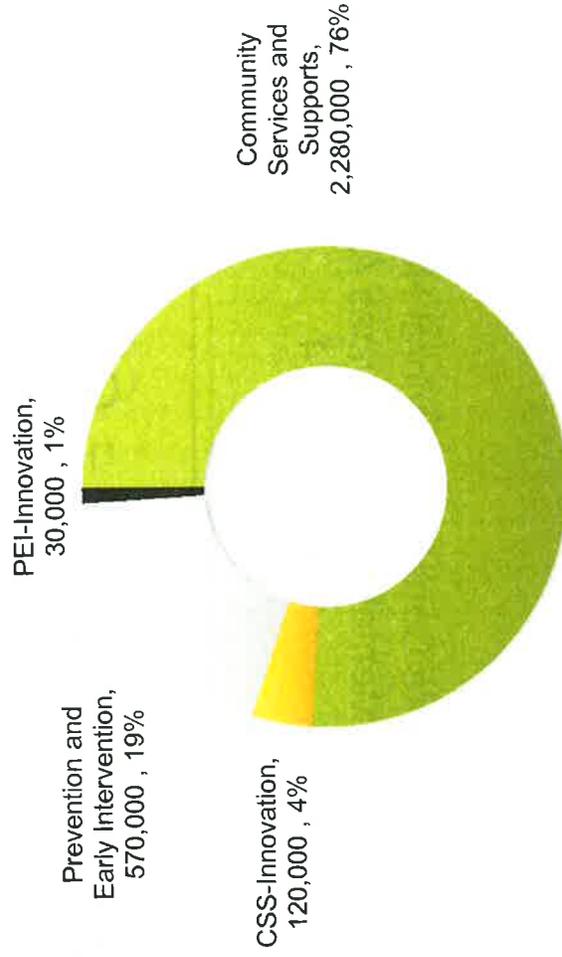


Lake County Behavioral Health Mental Health Services Act April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

Allocation by Component



Funded by Proposition 63

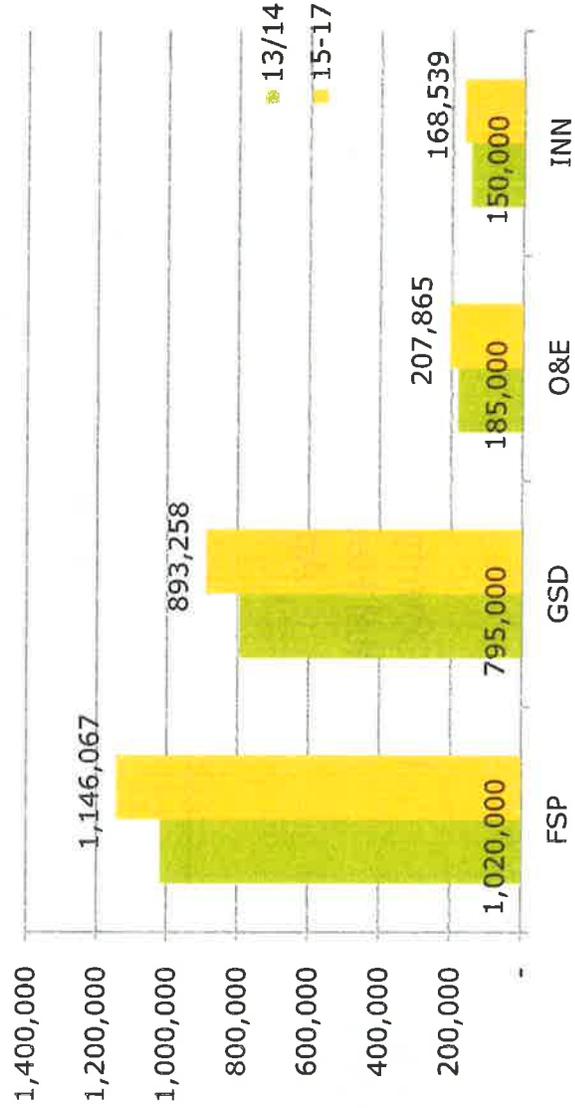


Lake County Behavioral Health
Mental Health Services Act
April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

Allocation by Program - CSS + INN



Funded by Proposition 63

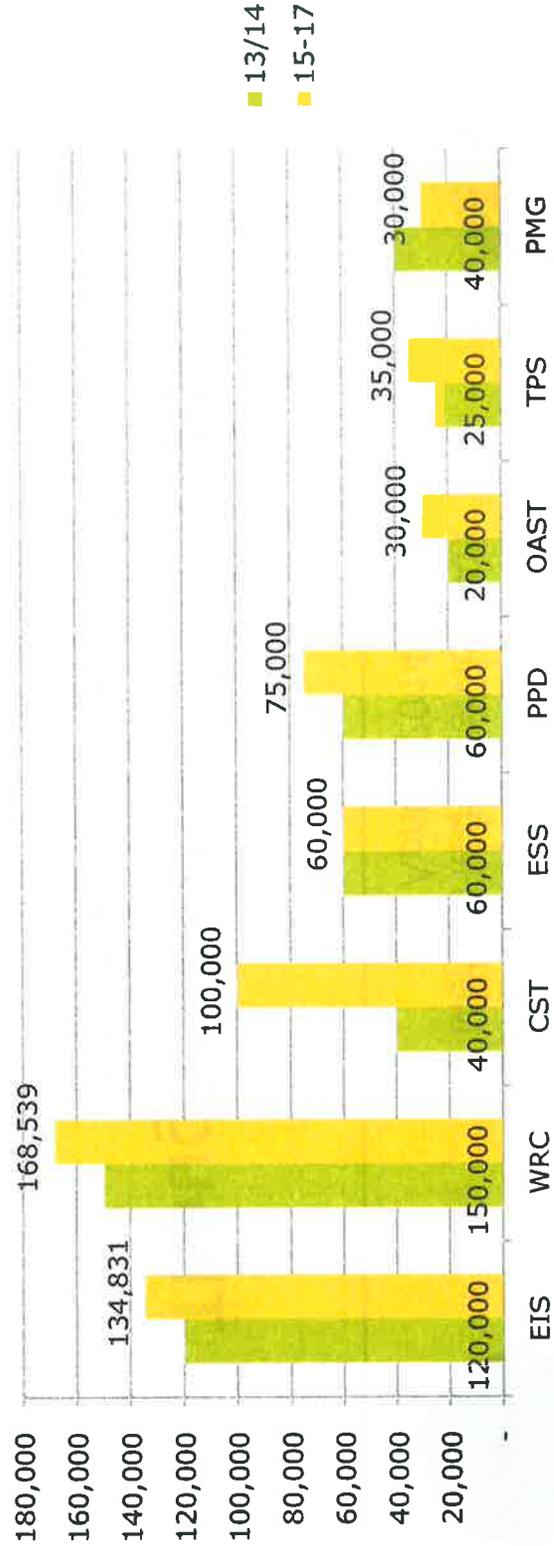


Lake County Behavioral Health
Mental Health Services Act
April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

Allocation by Program – PEI





Lake County Behavioral Health
Mental Health Services Act
April 9, 2014



WELLNESS · RECOVERY · RESILIENCE

Thoughts? Input? Feedback?

MHSA 3-Year Plan

Jim Isherwood
Mental Health Services Act Coordinator
Lake County Behavioral Health
707-274-9101

or

jim.isherwood@lakecountycalifornia.gov

Funded by Proposition 63

Appendix B

MHSA Stakeholder Meeting
July 10, 2013
Minutes

Location: Historic Schoolhouse Museum, Lower Lake

Start Time: 12:30 p.m.

In Attendance: LCBH – 10; The Bridge – 1; Adventist Health – 2; Circle of Native Minds Wellness Center – 1; Habitat for Humanity – 1; Redbud Health Care District – 1; Redwood Children’s Services/The Harbor – 2; Mother-Wise – 1; Tribal Health – 1; Vet Connect – 1; Parent – 1

Opened: 12:45 p.m.

1. Topic: Lunch and Housekeeping

Announcements:

2. Topic: MHSA Overview and Introduction to 3-Year Integrated Planning Process

Discussion:

Star Harkavey, retired school teacher with 38 year old son with mental illness, new to MHSA. Saw ad in paper.

3. Topic: Planning Timeline Discussion

Discussion:

Annual Update for Fiscal Year 2013/14 currently posted for public comment. Public hearing scheduled for 7/18/13. Reviewed proposed changes for FY 2013/14.

Over the next year, convene Systems of Care sub-committees by age group, and for PEI, INN, and Housing (currently ongoing).

4. Topic: MHSA programming presentations and discussion – see handout

Discussion:

Parent Partner – Kathy Herdman

- Would like to see support for parents and family members of clients of any age with mental health issues or co-occurring disorders.
- Provide services outside of the clinical setting (Family Wellness Center).
- Get spouse/family involvement.
- Encourage parents with children approaching the transitional age to work on communication in order to obtain release of information.
- Bring back family support groups which have been effective in the past.
- Establish relationships with faith-based and 12-step organizations.
- Increase visibility in the community; so community/community partners are aware of available services and supports.

- Explore use of social media (Facebook, Twitter).
- Focus on stigma reduction and education (Each Mind Matters).

The Bridge – Carole Ford

- Would like to see MHSA-funded services for those with PTSD.
- High percentage of Bridge guests homeless and suffering from emotional difficulties unserved/underserved as they do not meet criteria for LCBH services.

Harbor on Main – Jolene Chappel

- Would like to see MHSA expand PEI mini-grant program.
- Increase number of TAY served through PMG.
- Explore options for TAY projects.
- Provide support for kids who are sexually assaulted (34 assaulted last year, more this year).
- RCS opening Family Collaborative Resource Center in Upper Lake.
- Konocti Wellness Center located at Lower Lake High School ribbon cutting on June 26th.

Circle of Native Minds – Wanda Quitiquit

- Would like to see referrals from other MHSA/partner agency programs.
- Increase engagement with area tribes.
- Increase support for prevention and early intervention, family violence, suicide prevention, homelessness, HIV/AIDS LGBT.
- Identify a Red Road to Recovery counselor.
- Recently approved by CPS to have family meetings at the center.

Latino Outreach – Edgar Ontiveros

- Would like to see the Latino Wellness Center open this year.
- Lower Lake location determined by the community.
- Increase number of bilingual staff.
- Increase mental health awareness; decrease stigma.

Housing – Doug Rine

- Looking forward to developing MHSA program to serve Lake County's homeless population, offering temporary shelter and linkage to mental health and drug and alcohol services.

Workforce Education and Training – Stephanie Wilson

- Working on creating a career pathways program and addressing the workforce needs of the agency.
- Distributed learning programs for BSW & MSW currently at Chico & Humboldt State.
- Education program being developed for consumers & family members in Lake County.
- Stephanie to email tuition reimbursement information to MHSA Stakeholders.

Prevention – Linda Aldridge

- Would like to see a resource center geared toward fathers.
- ManTherapy.org offers a gender specific approach to dealing with issues with humor.
- Conduct prevention needs assessment.

Innovation – Jim Isherwood

- First project, Peer Informed Access, is in progress.
- New INN project being considered – co-occurring disorders, integrated physical health – to coordinate care, tackle red tape issues around billing, documentation, and sharing of information.
- Contact Jim to be part of planning.
- Would like to get something submitted by the end of September.
- Project kick-off in late fall, or beginning of calendar year.

Capital Facilities & Technological Needs

- Capital improvements on the Bridge complete.
- Work on SS Clinic renovation in conjunction with current INN project to begin.
- May need to move dollars from CSS and PEI to CF to support SS Clinic work; will not affect existing programs/funding.
- Electronic Health Record project ongoing.

5. Topic: Open Discussion

Discussion:

MHSA funding to support Challenge Day. Options include funding the program directly and increasing the PMG amount.

MHSA to fund GSD/Integrated Services (linking mental health consumers to primary care) in FY 2013/14.

Issues with hospitals/behavioral health/law enforcement. Being discussed/addressed with hospitals/clinics and law enforcement.

Adjourned: 3:30 p.m.

**MHSA Stakeholder Meeting
October 9, 2013
Minutes**

Location: Historic Courthouse Museum, Lakeport

Start Time: 12:30 p.m.

In Attendance: LCBH – 12; Circle of Native Minds Wellness Center – 3; Lake County Office of Education – 1; Scotts Valley Pomo – 2; Escuela Engracia – 2; Highlands Senior Center – 1; Konocti Senior Support – 1; Mother-Wise – 1; Senior Support Services/Upper Lake – 1

Opened: 12:45 p.m.

1. Topic: Lunch and Housekeeping

Announcements:

2. Topic: Local Update

Discussion:

3-Year Plan

Convening Steering Committee. Monthly meetings starting November 2013. Draft Plan posted April 2014. Final Plan released June 2014.

Funding Projections

Approximately \$3M per year. With access to approximately \$1.2M in the Prudent Reserve.

Prevention Mini-Grants

Received 27 applications; 3 disqualified due to late submission or incomplete application. With PMG budget at \$35K, and increased PMG amount of \$2500 per, all 24 projects could not be funded. Outcomes of past projects to be presented at January Stakeholder Meeting.

Innovation Project: Sub-Committee

Current project: Peer Informed Access, ending June 30, 2014. New project: Integrated Treatment Options. Sub-Committee to be convened to define learning and outcomes.

Action Items:

- | |
|---|
| <ul style="list-style-type: none">• Stakeholders to indicate on sign-in sheet if interested in participating on Innovation Sub-Committee.• Jim to follow-up with those Stakeholders. |
|---|

3. Topic: Regional and Statewide Initiatives

Discussion:

WET Superior Region Partnership

BSW and MSW online programs available through California State University Chico and Humboldt.

North Bay Suicide Prevention Project

Needs Assessment Survey ongoing, through 12/31/13.

“Know the Signs” Campaign

“MY3” mobile app launched statewide for individuals who are at-risk for suicide.

“Directing Change” student video contest for Suicide Prevention and Ending the Silence of Mental Illness. Deadline February 1, 2014.

Stigma and Discrimination Reduction

“A New State of Mind: Ending the Stigma of Mental Illness” documentary narrated by Glenn Close.

MHSA Speakers Bureau in development.

Les Miller stated that the Native youth suicide rate is increasing. Related to confusion re: infighting in tribes; inability to plan for future. Mental health services lacking in Indian country. Options and choices limited. Must provide for children regardless of politics. Tutoring and school bullying programs need to be strengthened.

Regional Data Workgroup – Outcomes

RAND Corp engaged to help counties with development of process for outcomes reporting and program evaluation.

Action Items:

- CNM to make recommendations to LCBH as to how the County can help.
- Linda to email Suicide Prevention meeting info to Stakeholders.
- Stephanie to contact Jaelyn re: ASIST train-the-trainer training.

4. Topic: General System Development

Discussion:

Forensic Mental Health Partnership

Dialectical Behavioral Therapy classes at Juvenile Hall. Monthly Forensic Multi-Disciplinary Team meetings with local law enforcement: Probation, District Attorney, Sheriff, Police. Also Veteran’s Administration, Child Protective Services, Wellness and Recovery Centers, BI. Working with/educating community partners to improve relationships/collaboration.

Full-time Mental Health licensed/waivered clinician hired by Sheriff’s Office to hold

groups and write recommendations in the County Jail.

Mental Health Diversion program in development.

Needs:

- Additional resources for program development.
- Continued development of options with community partners.

Older Adult System of Care

In-home services for seniors with severe physical health issues. Outreach programs at Senior Centers in Clearlake and Middletown. EPS/CPS reports filed weekly. MDT team.

Needs:

- Psychiatric services to diagnose dementia.
- Additional staff. Willing to travel to clients to provide services.
- Additional staff. For Senior Centers. To start outreach program in Lakeport.
- Senior Peer Counseling program needs Program Director.
- Per Linda Burton, Meals on Wheels program needs funding. Drivers provide outreach to home-bound seniors.
- Per Betsy Cawn, need to conduct needs assessment. Focus on helping Agency on Aging to strengthen community support.
- Broadcast Stakeholder Meetings live throughout county for those who cannot attend in person.
- Consensus that water district employees know the most about community needs. Invite someone from the water district to attend meetings?

Crisis Access Continuum

MHSA-based approach to crisis services. Local Crisis Access Line. Crisis Outreach. Linkage to services and follow-up. Crisis Respite housing (motel vouchers).

Needs:

- 24/7 Crisis Outreach staff to work with hospitals/ER and law enforcement.
- Psych emergency center.
- Mobile Crisis services.

Integrated Services

Integrate physical/mental/substance use services. New Innovation Project to develop/implement Integrated Treatment Options and Coordination of Care.

Action Items:

- June to email Forensic MDT meeting info to Stakeholders.
- June to email Forensic program info to Stakeholders.
- June to email expungement process/Goodwill attorney info to Stakeholders.

Adjourned: 3:30 p.m.

**MHSA Stakeholder Meeting
January 8, 2014
Minutes**

Location: Historic Schoolhouse Museum, Lower Lake

Start Time: 12:30 p.m.

In Attendance: LCBH – 10; Circle of Native Minds Wellness Center – 3; Lake County Office of Education – 1; Scotts Valley Pomo – 2; Big Valley Rancheria – 1; Elem Indian Colony Pomo – 2; Middletown Rancheria – 1; Inter-Tribal Council of California – 2; Lucerne Alpine Senior Center – 1; Highlands Senior Center – 1; Middletown Senior Center – 2; Live Oak Senior Center – 2; Konocti Senior Support – 2; Senior Support Services/Upper Lake – 1; MCHC/Lakeside Health – 1; Lake County Public Health – 1; Lake Family Resource Center – 1; First 5 Lake County – 1; Bridge – 3; Family Member – 1; Public – 1; Gary Bess Associates – 2

Opened: 12:30 p.m.

1. Topic: Lunch and Housekeeping

Announcements:

2. Guest Presentation: CalMHSA Stigma and Discrimination Reduction Project – Small County Mental Health Community Dialogue Event, Perry Tripp and John Aguirre/ITCC
--

Discussion:

Lake County SDR Program Timeline – 2014

- January: Outreach and re-engage tribes, community partners, and LCBH.
- January/February: Identify and contact Community Mental Health Stakeholders.
- February: Meet with Community Mental Health Stakeholders to plan community dialogue event, determine best date of event, and leverage resources. Market event to tribes, community stakeholders, public via local media.
- March: Lake County community dialogue event. Video journal of event developed and posted on ITCC website and distributed to participants and other interested parties.

SDR Community Dialogue Outcomes

- Enhance the impact of the SDR documentary in communities.
- Engage attendees in a town-hall setting to weigh and discuss the impact of stigma in their own communities.
- Distribute SDR messaging throughout the state via local communities to reduce stigma and discrimination.

Action Items:

- | |
|---|
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3. Topic: Lake County Services Data 2012-2013

Discussion:

Last meeting presenting data in this format. Additional outcomes data to be presented in April.

More TAY than in the past. Possibly Child FSPs aging out to TAY?

Fewer Older Adult than in the past. Lower than target. Per Jackie, OA FSPs are those who require MHSA funding. Most OA who have homes and financial support are served under OA Access program. Lower target number?

Kathy Herdman. Not in attendance. Parent Partner numbers super low.

As PEI numbers go up, CSS numbers should go down.

Outreach numbers are skewed. Unduplicated count. And only reflective of active clients in AZ. Native American Outreach Specialist left in March. Position filled six months later. Numbers for FY 2012/13 in the process of being compiled using sign-in sheets.

Perry/ITCC: How can we help the O&E program to collect data/outcomes? Based on the numbers the Bridge program looks super successful. Definitely room for improvement here.

Betsy Cawn/SSS: LGBT data? Being collected? If so, not being reported and should be.

Perry/ITCC: State has identified 5 priority populations: African American, Native American, Latino, Asian, and LGBTQ. Need to ensure those underserved populations are being served.

Demographics slide laying out LCBH % clients served to Lake County % of population shows:

Black or African American	4.6% >> 2.0%
Native American	4.9% > 4.1%
Asian	1.1% < 1.3%
Two or More Races	3.4% < 4.3%

The numbers indicate that LCBH has closed the gap for those populations. However, there is still work to be done with the Hispanic/Latino population. The opening of the Latino Wellness Center in Lower Lake will be a first step.

Hispanic or Latino	8.4% << 18%
--------------------	-------------

Action Items:

-

4. Topic: Review of Programming

Discussion:

Nancy Souza/LOSC: Transportation needs for older adults. i.e., client could not find transportation from Spring Valley to Ukiah for a medical appointment. Had to call a cab.

Chris/CNM: Reduction in crisis response times and crisis follow up needed.

Betsy Cawn/SSS: Homebound veteran. No social worker available. Possibly link to Vet Connect?

Wanda/CNM: Native Veterans Talking Circle another potential resource.

Kim Tangermann/MCHC: Info sharing on ER clients?

Monnie/LCBH: More education re: 5150 criteria.

Action Items:

-

5. Topic: Innovation, Integrated Services, and Care Coordination

Discussion:

Action Items:

-

6. Topic: 3 year plan for 2014-2017

Discussion:

To be included: Contract FFS providers. Serve lower acuity clients. Provide Challenge Day follow up.

Tom/First 5: Focus attention upstream on Child/TAY population.

Wanda/CNM: Lower eligibility requirements to increase access.

With healthcare reform, California experiencing workforce shortages. Good time to go back to school.

Action Items:

-

7. Open Discussion

Discussion:

Senior Centers in Lake County scheduling a meeting to coordinate services.

Action Items:

-

Adjourned: 3:00 p.m.

MHSA Stakeholder Meeting
April 9, 2014
Minutes

Location: Historic Courthouse Museum, Lakeport

Start Time: 12:30 p.m.

In Attendance: LCBH – 10; Circle of Native Minds Wellness Center – 3; Harbor on Main – 1; Healthy Living – 1; Highlands Senior Center – 1; Lakeport Senior Center – 1; Live Oak Senior Center – 1; Lucerne Senior Center – 1; Konocti Senior Support – 2; Mental Health Board – 1; Mother-Wise – 1; Redwood Coast Regional Center – 1; Family Member – 1; Public – 2

Opened: 12:30 p.m.

1. Topic: Lunch and Housekeeping

Announcements:

Prevention activities:

- QPR
- ASIST – April training flyer & description (handout)

Stigma & Discrimination activities:

- Know the Signs
- Each Mind Matters

School Mental Health Initiatives

Statewide Campaigns extended through Dec 2014:

- Reach Out Here
- Walk In Our Shoes

Support for statewide initiatives?

Barbara: Ensure funding is used wisely.

Enola: Dollars stay in the county?

RAND TTACB

- ~\$9K/year for three years
- 3 counties contributed
- 16 counties trained
- Plus one-on-one TA for Lake County

Jaelyn: RAND training has been valuable for partner agencies.

CMHDA MOQA report (handout)

La Voz de Esperanza Latino WRC

- Grand Opening
- April 25, 12pm-4pm

Action Items:

- Jim: Include rationale in plan for contributing to Statewide Initiatives.

2. Topic: MHSA – Prop. 63 Background/History

Discussion:

-

Action Items:

-

3. Topic: Changes to the Approval Process

Discussion:

- AB 100
- AB 1467
- MHSOAC approval required for INN plans

Action Items:

-

4. Topic: Annual Update for FY 2013/14

Discussion:

- No substantial changes in programs or funding
- Housing program planning in process

\$2.6M MHSA plan adopted by BOS yesterday

- Included: proposal for transferring funds to CFTN to expand SS clinic

Action Items:

-

5. Topic: MHSA 3-Year Planning Process

Discussion:

- In process
- 30 day public comment/MHB hearing and BOS approval required
- Shooting for June 2014 for completion.

Big allocation last year - \$500K more than expected for CSS/PEI/INN

- Rolling unspent funds – good thing
- Can be transferred to PR, CFTN, or WET
- Can be used to fund new programs

\$150K/year allocated for INN programming

- \$150K spent to date over 2.5 years
- INN Planning Committee to be convened

CST

- Piloting groups – Seeking Safety
- Paraprofessionals to provide support to community

EI

- Diamond in crown of prevention program
- Catch mental illness early to avoid long-term high dollar high suffering
- 13-30 target age range
- Services provided in-house
- Train community in screening

FSP/GSD/O&E

- 12% increase in funding

Changes to/expansion of existing programming? New programs?

Senior Centers/Older Adult SOC

1. Janet: Concern re: Jackie's retirement in July.
2. Rae: Why aren't the nine open specialist positions filled?
3. Jim: Competition for licensed MH staff in Lake County.
4. Jonathan: Need to integrate services w/ Senior Centers.
5. Linda: Need training for volunteers; funding for additional services. Unlicensed staff to run support group that Jackie currently runs?
6. Jackie: License is not necessary. But psychotic group members will require additional training for facilitator.
7. Jim: Will take time to replace Jackie. Likely six months to work out plan as Older Adult program currently one deep.
8. Kathy: Active recruitment for 900 employees. Create overlap/interim solution?
9. Linda: Or LCBH to provide volunteer/licensed MH professional to facilitate group once/week?
10. Scott: Will be sure tasks are covered. Will not allow it to hang indefinitely.
11. Rae: Targeted group facilitation training?
12. Barbara: Reactivating NAMI chapter in Lake County? \$ for transportation? \$ for training? WRAP in Santa Rosa? One representative from each senior center to be trained? Advertise through CAMF Santa Rosa for someone to run group? Barbara and senior peer counselor to co-facilitate groups at Senior Centers?
13. Jim: NAMI Santa Rosa willing to provide training in Lake County. Funding provided through MHSA in other counties. To create Peer Support Specialist/volunteer WRAP/WHAM facilitator pool to hire from. Coping skills training.
14. Barbara: Santa Mateo County CMH/community colleges; Caminar Inc.
15. Jonathan: Outreach/Information Assistance resource at Senior Centers. 400 clients/day. Escalation path non-existent. Need to bring training and resources to Senior Centers. Peer counseling. Nutrition. MH & stability. How to work with MH to integrate programs? Meals on Wheels drivers identify older adults who need services? But there is no funding to provide follow up. How to leverage MHSA funding?
16. Janet: Need to provide funding to support staff/volunteers. Possibly reimburse for gas as with KSS?
17. Jackie: Clients not able to get to Senior Centers. Provide transportation?
18. Rae: Need to strengthen safety net of services.

19. Jaclyn: ASIST training tomorrow. MHSA has O&E funding. Possibly fund Older Adult O&E at Senior Centers?
20. Linda: Training available as webinar?
21. Stephanie: No.
22. Barbara: Providing Peer Counseling training for Senior Center staff. Rotating through Senior Centers.
23. Jim: Additional staff. Capacity issues. Need to problem solve as a group. Schedule meeting for 2pm on 5/7 at Lucerne Clinic.
24. Kathy: Can provide QPR training at Senior Centers. 1 hour training.
25. Scott/Jim: MH First Aid training. Nationwide initiative. General info re: how to support people w/ MH difficulties.
26. Linda: With 9 open positions, how many unserved clients?
27. Kathy: None underserved. There may be some clients that could use more services. And staff that need help.
28. Milos: There seems to be a break in social structure. Not familiar w/ the problem w/ seniors. We seem to be taking responsibility as an industry. But responsibility should fall to the next generation; historically and culturally. Possibly send video of struggling seniors to their children. Suicide in other societies viewed as a method for end of life. Now, prevention at any cost. Not sure society has a need or right to interfere. Discussion centers around funding/resources. Maybe consider going back to seniors playing checkers in the park.

Action Items:

- Corrected bar chart in plan? Allocation by Program?
- PMG – language/guidance to be tightened up (legislature does not want to hear about camping trips and horseback riding; yoga)
- INN Planning Committee to be convened
- Train community in screening
- Older Adult Access planning meeting. 2pm on 5/7 at Lucerne Clinic.

7. Open Discussion

Discussion:

Upcoming events

- 5/13: Perinatal Depression Proclamation
- 4/10-11: ASIST Training
- 4/12: Children’s Festival
- 4/18: INN Learning Community
- 4/25: Latino WRC Grand Opening

Action Items:

-

Adjourned: 3:30 p.m.

Appendix C

Lake County MHSa Innovation Project: Site Visit Assessment Recommendations *South Shore Clinic*



Prepared by:

Resource Development Associates

May 17, 2013





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Executive Summary

Lake County is considered a small county according to its population of 64,665¹. Lake is not small in geography, however, covering over 1,300 square miles². With a population increase of over 10% in the past decade, almost 20% of the population below poverty level, and significant percentages of Latino and Tribal community members³, Lake County has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory.

In 2012, Lake County embarked on a process to bring together a committee that represents the diversity of Lake County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most and problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a peer perspective. Lake County's MHSAs Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. The Steering Committee has planned and is currently implementing an evaluation of access and barriers to mental health services with a specific focus on the two County-run clinics (the South Shore and Lucerne clinics) and the three MHSAs-funded Wellness Centers (the Harbor on Main, The Bridge, and Circle of Native Minds). This report provides the results of the evaluation of accessibility and barriers for the South Shore clinic in Clearlake, CA.

Methodology

Lake County's MHSAs Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed and is based on the following research question: How well does the facility promote an environment that is accessible, welcoming, engaging, culturally relevant, and integrated? The assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff.

¹ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>

² Lake County, "Lake County at a Glance," 2011, <http://www.lakecounty.com/AboutLC/Glance.htm>

³ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>



Summary of Findings

The Steering Committee members reviewed and reflected on the data and developed consensus around the proceeding findings. In keeping with the format of the site visit assessment tool, findings are organized by each assessed area of the South Shore Clinic (e.g. exterior environment, waiting room area, and reception/front desk). The Steering Committee also developed specific recommendations based on findings and are available in the full report.

Exterior Environment

The committee was in general agreement over the fact that the exterior of the site was well-maintained and substantial pedestrian amenities existed. They highlighted the fact that the surrounding areas were actually sparse and in need of a more aesthetically pleasing and functional exterior. Appropriate, ample and clear signage was a consistent concern regarding the accessibility of the South Shore Clinic and accessing the correct door to Mental Health a challenge. Currently, there is very little signage marking the location of the clinic, making it difficult for new clients and the general public to identify. The inclusion of ample signage was suggested to improve way-finding to and from the clinic. Overall the committee noted the need for various transportation-related amenities, landscaping, and features that would that would encourage a more inviting, attractive, and welcoming Clinic entrance.

Waiting Room Area

The committee agreed that the waiting room was generally accessible and easy to find from the front door. The waiting room was well maintained and makes good effort to be accommodating to families with children through the inclusion of a separate children's area. There were some discrepancies over what items were actually available for client use, and whether the room was comfortable enough or well-utilized. Quite importantly the Committee almost unanimously determined the waiting room as not welcoming or accommodating to behavioral health consumers. Overall, the committee expressed the need for decorative items, art, and seating options that could make the space more warm and comfortable, including elements to encourage better ambiance (lighting, music, etc.). The Committee devised creative ways for consumers to take an integral role in creating a better waiting room experience such as acting as greeters and allowing the display of consumer art pieces on waiting room walls. There was significant dismay over the lack of updated and diverse reading materials and resources.

Reception/Front Desk

The Steering Committee was in agreement that the front desk is easy to find and accessible from the waiting room. Reception staff were described as friendly, kind, informative, and consistent in exhibiting a positive demeanor towards clients. Staff was perceived by the Committee to have demonstrated substantial awareness of the diversity of consumer experiences and needs; however they may be lacking in ability to engage with non-English or Limited English Proficient speakers.



Introduction

Project Overview

Lake County Mental Health and the stakeholder community are invested in creating a networked system of clinics and wellness centers where individuals and families from any background are able to access needed services in an accessible, welcoming, engaging, culturally relevant and integrated manner. Through a community planning process, Innovation funds from the Mental Health Services Act (MHSA) were allocated in support of this shared goal.

In July 2012, Lake County Behavioral Health (LCBH) commenced implementation of its MHSA Innovation Project. The purpose of the Innovation project is to bring together a committee of representatives from identified underserved groups throughout the County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most. This approach is intended to problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a Peer perspective. Resource Development Associates (RDA) facilitates ongoing communication with and activities for the Steering Committee as well as project management, training, and technical assistance throughout the project.

Steering Committee Recruitment

Steering Committee members were recruited through a “snow-ball” technique, which began with potential members identified by the County. Through outreach and recruitment, RDA sought participation from identified members, and/or requested additional names and contact information for other potential participants.

The outreach and recruitment process yielded a diverse committee of 16 members with representation from the following communities, many of which were identified in the Innovation Plan as underserved groups:

- Asian Pacific Islander Community
- Tribal/Native American Community
- African American Community
- Latino Community
- Immigrants/English Learners
- Rural or Geographically Isolated
- Veterans
- Criminal Justice or Legal System Involvement
- Faith-Based Community
- Transitional Age Youth/Foster Care System
- Children
- Older Adults
- Homeless/Formerly Homeless
- LGBTQQIA Community
- Family/Care Providers
- Substance Abuse Problems
- Consumer Advocate/Person with Lived Experience





Steering Committee Activities

Lake County’s MHSAs Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. For the duration of the Innovation Project, Committee tasks will primarily consist of conducting site visit assessments at all five of Lake County’s MHSAs-funded clinics and wellness centers with the goal of developing recommendations in the five domains specified above and review of consumer perception survey data. This report will detail the results of the Committee’s first site visit assessment conducted in January 2013 for the South Shore Clinic located in Clearlake, California.

Methods

Lake County’s MHSAs Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed through monthly work sessions with technical assistance from RDA. (See APPENDIX A for the site visit assessment tool.) RDA provided the Committee with trainings on survey tool design and evaluation in preparation for tool development.

The site visit assessment tool encompasses specific elements to encourage a service delivery environment that committee members determined to coincide with the MHSAs Innovation Project vision. Using the five domains of inquiry as a frame of reference, the assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff. Site visit assessments have been designed to address the following research question:

How well does this facility promote an environment that is:

- Accessible
- Welcoming
- Engaging
- Culturally Relevant, and
- Integrated?

Steering Committee members conducted site visit assessments in groups of three or four at different times during business hours over the last two weeks of January 2013. Site visits lasted between 30 minutes to 1 hour depending on the amount of time it took for the group to complete the evaluation. Paper-based assessment tools were submitted to RDA by February 8, 2013 and analyzed in preparation for the Committee’s February 2013 work session.





Purpose

This report synthesizes the results of the Committee's combined site visit assessments of the South Shore Clinic and presents the Committee's feedback developed over two 2- hour work sessions subsequent to the site visit assessment:

- **February 15, 2013**
Committee members analyzed and discussed the results of their site visits and learned about emerging plans to remodel the South Shore clinic, including an integrated waiting room and separate area for children and families.
- **March 15, 2013**
Committee members developed recommendations based on the data and five-fold vision of Lake County's MHSA Innovations Project

This report provides:

- An overview and analysis of the data collected through the site visit assessments; and
- Recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, and culturally relevant integrated service delivery experience for people in need of mental health services at the South Shore Clinic.



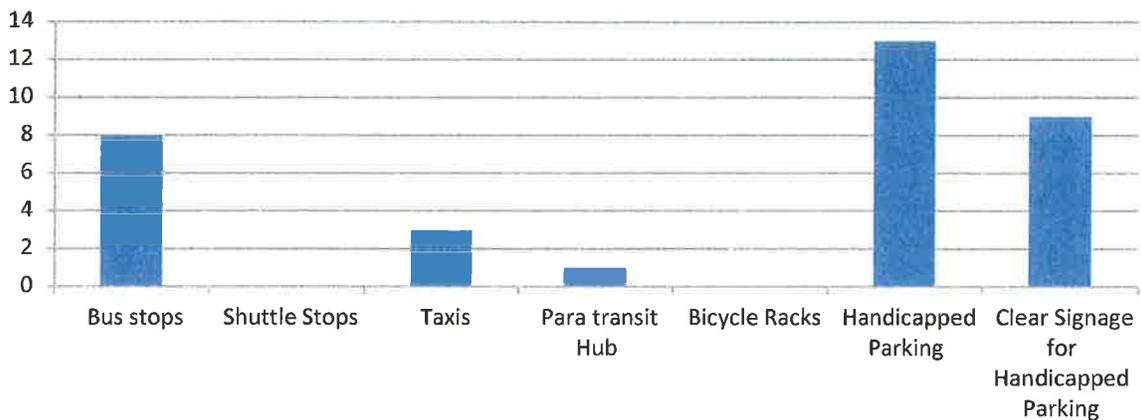
Data

This section presents the results of 14 site visit assessments mailed to RDA by Steering Committee members upon completion.⁴ Charts in this section appear in the same categorical order as in the site visit assessment tools: the Exterior Environment, the Waiting Room Area, and lastly, Reception/Front Desk.

Exterior Environment

Per the site visit assessment tool, committee members checked off boxes to indicate the presence of transportation amenities nearby (See **Chart 1**). Their assessments indicate a lack of bicycle racks and shuttle stops and general agreement on the presence of handicapped parking spaces with corresponding signage. Only eight individuals indicated the presence of bus stops, pointing towards the need for better public transportation amenities in and around the site. During the February work session, the committee also agreed that the parking lot lines were faint enough to merit restriping, and the absence of bicycle racks forced cyclists to lock bicycles to any available railing.

Chart 1. Surveys Indicating Transportation Amenities Nearby

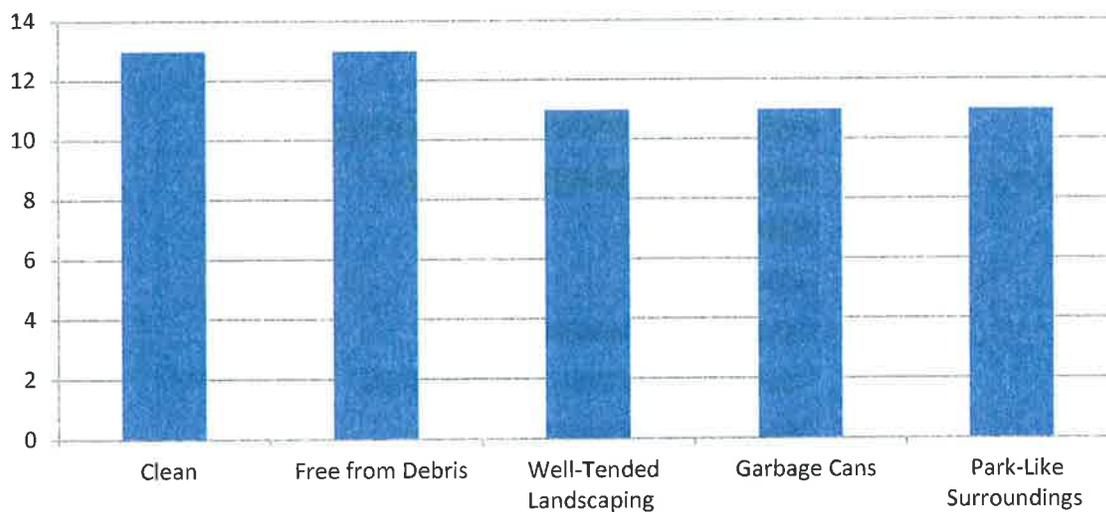


⁴ A few groups decided to fill out the assessment tools individually, while others decided to submit one for the entire group.



Chart 2 indicates overwhelming agreement that the exterior environment of the South Shore Clinic was well-maintained, clean, and free from debris. In the February work session, committee members explained that while clean, the existing landscaping is quite sparse and South Shore could use more landscaping particularly in front of the Mental Health wing of the building. Committee members elaborated further by noting that the exterior of the building appeared unkempt, with mold, fading paint, and large dark stains on the stucco exterior. The committee agreed that the South Shore Clinic is in need of better landscaping and cleaner exterior to encourage a more inviting and welcoming entrance.

Chart 2. Surveys Indicating Maintenance Attributes

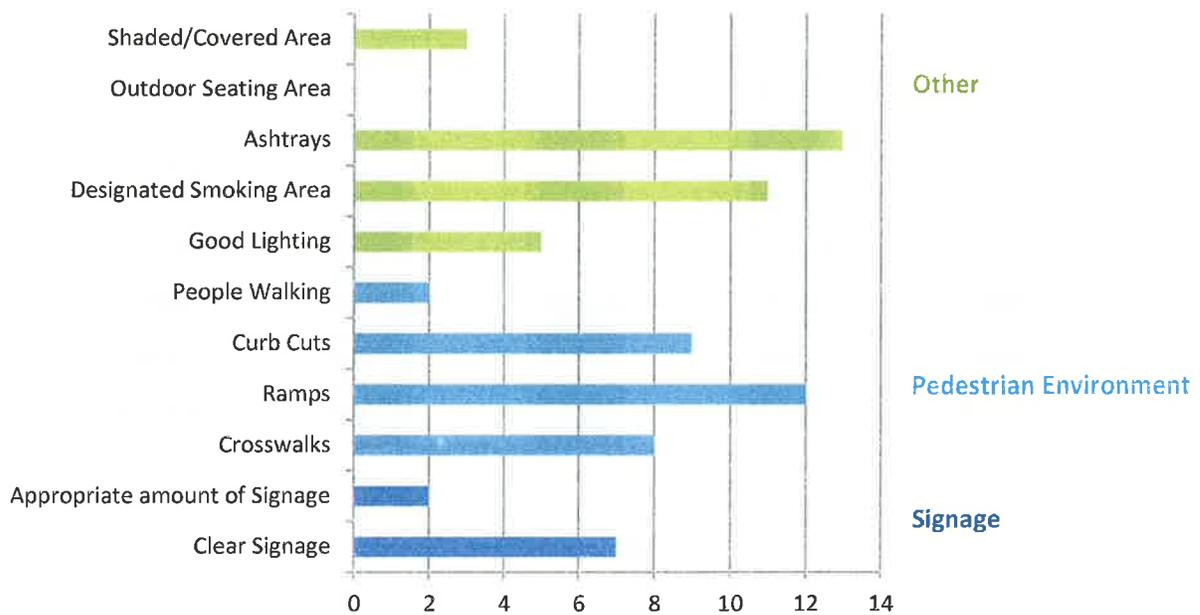




Surveyors assessed the presence of exterior amenities as detailed in **Chart 3**. The committee was in agreement over the presence of designated smoking areas and ashtrays, and the existence of curb cuts, ramps, and crosswalks for pedestrians and wheelchairs. The results also overwhelmingly indicate the lack of shaded/covered areas, outdoor seating, people walking around, good lighting, and signage.

In the work session committee members expressed difficulty in way-finding around the Clinic. There were a handful of members confused about which door to enter to reach the Mental Health waiting room.

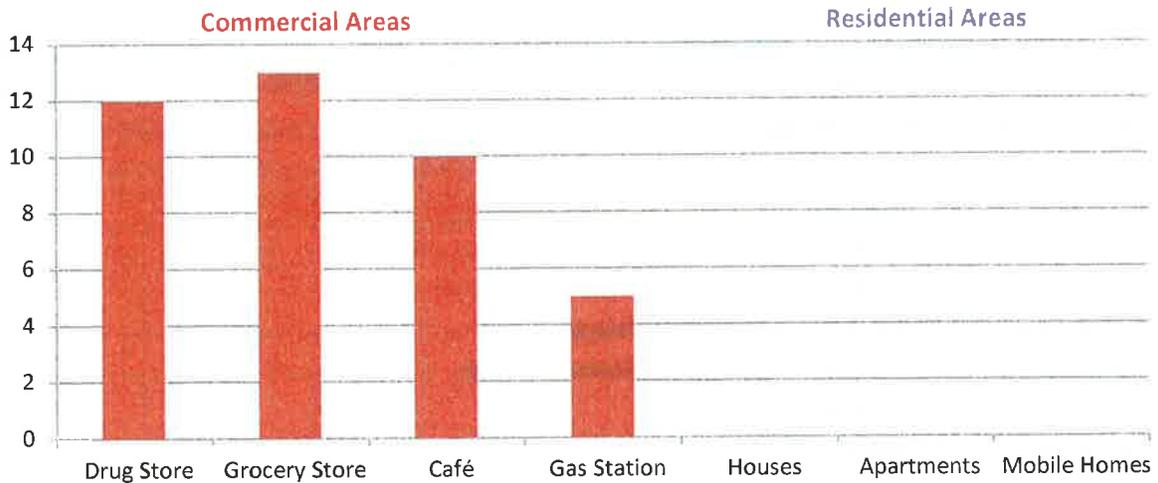
Chart 3. Surveys Indicating Exterior Amenities





The Committee determined the area surrounding the South Shore Clinic as mostly commercial denoting the proximity of a drug store, grocery store, and café within a quarter of a mile from the site (**Chart 4**). Committee members unanimously indicated no residential areas nearby. Very few committee members reported a gas station within the same distance.

Chart 4. Surveys Indicating Surrounding Geography

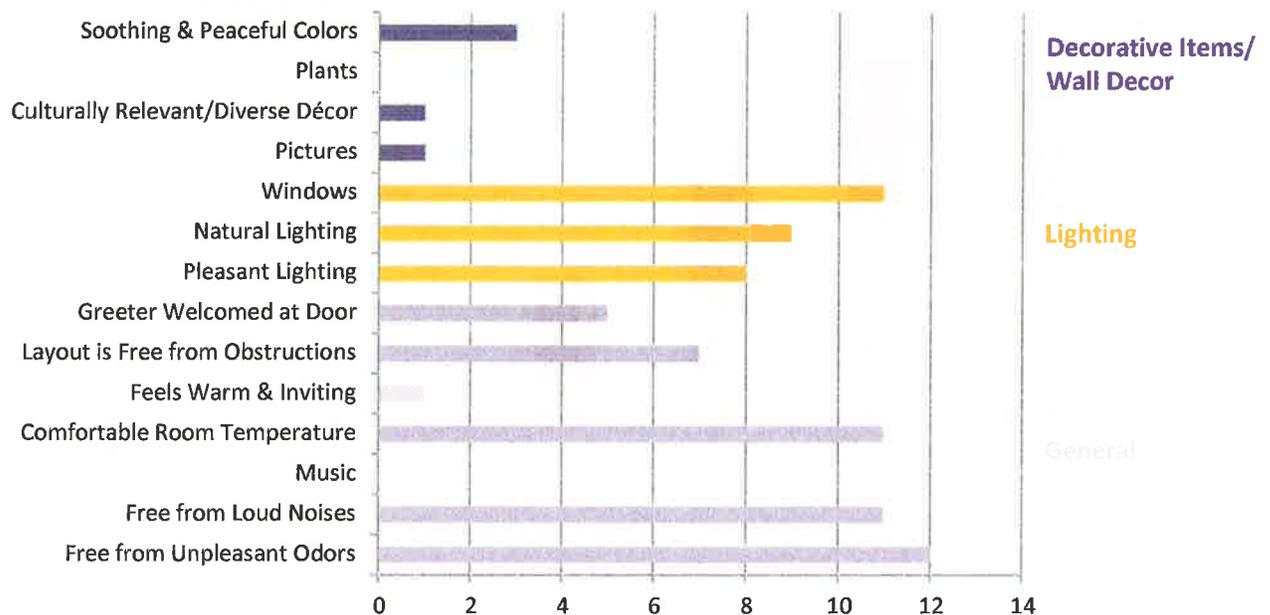




Waiting Room Area

Steering Committee members then assessed the interior environment of the waiting room. Important to note is the reality that there are separate waiting rooms for Alcohol and Other Drug Services (AODS) and another for Mental Health Services.

Chart 5. Surveys Indicating Ambiance Conditions/Items

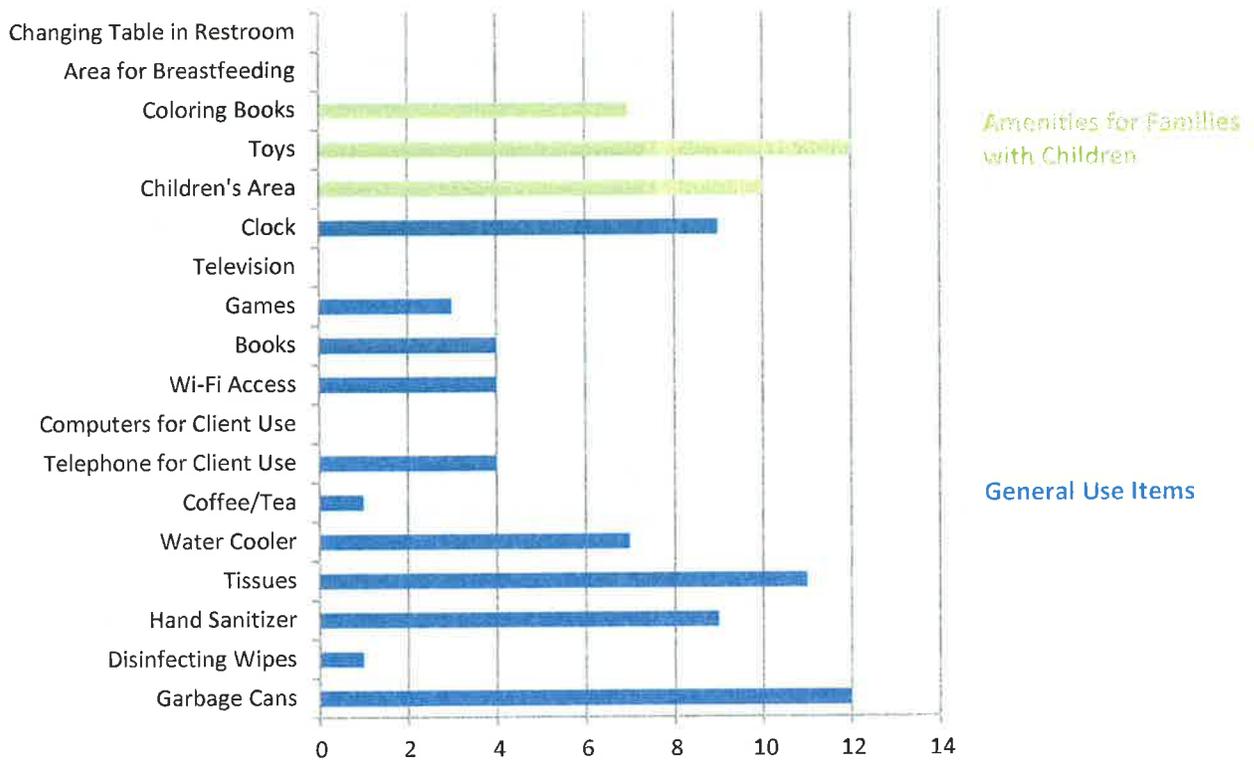


As indicated in **Chart 5**, Steering Committee members were in agreement over the lack of decorative items, wall décor, and culturally relevant or diverse pictures. The waiting area was deemed to be free from loud noises and unpleasant odors, to maintain a comfortable room temperature and a layout clear from obstructions. All committee members indicated the absence of indoor plants, music, and a greeter at the door. While the committee generally agreed on the presence of windows in the waiting area, the data depicts little consensus over whether there was natural or pleasant lighting. Further, only one committee member indicated that the waiting room felt warm and inviting.



When asked to indicate amenities present (**Chart 6**), committee members agreed on the presence of toys and a **children’s area** as well as the availability of garbage cans, tissues, and a clock. They also agreed on the lack of the following amenities: a television, computers and telephones for client use, disinfecting wipes, coffee/tea, and amenities for families with young children (namely a changing table in the restroom and a privacy room for breastfeeding). The committee was split over the presence of coloring books, a water cooler, games, books, and the availability of Wi-Fi access.

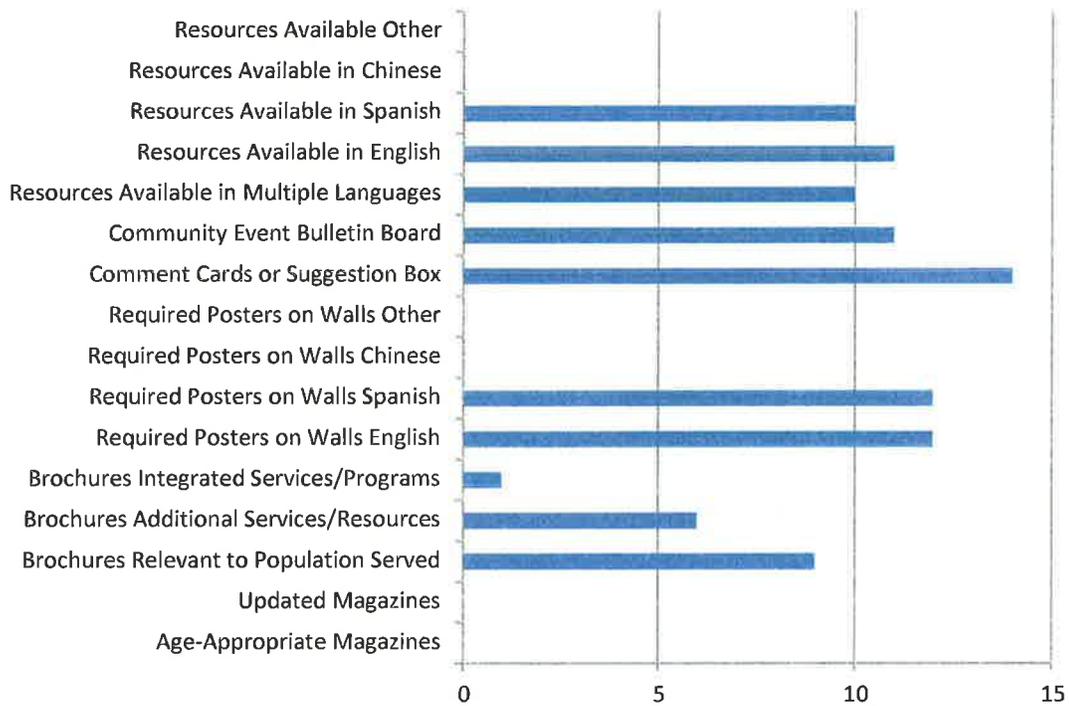
Chart 6. Surveys Indicating Amenities Present





In determining the type and availability of resources, committee members noted that resources, posters, and brochures were available in both English and Spanish, but not any other language. They indicated the presence of a community bulletin board and a comment/suggestion box. The Committee also unanimously pointed out the need to update and diversify available materials to include those relevant to integrated services and for all age ranges served by the Clinic (**Chart 7**).

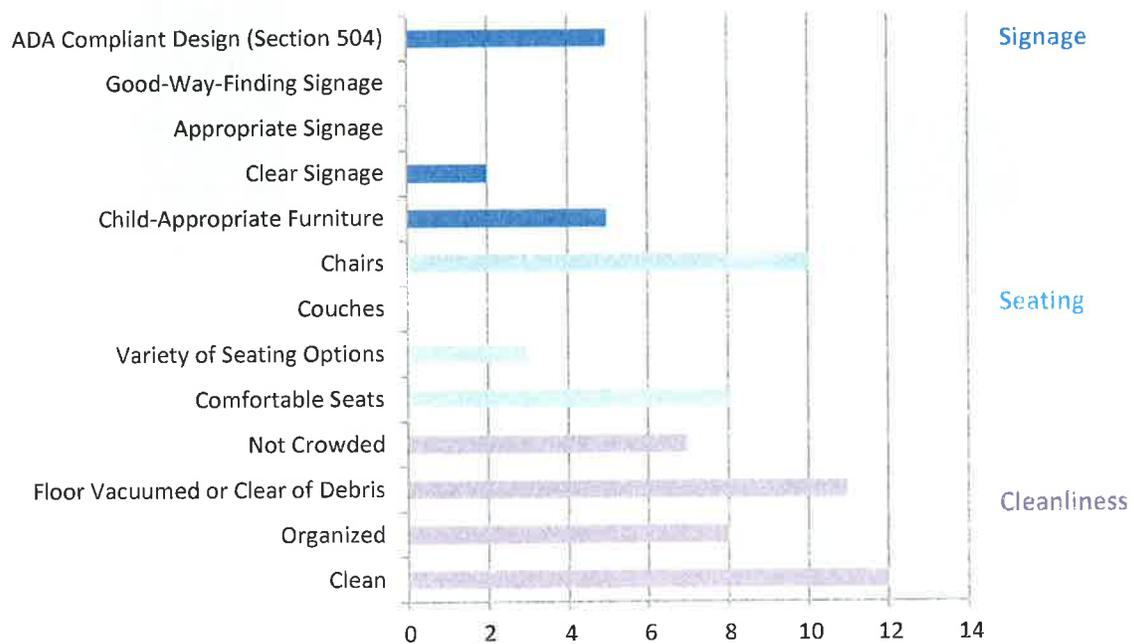
Chart 7. Surveys Indicating Available Resources





The **Committee's survey data depicts the need for clear and** appropriate way-finding signage in the building to eliminate confusion or having to ask the receptionist for directions (**Chart 8**). Surveys tended to agree on the presence of chairs as the only seating option. Overall, the waiting area was clean and free from debris. Steering committee members were divided on whether the waiting area was actually organized. During the work session, committee members highlighted the need for more attractive, and comfortable seating options and engaged in extensive discussion on what type of chairs to incorporate into the South Shore Clinic; the Lucerne Clinic chairs were offered up as a good example.

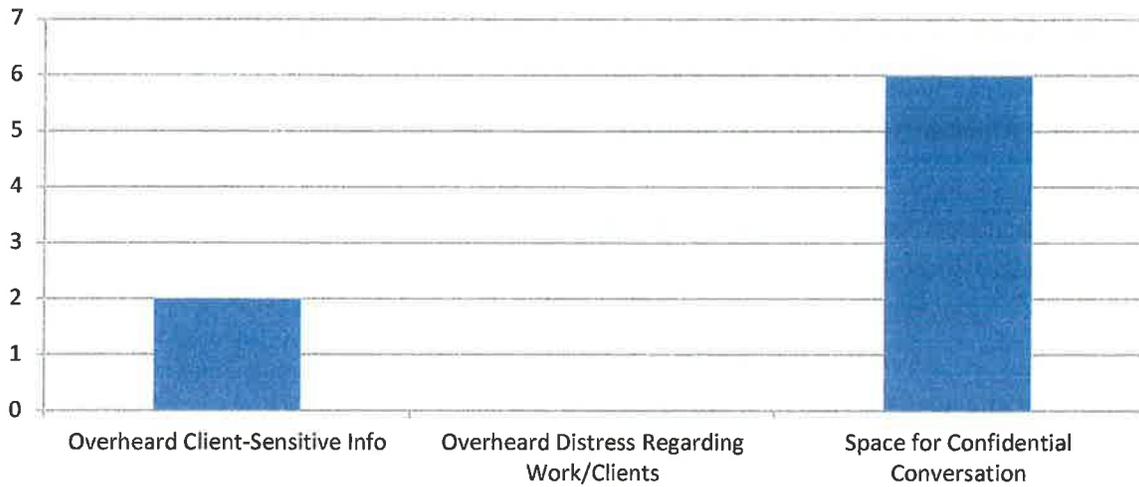
Chart 8. Surveys Indicating Waiting Area Features





While survey results do not flag serious concern over breaches in privacy (depicted in **Chart 9**), in work sessions the Steering Committee strongly expressed the need to provide designated spaces where clinicians and staff could speak in private with clients.

Chart 9. Surveys Indicating Levels of Privacy



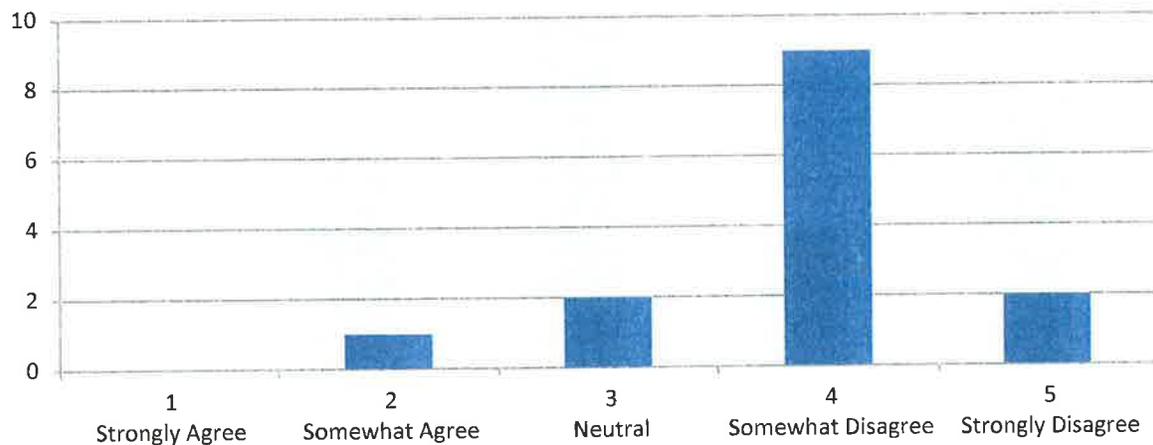


Likert Scale Charts

The committee then answered a series of Likert Scale questions about their perceptions of the waiting room and front desk staff.

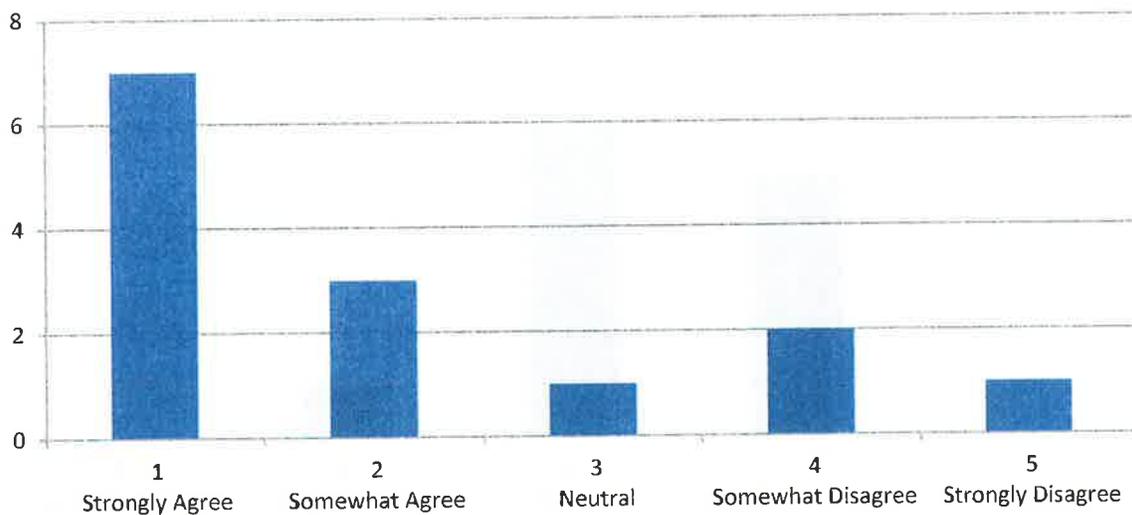
Surveys indicated that committee members found the waiting area unwelcoming. Not one individual agreed that the waiting area was welcoming.

Chart 10. The waiting area is welcoming.



In terms of accessibility of the waiting area from the front door, committee members were unequivocally divided. About half experienced the waiting area as easy to find and accessible from the front door, while three others disagreed or somewhat disagreed (Chart 11).

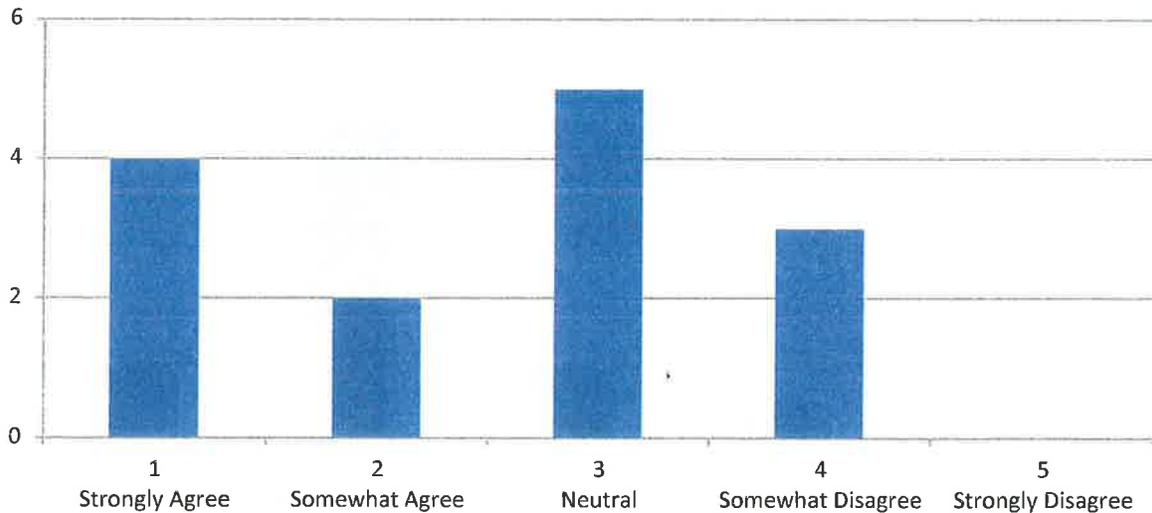
Chart 11. The waiting area is easy to find and accessible from the front door.





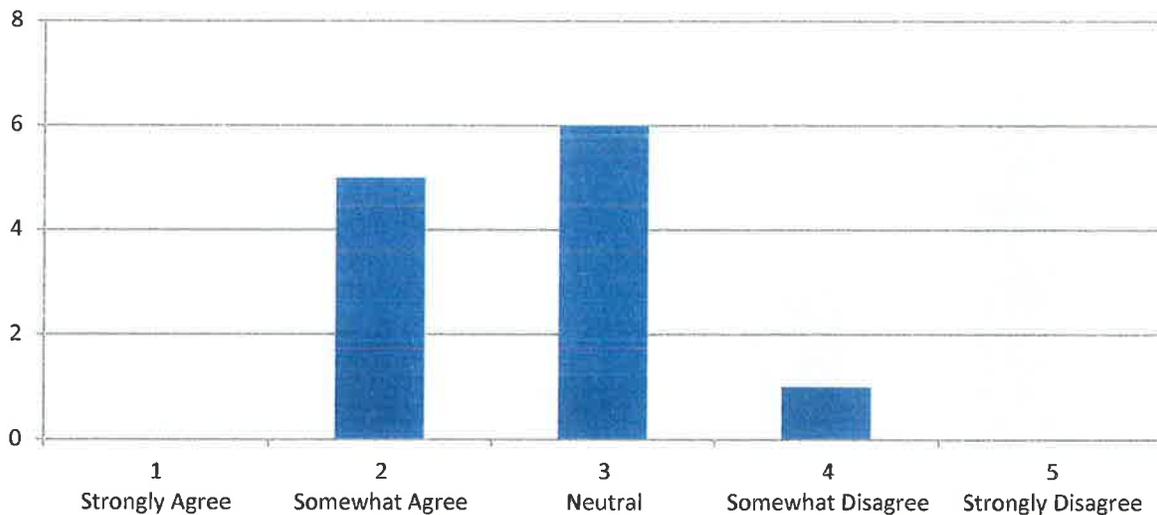
Since Steering Committee members conducted site visits at various times, the number of clients in the waiting room was not consistent among site assessments. This partially explains why the Committee was also seemingly divided on whether the waiting area was well-utilized (**Chart 12**). The Committee felt relatively neutral and tended towards agreeing with the utility of the waiting room.

Chart 12. The waiting are is well-utilized.



Similarly, committee members were unable to come to consensus over the comfort level of clients in the waiting area. A few groups conducted the site visit assessment when there were no clients around (**Chart 13**) accounting for the varied responses and majority neutral responses.

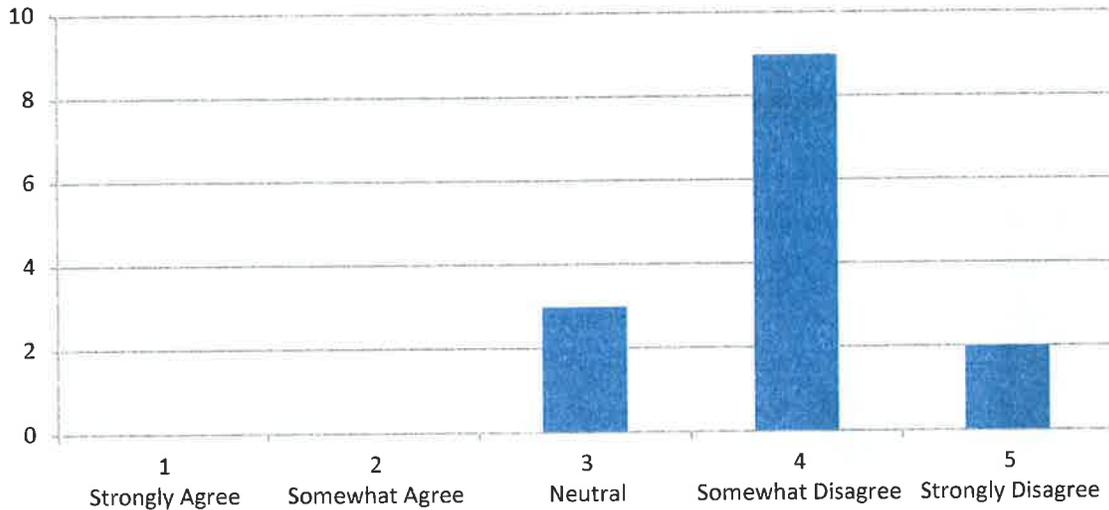
Chart 13. Clients in waiting area appear comfortable.





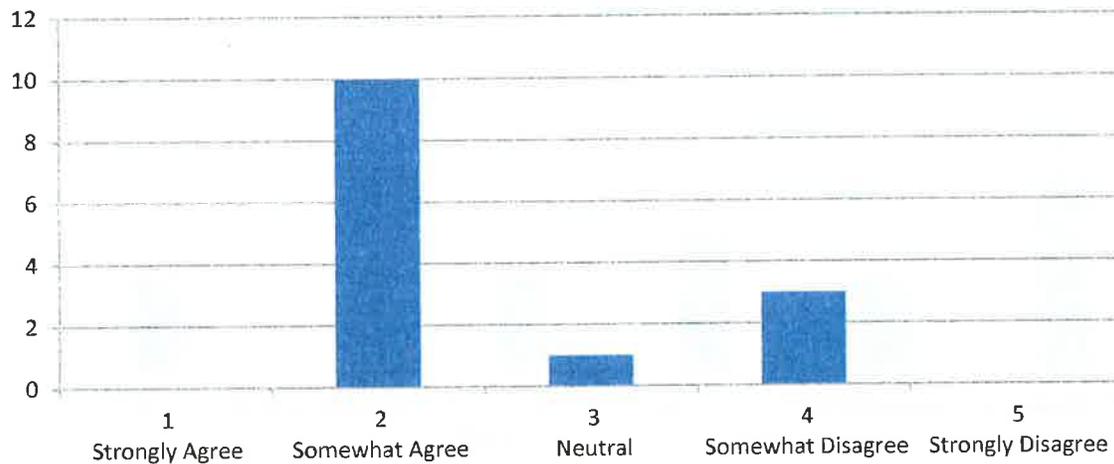
The committee was resolute in assessing that the waiting room area was not accommodating to behavioral health consumers (Chart 14).

Chart 14. This space is accommodating to behavioral health consumers.



While the majority of committee members assessed the South Shore Clinic as somewhat accommodating to children and families, all others somewhat disagreed or felt neutral.

Chart 15. This space is accommodating to children and families.



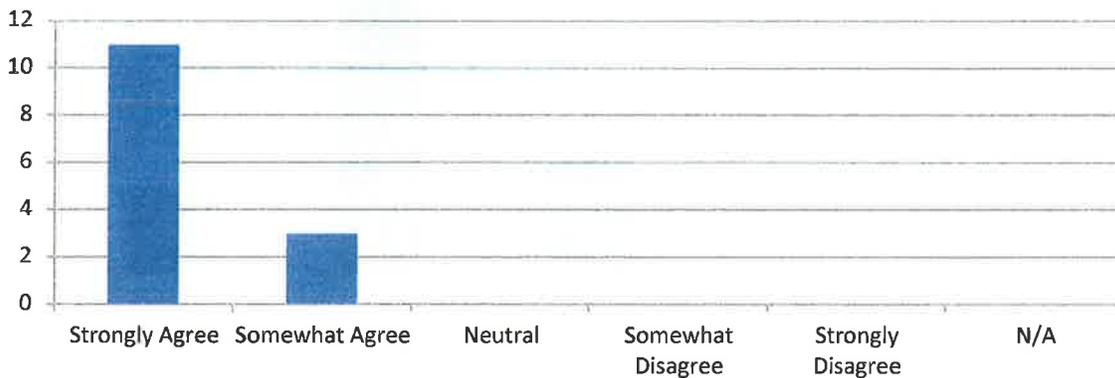


Reception/Front Desk

Likert Scale Charts⁵

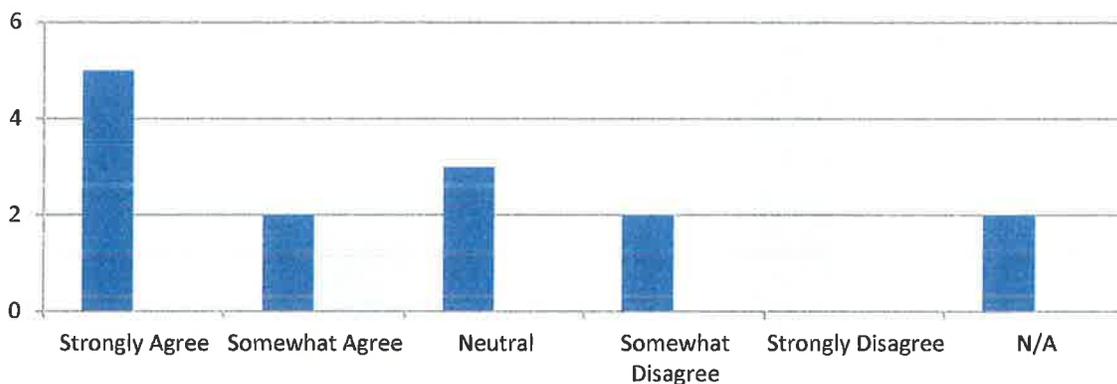
Committee members also answered a series of Likert scale questions on their perception of the front desk. With the exception of three surveys, they all strongly agreed that the front desk is easy to find and accessible from the waiting or entry area (**Chart 16**).

Chart 16. The front desk is easy to find and accessible from the waiting area or entry area.



They were divided on whether the front desk was staffed well enough to meet the demand of clients, most likely due to the number of clients observed at disparate times of day (**Chart 17**). However, the committee trended agreeing that there was enough staff to meet demand.

Chart 17. There is enough front desk/administrative staff to meet demand.

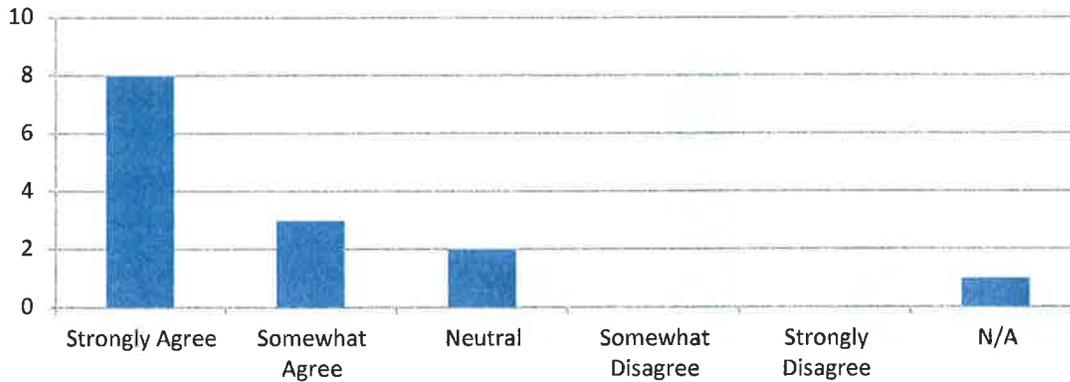


⁵ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



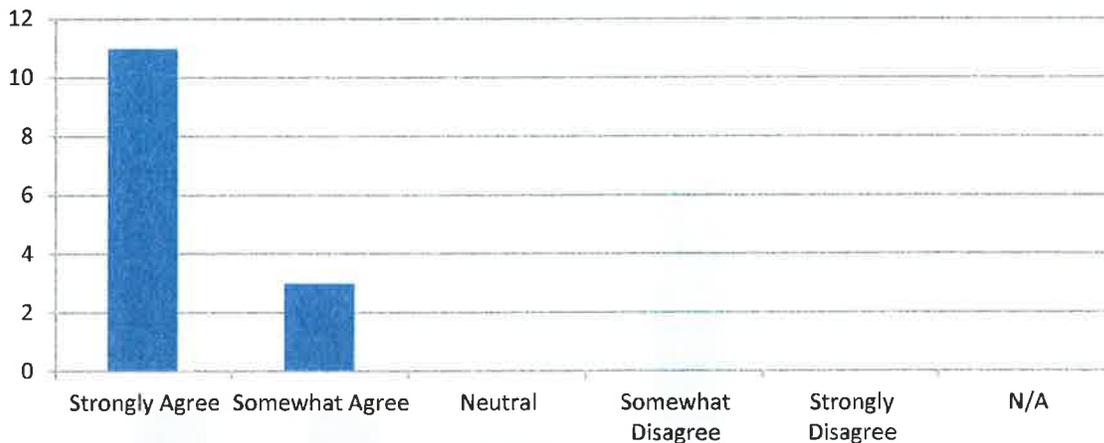
The committee predominantly agreed on reception staff use of positive language and tone of voice when speaking with clients (**Chart 18**). Only two felt neutral, which again speaks more about the absence of clients in the waiting room during site visits.

Chart 18. Reception staff uses positive language and tone of voice with clients.



Committee members also felt positively about the friendliness level of staff (**Chart 19**). All surveys indicate strong agreement or somewhat agreement.

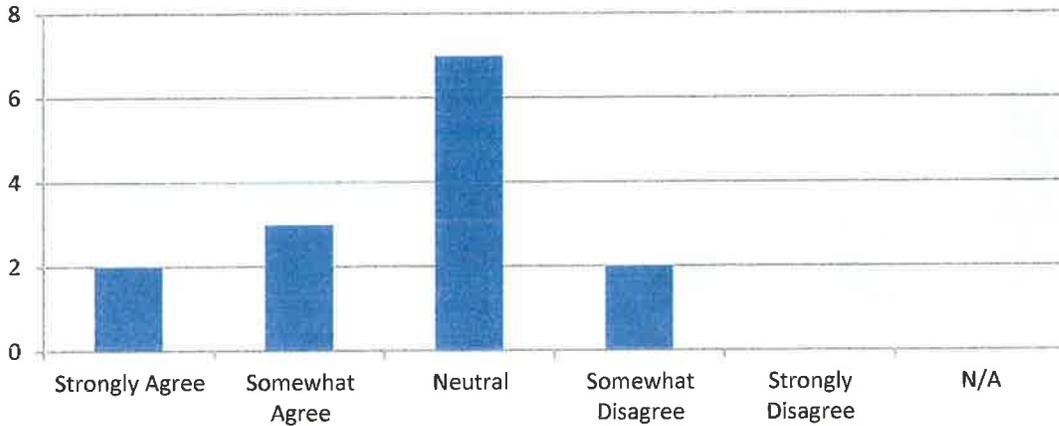
Chart 19. Reception staff appears friendly.





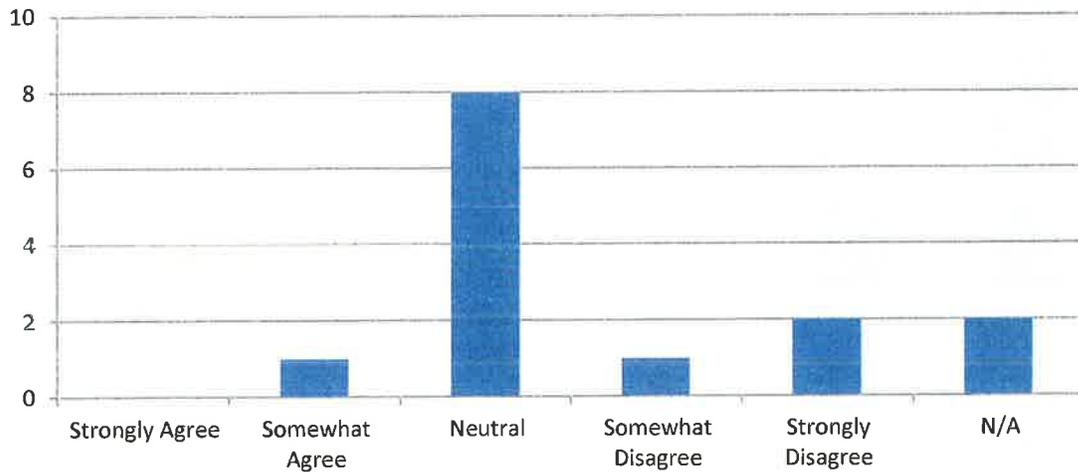
Committee members appear divided over whether reception staff demonstrated awareness of diverse consumer experiences and needs (**Chart 20**). Almost half were neutral, while almost all other responses agreed on the cultural awareness of reception staff.

Chart 20. Reception staff demonstrates awareness of diverse consumer experiences and needs.



The committee was uncertain about the cultural and linguistic capacity of staff (**Chart 21**). Most were neutral, however results veered towards perceiving staff as not equipped with the appropriate level of cultural and linguistic capacity.

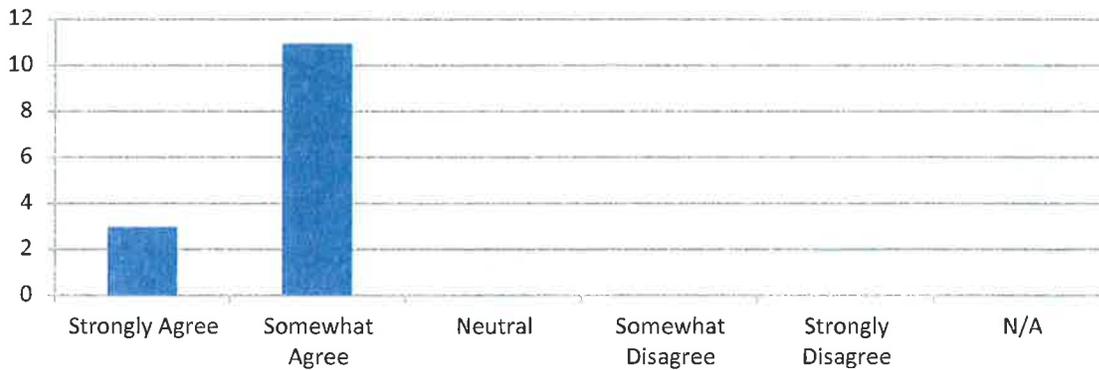
Chart 21. Reception Staff appears to have an appropriate level of cultural and linguistic capacity.





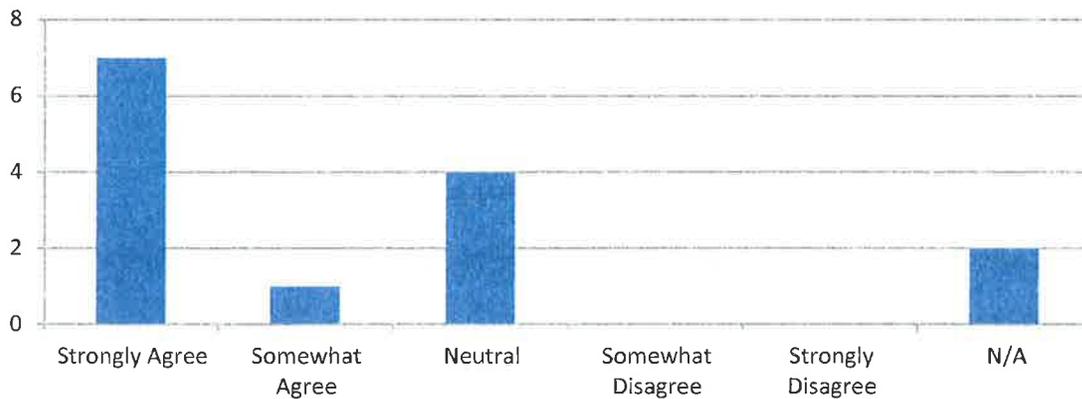
Most committee members somewhat agreed that staff appeared excited and engaged about their jobs, while three individuals strongly agreed with this statement (**Chart 22**).

Chart 22. Reception staff appears excited and engaged about their jobs.



Most of the committee perceived clients as being treated kindly by reception staff (**Chart 23**). The majority of responses were in agreement with two abstaining.

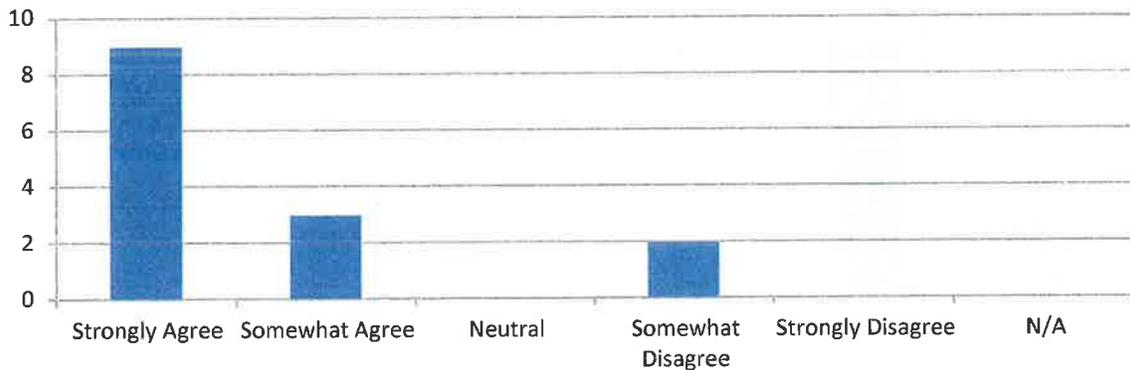
Chart 23. Clients are treated kindly by reception staff.





Committee members also tended to agree that reception staff is informative and equipped to answer questions that arise from clients (**Chart 24**); only two members somewhat disagreed with this statement.

Chart 24. Reception staff is informative and can answer client questions.



Engagement

For open-ended questions with the receptionist, Steering Committee members received consistent responses as detailed below. While reception staff are prepared to address difficult situations, they are less equipped with the cultural and linguistic capacity to engage with non-English or Limited English Proficient individuals.

What do you do when someone comes in and doesn't speak English?

- Direct them to a language line.
- Refer to a bilingual staff member that can offer translation.

What do you do when a client or someone comes in that is yelling, upset, or visibly intoxicated?

- Reassure the client.
- Get clinical staff.

What happens if someone needs services not offered here?

- Provide phone number of other services.



Recommendations

In the March 15, 2013 work session Steering Committee members revisited the data presented in the February work session and developed the proceeding recommendations. In keeping with the format of the site visit assessment tool, recommendations were developed for each assessed area of the South Shore Clinic. In addition to the specific clinic recommendations, the Committee also suggested that the clinic re-design process and the implementation of recommendations be inclusive of diverse stakeholders including clinic staff, consumers, and family members.

Exterior Environment

Discussion

The committee was in general agreement over the fact that the exterior of the site was well-maintained and substantial pedestrian amenities existed. They highlighted the fact that the surrounding areas were actually sparse and in need of a more aesthetically pleasing and functional exterior. Appropriate, ample and clear signage was a consistent concern regarding the accessibility of the South Shore Clinic and accessing the correct door to Mental Health a challenge. Currently, there is very little signage marking the location of the clinic, making it difficult for new clients and the general public to identify. The inclusion of ample signage was suggested to improve way-finding to and from the clinic. Overall the committee noted the need for various transportation-related amenities, landscaping, and features that would that would encourage a more inviting, attractive, and welcoming Clinic entrance.

Recommendations

Signage

- Add signage for the clinic directly off the highway.
- Add a main sign specifying the South Shore Clinic as Lake County Behavioral Health to encourage integration rather than separate AODS and Mental Health signs.
- Add signs that clearly mark direction toward bus stops.

Landscaping

- Add landscaping before winter.

Transportation

- Add bus stop signs and shelters.
- Add bicycle racks.
- Work with local transit agency, Lake Transit, to address access issues to both the Courthouse and South Shore Clinic.
 - Prioritize the need for a bus hub/turnaround that serves both sites.



Exterior Amenities

- Add seating areas, including shaded seating and a designated area for smoking.
- Add better lighting.
- Clean the exterior of the building during building modifications.

Pedestrian Environment

- Add pedestrian-friendly amenities such as a landscaped walkway leading to the clinic.
- Add sidewalks and gutters where there are gaps (i.e. where sidewalks are nonexistent).
- Add a nature walk as a respite area for clients.

Waiting Room Area

Discussion

The committee agreed that the waiting room was generally accessible and easy to find from the front door. The waiting room was well maintained and makes good effort to be accommodating to families with children through the inclusion of a separate children's area. There were some discrepancies over what items were actually available for client use, and whether the room was comfortable enough or well-utilized. Quite importantly the Committee almost unanimously determined the waiting room as not welcoming or accommodating to behavioral health consumers. Overall, the committee expressed the need for decorative items, art, and seating options that could make the space more warm and comfortable, including elements to encourage better ambiance (lighting, music, etc.). The Committee devised creative ways for consumers to take an integral role in creating a better waiting room experience such as acting as greeters and allowing the display of consumer art pieces on waiting room walls. There was significant dismay over the lack of updated and diverse reading materials and resources.

Recommendations

Ambiance/Decor

- Choose a soothing, warm, and inviting color palette for the waiting area.
- Add ambient music at a low decibel level that is subtle and agreeable.
 - As an alternative to music, incorporate nature or soothing sounds.
- Add indoor plants that require low maintenance.

General Amenities

- Make the availability of Wi-Fi apparent to individuals in the waiting room.
- Add pictures, posters, inspirational slogans, and culturally relevant décor.
 - Encourage décor that is relevant and diverse (e.g. recovery-oriented slogans, LGBT-friendly).



Lake County Behavioral Health Department

MHSA Innovations Project – South Shore Clinic Recommendations

- Hang client artwork (e.g. knitting) on walls.
- Consider supporting a mural project that client artists can paint.
- Artwork can rotate among clinics to encourage a more dynamic experience.
- Provide space for a mural that clients are commissioned to paint.
- Make paper cups for water available near the water fountain.
 - Consider adding a water cooler

Welcoming Environment

- Incorporate the use of greeters at the front door to extend a warm welcome.
 - Volunteers can act as greeters and provide general information about services and site amenities.
- Introduce some form of an information hub:
 - Consider the introduction of an information kiosk with a volunteer peer that can answer general questions, similar to an information desk at in a hospital. (It is understood that this may pose a staffing issue).
 - Consider an information hotline phone where consumers can reach a live person or a recording that can help answer or direct inquiries to the appropriate individuals.
- Remove the buzzer door on the AOD side that separates reception staff from the AOD waiting room.
- Integrate the AOD and Mental Health to make a Behavioral Health waiting room with areas for children and adults.

Seating

- Upgrade seating similar to the chairs at the Lucerne Clinic. Choose seating that is:
 - Comfortable,
 - Easily disinfected, and
 - Aesthetically pleasing.

Resources/Reading Materials

- Provide a brochure rack with integrated materials for AOD and Mental Health.
- Add resources for parents.
- Make resources available for all age groups.
 - Make age-appropriate magazines and reading material available for teenagers.
- Increase the volume and variety of materials available.
- Increase the number of resources relevant to the service population (e.g. recovery and specific illnesses).
 - National Alliance on Mental Illness (NAMI) and Substance Abuse and Mental Health Services Administration (SAMHSA) have free pamphlets and brochures.
- Maintain updated materials (magazines, newspapers, etc.).



Amenities for children

- Make toys, tables, coloring pages, and crayons available for children.

Restrooms

- Ensure restrooms are regularly cleaned (no stains on tile).
- Add a changing table.
- Update restrooms:
 - Repaint walls
 - Add new hardware (e.g. toilet paper roll holders, soap dispensers, faucet fixtures etc.)
 - Replace flooring
- Consider operational implications for urine analysis in restrooms when the two waiting rooms are combined.

Privacy

- Update check-in process for ease, safety, and confidentiality.
 - Consider an electronic check-in process that maintains an individual's privacy such that names are not seen by later clients.
 - Consider using a method to conceal names on the check-in sheet (e.g. a roll cover or other device).
 - Consider a line formation check-in process similar to that of a pharmacy line where individuals wait behind a line, or wait until they are called.
- Provide rooms for confidential conversation regarding patient information.

Reception/Front Desk

Discussion

The Steering Committee was in agreement that the front desk is easy to find and accessible from the waiting room. Reception staff were described as friendly, kind, informative, and consistent in exhibiting a positive demeanor towards clients. Staff was perceived by the Committee to have demonstrated substantial awareness of the diversity of consumer experiences and needs; however they may be lacking in ability to engage with non-English or Limited English Proficient speakers.

Recommendations

- Prepare a script for front desk staff in the event that limited-English proficient clients need translation assistance. The script should include instructions to use the language line and which staff is available with the appropriate language capacities.
- Prepare a written handout for limited-English proficient clients that offers a choice of using the language line or when to return to speak with a bilingual staff person.



Lake County Behavioral Health Department

MHSA Innovations Project – South Shore Clinic Recommendations

- The limited linguistic capacity of front desk staff (beyond English) presents LCBH with an opportunity to recruit staff fluent in Spanish and any other language deemed relevant to the **County's targeted service population.**
- Incorporate the use of rotating volunteers to aid in making the South Shore Clinic more engaging and welcoming.



Appendix



Appendix A: Site Visit Assessment Tool

Introduction

- Please complete this form during your site visit.
- The purpose of this site visit is to answer the following research question: *“How well does this facility promote an environment that is accessible, welcoming, engaging, culturally relevant and integrated?”*



General Information

Date: _____ Site: _____

Site Address: _____

Main Contact Name: _____

Duration of Site Visit: _____

Evaluation Team Members conducting the visit:

_____	_____
_____	_____



Accessibility

EXTERIOR ENVIRONMENT Please use the checkboxes below to assess the **exterior environment** of the site. Include any comments you have for this section in the notes section below.

TRANSPORTATION	MAINTENANCE
<p><i>Please mark which of the following are nearby:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Bus stops<input type="checkbox"/> Shuttle stops<input type="checkbox"/> Taxis<input type="checkbox"/> Paratransit hub<input type="checkbox"/> Bicycle racks<input type="checkbox"/> Handicapped parking<input type="checkbox"/> Clear signage for handicapped parking	<p><i>Please mark which of the following apply to the exterior environment of the site:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Clean<input type="checkbox"/> Free from debris<input type="checkbox"/> Well-tended landscaping<input type="checkbox"/> Garbage cans available<input type="checkbox"/> Park-like surroundings
EXTERIOR AMENITIES	GEOGRAPHY
<p><i>Please mark whether the following features are present:</i></p> <p>Signage</p> <ul style="list-style-type: none"><input type="checkbox"/> Clear signage<input type="checkbox"/> Appropriate amount of signage <p>Pedestrian Environment</p> <ul style="list-style-type: none"><input type="checkbox"/> Crosswalks<input type="checkbox"/> Ramps<input type="checkbox"/> Curb cuts for wheelchair access<input type="checkbox"/> People walking around <p>Other</p> <ul style="list-style-type: none"><input type="checkbox"/> Good lighting<input type="checkbox"/> Designated smoking area<input type="checkbox"/> Ashtrays<input type="checkbox"/> Outdoor seating area<input type="checkbox"/> Shaded/covered area	<p><i>Please mark whether the following are nearby:</i></p> <p>Commercial Areas</p> <ul style="list-style-type: none"><input type="checkbox"/> Drug store<input type="checkbox"/> Grocery store<input type="checkbox"/> Café<input type="checkbox"/> Gas Station <p>Residential Areas</p> <ul style="list-style-type: none"><input type="checkbox"/> Houses<input type="checkbox"/> Apartments<input type="checkbox"/> Mobile Homes <p>The closest community/neighborhood nearby is:</p> <p>_____</p>
<p>NOTES:</p> <p>_____</p>	



Welcoming Environment

WAITING AREA Please use the checkboxes below to assess the **waiting area environment** of the site. Include any comments you have for this section in the notes section on the next page.

AMBIANCE	AMENITIES
<p><i>Please mark whether the following conditions/items apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Free from unpleasant odors <input type="checkbox"/> Free from loud noises <input type="checkbox"/> Music <input type="checkbox"/> Comfortable room temperature <input type="checkbox"/> Feels warm and inviting <input type="checkbox"/> Layout is free from obstructions <input type="checkbox"/> A greeter welcomed me at the door <p>Lighting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pleasant lighting <input type="checkbox"/> Natural lighting <input type="checkbox"/> Windows <p>Decorative Items/Wall Decor</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pictures <input type="checkbox"/> Culturally relevant/diverse decorations <input type="checkbox"/> Plants <input type="checkbox"/> Soothing and peaceful colors <input type="checkbox"/> Soothing and peaceful textures 	<p><i>Please mark whether the following items are available:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Garbage cans <input type="checkbox"/> Disinfecting wipes <input type="checkbox"/> Hand sanitizer <input type="checkbox"/> Tissues <input type="checkbox"/> Water cooler <input type="checkbox"/> Coffee and/or tea <input type="checkbox"/> Telephone for client use <input type="checkbox"/> Computers for client use <input type="checkbox"/> Wi-Fi access <input type="checkbox"/> Books <input type="checkbox"/> Games <input type="checkbox"/> Television <input type="checkbox"/> Clock <input type="checkbox"/> Children's Area <ul style="list-style-type: none"> <input type="checkbox"/> Toys <input type="checkbox"/> Coloring Books <input type="checkbox"/> Area for breastfeeding <input type="checkbox"/> Changing table in restroom
RESOURCES	WAITING ROOM ENVIRONMENT
<p><i>Please mark whether the following items are available:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Age-appropriate magazines <input type="checkbox"/> Updated magazines <input type="checkbox"/> Brochures relevant to population served at site <input type="checkbox"/> Brochures about additional services or resources <input type="checkbox"/> Brochures about integrated services or programs <input type="checkbox"/> Required posters on walls <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____ <input type="checkbox"/> Comment cards or suggestion box <input type="checkbox"/> Community event bulletin board <input type="checkbox"/> Resources available in multiple languages: <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____ 	<p><i>Please mark whether the following features apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Clean <input type="checkbox"/> Organized <input type="checkbox"/> Floor is vacuumed or clear of debris <p>Seating</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not Crowded <input type="checkbox"/> Comfortable Seats <input type="checkbox"/> Variety of seating options <ul style="list-style-type: none"> <input type="checkbox"/> Couches <input type="checkbox"/> Chairs <input type="checkbox"/> Child-appropriate furniture <p>Signage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clear signage <input type="checkbox"/> Appropriate signage <input type="checkbox"/> Good way-finding signage <input type="checkbox"/> ADA compliant design (Section 504)
PRIVACY	CHECK ONE
Did you overhear staff discussing client-sensitive information while in the waiting room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you hear staff expressing distress over their work environment or clients while in the waiting room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a designated space for confidential conversation away from the waiting room area?	<input type="checkbox"/> YES <input type="checkbox"/> NO



WAITING AREA (continued)

1. How many people are waiting? _____

2. Please rate the following statements on a scale from 1 to 5. Circle one per question.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The waiting area is welcoming .	1	2	3	4	5
The waiting area is easy to find and accessible from the front door.	1	2	3	4	5
The waiting area is well-utilized .	1	2	3	4	5
Clients in waiting area appear comfortable .	1	2	3	4	5
This space is accommodating to behavioral health consumers.	1	2	3	4	5
This space is accommodating to children and families .	1	2	3	4	5

NOTES:



Engagement

QUESTIONS FOR RECEPTIONIST

5. Are you fully staffed today (Reception Area/Front Desk)? YES NO

6. Are different services co-located here? YES NO

7. What do you do when someone comes in and doesn't speak English?

8. What do you do when a client or someone comes in that is yelling, upset, or visibly intoxicated?

9. What happens if someone needs services that are not offered here? How do you refer them to other programs?



Other Observations:

Please include your overall impressions of this site.

A large rectangular area with horizontal ruling lines, intended for handwritten notes and observations.



Other Observations (continued):

A large rectangular area with horizontal lines, intended for handwritten notes or observations.

Lake County MHSa Innovation Project: Site Visit Assessment Recommendations *Lucerne Clinic*



Prepared by:

Resource Development Associates

September 2013





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Executive Summary

Lake County is considered a small county according to its population of 64,665¹. Lake is not small in geography, however, covering over 1,300 square miles². With a population increase of over 10% in the past decade, almost 20% of the population below poverty level, and significant percentages of Latino and Tribal community members³, Lake County has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory.

In 2012, Lake County embarked on a process to bring together a committee that represents the diversity of Lake County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most and problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a peer perspective. Lake County's MHA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. The Steering Committee has planned and is currently implementing an evaluation of access and barriers to mental health services with a specific focus on the two County-run clinics (the South Shore and Lucerne clinics) and the three MHA-funded Wellness Centers (the Harbor on Main, The Bridge, and Circle of Native Minds). This report provides the results of the evaluation of accessibility and barriers for the Lucerne Clinic in Lucerne, CA.

Methodology

Lake County's MHA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed and is based on the following research question: How well does the facility promote an environment that is accessible, welcoming, engaging, culturally relevant, and integrated? The assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff.

Summary of Findings

The Steering Committee members reviewed and reflected on the data and developed consensus around the proceeding findings. In keeping with the format of the site visit assessment tool, findings are

¹ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>

² Lake County, "Lake County at a Glance," 2011, <http://www.lakecounty.com/AboutLC/Glance.htm>

³ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>



organized by each assessed area of the Lucerne Clinic (e.g. exterior environment, waiting room area, and reception/front desk). The Steering Committee also developed specific recommendations based on findings and are available in the full report.

Exterior Environment

The committee was in general agreement that the exterior of the site was well-maintained. They highlighted that the surrounding areas were sparse and in need of more functional exterior amenities. Appropriate and clear signage was a concern regarding the accessibility of the Lucerne Clinic. Currently, there is a need to consider additional signage to and from bus stops from both the highway and County Club Lane, and to indicate handicapped parking and bicycle racks. Overall, the committee noted the need for various transportation-related amenities, landscaping, and features that would that would encourage a more inviting, attractive, and welcoming clinic entrance.

Waiting Room Area

The committee agreed that the waiting room was generally accessible and easy to find from the front door. The waiting room was well maintained but needs to make additional efforts to be accommodating to families with children through the inclusion of a separate children's area. There was concern about the accessibility of the reception area from the clinic entrance, especially for those that are new to the clinic. Overall, the committee did not reach a consensus if the waiting room was warm and welcoming to patients. The committee expressed the need for decorative items, art, and seating options that could make the space more warm and comfortable, including elements to encourage better ambiance (music, etc.). The Committee devised creative ways for consumers to take an integral role in creating a better waiting room experience such as acting as greeters and displaying consumer art pieces on waiting room walls. The Committee noted that additional resources and brochures should be added about other behavioral health funded programs in Lake County.

Reception/Front Desk

During the two work sessions, the steering committee expressed concern about both reception staff and the location of the reception desk. The steering committee commented on the fact that the reception desk is difficult to find from the clinic entrance, especially for new patients. The reception desk is on the other side of a wall from the clinic waiting room, making way-finding to the reception area difficult. **Once at the reception desk, some committee members noted that the reception staff didn't even acknowledge their presence, appear friendly, or that engaged.** Committee members tended to agree that reception staff use positive language and tone, but one member observed reception staff using poor body language and appeared intentionally busy before engaging with clients. Committee members received conflicting information regarding client telephone use from the reception staff. Staff was not equally perceived by the Committee to have demonstrated substantial awareness of the diversity of consumer experiences and needs. The committee also noted that there may be a need to hire additional bilingual staff. During work sessions, several committee members agreed that reception staff did not appear excited or engaged with their jobs.



Introduction

Project Overview

Lake County Behavioral Health and the stakeholder community are invested in creating a networked system of clinics and wellness centers where individuals and families from any background are able to access needed services in an accessible, welcoming, engaging, culturally relevant and integrated manner. Through a community planning process, Innovation funds from the Mental Health Services Act (MHSA) were allocated in support of this shared goal.

In July 2012, Lake County Behavioral Health (LCBH) commenced implementation of its MHSA Innovation Project. The purpose of the Innovation project is to bring together a committee of representatives from identified underserved groups throughout the County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most. This approach is intended to problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a Peer perspective. Resource Development Associates (RDA) facilitates ongoing communication with and activities for the Steering Committee as well as project management, training, and technical assistance throughout the project.

Steering Committee Recruitment

Steering Committee members were recruited through a “snow-ball” technique, which began with potential members identified by the County. Through outreach and recruitment, RDA sought participation from identified members, and/or requested additional names and contact information for other potential participants.

The outreach and recruitment process yielded a diverse committee of 18 members with representation from the following communities, many of which were identified in the Innovation Plan as underserved groups:

- Asian Pacific Islander Community
- Tribal/Native American Community
- African American Community
- Latino Community
- Immigrants/English Learners
- Rural or Geographically Isolated
- Veterans
- Criminal Justice or Legal System Involvement
- Faith-Based Community
- Transitional Age Youth/Foster Care System
- Children
- Older Adults
- Homeless/Formerly Homeless
- LGBTQQIA Community
- Family/Care Providers
- Substance Abuse Problems
- Consumer Advocate/Person with Lived Experience

Steering Committee Activities

Lake County’s MHSA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in





order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. For the duration of the Innovation Project, Committee tasks will primarily consist of conducting site visit assessments at all five of Lake County's MHSA-funded clinics and wellness centers with the goal of developing recommendations in the five domains specified above and review of consumer perception survey data. This report will detail the results of the Committee's second site visit assessment conducted in May/June 2013 for the Lucerne Clinic located in Lucerne, California.

Methods

Lake County's MHSA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed through monthly work sessions with technical assistance from RDA. (See **APPENDIX A** for the site visit assessment tool.) RDA provided the Committee with trainings on survey tool design and evaluation in preparation for tool development.

The site visit assessment tool encompasses specific elements to encourage a service delivery environment that committee members determined to coincide with the MHSA Innovation Project vision. Using the five domains of inquiry as a frame of reference, the assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff. Site visit assessments have been designed to address the following research question:

How well does this facility promote an environment that is:

- *Accessible*
- *Welcoming*
- *Engaging*
- *Culturally Relevant, and*
- *Integrated?*

Steering Committee members conducted site visit assessments in groups of three or four at different times during business hours over the end of May and the beginning of June 2013. Site visits lasted between 30 minutes to 1 hour depending on the amount of time it took for the group to complete the evaluation. Paper-based assessment tools were submitted to RDA by June 7, 2013 and analyzed in preparation for the Committee's June 2013 work session.



Purpose

This report synthesizes the results of the Committee’s combined site visit assessments of the Lucerne Clinic and presents the Committee’s feedback developed over two 2- hour work sessions subsequent to the site visit assessment:

- **June 21, 2013**
Committee members analyzed and discussed the results of their Lucerne Clinic site visits. Based on the data the Committee collected, members developed a set of findings on the accessibility, welcoming, engaging, cultural relevance, and integrated nature of the clinic.
- **July 19, 2013**
Committee members developed recommendations to improve the Lucerne Clinic based on the data and five-fold vision of Lake County’s MHSA Innovations Project.

This report provides:

- An overview and analysis of the data collected through the site visit assessments; and
- Recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, and culturally relevant integrated service delivery experience for people in need of behavioral health services at the Lucerne Clinic.



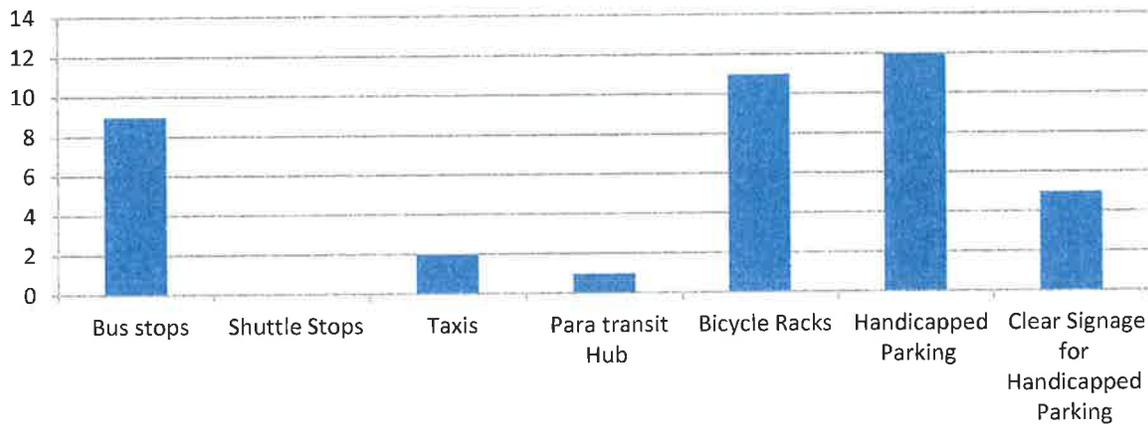
Data

This section presents the results of 10 site visit assessments mailed to RDA by Steering Committee members upon completion.⁴ Charts in this section appear in the same categorical order as in the site visit assessment tools: the Exterior Environment, the Waiting Room Area, and lastly, Reception/Front Desk.

Exterior Environment

Per the site visit assessment tool, committee members checked off boxes to indicate the presence of transportation amenities nearby (See **Chart 1**). Their assessments indicate a lack of shuttle stops and general agreement on the presence of bicycle racks, handicapped parking spaces with corresponding signage. Nine individuals indicated the presence of bus stops, pointing towards the need to consider better public transportation amenities in and around the site. During the June work session, the committee also agreed that more handicapped parking was needed, but was unsure of where the parking should be placed.

Chart 1. Surveys Indicating Transportation Amenities Nearby

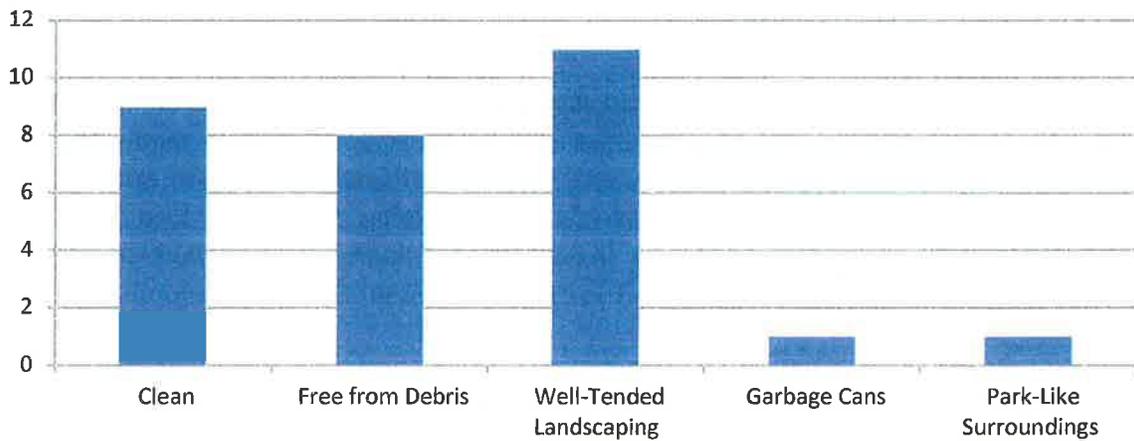


⁴ One assessment was completed per committee member who conducted the site assessment.



Chart 2 data indicates overwhelming agreement that the exterior environment of the Lucerne Clinic is well-maintained, clean, and free from debris. In the June work session, committee members explained that while clean, the existing landscaping is lacking, especially in the adjacent empty lots.

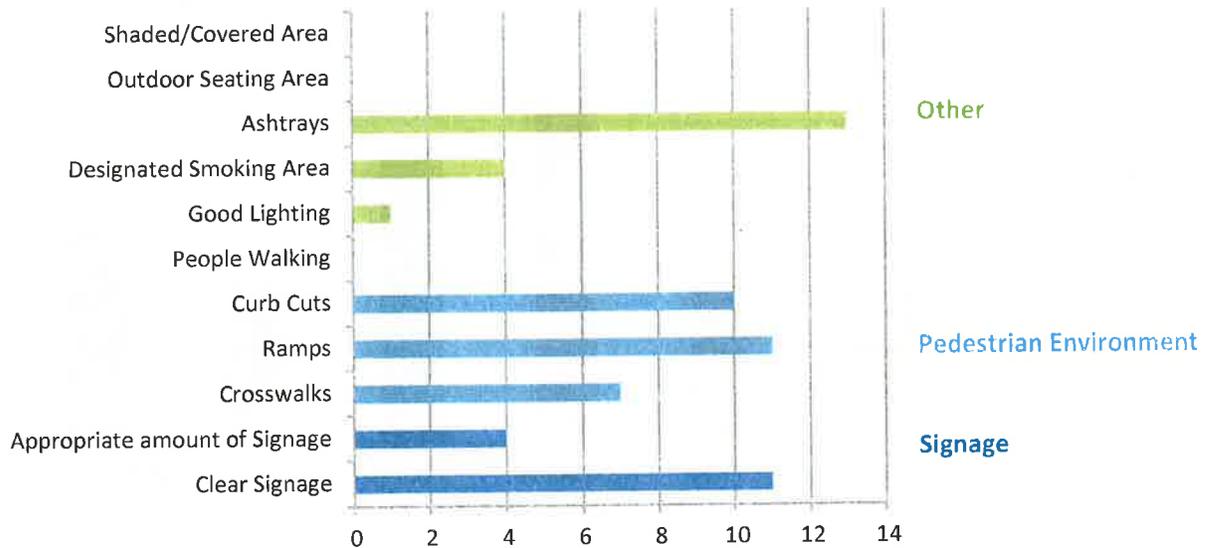
Chart 2. Surveys Indicating Maintenance Attributes





Surveyors assessed the presence of exterior amenities as detailed in **Chart 3**. The committee was in agreement over the presence of ashtrays, and the existence of curb cuts, ramps, and crosswalks for pedestrians and wheelchairs. The results also overwhelmingly indicate the lack of shaded/covered areas, outdoor seating, people walking around, and appropriate amount of signage.

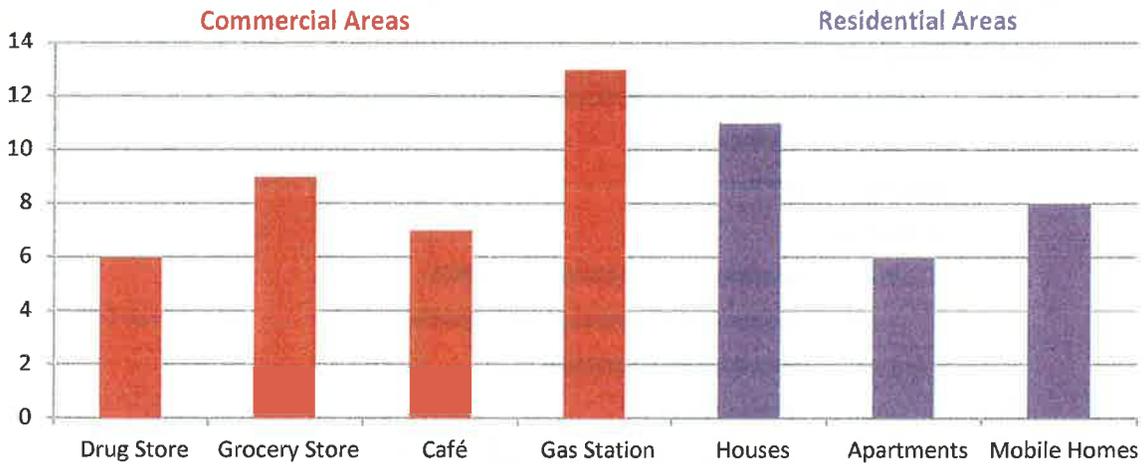
Chart 3. Surveys Indicating Exterior Amenities





The Committee determined the area surrounding the Lucerne Clinic as very mixed denoting there are a variety of amenities, such as a drug store, grocery store, café, and gas station, within a quarter of a mile from the site (Chart 4). Committee members also indicated the presence of houses and mobile homes near the Lucerne Clinic but were less sure about the presence of apartments.

Chart 4. Surveys Indicating Surrounding Geography

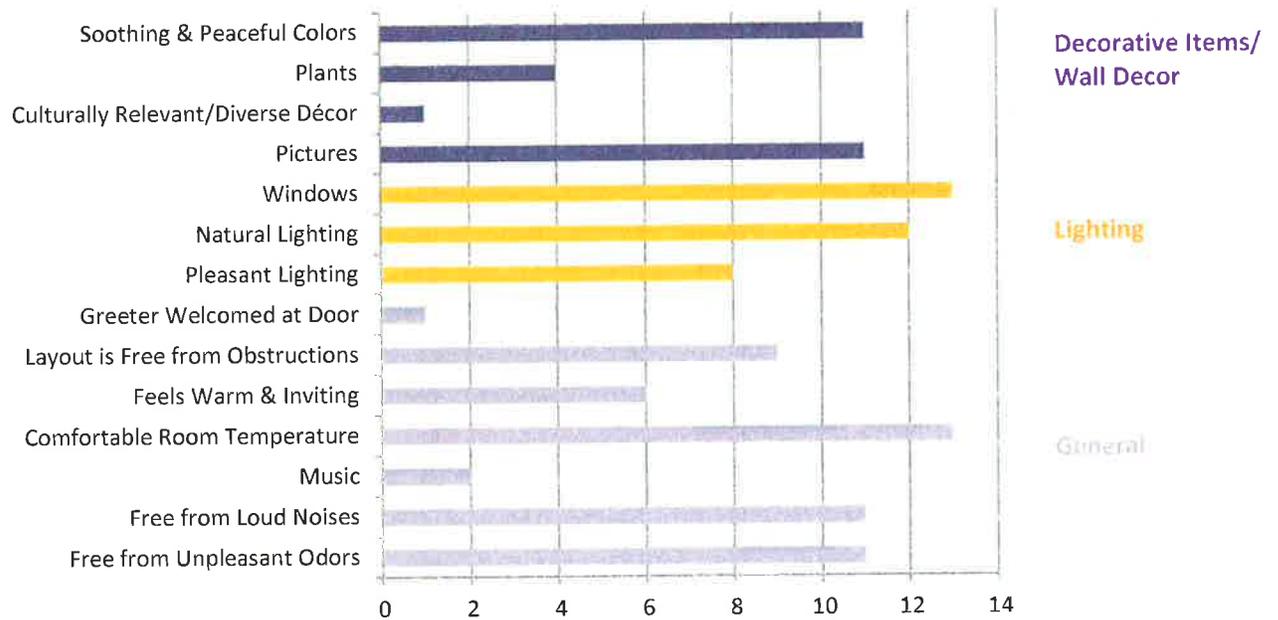




Waiting Room Area

Steering Committee members then assessed the interior environment of the waiting room at the Lucerne Clinic.

Chart 5. Surveys Indicating Ambiance Conditions/Items

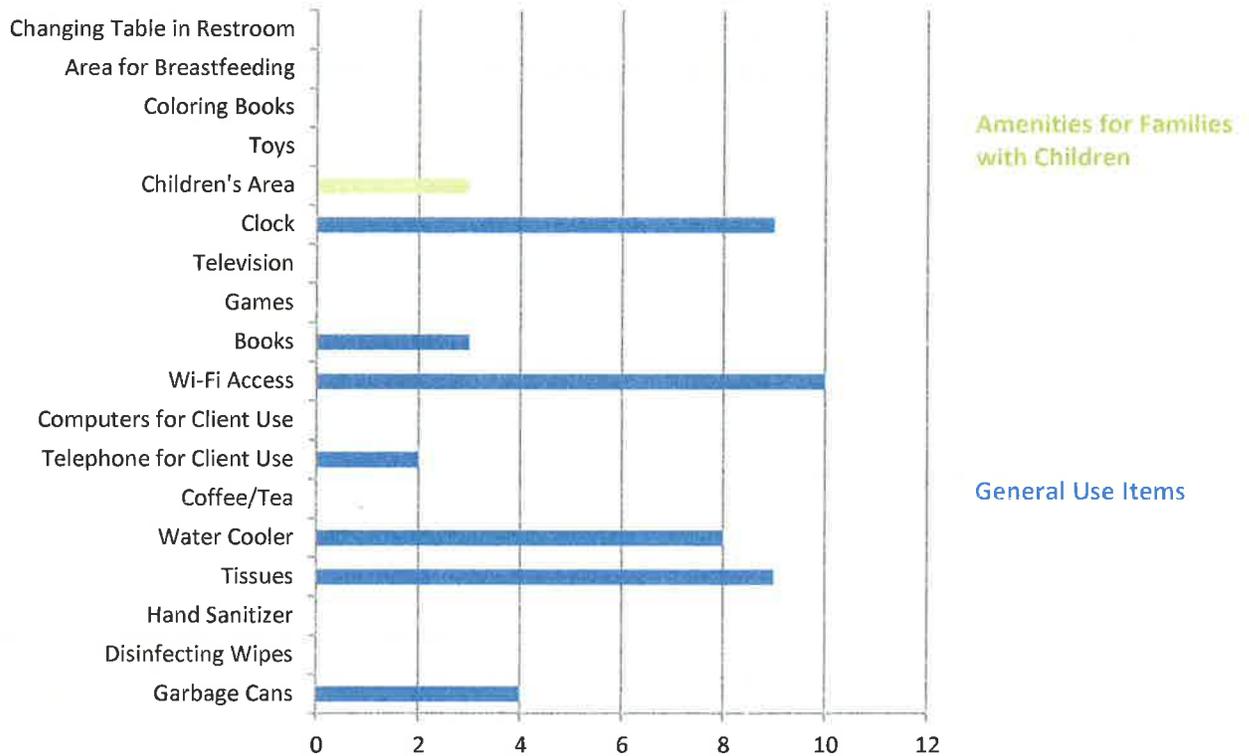


As indicated in **Chart 5**, Steering Committee members were in agreement over the lack of decorative items, wall décor, and culturally relevant or diverse pictures. The waiting area was deemed to be free from loud noises and unpleasant odors, to maintain a comfortable room temperature and a layout clear from obstructions. All committee members indicated the absence of music, and a greeter at the door. The committee generally agreed on the presence of windows in the waiting area allowing for natural, pleasant lighting. Further, the committee did not reach a consensus on whether the waiting room feels warm and inviting overall.



When asked to indicate amenities present (**Chart 6**), committee members agreed on the presence of a clock, Wi-Fi access, water cooler, and tissues. They also agreed on the lack of the following amenities: a television, computers for client use, disinfecting wipes, coffee/tea, and amenities for families with young children (namely toys, games, and a changing table in the restroom and a privacy room for breastfeeding). The committee was split over the presence of books, garbage cans, and a telephone for use by clients.

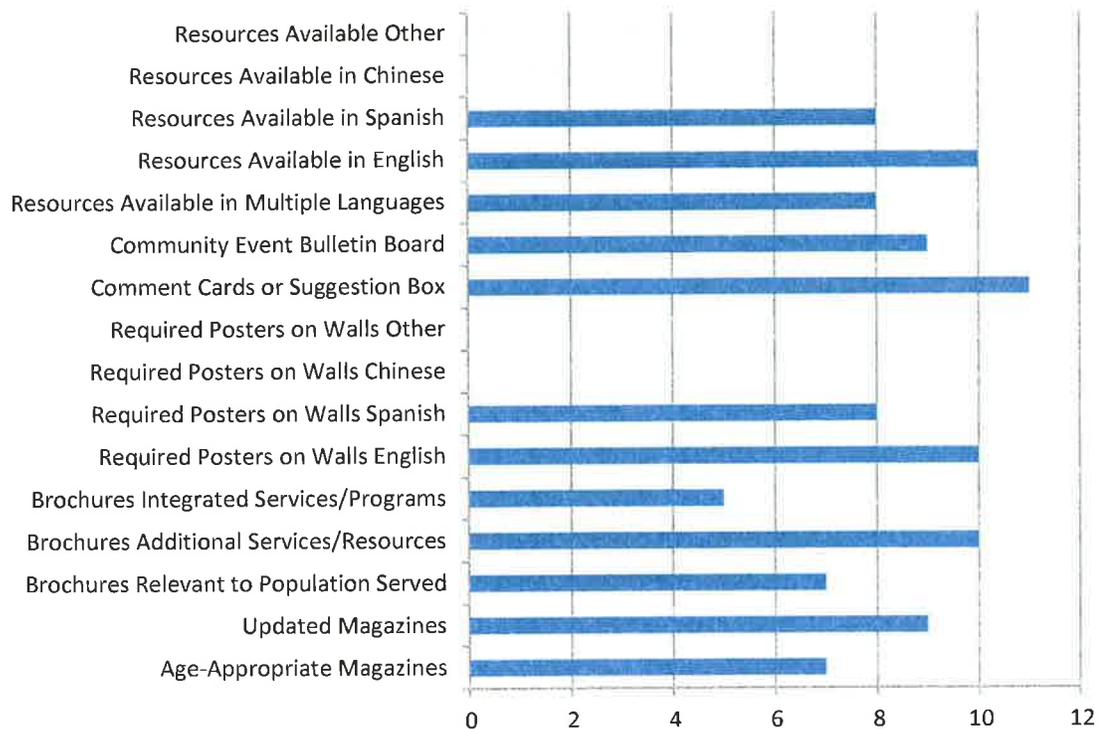
Chart 6. Surveys Indicating Amenities Present





In determining the type and availability of resources, committee members noted that resources, posters, and brochures were available in both English and Spanish, but not any other language. They indicated the presence of a community bulletin board and a comment/suggestion box. The Committee also unanimously pointed out the need to update and diversify available materials to include those relevant to other funded behavioral health programs in Lake County (Chart 7).

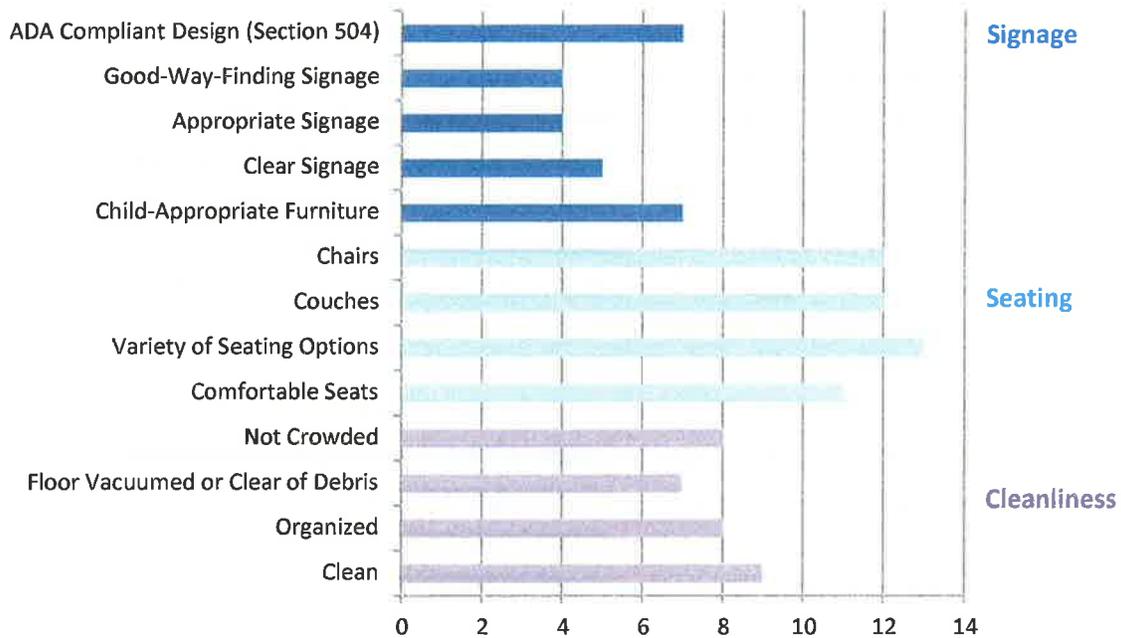
Chart 7. Surveys Indicating Available Resources





The committee's survey data depicts the need for more appropriate signage in the clinic (Chart 8). Surveys tended to agree on the presence of a variety of seating options. Overall, the waiting area was clean and free from debris but some committee members felt that the chair surfaces were dirty. During the work session, committee members unanimously agreed on the need to remove the couch from the waiting room.

Chart 8. Surveys Indicating Waiting Area Features





While survey results do not flag serious concern over breaches in privacy (depicted in **Chart 9**), some steering committee members did say they overheard private conversations in the waiting room. This points to the need to provide designated spaces where clinicians and staff could speak in private with clients. Committee members unanimously agreed that no one heard clients in distress during their site visits.

Chart 9. Surveys Indicating Levels of Privacy



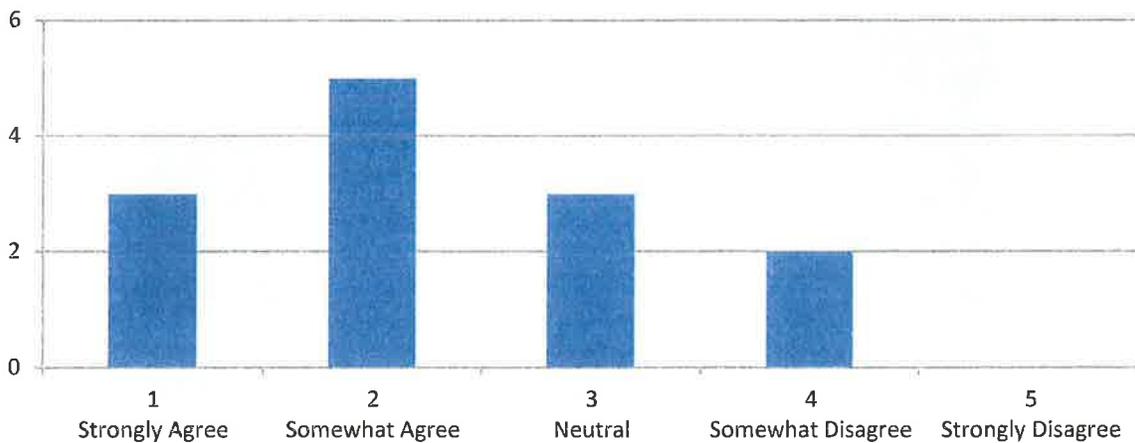


Likert Scale Charts

The committee then answered a series of Likert Scale questions about their perceptions of the waiting room and front desk staff.

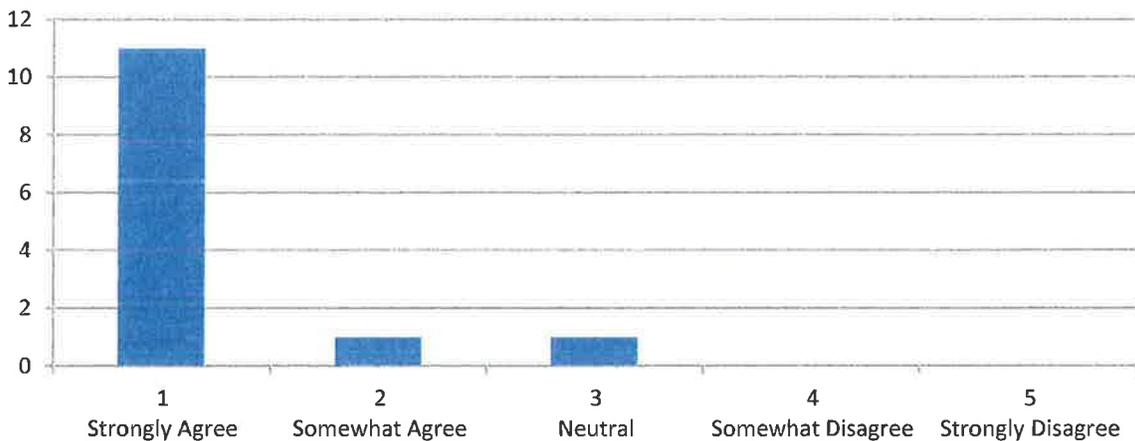
Surveys indicated that committee members did not agree on whether the Lucerne Clinic waiting room was warm and welcoming. However, not one individual strongly disagreed.

Chart 10. The waiting area is welcoming.



In terms of accessibility of the waiting area from the front door, committee members were almost unanimous in their agreement that the waiting room is easy to find and accessible (**Chart 11**).

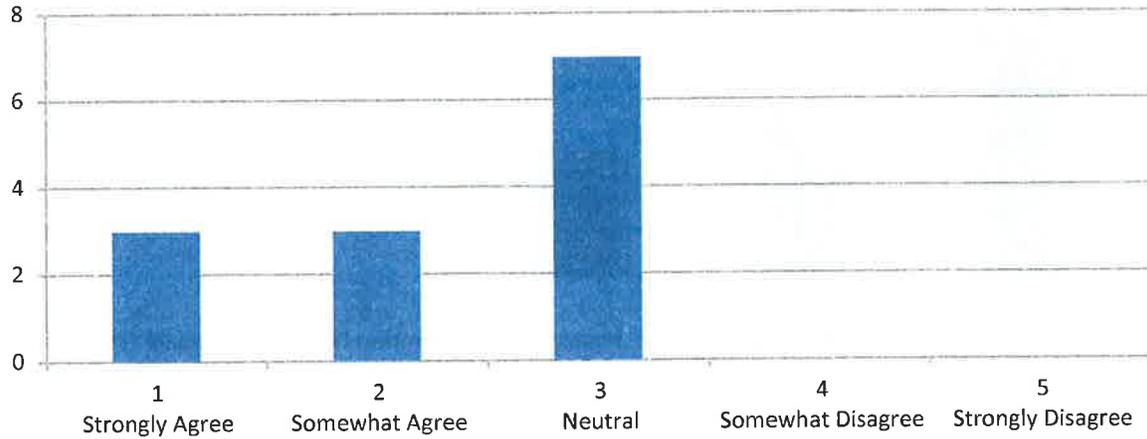
Chart 11. The waiting area is easy to find and accessible from the front door.





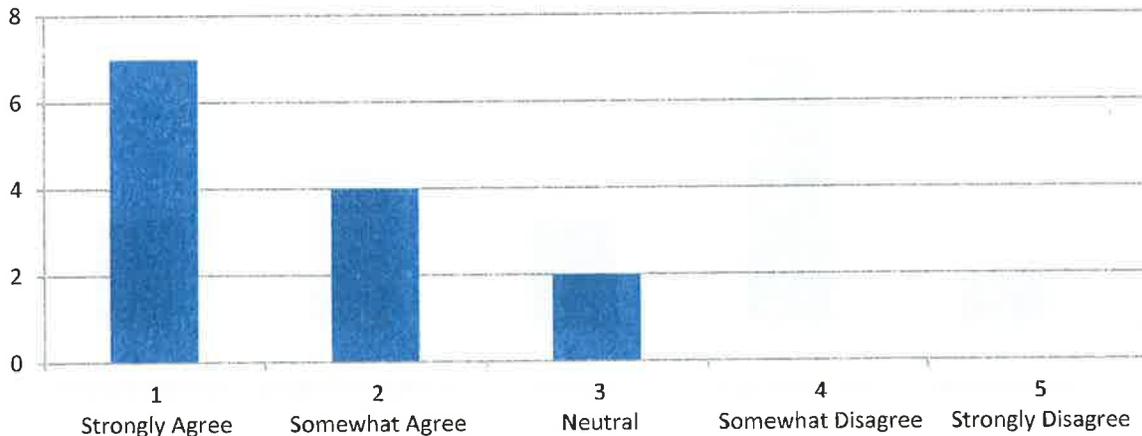
Since Steering Committee members conducted site visits at various times, the number of clients in the waiting room was not consistent among site assessments. This partially explains why the Committee was also seemingly neutral on whether the waiting room is well-utilized (Chart 12). The Committee felt relatively neutral and tended towards agreeing with the utility of the waiting room.

Chart 12. The waiting are is well-utilized.



Committee members tended to agree that clients appeared comfortable in the waiting room (Chart 13).

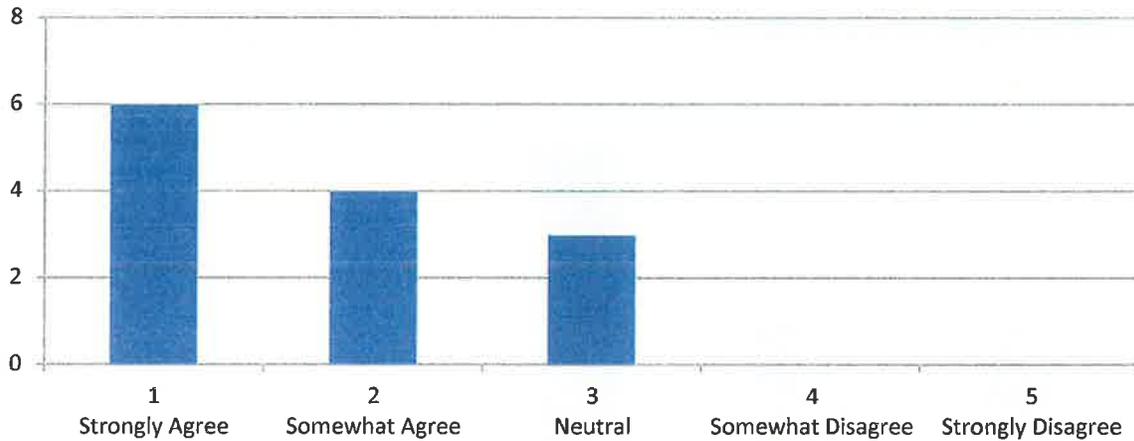
Chart 13. Clients in waiting area appear comfortable.





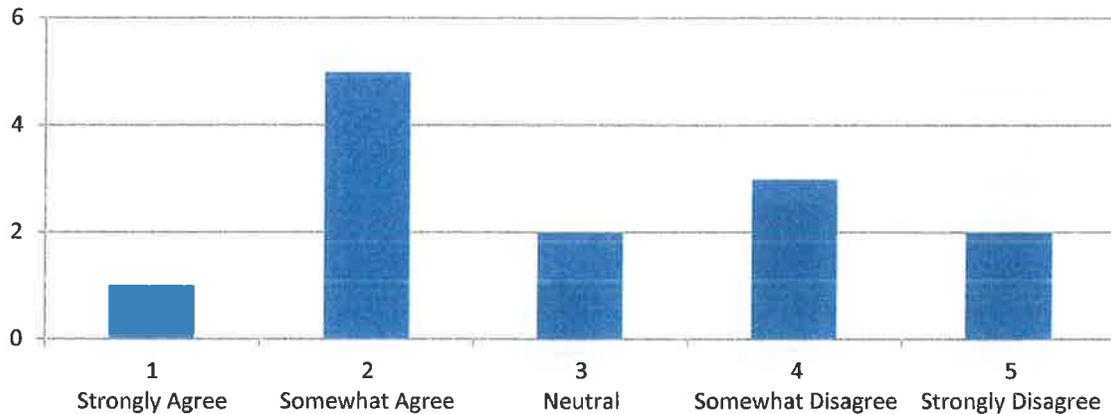
Similarly, steering committee members tended to agree that the waiting area is accommodating for behavioral health consumers (Chart 14).

Chart 14. This space is accommodating to behavioral health consumers.



In terms of the waiting room's accommodation for children and family, the committee was evenly split in their agreement and disagreement. Committee members expressed the need for child-friendly furniture, books, and games during the June and July work sessions.

Chart 15. This space is accommodating to children and families.



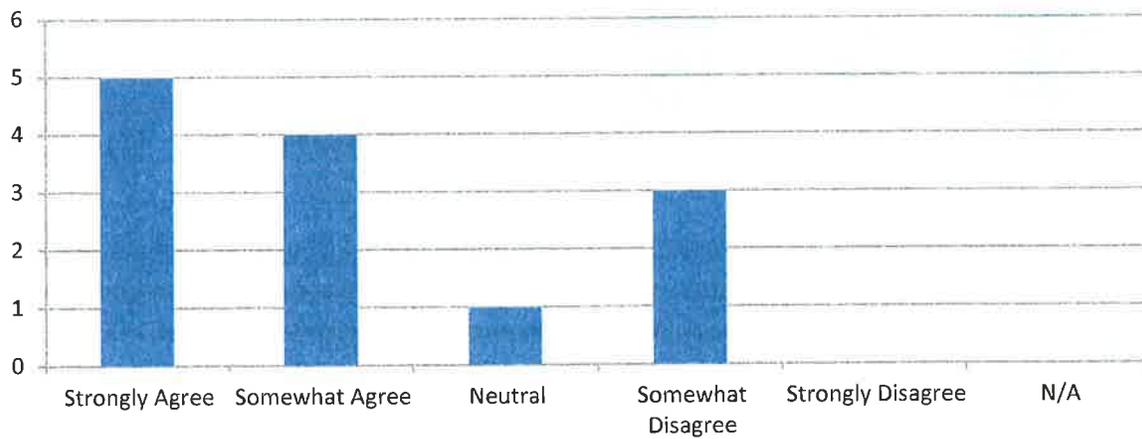


Reception/Front Desk

Likert Scale Charts⁵

Committee members also answered a series of Likert scale questions on their perception of the front desk. Although committee members found the waiting area at the Lucerne Clinic easy to find, they found that the reception area was not. Committee members felt that the layout of the clinic and placement of the reception desk may make first-time visitors or nervous patients uncomfortable (**Chart 16**).

Chart 16. The front desk is easy to find and accessible from the waiting area or entry area.

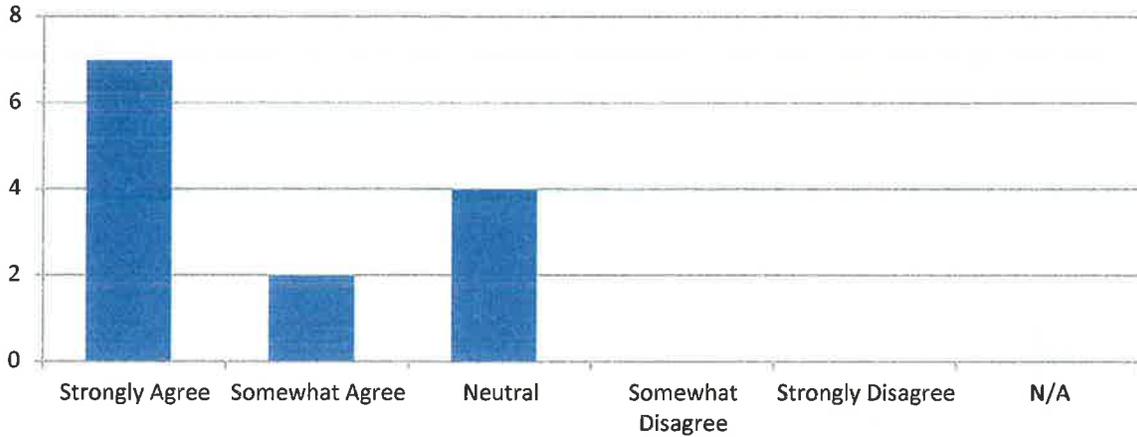


⁵ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



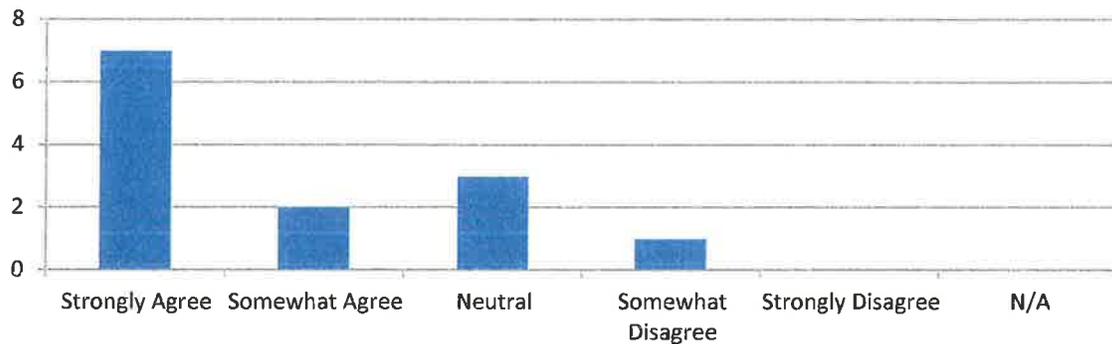
However, steering committee members tended to agree that the level of administrative staffing is sufficient to meet demand (Chart 17).

Chart 17. There is enough front desk/administrative staff to meet demand.



The committee was somewhat divided on reception staff use of positive language and tone of voice when speaking with clients. One committee member in particular felt reception staff used poor body language and would appear busy up to the point of actually engaging in conversation (Chart 18).

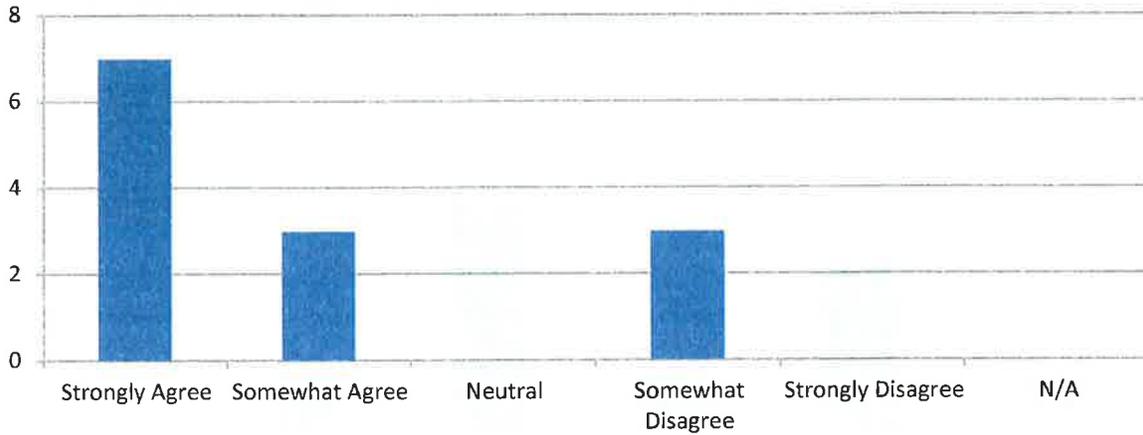
Chart 18. Reception staff uses positive language and tone of voice with clients.





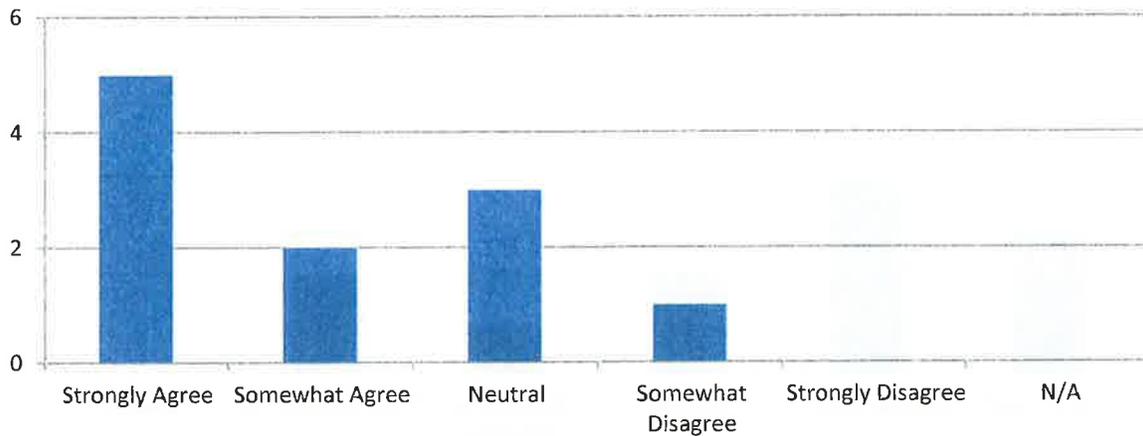
Committee members were similarly split about the relative friendliness of reception staff (**Chart 19**).

Chart 19. Reception staff appears friendly.



Committee members appeared divided over whether reception staff demonstrated awareness of diverse consumer experiences and needs (**Chart 20**). Most tended to agree, however some were neutral or disagreed with reception staff having demonstrated awareness of consumer experiences or needs.

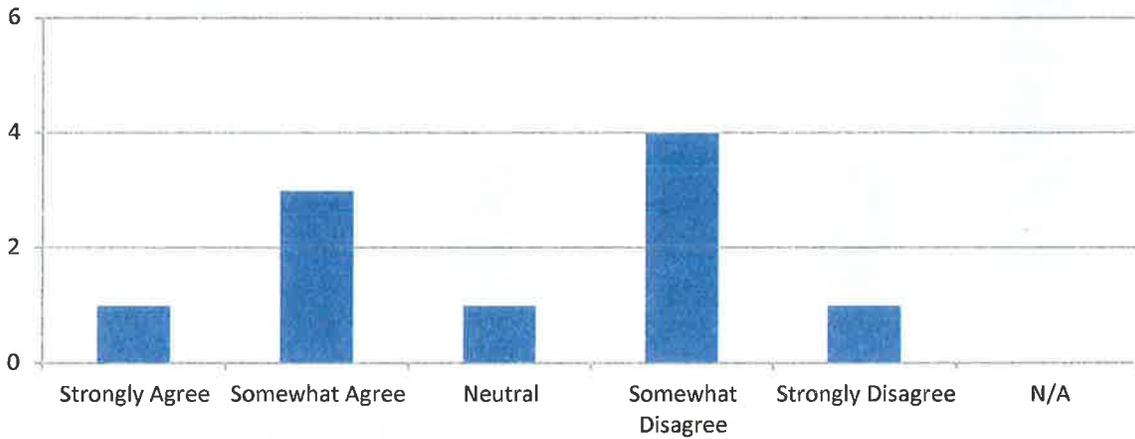
Chart 20. Reception staff demonstrates awareness of diverse consumer experiences and needs.





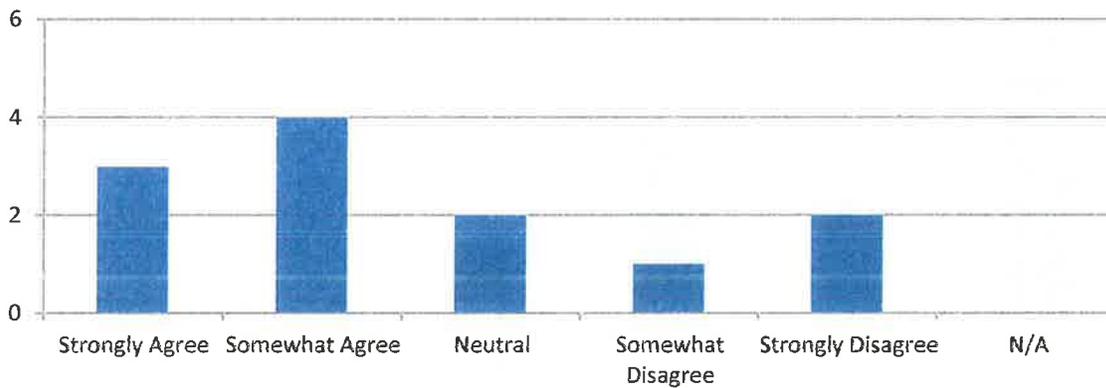
The committee was uncertain about the cultural and linguistic capacity of staff (**Chart 21**). Some were neutral, however the majority of results veered towards perceiving staff as not equipped with the appropriate level of cultural and linguistic capacity.

Chart 21. Reception Staff appears to have an appropriate level of cultural and linguistic capacity.



The committee was similarly split about their perceptions of staff appearing excited and engaged about their jobs, but overall they trended towards positive (**Chart 22**).

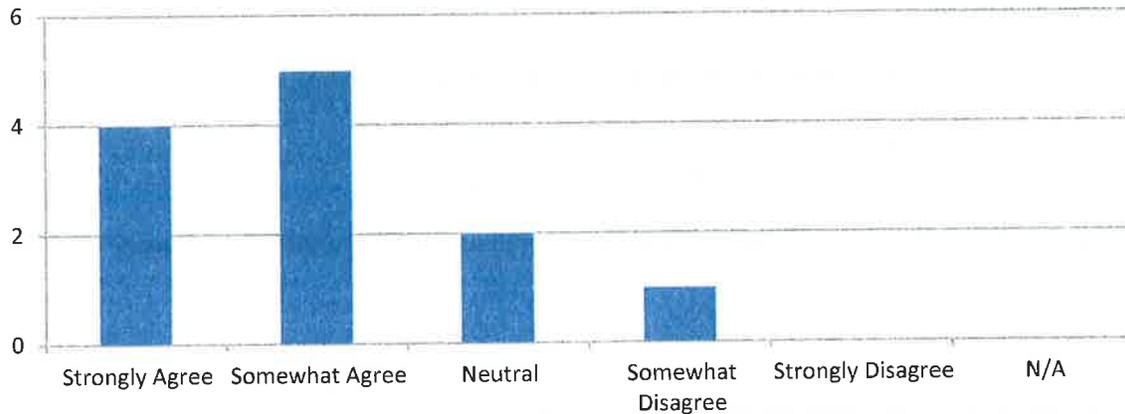
Chart 22. Reception staff appears excited and engaged about their jobs.





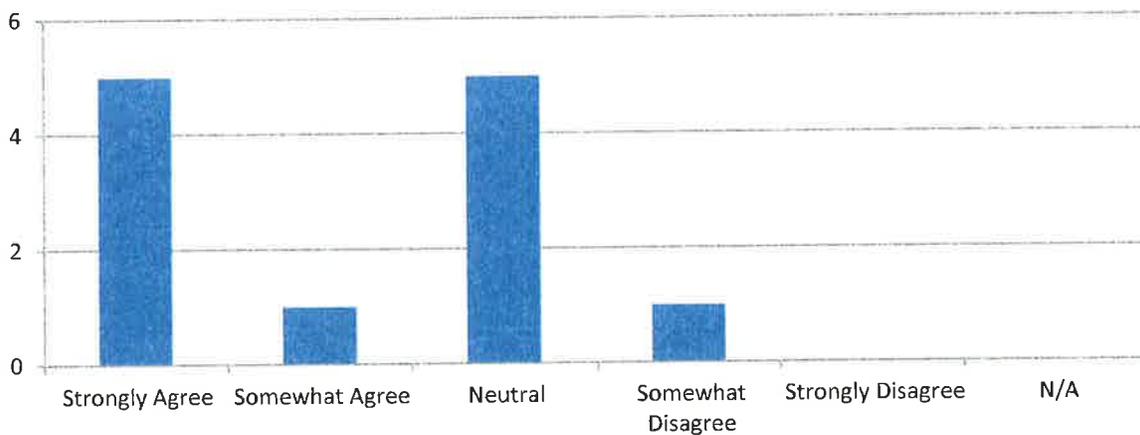
Most of the committee perceived clients as being treated kindly by reception staff (**Chart 23**). The majority of responses were in agreement with one member who somewhat disagreed.

Chart 23. Clients are treated kindly by reception staff.



Committee members also tended to agree or feel neutral that reception staff is informative and equipped to answer questions that arise from clients (**Chart 24**); only one member somewhat disagreed with this statement. During work sessions, the committee felt receptionists lacked knowledge about referrals, but they also questioned the level of knowledge that is required of them.

Chart 24. Reception staff is informative and can answer client questions.





Engagement

For open-ended questions with the receptionist, Steering Committee members received consistent responses as detailed below. While reception staff are prepared to address difficult situations, they are less equipped with the cultural and linguistic capacity to engage with non-English or Limited English Proficient individuals.

What do you do when someone comes in and doesn't speak English?

- Direct them to a language line.
- Refer to a bilingual staff member that can offer translation.

What do you when a client or someone comes in that is yelling, upset, or visibly intoxicated?

- Reassure the client.
- Get clinical staff.

What happens if someone needs services not offered here?

- Provide a brochure or phone number of other services.
- Get clinical staff.



Recommendations

In the July 19, 2013 work session Steering Committee members revisited the data presented in the June work session and developed the proceeding recommendations. In keeping with the format of the site visit assessment tool, recommendations were developed for each assessed area of the Lucerne Clinic.

Exterior Environment

Discussion

The committee was in general agreement that the exterior of the site was well-maintained. They highlighted that the surrounding areas were sparse and in need of more functional exterior amenities. Appropriate and clear signage was a concern regarding the accessibility of the Lucerne Clinic. Currently, there is a need to consider additional signage to and from bus stops from both the highway and County Club Lane, and to indicate handicapped parking and bicycle racks. Overall, the committee noted the need for various transportation-related amenities, landscaping, and features that would that would encourage a more inviting, attractive, and welcoming clinic entrance.

Recommendations

Signage

- Add signage that notifies patients of the handrail along the ramp.
- Add signage for the clinic directly off the highway and from Country Club Lane near the bus stop.
- Add signs that clearly mark direction toward bus stops.

Landscaping

- Explore the possibility of adding mulch to the adjacent lot.

Transportation

- Add handicapped parking signage.
- If demand increases for additional bicycle parking, consider adding more bicycle racks.
- Encourage the county to continue discussing how to increase bus accessibility with the local transportation authority.

Exterior Amenities

- Reduce trip hazard by extending the handrail or cut the curb.
- Consider the installation of awnings with benches underneath on the outside of the building, if the property owner permits.



Other Concerns

- The Committee has been made aware of recent vandalism around the Lucerne Clinic, but addressing these events is outside the purview of this report

Waiting Room Area

Discussion

The committee agreed that the waiting room was generally accessible and easy to find from the front door. The waiting room was well maintained but needs to make additional efforts to be accommodating to families with children through the inclusion of a separate children's area. There was concern about the accessibility of the reception area from the clinic entrance, especially for those that are new to the clinic. Overall, the committee did not reach a consensus if the waiting room was warm and welcoming to patients. The committee expressed the need for decorative items, art, and seating options that could make the space more warm and comfortable, including elements to encourage better ambiance (music, etc.). The Committee devised creative ways for consumers to take an integral role in creating a better waiting room experience such as acting as greeters and displaying consumer art pieces on waiting room walls. The Committee noted that additional resources and brochures should be added about other behavioral health funded programs in Lake County.

Recommendations

Ambiance/Decor

- Add ambient music at a low decibel level that is subtle and agreeable.
 - As an alternative to music, incorporate nature or soothing sounds.
- Add indoor plants that require low maintenance.

General Amenities

- Add pictures, posters, inspirational slogans, and culturally relevant décor.
 - Encourage décor that is relevant and diverse (e.g. recovery-oriented slogans, LGBT-friendly).
 - Hang client artwork (e.g. knitting) on walls.
 - Consider supporting a mural project that client artists can paint.
 - Artwork can rotate among clinics to encourage a more dynamic experience.
- Provide space for a mural that clients are commissioned to paint.
- Consider having a pay phone installed outside of the clinic or adding a courtesy call-out phone line for patient use.

Welcoming Environment

- Introduce some form of an information hub:



- Consider the introduction of an information kiosk with a volunteer peer that can answer general questions, similar to an information desk at in a hospital. (It is understood that this may pose a staffing issue).
- Consider an information hotline phone where consumers can reach a live person or a recording that can help answer or direct inquiries to the appropriate individuals.

Seating

- Remove the waiting room couch.

Resources/Reading Materials

- Provide a brochure rack with integrated materials for AOD and Mental Health.
- Add resources for parents.
- Make resources available for all age groups.
 - Make age-appropriate magazines and reading material available for teenagers.
- Increase the volume and variety of materials available.
- Increase the number of resources relevant to the service population (e.g. recovery and specific illnesses).
 - National Alliance on Mental Illness (NAMI) and Substance Abuse and Mental Health Services Administration (SAMHSA) have free pamphlets and brochures.
- Maintain updated materials (magazines, newspapers, etc.).

Amenities for children

- Create a designated bookshelf for children's toys/books
- Make toys, tables, coloring pages, and crayons available for children.

Restrooms

- Add a changing table.
- Add signage to differentiate drug test restroom from regular restrooms.

Reception/Event Desk

Discussion

During the two work sessions, the steering committee expressed concern about both reception staff and the location of the reception desk. The steering committee commented on the fact that the reception desk is difficult to find from the clinic entrance, especially for new patients. The reception desk is on the other side of a wall from the waiting room, making way-finding to the reception area difficult. Once at the reception desk, some committee members noted that the reception staff didn't even acknowledge their presence, appear friendly, or that engaged. Committee members tended to agree that reception staff use positive language and tone, but one member observed reception staff using poor body



language and appeared intentionally busy before engaging with clients. Committee members received conflicting information regarding client telephone use from the reception staff. Staff was not equally perceived by the Committee to have demonstrated substantial awareness of the diversity of consumer experiences and needs. The committee also noted that there may be a need to hire additional bilingual staff. During work sessions, several committee members agreed that reception staff did not appear excited or engaged with their jobs.

Recommendations

- Install a window in between the waiting room and reception area. The committee notes that the window is necessary for the safety of both patients and the reception staff. The Committee acknowledges that LCBH is in the process of implementing this recommendation currently.
- Remove video camera from the waiting room.
- Encourage reception staff to be more proactive in engaging with patients.
- Provide reception staff with customer service training that includes:
 - Awareness of the diverse needs and experiences of patients.
 - How to assist limited-English proficient clients in need of translation assistance.
 - LCBH can create a script that includes language line instructions for the reception staff to use.
 - Develop a written handout for reception staff to give limited-English proficient clients that offers a choice between using the language line or when to return to speak with a bilingual staff person.
- Incorporate the use of greeters at the front door to extend a warm welcome.
 - Volunteers can act as greeters and provide general information about services and site amenities.
- Develop standard practice or protocol around client phone use at reception area.
- The limited linguistic capacity of front desk staff (beyond English) presents LCBH with an opportunity to recruit staff fluent in Spanish and any other language deemed relevant to the County's targeted service population.



Appendix



Appendix A: Site Visit Assessment Tool

Introduction

- Please complete this form during your site visit.
- The purpose of this site visit is to answer the following research question: *“How well does this facility promote an environment that is accessible, welcoming, engaging, culturally relevant and integrated?”*



General Information

Date: _____ Site: _____

Site Address: _____

Main Contact Name: _____

Duration of Site Visit: _____

Evaluation Team Members conducting the visit:



Welcoming Environment

WAITING AREA Please use the checkboxes below to assess the **waiting area environment** of the site. Include any comments you have for this section in the notes section on the next page.

AMBIANCE	AMENITIES
<p><i>Please mark whether the following conditions/items apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Free from unpleasant odors <input type="checkbox"/> Free from loud noises <input type="checkbox"/> Music <input type="checkbox"/> Comfortable room temperature <input type="checkbox"/> Feels warm and inviting <input type="checkbox"/> Layout is free from obstructions <input type="checkbox"/> A greeter welcomed me at the door <p>Lighting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pleasant lighting <input type="checkbox"/> Natural lighting <input type="checkbox"/> Windows <p>Decorative Items/Wall Decor</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pictures <input type="checkbox"/> Culturally relevant/diverse decorations <input type="checkbox"/> Plants <input type="checkbox"/> Soothing and peaceful colors <input type="checkbox"/> Soothing and peaceful textures 	<p><i>Please mark whether the following items are available:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Garbage cans <input type="checkbox"/> Disinfecting wipes <input type="checkbox"/> Hand sanitizer <input type="checkbox"/> Tissues <input type="checkbox"/> Water cooler <input type="checkbox"/> Coffee and/or tea <input type="checkbox"/> Telephone for client use <input type="checkbox"/> Computers for client use <input type="checkbox"/> Wi-Fi access <input type="checkbox"/> Books <input type="checkbox"/> Games <input type="checkbox"/> Television <input type="checkbox"/> Clock <input type="checkbox"/> Children's Area <ul style="list-style-type: none"> <input type="checkbox"/> Toys <input type="checkbox"/> Coloring Books <input type="checkbox"/> Area for breastfeeding <input type="checkbox"/> Changing table in restroom
RESOURCES	WAITING ROOM ENVIRONMENT
<p><i>Please mark whether the following items are available:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Age-appropriate magazines <input type="checkbox"/> Updated magazines <input type="checkbox"/> Brochures relevant to population served at site <input type="checkbox"/> Brochures about additional services or resources <input type="checkbox"/> Brochures about integrated services or programs <input type="checkbox"/> Required posters on walls <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____ <input type="checkbox"/> Comment cards or suggestion box <input type="checkbox"/> Community event bulletin board <input type="checkbox"/> Resources available in multiple languages: <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other _____ 	<p><i>Please mark whether the following features apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Clean <input type="checkbox"/> Organized <input type="checkbox"/> Floor is vacuumed or clear of debris <p>Seating</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not Crowded <input type="checkbox"/> Comfortable Seats <input type="checkbox"/> Variety of seating options <ul style="list-style-type: none"> <input type="checkbox"/> Couches <input type="checkbox"/> Chairs <input type="checkbox"/> Child-appropriate furniture <p>Signage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clear signage <input type="checkbox"/> Appropriate signage <input type="checkbox"/> Good way-finding signage <input type="checkbox"/> ADA compliant design (Section 504)
PRIVACY	CHECK ONE
<p>Did you overhear staff discussing client-sensitive information while in the waiting room?</p> <p>Did you hear staff expressing distress over their work environment or clients while in the waiting room?</p> <p>Is there a designated space for confidential conversation away from the waiting room area?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>



WAITING AREA (continued)

1. How many people are waiting? _____
2. Please rate the following statements on a scale from 1 to 5. Circle one per question.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The waiting area is welcoming .	1	2	3	4	5
The waiting area is easy to find and accessible from the front door.	1	2	3	4	5
The waiting area is well-utilized .	1	2	3	4	5
Clients in waiting area appear comfortable .	1	2	3	4	5
This space is accommodating to behavioral health consumers.	1	2	3	4	5
This space is accommodating to children and families .	1	2	3	4	5

NOTES:



RECEPTION/FRONT DESK AREA

3. How many staff people are at the front desk? _____

4. Please rate the following statements on a scale from 1 to 5. Circle one per question.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The front desk is easy to find and accessible from the waiting room or entry area.	1	2	3	4	5
There is enough front desk/administrative staff to meet demand.	1	2	3	4	5
Reception staff uses positive language and tone of voice with clients.	1	2	3	4	5
Reception staff appears friendly .	1	2	3	4	5
Reception staff demonstrates awareness of diverse consumer experiences and needs .	1	2	3	4	5
Reception staff appears to have an appropriate level of cultural and linguistic capacity .	1	2	3	4	5
Reception staff appears excited and engaged about their jobs.	1	2	3	4	5
Clients are treated kindly by reception staff.	1	2	3	4	5
Reception staff is informative and can answer client questions.	1	2	3	4	5

NOTES:

Handwritten notes area with horizontal lines for writing.



Engagement

QUESTIONS FOR RECEPTIONIST

5. Are you fully staffed today (Reception Area/Front Desk)? YES NO

6. Are different services co-located here? YES NO

7. What do you do when someone comes in and doesn't speak English?

8. What do you do when a client or someone comes in that is yelling, upset, or visibly intoxicated?

9. What happens if someone needs services that are not offered here? How do you refer them to other programs?



Other Observations:

Please include your overall impressions of this site.

A large rectangular area with horizontal lines, intended for handwritten notes or observations.



Other Observations (continued):

A large rectangular area with horizontal lines, intended for handwritten notes or observations.

Lake County MHSAs Innovation Project: Site Visit Assessment Recommendations *The Harbor on Main TAY Resource Center*



Prepared by:

Resource Development Associates

February 2014

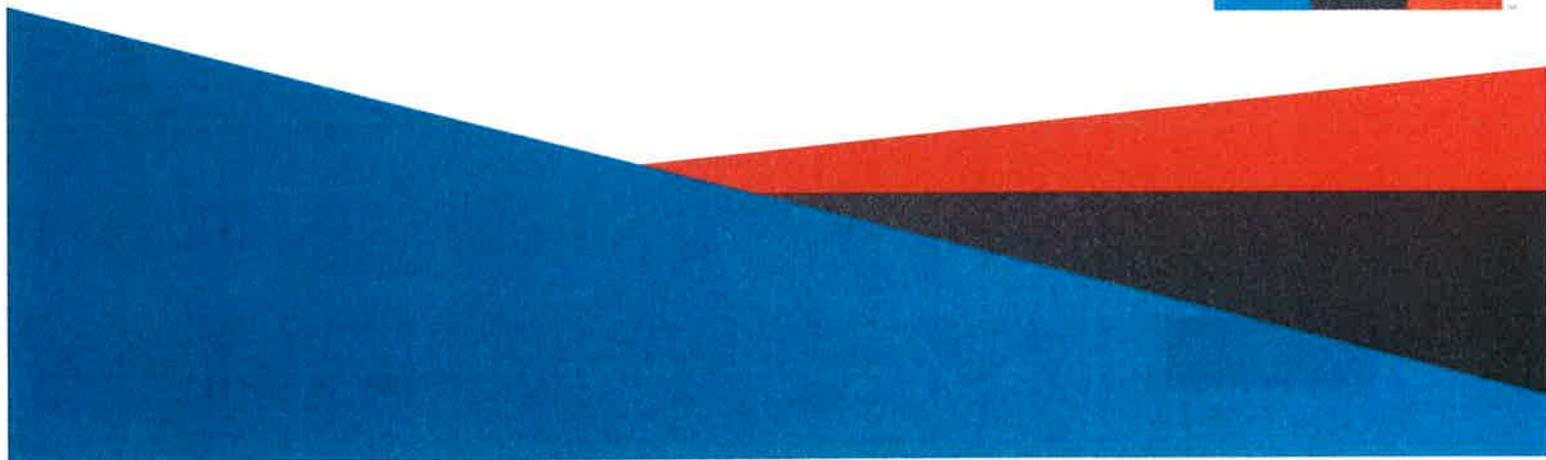




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Executive Summary

Lake County is considered a small county according to its population of 64,665¹. Lake is not small in geography, however, covering over 1,300 square miles². With a population increase of over 10% in the past decade, almost 20% of the population below poverty level, and significant percentages of Latino and Tribal community members³, Lake County has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory.

In 2012, Lake County embarked on a process to bring together a committee that represents the diversity of Lake County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most and problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a peer perspective. **Lake County's MHSA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to Lake County Behavioral Health (LCBH) in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services.** The Steering Committee has planned and is currently implementing an evaluation of access and barriers to mental health services with a specific focus on the two County-run clinics (the South Shore and Lucerne clinics) and the three MHSA-funded Wellness Centers (the Harbor on Main, The Bridge, and Circle of Native Minds). This report provides the results of the evaluation of accessibility and barriers for The Harbor on Main TAY Resource Center in Lower Lake, CA.

Methodology

Lake County's MHSA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed and is based on the following research question: How well does the facility promote an environment that is accessible, welcoming, engaging, culturally relevant, and integrated? The assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff.

Summary of Findings

The Steering Committee members reviewed and reflected on the data and developed consensus around the proceeding findings. In keeping with the format of the site visit assessment tool, findings are

¹ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>

² Lake County, "Lake County at a Glance," 2011, <http://www.lakecounty.com/AboutLC/Glance.htm>

³ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>



organized by each assessed area of The Harbor on Main Transitional Age Youth (TAY) Resource Center (e.g. exterior environment, interior environment, and resource center staff). The Steering Committee also developed specific recommendations based on findings and are available in the full report.

Exterior Environment

Steering committee members were in general consensus that the exterior of The Harbor is well maintained with several amenities present. The committee noted that The Harbor was located in a business corridor surrounded by a grocery store, café, gas station, and homes. The committee agreed on the presence of transportation amenities such as bus stops, handicapped parking, and bicycle racks in the back parking lot at The Harbor. **Although the committee felt The Harbor's exterior functional and clean**, the committee noted the presence of trash and debris in the bushes at the front entrance. Appropriate and clear signage was a small issue for the committee, noting that there could be a larger, more prominent sign in front of the building and better signage directing visitors to the back parking lot and bicycle racks. During the assessment period, the committee acknowledged that The Harbor staff are already moving forward with installing a more prominent sign to install at the front of the building.

Entrance & Interior Environment

Overall, the steering committee felt that The Harbor on Main is comfortable, warm, and welcoming. The steering committee agreed that the space is accommodating, well decorated, colorful, and suits the needs of consumers very well. The committee felt mixed about the layout of The Harbor on Main, but it did not detract from the overall open, airy, light-filled, and organized space. One committee member stated that the Harbor on Main seems "like a happy place to be in." Initially, the committee felt unsure of why there were informational brochures on Sexually Transmitted Diseases (STDs) and HIV/AIDS in the bathrooms, but was impressed to learn that brochures are kept there to preserve the anonymity of consumers who may feel uncomfortable asking staff for those resources. The committee suggested The Harbor include additional resources on general behavioral health services. The committee agreed on several other observations that The Harbor on Main is already working to resolve, including:

1. The committee noted the lack of changing tables in the restrooms. The Harbor on Main has already submitted a request to the landlord to install changing tables and is waiting for the approval.
2. The committee noted the lack of a designated breast-feeding area. The Harbor on Main maintains a policy to make any private therapy room available for breastfeeding mothers when needed.
3. The Committee observed outdated LCBH brochures at The Harbor. The Harbor staff acknowledges that a request has already been submitted to receive more up-to-date brochures for county behavioral health services.

Resource Center Staff

The steering committee unanimously acknowledged the large extent to which The Harbor staff were welcoming, friendly, and knowledgeable. The committee observed staff and consumers equally engaged



in the people and programs. The committee acknowledged how The Harbor staff appear to really care about the work and the consumers who attend the site. Committee members noted how busy The Harbor **seemed across site assessments; it was noted during the committee’s December 2013 work session** that it would take 3 FTEs to fully staff The Harbor on Main TAY Resource Center. The steering committee felt supportive of how The Harbor staff handle consumers who may come to The Harbor intoxicated by letting the consumer know to take a walk and come back when they’re sober. To that effect, one committee member said, “there were clear boundaries but they came from a non-judgmental place.” Another committee member reiterated how much The Harbor staff are appreciated by the Latino/Hispanic community for allowing use of The Harbor’s space and their community clothing closet.

Introduction

Project Overview

Lake County Behavioral Health and the stakeholder community are invested in creating a networked system of clinics and wellness centers where individuals and families from any background are able to access needed services in an accessible, welcoming, engaging, culturally relevant and integrated manner. Through a community planning process, Innovation funds from the Mental Health Services Act (MHSA) were allocated in support of this shared goal.

In July 2012, Lake County Behavioral Health (LCBH) commenced implementation of its MHSA Innovation Project. The purpose of the Innovation project is to bring together a committee of representatives from identified underserved groups throughout the County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most. This approach is intended to problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a Peer perspective. Resource Development Associates (RDA) facilitates ongoing communication with and activities for the Steering Committee as well as project management, training, and technical assistance throughout the project.

Steering Committee Recruitment

Steering Committee members were recruited through a “snow-ball” technique, which began with potential members identified by the County. Through outreach and recruitment, RDA sought participation from identified members, and/or requested additional names and contact information for other potential participants.

The outreach and recruitment process yielded a diverse committee of 18 members with representation from the following communities, many of which were identified in the Innovation Plan as underserved groups:

- Asian Pacific Islander Community
- African American Community
- Tribal/Native American Community
- Latino Community





Lake County Behavioral Health Department

MHSA Innovations Project – Harbor on Main Resource Center Recommendations

- Immigrants/English Learners
- Rural or Geographically Isolated
- Veterans
- Criminal Justice or Legal System Involvement
- Faith-Based Community
- Transitional Age Youth/Foster Care System
- Children
- Older Adults
- Homeless/Formerly Homeless
- LGBTQQIA Community
- Family/Care Providers
- Substance Abuse Problems
- Consumer Advocate/Person with Lived Experience

Steering Committee Activities

Lake County's MHSA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. For the duration of the Innovation Project, Committee tasks will primarily consist of conducting site visit assessments at all five of Lake County's MHSA-funded clinics and wellness centers with the goal of developing recommendations in the five domains specified above and review of consumer perception survey data. This report will detail the results of the Committee's fourth site visit assessment conducted in September 2013 for The Harbor on Main TAY Resource Center in Lower Lake, CA.

Methods

Lake County's MHSA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed through monthly work sessions with technical assistance from RDA. (See **APPENDIX A** for the site visit assessment tool.) RDA provided the Committee with trainings on survey tool design and evaluation in preparation for tool development.

The site visit assessment tool encompasses specific elements to encourage a service delivery environment that committee members determined to coincide with the MHSA Innovation Project vision. Using the five domains of inquiry as a frame of reference, the assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff. Site visit assessments have been designed to address the following research question:



How well does this facility promote an environment that is:

- Accessible
- Welcoming
- Engaging
- Culturally Relevant, and
- Integrated?

Steering Committee members conducted site visit assessments in groups of three or four at different times during business hours over the month of September 2013. Site visits lasted between 30 minutes to 1 hour depending on the amount of time it took for the group to complete the evaluation. Paper-based assessment tools were submitted to RDA by October 4, 2013 and analyzed in preparation for the Committee's October and December 2013 work sessions.

Purpose

This report synthesizes the results of the Committee's combined site visit assessments of The Harbor on Main and presents the Committee's feedback developed over two 2- hour work sessions subsequent to the site visit assessment:

- **October 18, 2013**
Committee members analyzed and discussed the results of The Harbor on Main site visits. Based on the data the Committee collected, members developed a set of findings on the accessibility, welcoming, engaging, cultural relevance, and integrated nature of the resource center.
- **December 6, 2013**
Committee members developed recommendations to improve The Harbor on Main based on the data and five-fold vision of Lake County's MHSA Innovations Project.

This report provides:

- An overview and analysis of the data collected through the site visit assessments; and
- Recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, and culturally relevant integrated service delivery experience for people in need of behavioral health services at The Harbor on Main.



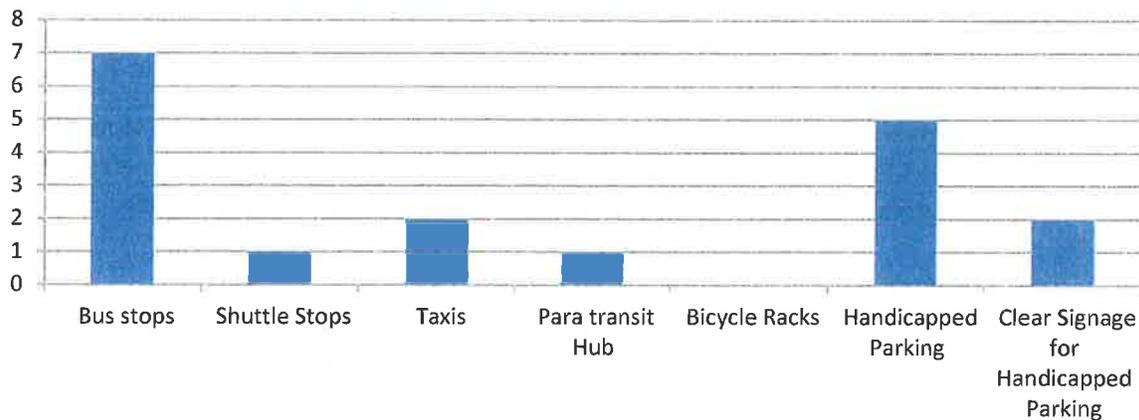
Data

This section presents the results of 10 site visit assessments mailed to RDA by Steering Committee members upon completion.⁴ Charts in this section appear in the same categorical order as in the site visit assessment tools: the Exterior Environment, the Interior Environment, and lastly, Welcoming & Engagement.

Exterior Environment

Per the site visit assessment tool, committee members checked off boxes to indicate the presence of transportation amenities nearby (See **Chart 1**). Their assessments indicate a lack of shuttle stops, para-transit hubs, and taxi service. Although Committee members indicated the lack of bicycle racks, it was noted during the work session that bicycle racks are located in the back parking lot of the Harbor on Main. Five individuals noted the availability of handicapped parking at the Harbor on Main, but only two individuals indicated that handicapped parking spots were clearly marked. Most of the committee agreed on the presence of bus stops near the site.

Chart 1. Surveys Indicating Transportation Amenities Nearby

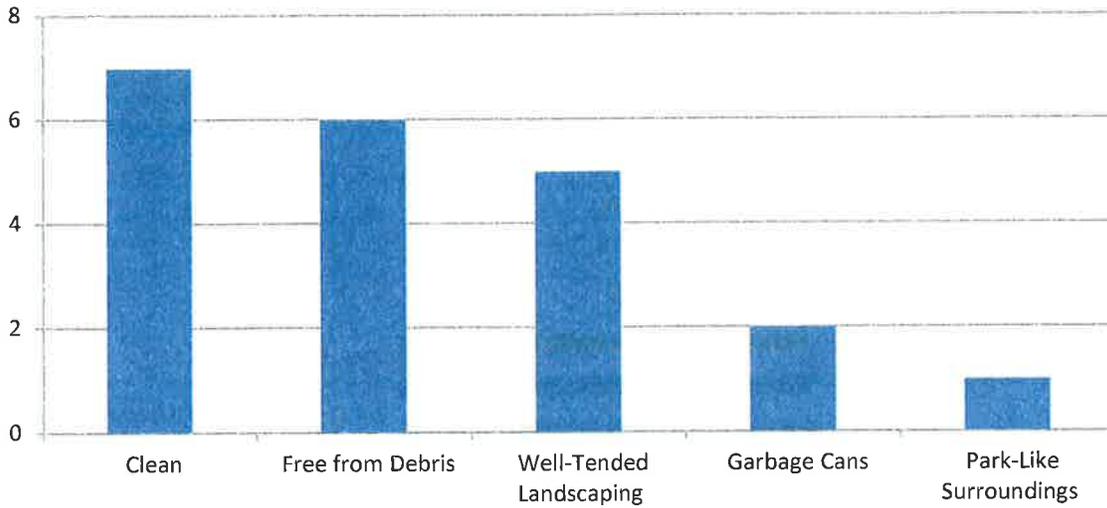


⁴ One assessment was completed per committee member who conducted the site assessment.



Chart 2 data indicates that most committee members agreed that the exterior environment of the Harbor on Main is clean and free from debris. Five individuals noted that landscape was well-tended. The exterior environment was observed to lack garbage cans and park-like surroundings.

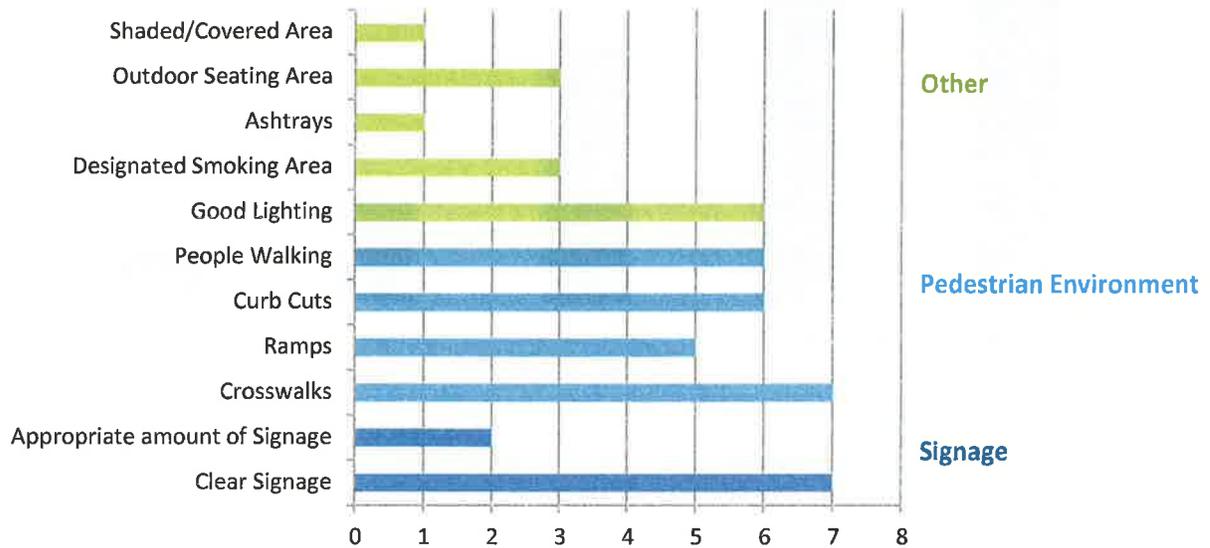
Chart 2. Surveys Indicating Maintenance Attributes





Surveyors assessed the presence of exterior amenities as detailed in **Chart 3**. Most committee members agreed on the presence of crosswalks and confirmed that existing signage was clear, yet insufficient. **During the committee’s work session, it was determined that additional signage could be used to direct consumers to the parking lot and bicycle racks located at the back of the building.** Committee members noted the presence of good lighting, ramps, and curb cuts near the front entrance. The results also indicated inadequate outdoor seating and designated smoking areas that lacked ashtrays and coverings to provide shade.

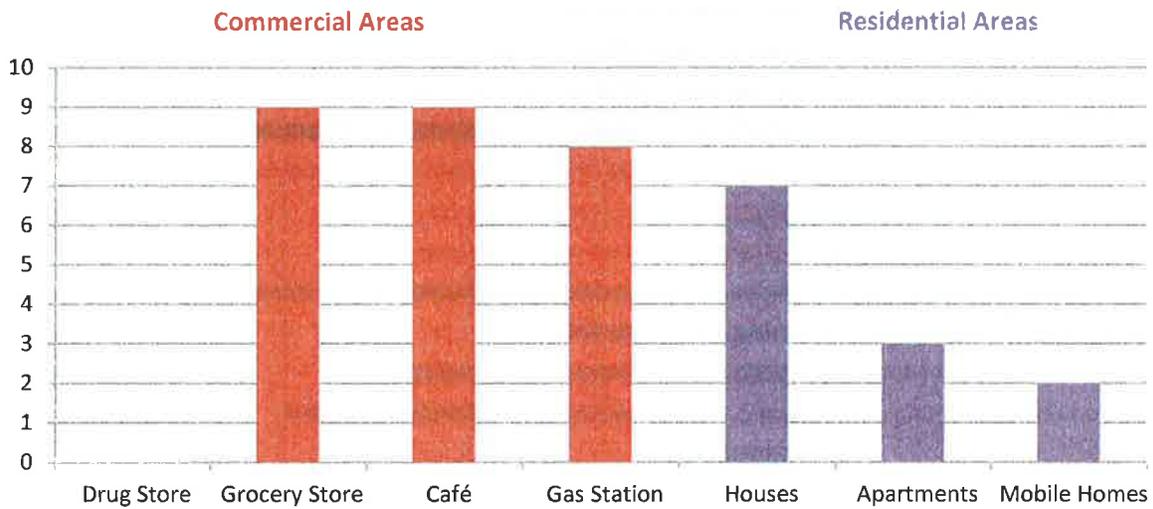
Chart 3. Surveys Indicating Exterior Amenities





The Committee determined the area surrounding area to the Harbor on Main is very mixed denoting there are a variety of amenities, such as a grocery store, café, and gas station near the site (**Chart 4**). Committee members also indicated the presence of houses and a few committee members noted the presence of apartments and mobile homes near The Harbor on Main.

Chart 4. Surveys Indicating Surrounding Geography

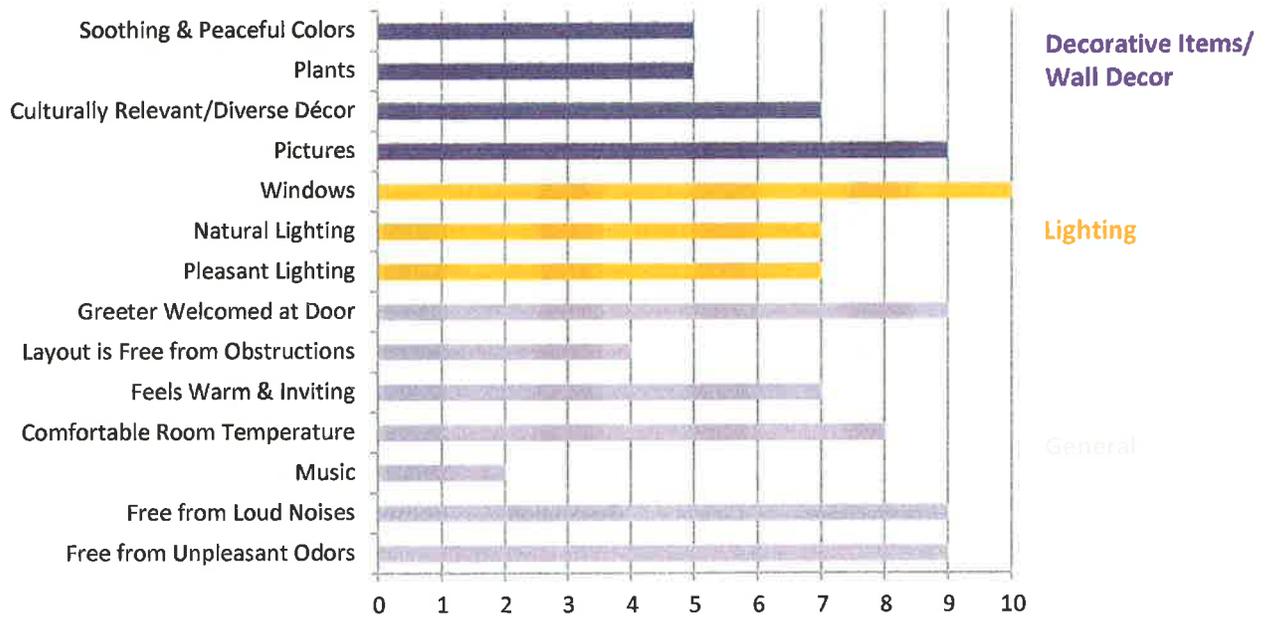




Interior Environment

Steering Committee members then assessed the interior environment of The Harbor on Main for decorative amenities, lighting, and general features that contribute to a warm and welcoming space.

Chart 5. Surveys Indicating Ambiance Conditions/Items

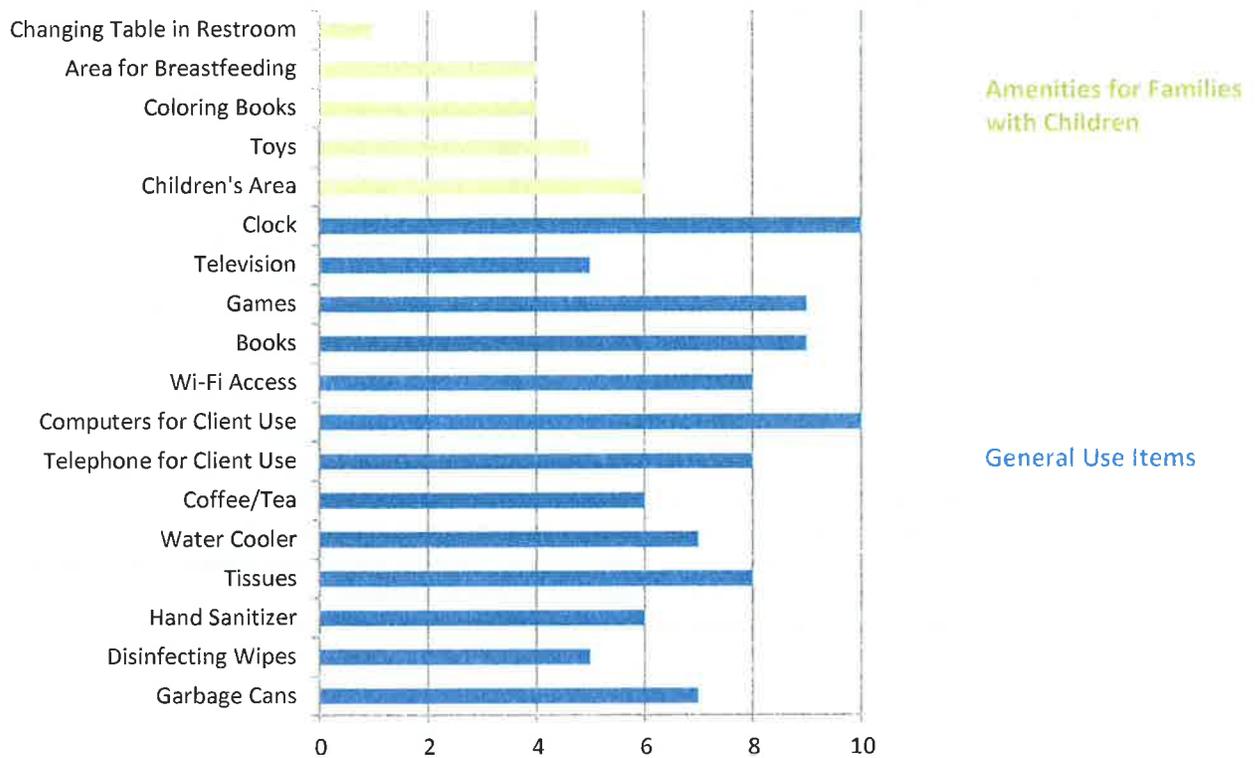


As indicated in **Chart 5**, Steering Committee members were in agreement over the presence of windows, pictures on the walls, and a greeter who welcomed them at the door. The interior areas were deemed to be free from loud noises, and unpleasant odors. During the work sessions, committee members agreed unanimously that Harbor on Main feels warm and inviting, maintains a comfortable room temperature, and has adequate natural, pleasant lighting. There was some disagreement within the committee over the presence of plants, soothing and peaceful colors, and a layout free from obstructions. Two committee members indicated the presence of music.



When asked to indicate amenities present (**Chart 6**), committee members agreed on the presence of computers for client use, a clock, games, books, Wi-Fi access, telephone for client use, and tissues. The committee was split over the presence of a television, toys, and disinfecting wipes and noted the lack of a changing table in restroom. **While six individuals reported a children’s area, only four indicated an area for breastfeeding and the presence of coloring books.** A couple individuals noted that the children’s area was not technically a part of The Harbor on Main TAY Resource Center. Over half of committee members noted the presence of garbage cans, a water cooler, hand sanitizer, and coffee and tea.

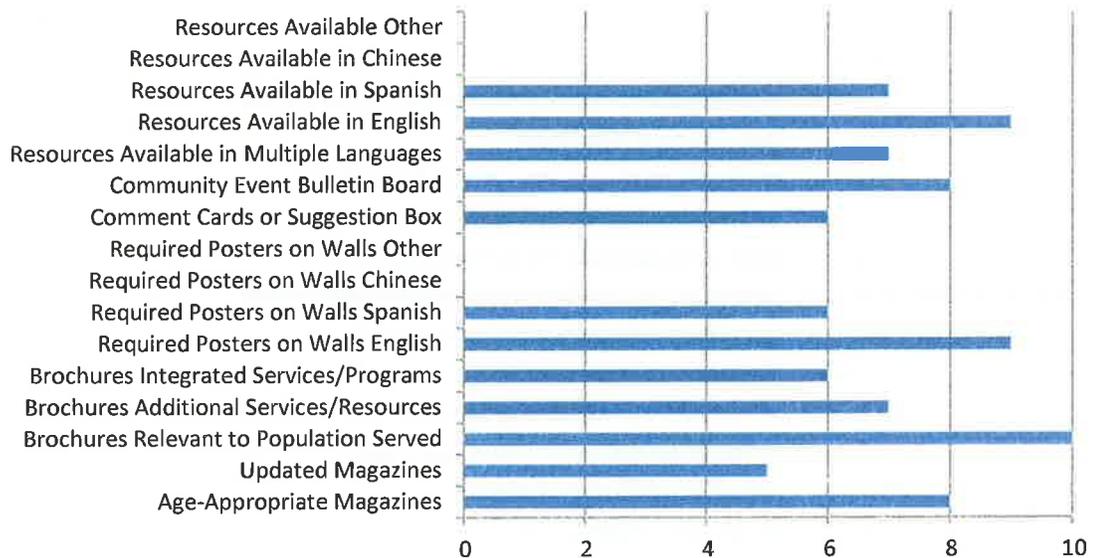
Chart 6. Surveys Indicating Amenities Present





In determining the type and availability of resources, committee members agreed on the general presence of English language resources and brochures for services and resources that were relevant to consumers. During their December 6th work session, committee members discussed their support for brochure racks and resources being made available in the bathrooms to encourage consumers who may be shy or uncomfortable to discreetly take the materials they need. Most committee members agreed that resources were also available in Spanish. Over half of the individuals indicated that the required posters on the walls were available in both English and Spanish. Most committee members were also in agreement over the presence of a community event bulletin board and comment cards or a suggestion box. The committee was divided over the presence of updated magazines (Chart 7).

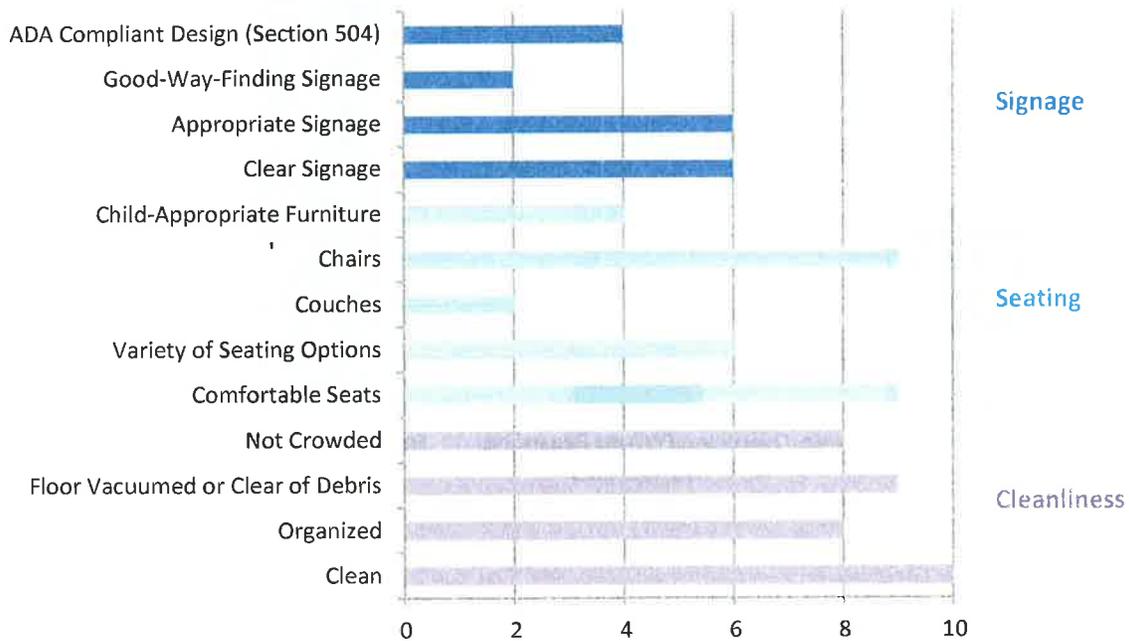
Chart 7. Surveys Indicating Available Resources





The committee was largely in agreement that The Harbor on Main is kept clean, organized, and clear of debris (Chart 8). Most committee members agreed that the interior was not crowded and had comfortable seating. While some individuals indicated the presence of couches and child-appropriate furniture, it is not clear that a variety of seating options were available beyond chairs. Over half of the committee noted the presence of clear and appropriate signage. However, there was less agreement over the presence of good way-finding signage.

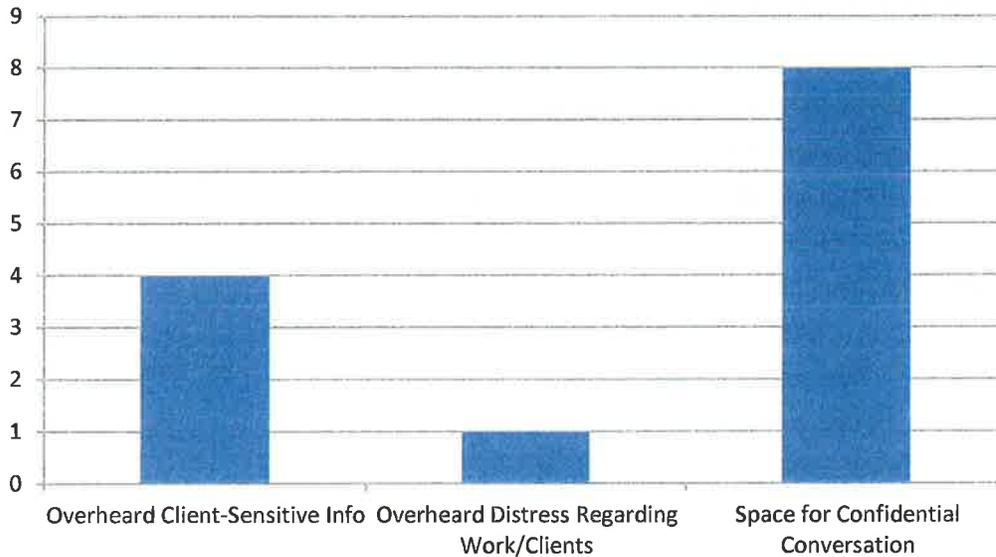
Chart 8. Surveys Indicating Interior Features





Survey results indicate that the committee agreed there was space for confidential conversations (depicted in **Chart 9**). However, one steering committee member reported overhearing distress regarding work or clients and four members reported overhearing client-sensitive information. The committee did not discuss the specifics as to what situations they observed that were indicated by their survey results.

Chart 9. Surveys Indicating Levels of Privacy



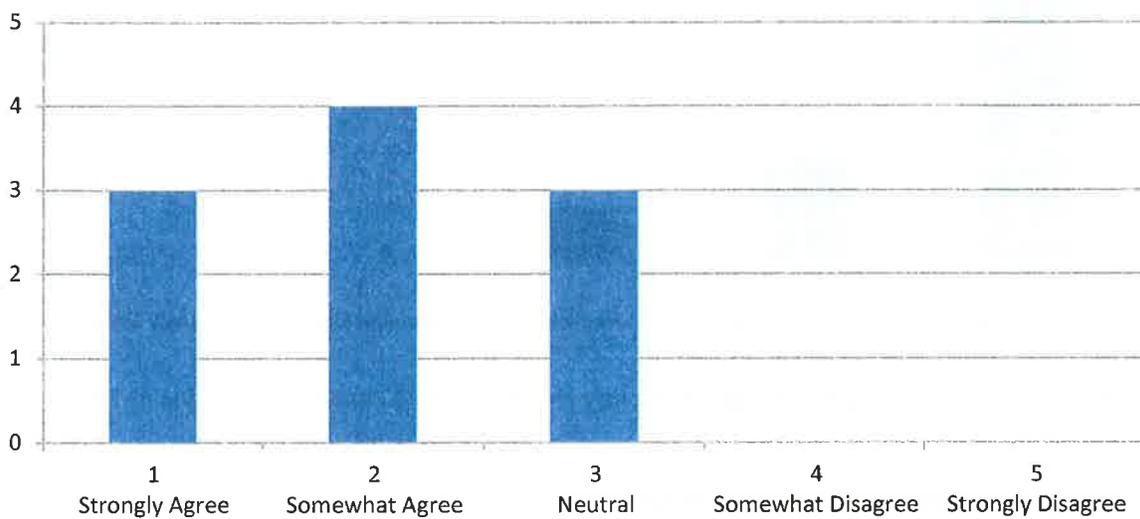


Likert Scale Charts

The committee then answered a series of Likert Scale questions about their perceptions of the extent to which Harbor on Main creates a warm, welcoming, and engaging environment.

While surveys indicate that the majority of committee members agreed that the interior of Harbor on Main is warm and welcoming, members were split on their perceptions of how welcoming the interior area was with more individuals reporting that they somewhat agreed (**Chart 10**).

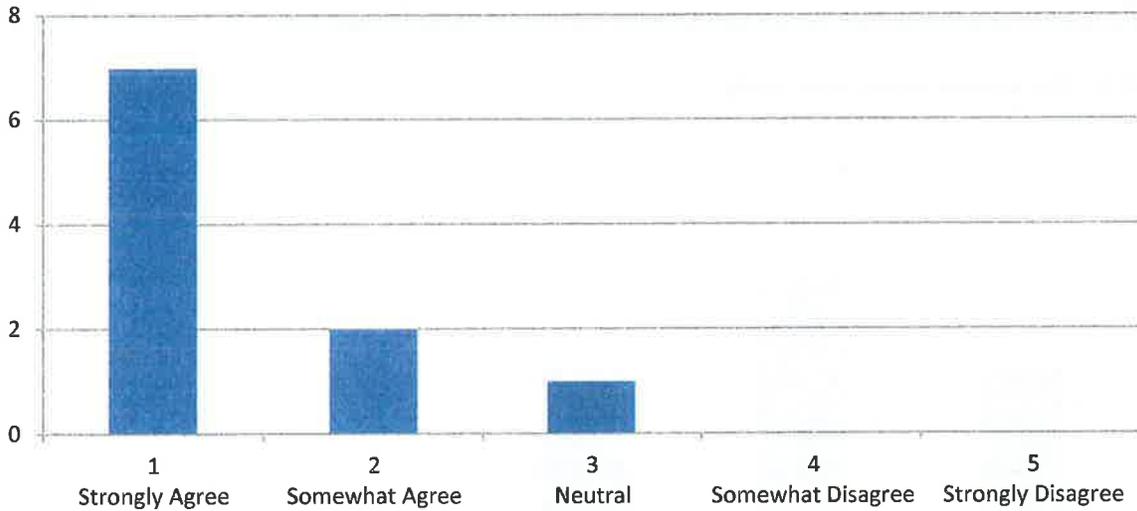
Chart 10. The interior area is welcoming.





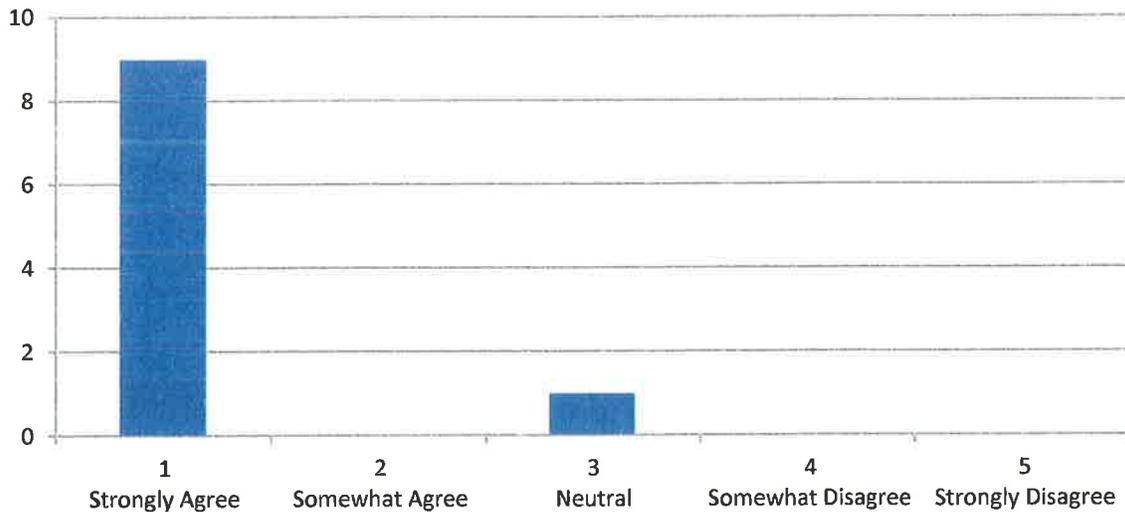
Since Steering Committee members conducted site visits at various times, the number of consumers at Harbor on Main was not consistent among site assessments, but committee members were in general agreement that the interior of Harbor on Main is well-utilized (**Chart 12**).

Chart 12. The interior is well-utilized.



The majority of committee members agreed strongly that consumers appear comfortable at Harbor on Main (**Chart 13**).

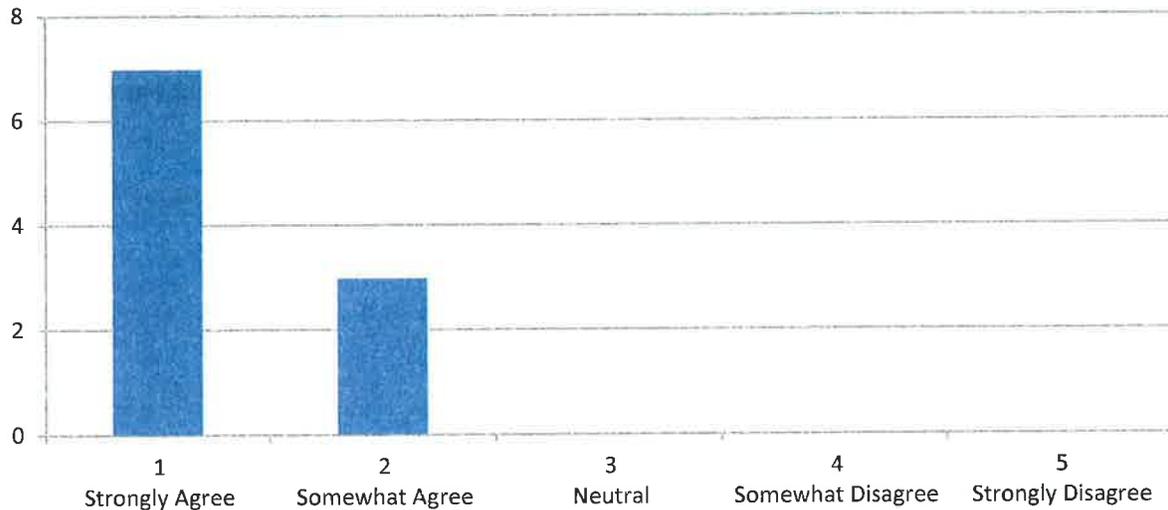
Chart 13. Consumers inside appear comfortable.





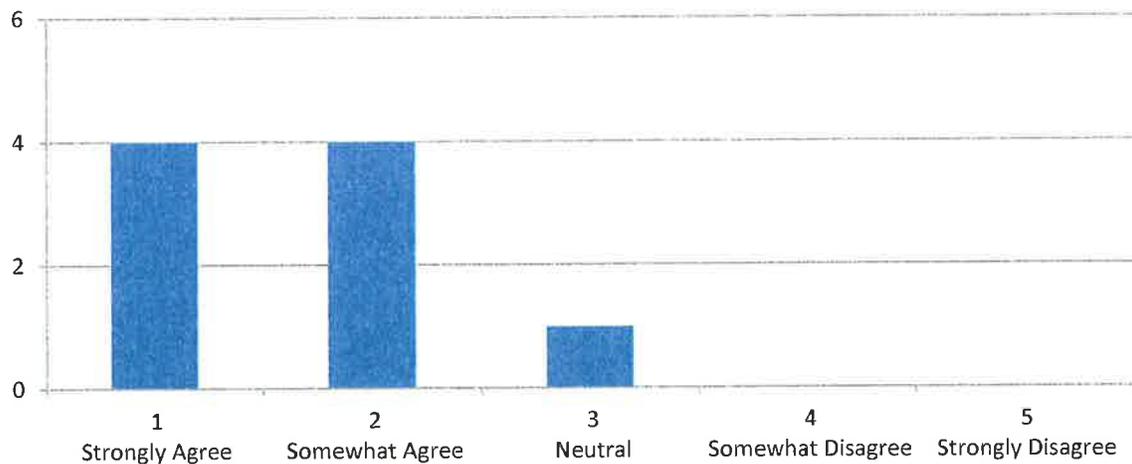
All steering committee members strongly or somewhat agreed that interior space is accommodating for behavioral health consumers (Chart 14).

Chart 14. This space is accommodating to behavioral health consumers.



The steering committee generally agreed that The Harbor on Main is accommodating to children and families.

Chart 15. This space is accommodating to children and families.





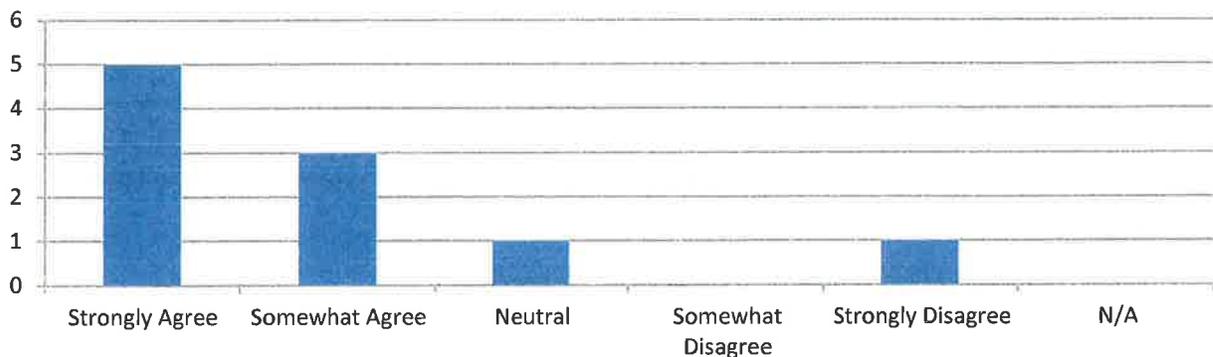
Welcoming & Engaging

Likert Scale Charts⁵

Committee members also answered a series of Likert scale questions on their perception of the extent to which Harbor on Main is welcoming and engaging to consumers. It should be noted that one committee member strongly disagreed with the following statements regarding the welcoming and engaging environment of The Harbor on Main. During the committee's two work sessions, it was not made clear by any committee member as to the situation or their experience that contributed to this rating.

Most committee members strongly or somewhat agreed that the front entrance is easy to find and accessible with more members indicating that they strongly agreed (Chart 16).

Chart 16. The front entrance is easy to find and accessible.

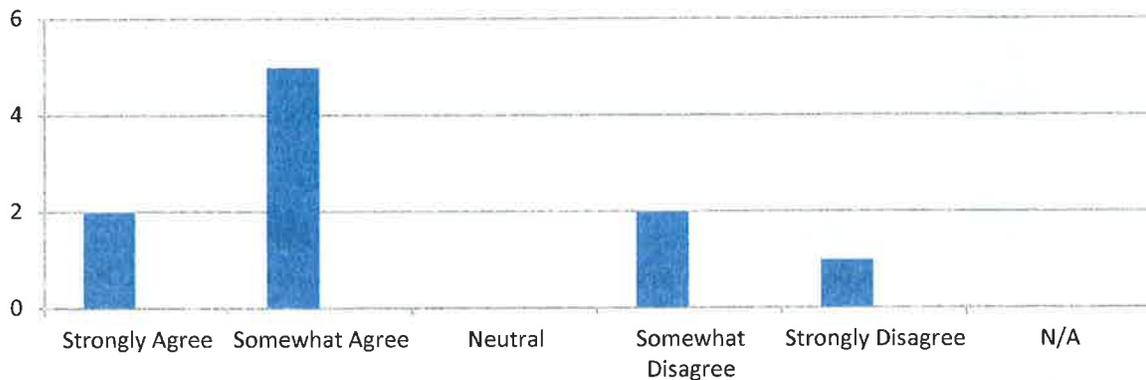


⁵ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



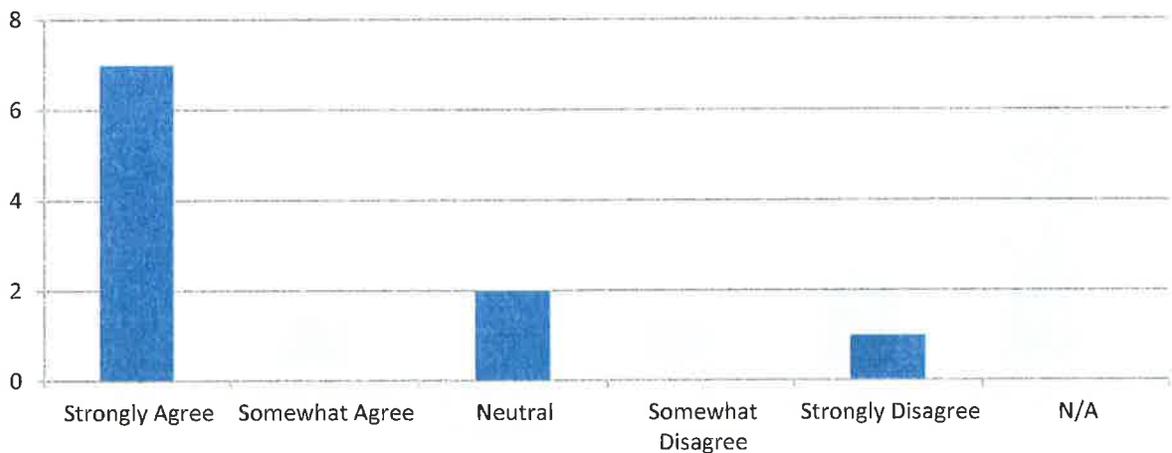
The steering committee members tended to report that they somewhat agreed that Harbor on Main had sufficient staff to meet demand for consumers (**Chart 17**). Three committee members reported that they disagreed and some committee members wrote notes indicating that The Harbor on Main was temporarily short-staffed due to maternity leave.

Chart 17. There is enough staff to meet demand.



Committee members largely reported that they strongly agreed that staff at The Harbor on Main use positive language and tone of voice with interacting with consumers on site (**Chart 18**). However, two individuals indicated that they were neutral and one strongly disagreed.

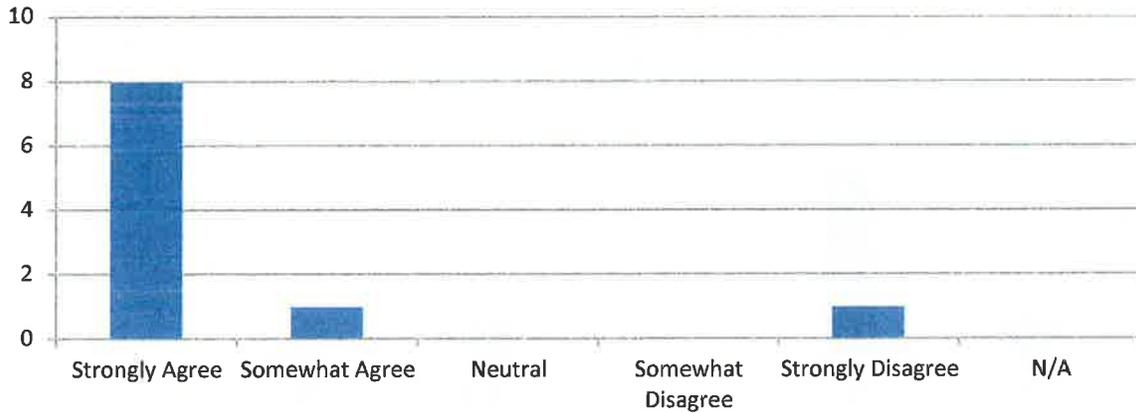
Chart 18. Staff uses positive language and tone of voice with consumers.





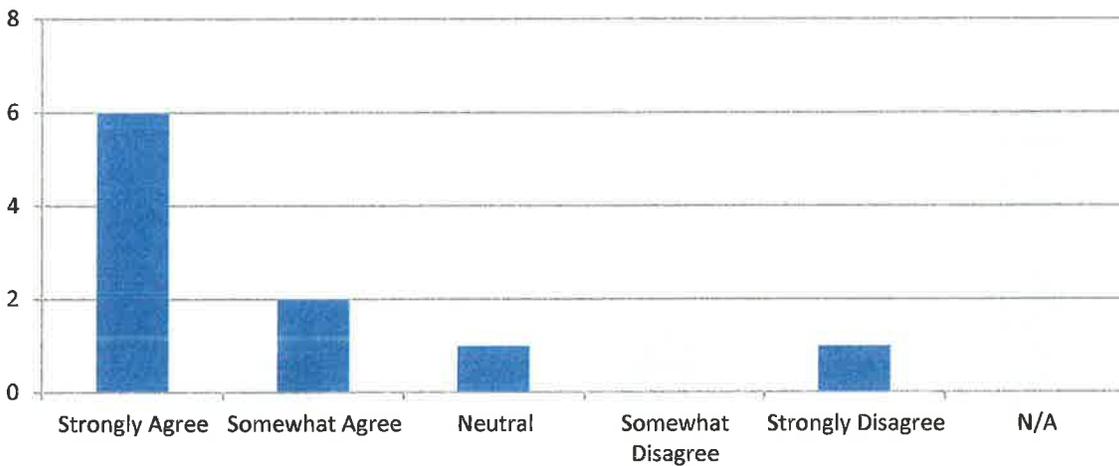
Almost all committee members strongly or somewhat agreed that the staff at Harbor on Main appear friendly (Chart 19).

Chart 19. Staff appears friendly.



Committee members varied in their perception of staff awareness of the diverse experiences and needs of consumers. However, over half did report that they strongly agreed that staff at The Harbor on Main demonstrate awareness of diverse consumer experiences and needs (Chart 20).

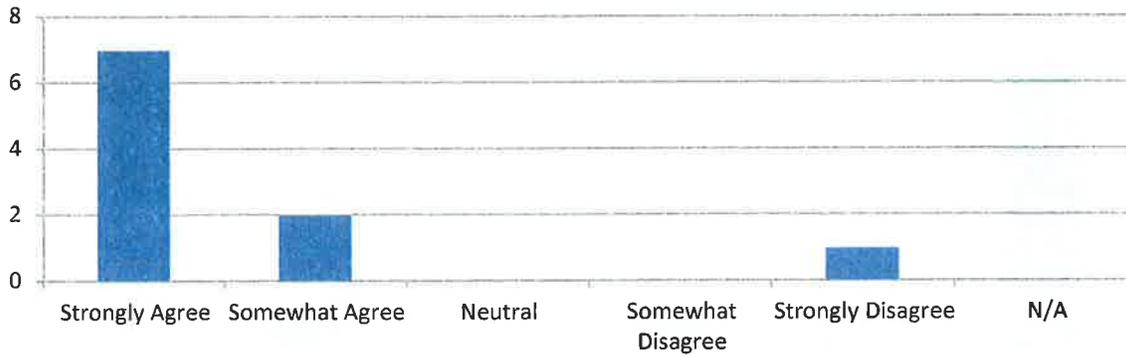
Chart 20. Staff demonstrates awareness of diverse consumer experiences and needs.





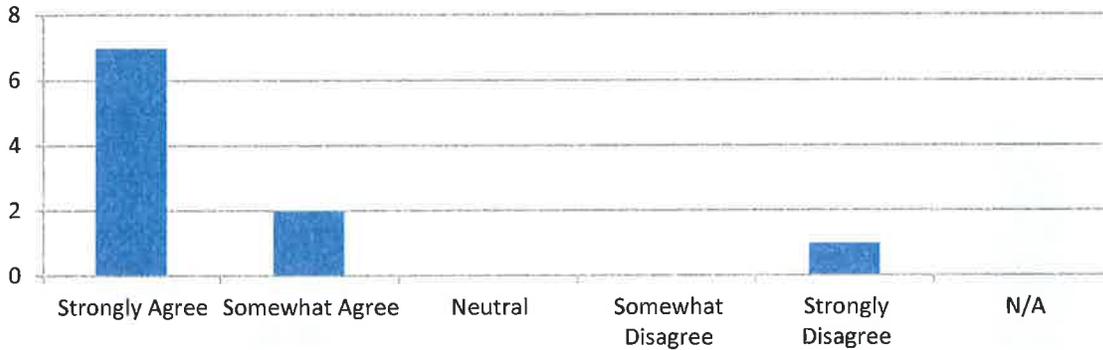
The majority of committee members strongly or somewhat agreed that staff at The Harbor on Main have an appropriate level of cultural and linguistic capacity (**Chart 21**).

Chart 21. Staff appears to have an appropriate level of cultural and linguistic capacity.



Similarly, most of the committee members were in agreement that The Harbor on Main staff appeared excited and engaged about their jobs (**Chart 22**).

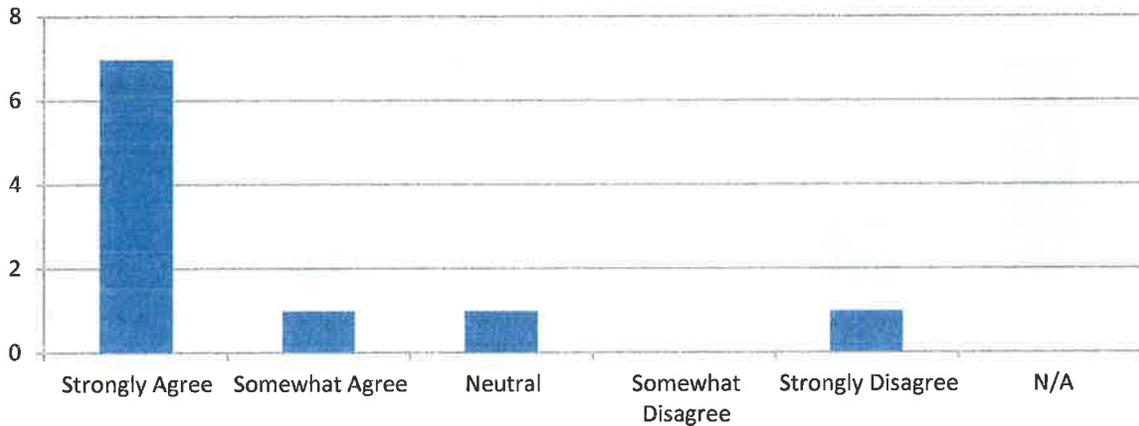
Chart 22. Staff appears excited and engaged about their jobs.





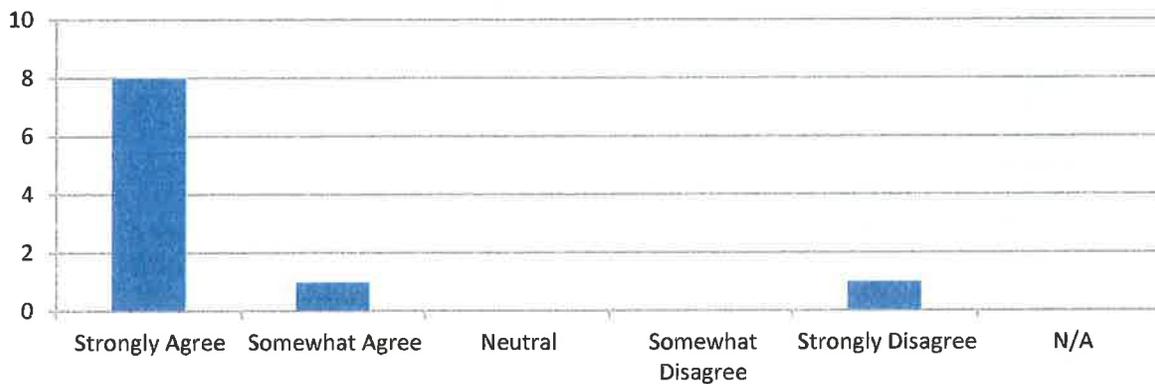
The majority of the steering committee members strongly and somewhat agreed that consumers are treated kindly by The Harbor at Main staff (**Chart 23**).

Chart 23. Consumers are treated kindly by staff.



Similarly, most committee members strongly and somewhat agreed that The Harbor on Main staff are informative and can answer consumer questions (**Chart 24**).

Chart 24. Staff is informative and can answer consumer questions.





Engagement

For open-ended questions with staff, Steering Committee members received consistent responses as detailed below. While staff are prepared to address difficult situations, they were uncertain whether a bilingual staff member worked at The Harbor on Main in the afternoon. They largely reported that they rely on the employees working at the Latino Market next door for Spanish-English translations, a strategy that the committee strongly supported during the December 6th work session. The following notes summarize what steering committee members documented on their site assessments.

What do you do when someone comes in and doesn't speak English?

- Ask bilingual employees at the Latino market next door if they can translate.
- There might be a bilingual staff member working at The Harbor on Main in the afternoon.

What do you do when a client or someone comes in that is yelling, upset, or visibly intoxicated?

- Talk to the consumer and help calm them down in a space that is more private. Perhaps offer them water or suggest they take a walk.
- If the consumer is intoxicated and behaving inappropriately, staff ask the person to leave or take a walk and come back when sober.
- If necessary, call police if consumer is unable to settle down.

What happens if someone needs services not offered here?

- Refer consumer to other services in Clear Lake or Lower Lake by providing a brochure, directly consumer to community bulletin board, or directly connecting consumer with alternative service provider.
- Provide bus pass or arrange a ride for consumer to access referred services.



Recommendations

On the December 6, 2013 work session, Steering Committee members revisited the data presented in the October 2013 work session and developed the proceeding recommendations to improve The Harbor on Main TAY Resource Center. In keeping with the format of the site visit assessment tool, recommendations are presented in the same order: Exterior Environment, Entrance & Interior Environment, and Resource Center Staff.

Exterior Environment

Discussion

Steering committee members were in general consensus that the exterior of The Harbor is well maintained with several amenities present. The committee noted that The Harbor was located in a business corridor surrounded by a grocery store, café, gas station, and homes. The committee agreed on the presence of transportation amenities such as bus stops, handicapped parking, and bicycle racks in the back parking lot at The Harbor. Although the committee felt The Harbor's exterior functional and clean, the committee noted the presence of trash and debris in the bushes at the front entrance. Appropriate and clear signage was a small issue for the committee, noting that there could be a larger, more prominent sign in front of the building and better signage directing visitors to the back parking lot and bicycle racks. During the assessment period, the committee acknowledges that The Harbor staff are already moving forward with installing a more prominent sign to install at the front of the building.

Recommendations

Exterior Space

- Consider repainting the handicapped parking spots in the back parking lot and consider requesting additional handicapped spaces be re-painted on Main Street in front of The Harbor.
- Install a trash can next to the front door to prevent litter and debris from being put in the bushes.

Signage

- Install clearer signage directing visitors to the back parking lot and bicycle racks.

Landscaping

- Consider removing bushes and install a different landscaping that may discourage people from leaving trash/debris.

Transportation Amenities

- No recommendations.



Entrance & Interior Environment

Discussion

Overall, the steering committee felt that The Harbor on Main is comfortable, warm, and welcoming. The steering committee agreed that the space is accommodating, well decorated, colorful, and suits the needs of consumers very well. The committee felt mixed about the layout of The Harbor on Main, but it did not detract from the overall open, airy, light-filled, and organized space. One committee member stated that the Harbor on Main seems “like a happy place to be in.” Initially, the committee felt unsure of why there were informational brochures on Sexually Transmitted Diseases (STDs) and HIV/AIDS in the bathrooms, but was impressed to learn that brochures are kept there to preserve the anonymity of consumers who may feel uncomfortable asking staff for those resources. The committee suggested The Harbor include additional resources on general behavioral health services. The committee agreed on several other observations that The Harbor on Main is already working to resolve, including:

1. The committee noted the lack of changing tables in the restrooms. The Harbor on Main has already submitted a request to the landlord to install changing tables and is waiting for the approval.
2. The committee noted the lack of a designated breast-feeding area. The Harbor on Main maintains a policy to make any private therapy room available for breastfeeding mothers when needed.
3. The Committee observed outdated LCBH brochures at The Harbor. The Harbor staff acknowledges that a request has already been submitted to receive more up-to-date brochures for county mental health services.

Recommendations

Entrance

- Consider adding a sign in the foyer that uses an arrow to point in the direction of the hallway where The Harbor rooms are located.

Ambiance/Décor/General Amenities

- One committee member suggests designating one room as a space for consumers to listen to music, relax, and respite from the structure of daily living.

Welcoming Environment

- No recommendations.

Seating & Furniture

- No recommendations.



Resources/Reading Materials

- Include additional resources on substance abuse and substance abuse treatment in the general resources display.
- Include general resources on behavioral health services in the bathroom brochure display.

Restrooms

- No recommendations.

Privacy

- No recommendations.

Resource Center Staff

Discussion

The steering committee unanimously acknowledged the large extent to which The Harbor staff were welcoming, friendly, and knowledgeable. The committee observed staff and consumers equally engaged in the people and programs. The committee acknowledged how The Harbor staff appear to really care about the work and the consumers who attend the site. Committee members noted how busy The Harbor seemed across site assessments; it was noted during the committee's December 2013 work session that it would take 3 FTEs to fully staff The Harbor on Main TAY Resource Center. The steering committee felt supportive of how The Harbor staff handle consumers who may come to The Harbor intoxicated by letting the consumer know to take a walk and come back when they're sober. To that effect, one committee member said, "there were clear boundaries but they came from a non-judgmental place." Another committee member reiterated how much The Harbor staff are appreciated by the Latino/Hispanic community for allowing use of The Harbor's space and their community clothing closet.

Recommendations

- Committee supports The Harbor on Main in exploring ways to secure and hire additional staff to achieve the 3 FTEs needed to meet consumer demand.

Lake County MHSa Innovation Project: Site Visit Assessment Recommendations *The Bridge Wellness Center*



Prepared by:

Resource Development Associates

December 2013





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Executive Summary

Lake County is considered a small county according to its population of 64,665¹. Lake is not small in geography, however, covering over 1,300 square miles². With a population increase of over 10% in the past decade, almost 20% of the population below poverty level, and significant percentages of Latino and Tribal community members³, Lake County has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory.

In 2012, Lake County embarked on a process to bring together a committee that represents the diversity of Lake County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most and problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a peer perspective. Lake County's MHSA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. The Steering Committee has planned and is currently implementing an evaluation of access and barriers to mental health services with a specific focus on the two County-run clinics (the South Shore and Lucerne clinics) and the three MHSA-funded Wellness Centers (the Harbor on Main, The Bridge, and Circle of Native Minds). This report provides the results of the evaluation of accessibility and barriers for The Bridge Peer Support Center (or The Bridge) in Clearlake, CA.

Methodology

Lake County's MHSA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed and is based on the following research question: How well does the facility promote an environment that is accessible, welcoming, engaging, culturally relevant, and integrated? The assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff.

Summary of Findings

The Steering Committee members reviewed and reflected on the data and developed consensus around the proceeding findings. In keeping with the format of the site visit assessment tool, findings are

¹ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>

² Lake County, "Lake County at a Glance," 2011, <http://www.lakecounty.com/AboutLC/Glance.htm>

³ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>



organized by each assessed area of The Bridge Wellness Center (e.g. exterior environment, interior environment, and wellness center staff). The Steering Committee also developed specific recommendations based on findings and are available in the full report.

Exterior Environment

Steering committee members were in general consensus that the exterior of The Bridge is well-maintained, appealing, and welcoming. The Committee highlighted the fact that landscaping at the front was well maintained and, overall, the exterior of the building is pleasing and functional. Appropriate and clear signage was an issue for the committee, especially in regards to way-finding. Additionally, signage was a problem when entering the building; committee members unanimously felt that signage was needed at the front of the building pointing to the back entrance, along the side pathway, and at the back entrance guiding visitors. The committee was in unanimous agreement for the need of a designated and protected smoking area in the back that is away from the entrance and further opportunities to develop landscaping in the backyard.

Entrance & Interior Environment

Overall, the steering committee felt that The Bridge is warm and welcoming most of the time. The committee had a difficult time reaching a consensus on the appropriateness of using the back as the entrance to The Bridge. Two committee members felt strongly that the back entrance was not welcoming to visitors, and other committee members recommended continued use of the back entrance due to security concerns. Aside from the entrance, the committee recognized the vast amenities available to The Bridge consumers – laundry, computer access, recreational activities, and transportation to and from the site. The committee did feel that the computer room could be made more warm and welcoming with the addition of consumer made artwork, bookcases and shelving, and a rack to hang donated clothing.

Wellness Center Staff

The steering committee unanimously acknowledged the professional, respectful, patient, and loving nature of The Bridge staff. The committee felt that staff were knowledgeable, friendly, and interact positively with consumers. The committee agreed that The Bridge staff should have something pre-printed or scripted in Spanish for consumers who may not speak English well. Only two committee members felt The Bridge staff could have been more welcoming and engaging when they arrived, but **acknowledge that it was difficult for them to know who was staff and who wasn't**. Overall, the committee saw staff as really in-touch with the needs of consumers.



Introduction

Project Overview

Lake County Behavioral Health and the stakeholder community are invested in creating a networked system of clinics and wellness centers where individuals and families from any background are able to access needed services in an accessible, welcoming, engaging, culturally relevant and integrated manner. Through a community planning process, Innovation funds from the Mental Health Services Act (MHSA) were allocated in support of this shared goal.

In July 2012, Lake County Behavioral Health (LCBH) commenced implementation of its MHSA Innovation Project. The purpose of the Innovation project is to bring together a committee of representatives from identified underserved groups throughout the County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most. This approach is intended to problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a Peer perspective. Resource Development Associates (RDA) facilitates ongoing communication with and activities for the Steering Committee as well as project management, training, and technical assistance throughout the project.

Steering Committee Recruitment

Steering Committee members were recruited through a “snow-ball” technique, which began with potential members identified by the County. Through outreach and recruitment, RDA sought participation from identified members, and/or requested additional names and contact information for other potential participants.

The outreach and recruitment process yielded a diverse committee of 18 members with representation from the following communities, many of which were identified in the Innovation Plan as underserved groups:

- Asian Pacific Islander Community
- Tribal/Native American Community
- African American Community
- Latino Community
- Immigrants/English Learners
- Rural or Geographically Isolated
- Veterans
- Criminal Justice or Legal System Involvement
- Faith-Based Community
- Transitional Age Youth/Foster Care System
- Children
- Older Adults
- Homeless/Formerly Homeless
- LGBTQQIA Community
- Family/Care Providers
- Substance Abuse Problems
- Consumer Advocate/Person with Lived Experience

Steering Committee Activities

Lake County’s MHSA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in



order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. For the duration of the Innovation Project, Committee tasks will primarily consist of conducting site visit assessments at all five of Lake County's MHSA-funded clinics and wellness centers with the goal of developing recommendations in the five domains specified above and review of consumer perception survey data. This report will detail the results of the Committee's third site visit assessment conducted in July/August 2013 for The Bridge Peer Support Center (or The Bridge) in Clearlake, CA.

Methods

Lake County's MHSA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed through monthly work sessions with technical assistance from RDA. (See **APPENDIX A** for the site visit assessment tool.) RDA provided the Committee with trainings on survey tool design and evaluation in preparation for tool development.

The site visit assessment tool encompasses specific elements to encourage a service delivery environment that committee members determined to coincide with the MHSA Innovation Project vision. Using the five domains of inquiry as a frame of reference, the assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the clinic atmosphere, and a few questions for front desk staff. Site visit assessments have been designed to address the following research question:

How well does this facility promote an environment that is:

- Accessible
- Welcoming
- Engaging
- Culturally Relevant, and
- Integrated?

Steering Committee members conducted site visit assessments in groups of three or four at different times during business hours over the month of July/August 2013. Site visits lasted between 30 minutes to 1 hour depending on the amount of time it took for the group to complete the evaluation. Paper-based assessment tools were submitted to RDA by August 4, 2013 and analyzed in preparation for the Committee's August and September 2013 work sessions.



Purpose

This report synthesizes the results of the Committee’s combined site visit assessments of The Bridge and presents the Committee’s feedback developed over two 2- hour work sessions subsequent to the site visit assessment:

- **August 16, 2013**

Committee members analyzed and discussed the results of The Bridge site visits. Based on the data the Committee collected, members developed a set of findings on the accessibility, welcoming, engaging, cultural relevance, and integrated nature of the wellness center.

- **September 20, 2013**

Committee members developed recommendations to improve The Bridge based on the data and five-fold vision of Lake County’s MHSA Innovations Project.

This report provides:

- An overview and analysis of the data collected through the site visit assessments; and
- Recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, and culturally relevant integrated service delivery experience for people in need of behavioral health services at The Bridge.



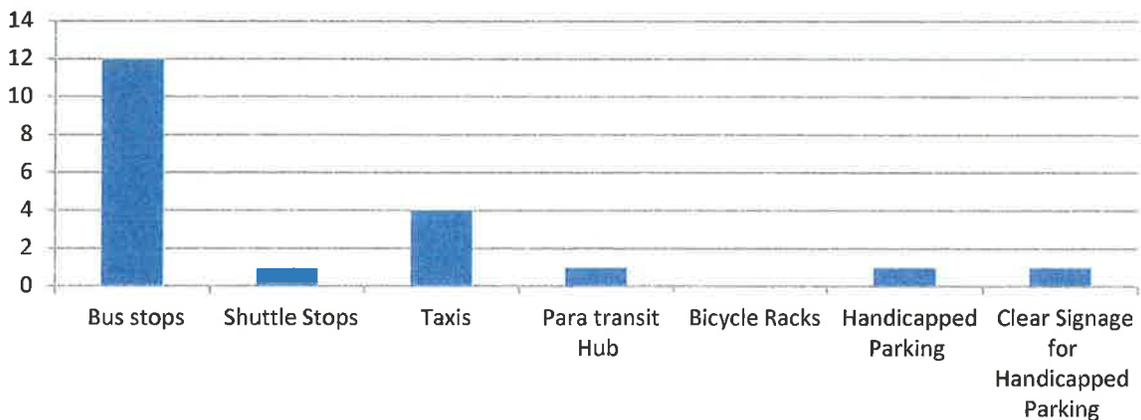
Data

This section presents the results of 13 site visit assessments mailed to RDA by Steering Committee members upon completion.⁴ Charts in this section appear in the same categorical order as in the site visit assessment tools: the Exterior Environment, the Interior Environment, and lastly, Welcoming & Engagement.

Exterior Environment

Per the site visit assessment tool, committee members checked off boxes to indicate the presence of transportation amenities nearby (See **Chart 1**). Their assessments indicate a lack of shuttle stops, para transit hubs, bicycle racks, handicapped parking, and clear signage for handicapped parking. Four individuals noted the availability of taxi service to The Bridge. The Committee overwhelmingly agreed on the presence of bus stops near the site. During the August work session, the committee also noted that The Bridge provides its own transportation regularly to and from the site each day for consumers.

Chart 1. Surveys Indicating Transportation Amenities Nearby

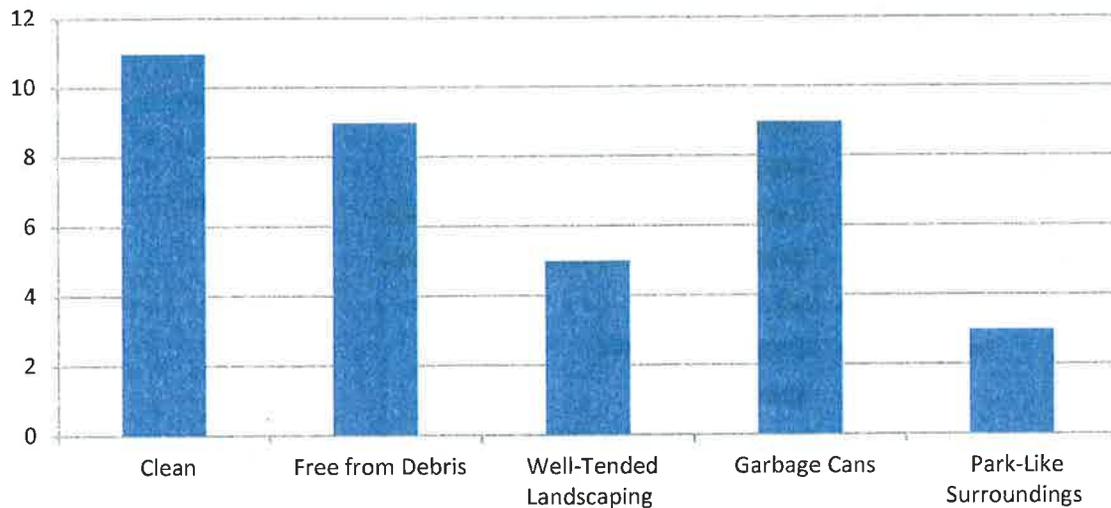


⁴ One assessment was completed per committee member who conducted the site assessment.



Chart 2 data indicates overwhelming agreement that the exterior environment of The Bridge is well-maintained, clean, and free from debris. In the August and September work sessions, committee members agreed on the presence of a front lawn, garden beds, gazebo/patio furniture, and both a side yard and a back yard. Committee members also noted that the backyard could be landscaped further to include a lawn and garden beds.

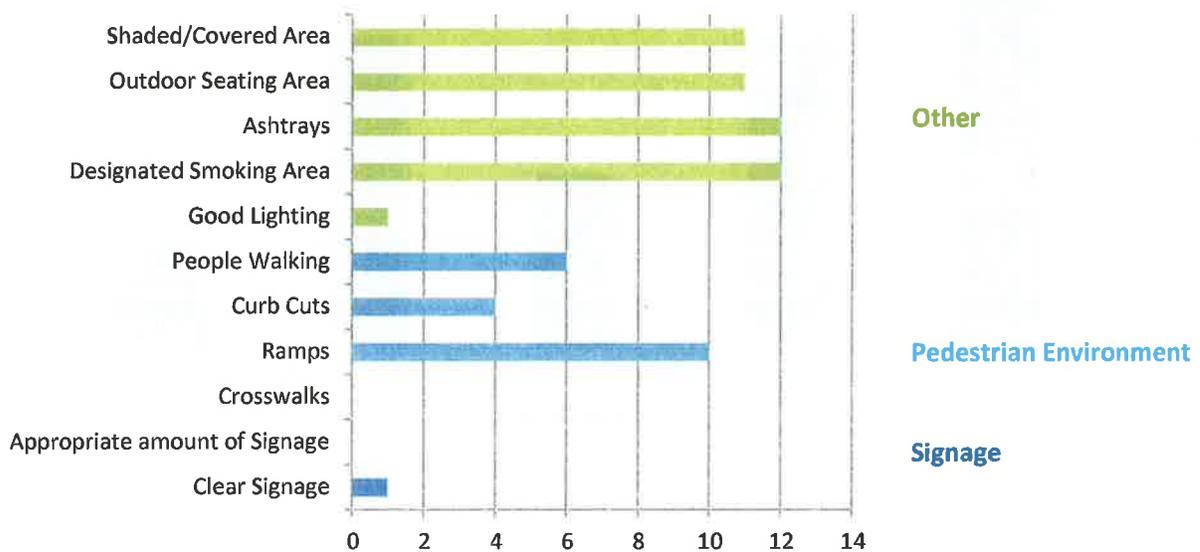
Chart 2. Surveys Indicating Maintenance Attributes





Surveyors assessed the presence of exterior amenities as detailed in **Chart 3**. The committee was in agreement over the presence shaded/covered areas, outdoor seating, and ashtrays. During the September and August work sessions, committee members noted that that the covered seating in the backyard is at the entrance which serves as the primary entrance for the facility. The Bridge could create a better designated space for smoking by adding signage or a shaded area/gazebo further out in the backyard. Committee members also noted the presence of ramps, but were undecided about curb cuts near the front entrance. The results also overwhelmingly indicate the lack of appropriate signage at the front of the property, near the front door, and the side gate to the main entrance.

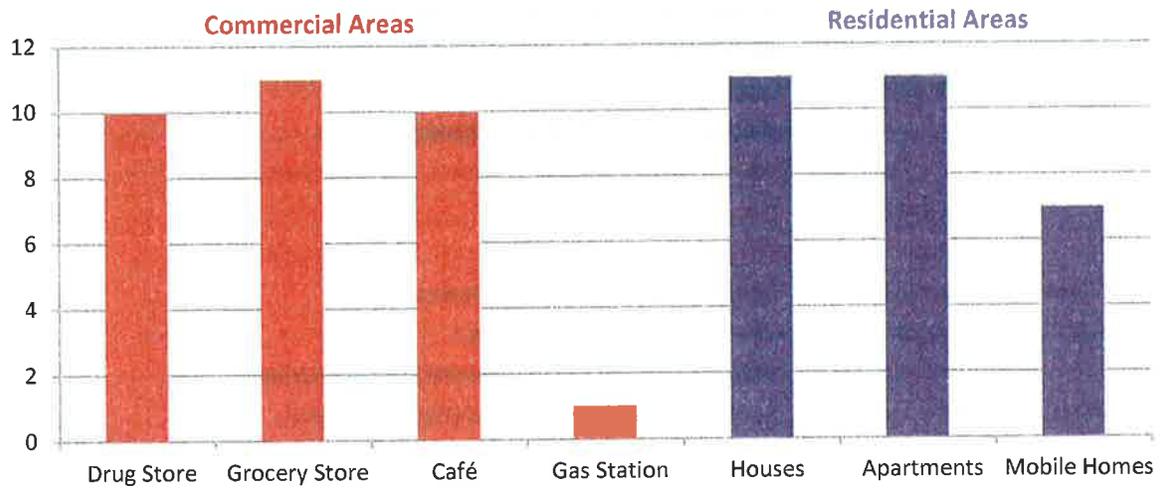
Chart 3. Surveys Indicating Exterior Amenities





The Committee determined the area surrounding area to The Bridge is very mixed denoting there are a variety of amenities, such as a drug store, grocery store, and café, within a quarter of a mile from the site (Chart 4). Committee members also indicated the presence of houses, apartments, and mobile homes near The Bridge.

Chart 4. Surveys Indicating Surrounding Geography

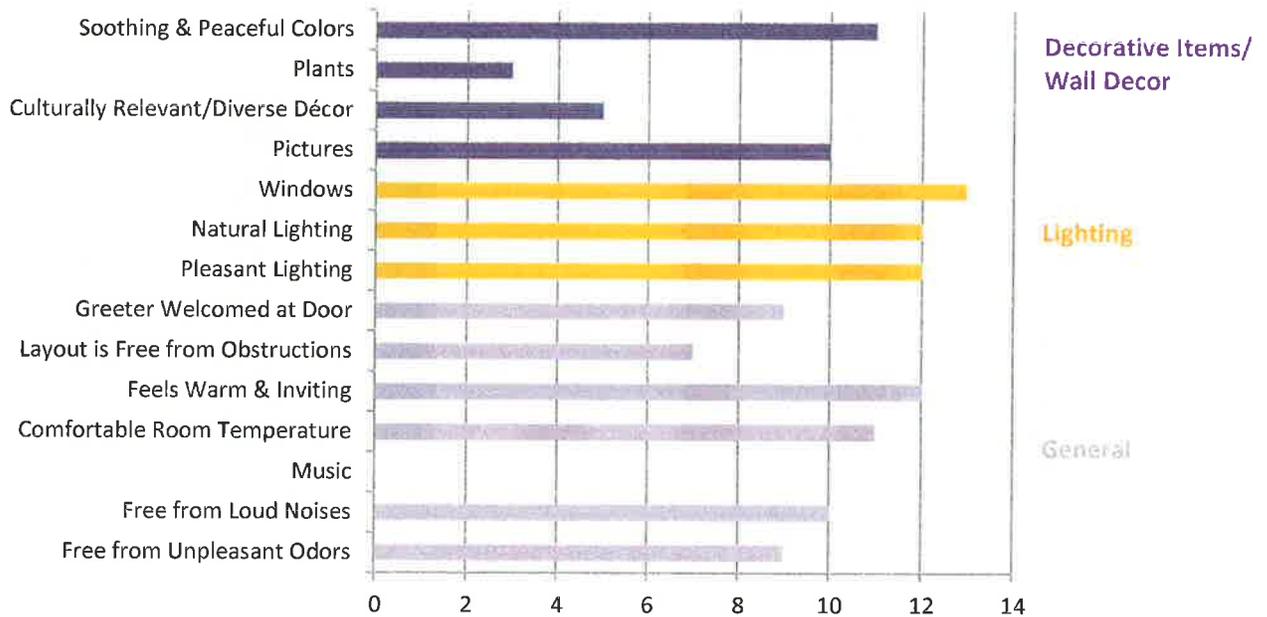




Interior Environment

Steering Committee members then assessed the interior environment of The Bridge for decorative amenities, lighting, and general features that contribute to a warm and welcoming space.

Chart 5. Surveys Indicating Ambiance Conditions/Items

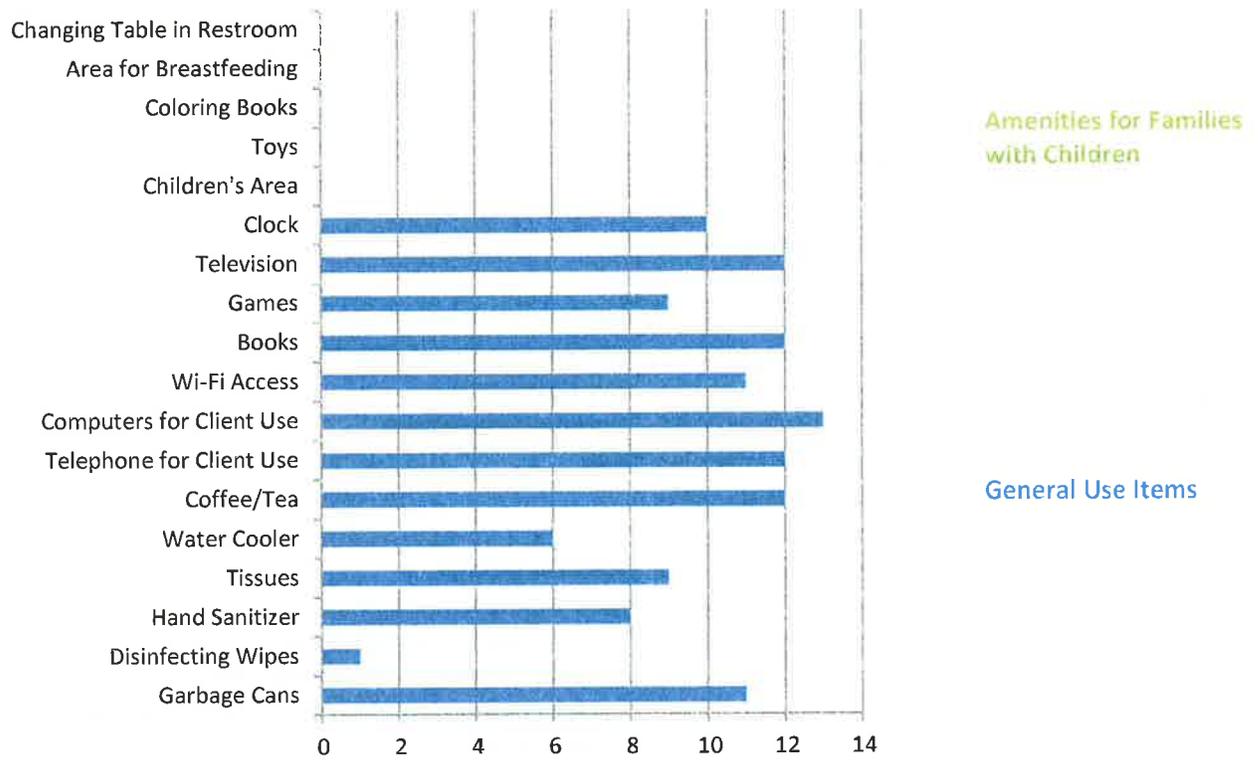


As indicated in **Chart 5**, Steering Committee members were in overwhelming agreement over how well The Bridge creates a warm and inviting space for consumers. Committee members agreed on the presence of soothing and peaceful colors on the walls, pictures, pleasant and natural lighting, and the general comfortable ambience of the interior. There was some disagreement within the committee over the presence of plants and culturally relevant or diverse décor. During the September and August work sessions, committee members spoke to how the computer room does not feel as inviting as the rest of The Bridge. The interior areas were deemed to be free from loud noises and unpleasant odors, to maintain a comfortable room temperature and a layout that is mostly clear from obstructions. All committee members indicated the absence of music.



When asked to indicate amenities present (Chart 6), committee members agreed on the presence of a television, games, books, clock, Wi-Fi access, computers for client use, telephone for client use, garbage cans, hand sanitizer, and tissues. They also agreed on the lack of **children’s amenities**, however the committee agreed during the work sessions that The Bridge is not intended for use by youth or children. The committee was split over the presence of a water cooler and noted the lack of disinfecting wipes.

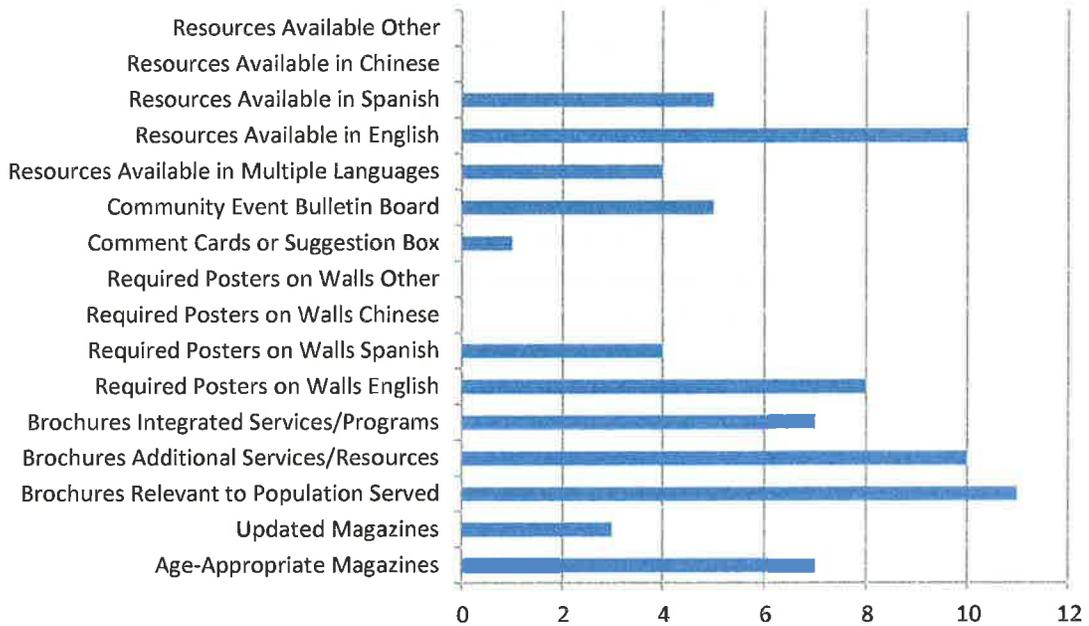
Chart 6. Surveys Indicating Amenities Present





In determining the type and availability of resources, committee members agreed on the general presence of English language resources and brochures for services and resources that were relevant to consumers. However, the committee noted the lack of resources in non-English languages, updated magazines, posters on the wall, and a comment or suggestion box. During the August and September work sessions, there was disagreement among the committee about whether to include resources in non-English languages when the majority of consumers who utilized The Bridge all speak English. In addition to a lack of diverse resource materials for non-English speakers, committee members mentioned the lack of resources for TAY services and for the Lucerne Clinic. Although The Bridge can improve the number and types of resources available, the committee unanimously stated that The Bridge volunteers and staff have a wealth of knowledge themselves about behavioral health resources in Lake County (Chart 7).

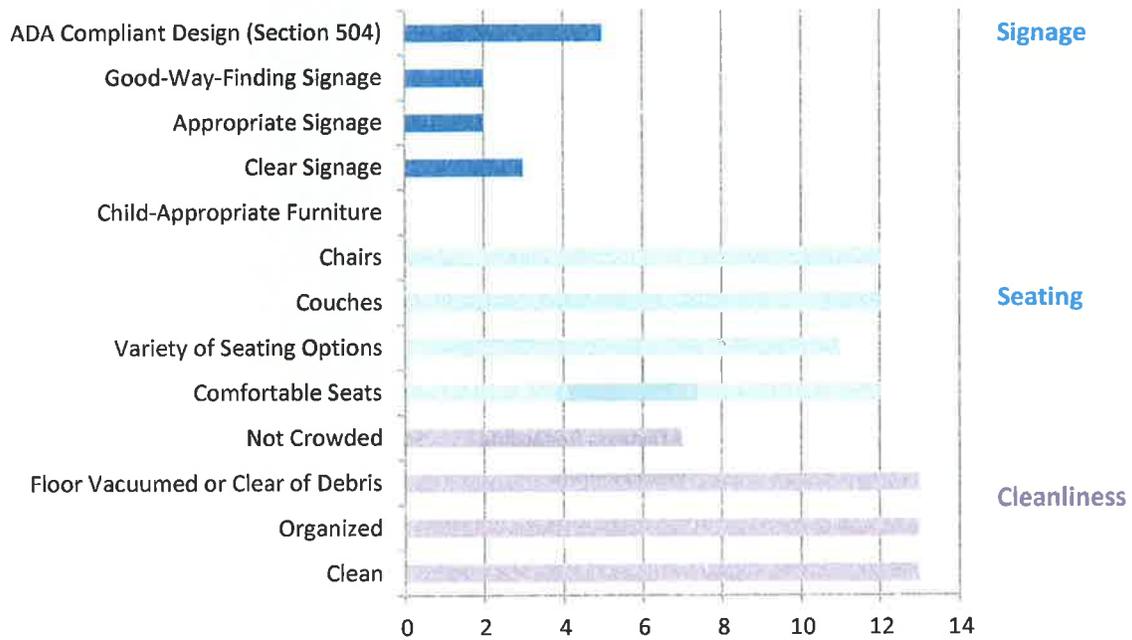
Chart 7. Surveys Indicating Available Resources





The committee’s survey data depicts the need for more appropriate signage in the clinic (Chart 8). Surveys tended to agree on the presence of a variety of seating options. Overall, interior features were clean and free from debris. During the work session, committee members discussed the need for more appropriate and clear signage at the front of the property, the front door, and the main entrance through the side gate.

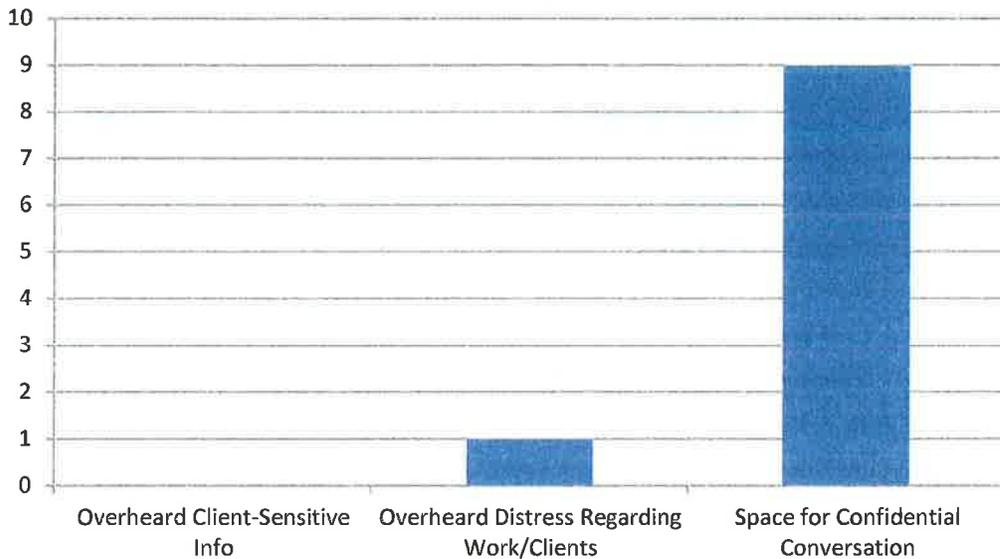
Chart 8. Surveys Indicating Interior Features





While survey results do not flag serious concern over breaches in privacy (depicted in **Chart 9**), one steering committee member did say they overheard distress regarding work or participants. However, committee members unanimously agreed that no one heard clients in distress during their site visits and that there were plenty of spaces for confidential conversations in The Bridge.

Chart 9. Surveys Indicating Levels of Privacy



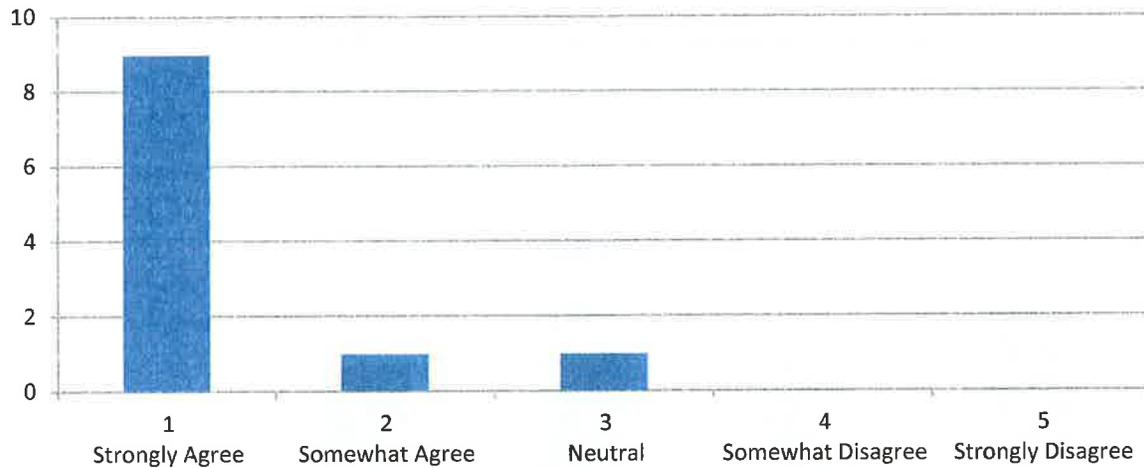


Likert Scale Charts

The committee then answered a series of Likert Scale questions about their perceptions of the extent to which The Bridge creates a warm, welcoming, and engaging environment.

Surveys indicate that the majority of committee members strongly agreed that the interior of The Bridge is warm and welcoming (**Chart 10**).

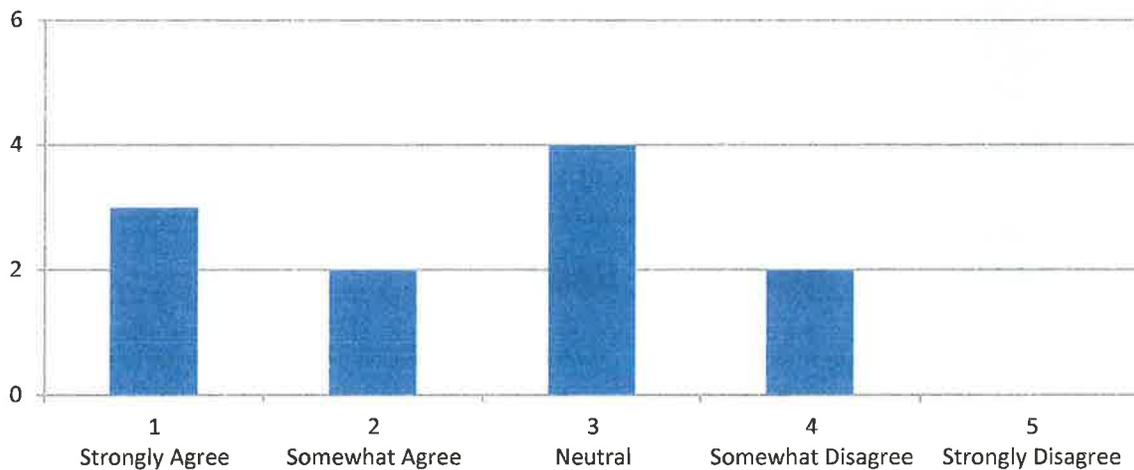
Chart 10. The interior area is welcoming.





In terms of **The Bridge’s accessibility**, the steering committee did not reach a consensus about the ease of way-finding to and around the site according to the survey data. Five committee members strongly or somewhat agree that it was easy to find the entrance and interior of The Bridge. However, six committee members stated that they felt neutral or somewhat disagreed with the site’s accessibility. During the August and September work sessions, committee members explained that the lack of appropriate signage makes way-finding difficult, including how to find the backyard/side gate that is used as the main entrance into The Bridge. The committee did not reach a consensus about the utility of using the back entrance over the front. Committee members noted that the side alley way lacked the appropriate hardscape and contained debris that made it feel unwelcoming (**Chart 11**).

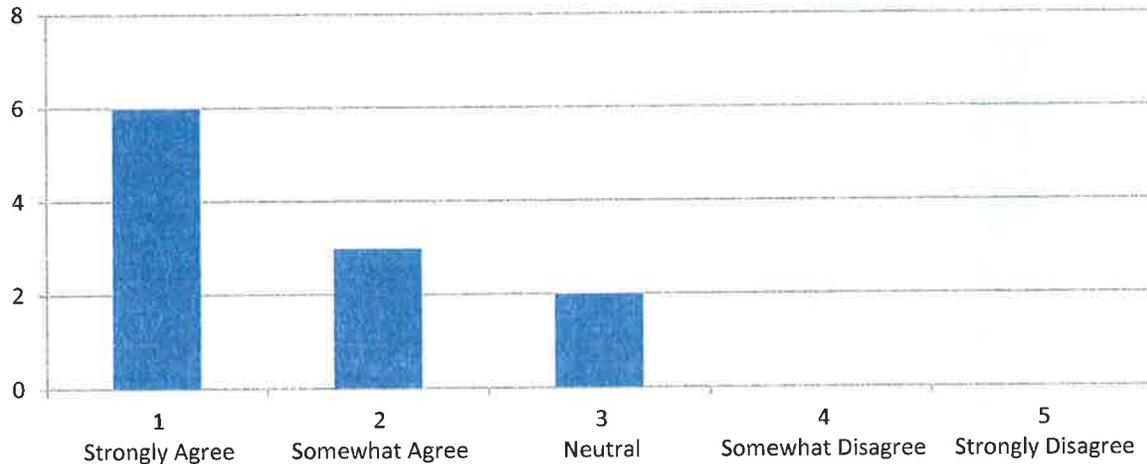
Chart 11. The interior area is easy to find and accessible from the front door.





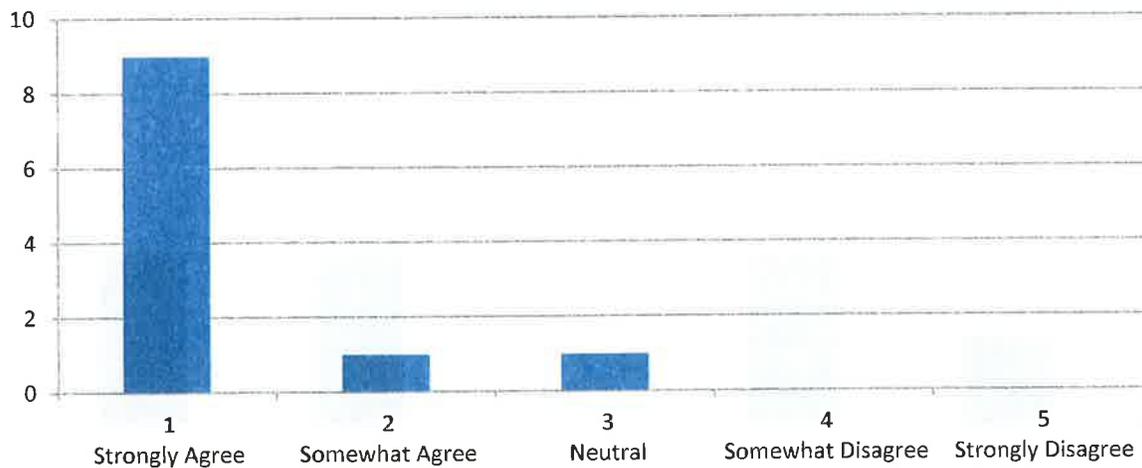
Since Steering Committee members conducted site visits at various times, the number of consumers at The Bridge was not consistent among site assessments, but committee members were in general agreement that the interior of The Bridge is well-utilized (**Chart 12**).

Chart 12. The interior is well-utilized.



The majority of committee members agreed strongly that consumers appear comfortable at The Bridge (**Chart 13**).

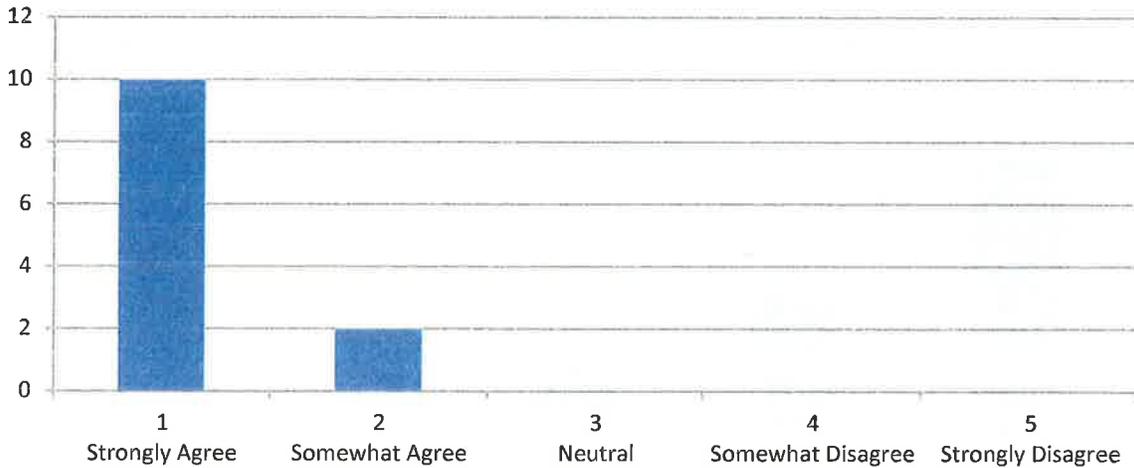
Chart 13. Consumers inside appear comfortable.





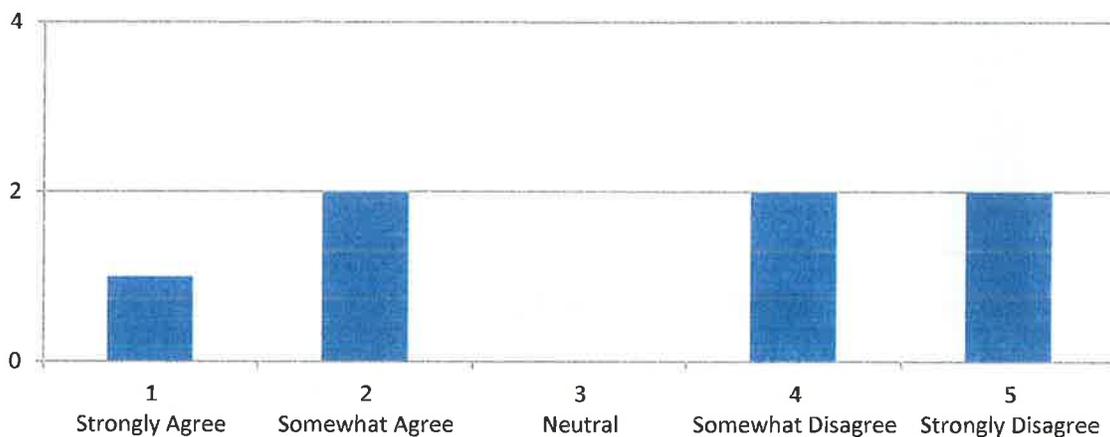
Similarly, steering committee members tended to agree that interior space is accommodating for behavioral health consumers (Chart 14).

Chart 14. This space is accommodating to behavioral health consumers.



In terms of the waiting room’s accommodation for children and family, the committee was split in their agreement and disagreement. It is important to note that several of the committee members stated that The Bridge is not intended to be used by children, youth, and families. Five committee members abstained from rating whether the space is accommodating to children and families, most likely due to this fact.

Chart 15. This space is accommodating to children and families.



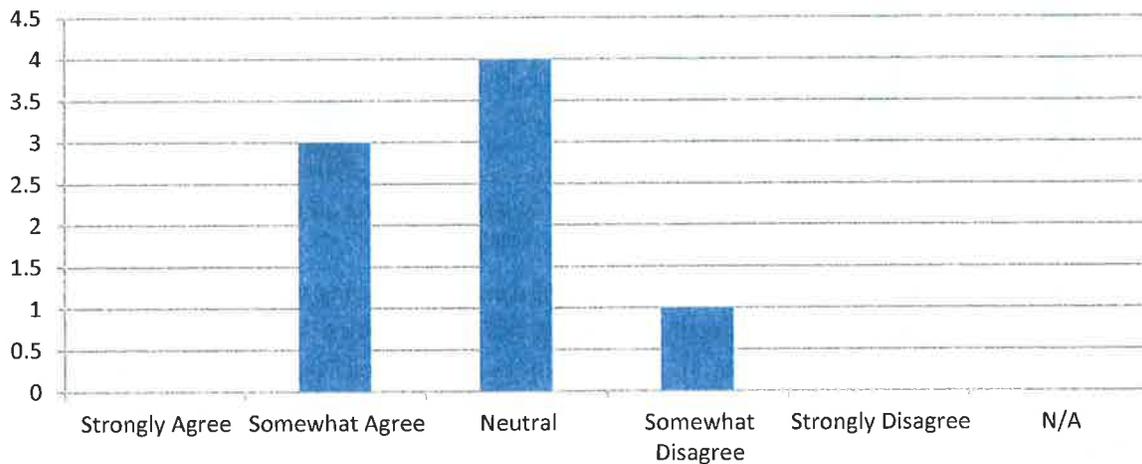


Welcoming & Engaging

Likert Scale Charts⁵

Committee members also answered a series of Likert scale questions on their perception of the extent to which The Bridge is welcoming and engaging to consumers. Similar to earlier findings, the steering committee did not reach a consensus about the accessibility of the entrance to The Bridge (**Chart 16**). During the August and September work sessions, committee members explained that the lack of appropriate signage makes way-finding around The Bridge difficult, including how to find the backyard/side gate that is used as the main entrance. The committee did not reach a consensus about the utility of using the back entrance over the front but unanimously restated the need for more appropriate, clear signage to make the entrance more easily accessible.

Chart 16. The front entrance is easy to find and accessible.

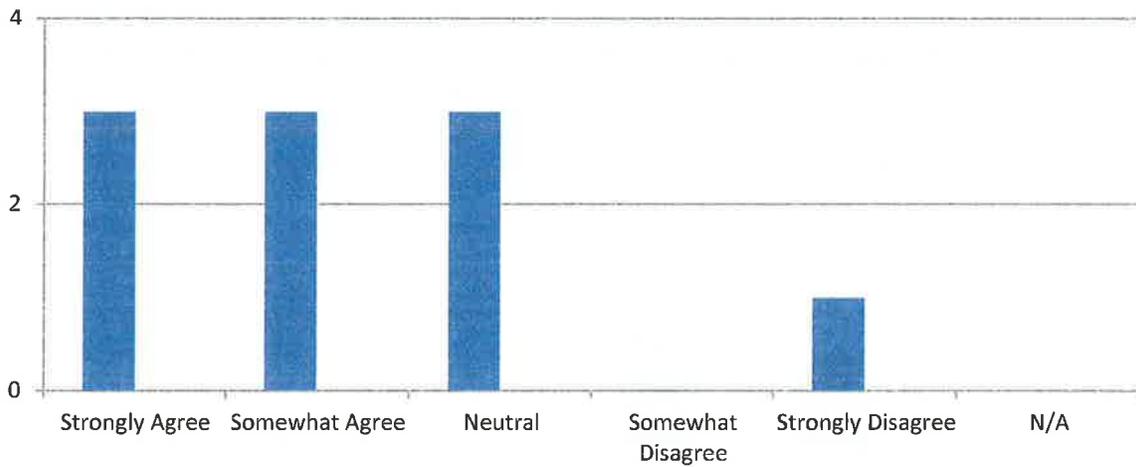


⁵ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



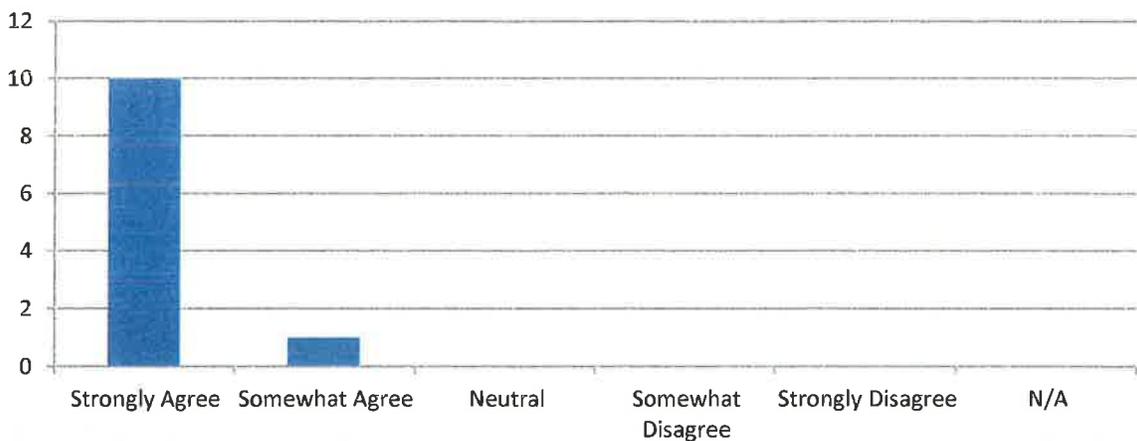
Steering committee members seem split on their perceptions that there is sufficient staff to meet demand from consumers according to their surveys (**Chart 17**). During the August and September work sessions, committee members noted that their perceptions may be different because surveys were conducted during different times of day when more or less consumers were present. In addition, some committee members stated that they were unsure of who was a staff person or a volunteer making it difficult to accurately rate this item.

Chart 17. There is enough staff to meet demand.



According to both the committee members' surveys and discussions during the August and September work sessions, staff at The Bridge use positive language and tone of voice with consumers (**Chart 18**). The steering committee wanted to make an important note of how well The Bridge staff interact with consumers on site. The committee said that staff are professional, respectful, patient, and loving with consumers.

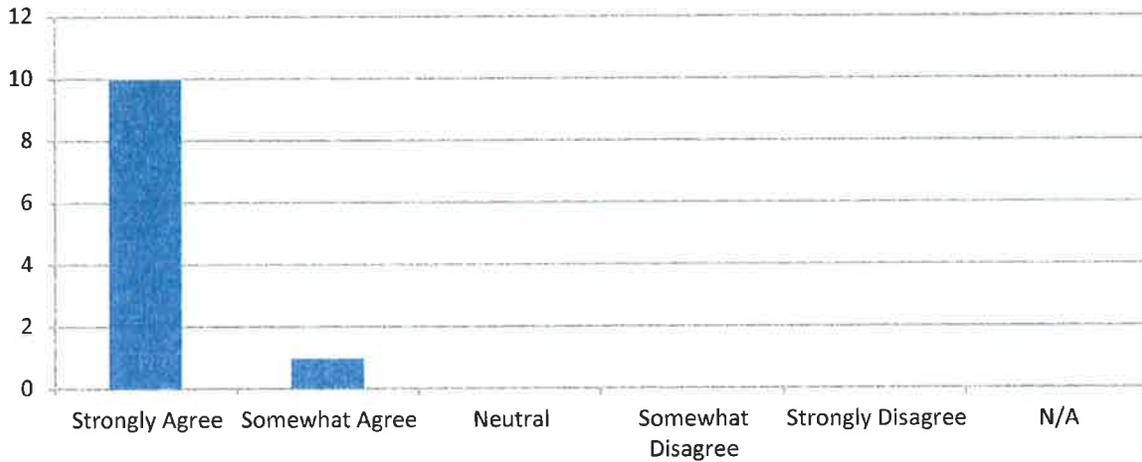
Chart 18. Staff uses positive language and tone of voice with consumers.





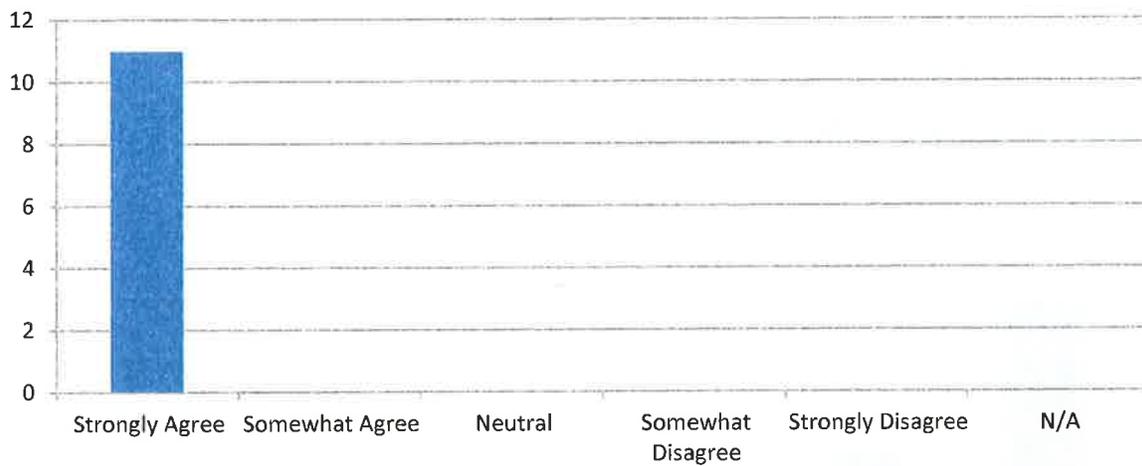
Committee members felt similarly about the friendliness of staff at The Bridge (**Chart 19**).

Chart 19. Staff appears friendly.



Committee members strongly agree that staff demonstrate awareness of diverse consumer experiences and needs (**Chart 20**).

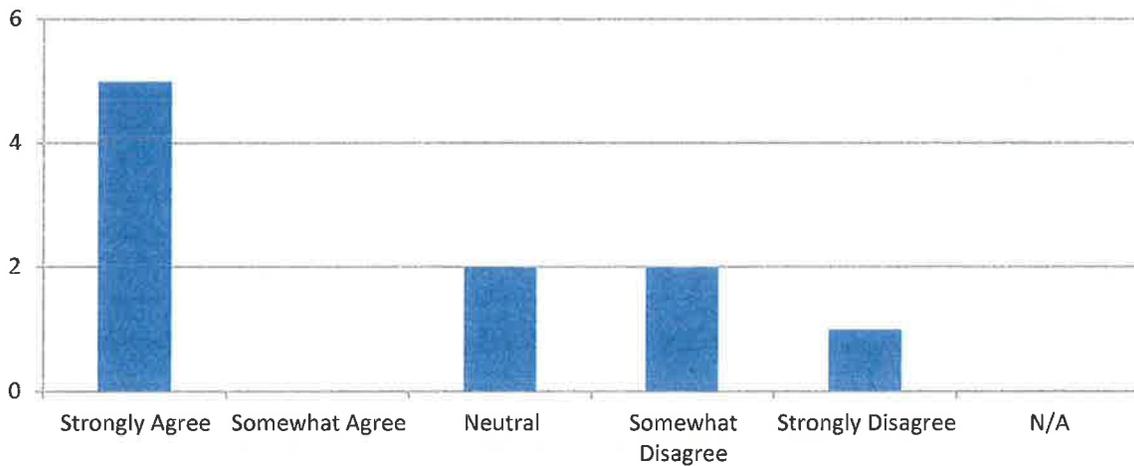
Chart 20. Staff demonstrates awareness of diverse consumer experiences and needs.





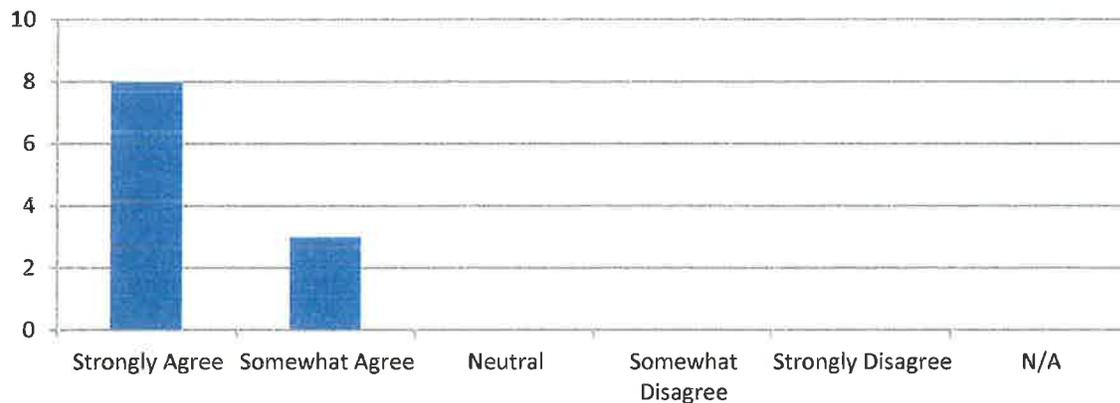
The committee was uncertain about the cultural and linguistic capacity of staff (**Chart 21**). Half of those committee members who rated this item tended to agree that staff have the appropriate level of cultural and linguistic capacity, whereas the other half were neutral or tended to disagree. During the August and September work sessions, there was disagreement among the committee about the extent to which The Bridge should provide multi-lingual staff when the majority of consumers speak and understand English.

Chart 21. Staff appears to have an appropriate level of cultural and linguistic capacity.



However, committee members were all in agreement that The Bridge staff appear excited and engaged about their jobs (**Chart 22**).

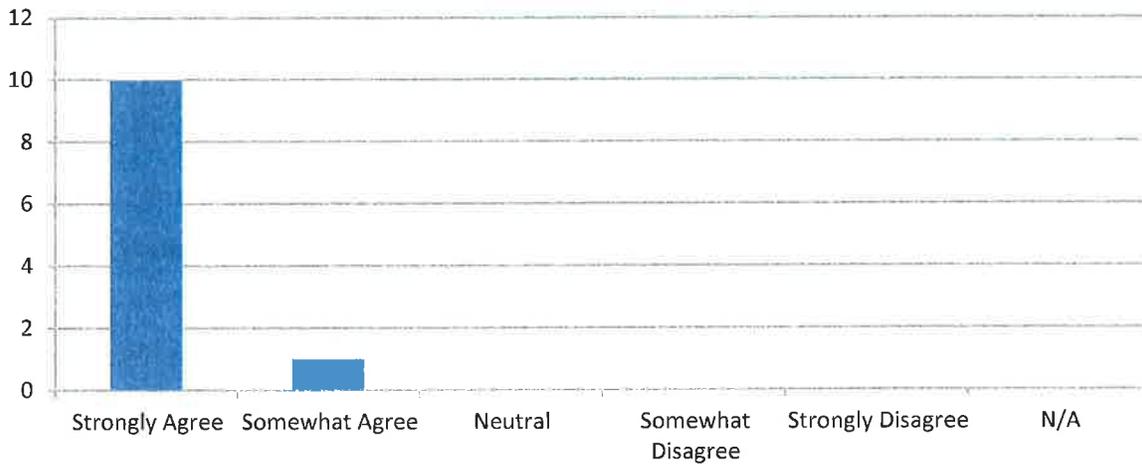
Chart 22. Staff appears excited and engaged about their jobs.





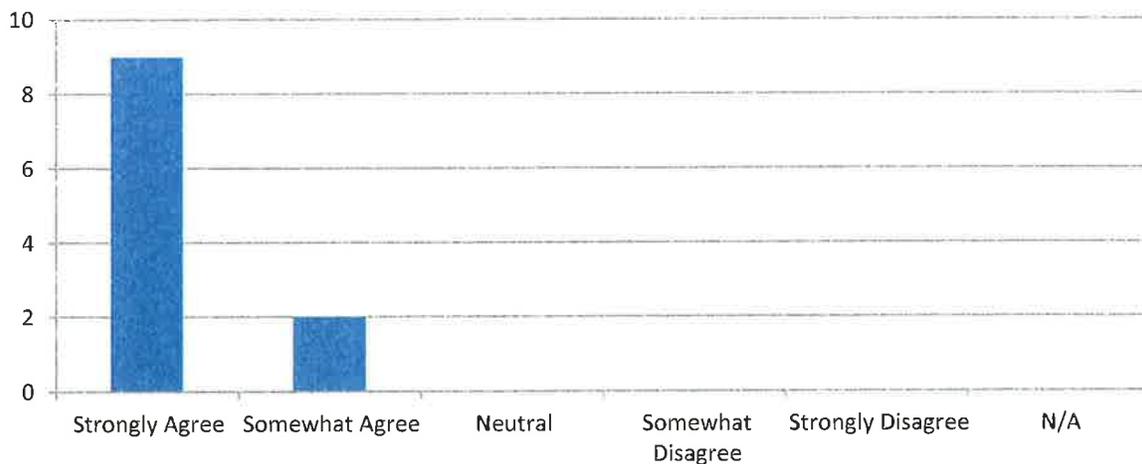
The steering committee strongly and somewhat agreed that consumers are treated kindly by The Bridge staff (**Chart 23**). During the August and September work sessions, the committee said that staff are professional, respectful, patient, and loving with consumers.

Chart 23. Consumers are treated kindly by staff.



Similarly, committee members strongly and somewhat agreed that The Bridge staff is informative and can answer consumer questions (**Chart 24**). During work sessions, the committee unanimously stated that The Bridge volunteers and staff have a wealth of knowledge about behavioral health resources in Lake County

Chart 24. Staff is informative and can answer consumer questions.





Engagement

For open-ended questions with staff, Steering Committee members received consistent responses as detailed below. While staff are prepared to address difficult situations, there are no bilingual staff currently at The Bridge. The steering committee did not reach a consensus about whether bilingual staff was needed because the majority of consumers who use The Bridge speak and understand English. The following notes summarize what steering committee members documented on their site assessments.

What do you do when someone comes in and doesn't speak English?

- Direct them to a language line.
- Contact the Latino Outreach and Engagement Specialist

What do you do when a client or someone comes in that is yelling, upset, or visibly intoxicated?

- Talk to the consumer and calm them down in a space that is more private.
- If the consumer is intoxicated and behaving inappropriately, staff will kindly ask the person to leave.

What happens if someone needs services not offered here?

- Refer consumer to other services by writing referral contact information on a piece of paper.
- Hand out a brochure, pamphlet, or information sheet for the referred service.



Recommendations

On the September 20, 2013 and October 18, 2013 work sessions, Steering Committee members revisited the data presented in the August 2013 work session and developed the proceeding recommendations to improve The Bridge Wellness Center. In keeping with the format of the site visit assessment tool, recommendations were developed for each assessed area of The Bridge.

It should be noted that the discussion regarding expectations for a peer wellness center as compared to a county outpatient clinic changed slightly from past work sessions. Dr. Chambers facilitated a discussion that focused on the following questions:

- ❖ What is the “ideal” peer wellness center environment?
- ❖ What role did stigma play in Steering Committee expectations and recommendations?
- ❖ How would Committee recommendations support or discourage Bridge staff and consumers?
- ❖ Was there a sense of hopelessness that the limitations of the physical space were not changeable?

The result of the discussion on October 18, 2013 led to a revision of the recommendations from the previous work session. The following recommendations reflect those changes.

Exterior Environment

Discussion

Steering committee members were in general consensus that the exterior of The Bridge is well-maintained, appealing, and welcoming. The Committee highlighted the fact that landscaping at the front was well maintained and, overall, the exterior of the building is pleasing and functional. Appropriate and clear signage was an issue for the committee, especially in regards to way-finding. Additionally, signage was a problem when entering the building; committee members unanimously felt that signage was needed at the front of the building pointing to the back entrance, along the side pathway, and at the back entrance guiding visitors. The committee was in unanimous agreement for the need of a designated and protected smoking area in the back that is away from the entrance and further opportunities to develop landscaping in the backyard.

Recommendations

Exterior Space

- Create a designated smoking area away from the fence – The committee acknowledges since the site assessment, the designated smoking area has been moved further away from the entrance.
- Consider offering recreation activities that utilize the improved back yard space.
- Lay a concrete pathway over the gravel in the alley way. Extend concrete pathway from the front to the back entrance.
 - Consider making all walk-ways or pathways wheelchair accessible.
- Consider adding a concrete sidewalk with curb cuts in front of the property.



Signage

- Add a sign on the side of the building before the back entrance with an arrow to provide direction to back gate.

Landscaping

- Continue to pursue landscaping the back yard with a lawn, shaded area, and consider installing a vegetable garden for consumer use.
 - Consider installing a timed watering system for lawn/garden.
 - Consider the use of low maintenance plants.
 - Consider ways to engage consumers in the maintenance/care of back yard.

Transportation Amenities

- No recommendations.

Entrance & Interior Environment

Discussion

Overall, the steering committee felt that The Bridge is warm and welcoming most of the time. The committee had a difficult time reaching a consensus on the appropriateness of using the back as the entrance to The Bridge. Two committee members felt strongly that the back entrance was not welcoming to visitors, and other committee members recommended continued use of the back entrance due to security concerns. Aside from the entrance, the committee recognized the vast amenities available to The Bridge consumers – laundry, computer access, recreational activities, and transportation to and from the site. The committee did feel that the computer room could be made more warm and welcoming with the addition of consumer made artwork, bookcases and shelving, and a rack to hang donated clothing.

Recommendations

Entrance

- Consider the use of the front door along with a conversation with LCBH and Bridge staff about how to address security issues. If the front door is used, consider the following:
 - Add a buzzer to notify staff when someone enters through the front door.
 - Use a sign-in and sign-out sheet to track guests using The Bridge.
- Add welcoming message to sign at the front door with an arrow pointing to the main entrance (if one continues to use the back entrance).

Ambiance/Décor/General Amenities

- Computer room does not feel welcoming. Consider adding more bookcases and shelving.



Lake County Behavioral Health Department

MHSA Innovations Project – The Bridge Peer Support Center Recommendations

- Consider installing a clothing rack with hangars that don't come off instead of keeping donated clothes in a box outside.
- Consider putting up more pictures, posters, and consumer art in the computer room.

Welcoming Environment

- Install more pictures/artwork/inspirational messaging and wall decorations.
- Consider providing art supplies for consumers to make more art with.

Seating & Furniture

- No recommendations.

Resources/Reading Materials

- Reach out to other providers for additional brochures/referral materials.
- Add Wellness Center drop-in brochure.
- Add Plexiglas shelving/racks to store brochures and resource materials.
- Consider adding additional resources in Spanish.

Restrooms

- No recommendations.

Privacy

- No recommendations.

Wellness Center Staff

Discussion

The steering committee unanimously acknowledged the professional, respectful, patient, and loving nature of The Bridge staff. The committee felt that staff were knowledgeable, friendly, and interact positively with consumers. The committee agreed that The Bridge staff should have something pre-printed or scripted in Spanish for consumers who may not speak English well. Only two committee members felt The Bridge staff could have been more welcoming and engaging when they arrived, but **acknowledge that it was difficult for them to know who was staff and who wasn't.** Overall, the committee saw staff as really in-touch with the needs of consumers.

Recommendations

- Acknowledge how well staff interact with consumers: professional, respectful, patient, loving.
- Some felt it was short-staffed; acknowledge that perceptions of staffing depend on when the site visit took place.



Lake County Behavioral Health Department

MHSA Innovations Project – The Bridge Peer Support Center Recommendations

- Develop something pre-printed/scripted in Spanish to help those find the resources they need who may not understand/speak English well.
- Staff seem really in touch with the needs of consumers.

Lake County MHSa Innovation Project: Site Visit Assessment Recommendations *Circle of Native Minds Wellness Center*



Prepared by:

Resource Development Associates

May 2014

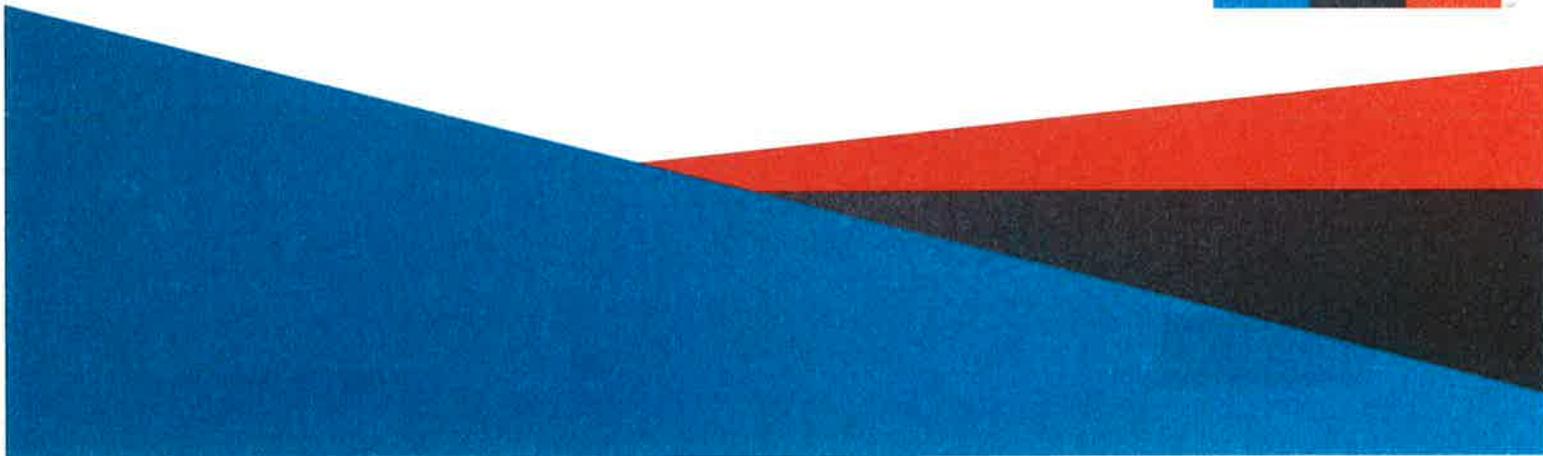




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Executive Summary

Lake County is considered a small county according to its population of 64,665¹. Lake is not small in geography, however, covering over 1,300 square miles². With a population increase of over 10% in the past decade, almost 20% of the population below poverty level, and significant percentages of Latino and Tribal community members³, Lake County has the unique challenge of providing services to diverse groups and communities that are also geographically varied, and must contend with the need for flexible service delivery, cultural competency across groups, and transportation and access to services across a vast territory.

In 2012, Lake County embarked on a process to bring together a committee that represents the diversity of Lake County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most and problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a peer perspective. Lake County's MHSA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. The Steering Committee has planned and is currently implementing an evaluation of access and barriers to mental health services with a specific focus on the two County-run clinics (the South Shore and Lucerne clinics) and the three MHSA-funded Wellness Centers (the Harbor on Main, The Bridge, and Circle of Native Minds). This report provides the results of the evaluation of accessibility and barriers for the Circle of Native Minds Wellness Center in Lakeport, CA.

Methodology

Lake County's MHSA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed and is based on the following research question: How well does the facility promote an environment that is accessible, welcoming, engaging, culturally relevant, and integrated? The assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the Wellness Center atmosphere, and a few questions for staff.

Summary of Findings

The Steering Committee members reviewed and reflected on the data and developed consensus around the proceeding findings. In keeping with the format of the site visit assessment tool, findings are organized by each assessed area of the Circle of Native Minds (e.g. exterior environment, interior environment, and

¹ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>

² Lake County, "Lake County at a Glance," 2011, <http://www.lakecounty.com/AboutLC/Glance.htm>

³ US Census Bureau, 2010, <http://quickfacts.census.gov/qfd/states/18/18089.html>



welcoming and engagement). The Steering Committee also developed specific recommendations based on findings and are available in the full report.

Exterior Environment

The committee was in general agreement over the cleanliness and well maintained landscape of the site (in addition to the site having been constructed relatively recently). They highlighted the adequate parking in the back of the building, as well as amenities surrounding the community where the Circle of Native Minds is located. Although signage is clear, some committee members felt that there was a sufficient amount of signage. There was some disagreement about the presence of a designated smoking area, but Circle of Native Minds staff pointed out that one exists, but it is not immediately apparent from the front of the building. During their discussion of the exterior environment of the Circle of Native Minds, it was noted that a brewery and restaurant opened on the other side of the parking lot from the site. Some committee members expressed concern that the drinking culture of a brewery would negatively impact the Circle of Native Minds' efforts to create a wellness and recovery oriented space. In addition, committee members were concerned about pedestrian safety from fast moving traffic as they crossed the street to the complex where the site is located. There are no crosswalks, speed bumps, or traffic lights to help slow traffic.

Interior Environment

Overall, the committee expressed a deep appreciation for how carefully and thoughtfully the Circle of Native Minds incorporated interior elements to make the space feel exceptionally warm, welcoming, engaging, and culturally relevant. The majority of committee members agreed strongly that the interior was soothing, calming, and that décor (such as art, photographs, and tapestry) was tastefully displayed. The committee unanimously agreed that the lighting was pleasant and natural, that the space feels warm and inviting, and is comfortable for consumers. There was less agreement on the amenities present, but it should be noted that of all the Wellness Centers, the Circle of Native Minds is the most recently constructed and will work towards obtaining/making use of some of amenities that were noted to be missing. Although the resources and brochures were relevant to the target population of the Circle of Native Minds, the committee suggested that it explore the need to add resources in additional languages. **In addition to the space's inviting feel, committee members unanimously agreed that the space is clean, orderly, and organized.**

Welcoming and Engagement

Similarly, the steering committee was in agreement that the Circle of Native Minds is very welcoming and **engaging for consumers. Again, during the committee's worksessions, it was reiterated how well the Circle of Native Minds incorporates many different elements of Native culture into the space to create an elevating atmosphere.** Steering committee surveys indicated strong agreement that Circle of Native Minds staff are positive with consumers, friendly, aware of the diversity of consumer experiences and needs, and have an appropriate level of cultural and linguistic capacity. The committee only noted one area to consider for improvement. Some committee members felt that additional resources could be offered in



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MHSA Innovations Project – Circle of Native Minds Wellness Center Site Assessment Report

languages other than English. The committee recommended that the Circle of Native minds survey consumers for the need to include resources in other languages. At the end of discussing findings and recommendations about the Circle of Native Minds site assessment, the committee wanted to emphasize the importance of the Circle of Native Minds as a permanent space for celebrating Native culture, bringing together people from different tribes, and for providing each other mutual aid and support.



Introduction

Project Overview

Lake County Mental Health and the stakeholder community are invested in creating a networked system of clinics and wellness centers where individuals and families from any background are able to access needed services in an accessible, welcoming, engaging, culturally relevant and integrated manner. Through a community planning process, Innovation funds from the Mental Health Services Act (MHSA) were allocated in support of this shared goal.

In July 2012, Lake County Behavioral Health (LCBH) commenced implementation of its MHSA Innovation Project. The purpose of the Innovation project is to bring together a committee of representatives from identified underserved groups throughout the County to provide direction on how to reduce barriers and increase access to mental health services for those who need it most. This approach is intended to problem solve the challenges of geography, transportation, communication, resource availability, and community outreach and education from a Peer perspective. Resource Development Associates (RDA) facilitates ongoing communication with and activities for the Steering Committee as well as project management, training, and technical assistance throughout the project.

Steering Committee Recruitment

Steering Committee members were recruited through a “snow-ball” technique, which began with potential members identified by the County. Through outreach and recruitment, RDA sought participation from identified members, and/or requested additional names and contact information for other potential participants.

The outreach and recruitment process yielded a diverse committee of 16 members with representation from the following communities, many of which were identified in the Innovation Plan as underserved groups:

- Asian Pacific Islander Community
- Tribal/Native American Community
- African American Community
- Latino Community
- Immigrants/English Learners
- Rural or Geographically Isolated
- Veterans
- Criminal Justice or Legal System Involvement
- Faith-Based Community
- Transitional Age Youth/Foster Care System
- Children
- Older Adults
- Homeless/Formerly Homeless
- LGBTQQIA Community
- Family/Care Providers
- Substance Abuse Problems
- Consumer Advocate/Person with Lived Experience



Steering Committee Activities

Lake County's MHSA Innovations Steering Committee is tasked to engage in the planning and evaluation of the front-end service delivery experience and provide feedback and recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience for people in need of mental health services. For the duration of the Innovation Project, Committee tasks will primarily consist of conducting site visit assessments at all five of Lake County's MHSA-funded clinics and wellness centers with the goal of developing recommendations in the five domains specified above and review of consumer perception survey data. This report will detail the results of the Committee's last site visit assessment conducted in December 2013 - January 2014 for Circle of Native Minds Wellness Center located in Lakeport, California.

Methods

Lake County's MHSA Innovation Project is guided by the aforementioned vision of developing a more accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. Site visit assessments are conducted using a standardized survey instrument that the Committee collaboratively developed through monthly work sessions with technical assistance from RDA. RDA provided the Committee with trainings on survey tool design and evaluation in preparation for tool development.

The site visit assessment tool encompasses specific elements to encourage a service delivery environment that committee members determined to coincide with the MHSA Innovation Project vision. Using the five domains of inquiry as a frame of reference, the assessment tool allows surveyors to indicate the presence of certain elements/amenities, a series of Likert scale questions about surveyor perception of the wellness center atmosphere, and a few questions for staff. Site visit assessments have been designed to address the following research question:

How well does this facility promote an environment that is:

- Accessible
- Welcoming
- Engaging
- Culturally Relevant, and
- Integrated?

Steering Committee members conducted site visit assessments in groups of three or four at different times during business hours between December 2013 and January 2014. Site visits lasted between 30 minutes to 1 hour depending on the amount of time it took for the group to complete the evaluation. Paper-based assessment tools were submitted to RDA by January 6, 2014 and analyzed in preparation for the Committee's January 2014 work session.



Purpose

This report synthesizes the results of the Committee's combined site visit assessments of the Circle of Native Minds and presents the Committee's feedback developed over two 2- hour work sessions subsequent to the site visit assessment:

- **January 17, 2014**
Committee members analyzed the site assessment data to develop findings about each of the domains of inquiry (Exterior Environment, Interior Environment, and Welcoming and Engagement).
- **February 21, 2014**
Committee members developed recommendations based on the data and five-fold vision of Lake County's MHSA Innovations Project.

This report provides:

- An overview and analysis of the data collected through the site visit assessments; and
- Recommendations to LCBH in order to achieve a more accessible, welcoming, engaging, and culturally relevant integrated service delivery experience for people in need of mental health services at the Circle of Native Minds.

Data

This section presents the results of 10 site visit assessments mailed to RDA by Steering Committee members upon completion.⁴ Charts in this section appear in the same categorical order as in the site visit assessment tools: the Exterior Environment, the Interior Environment, and lastly, Welcoming and Engagement.

⁴ A few groups decided to fill out the assessment tools individually, while others decided to submit one for the entire group.



Exterior Environment

Per the site visit assessment tool, committee members checked off boxes to indicate the presence of transportation amenities nearby (See **Chart 1**). Their assessments indicate the presence of bus stops, handicapped parking, and clear signage for handicapped parking. Fewer individuals indicated the presence of shuttle stops (1), taxis (4), and para transit hub (1). None of the committee members indicated the presence of bicycle racks. During the January/February work sessions, the committee also agreed that there was adequate parking located at the back of the building.

Chart 1. Surveys Indicating Transportation Amenities Nearby

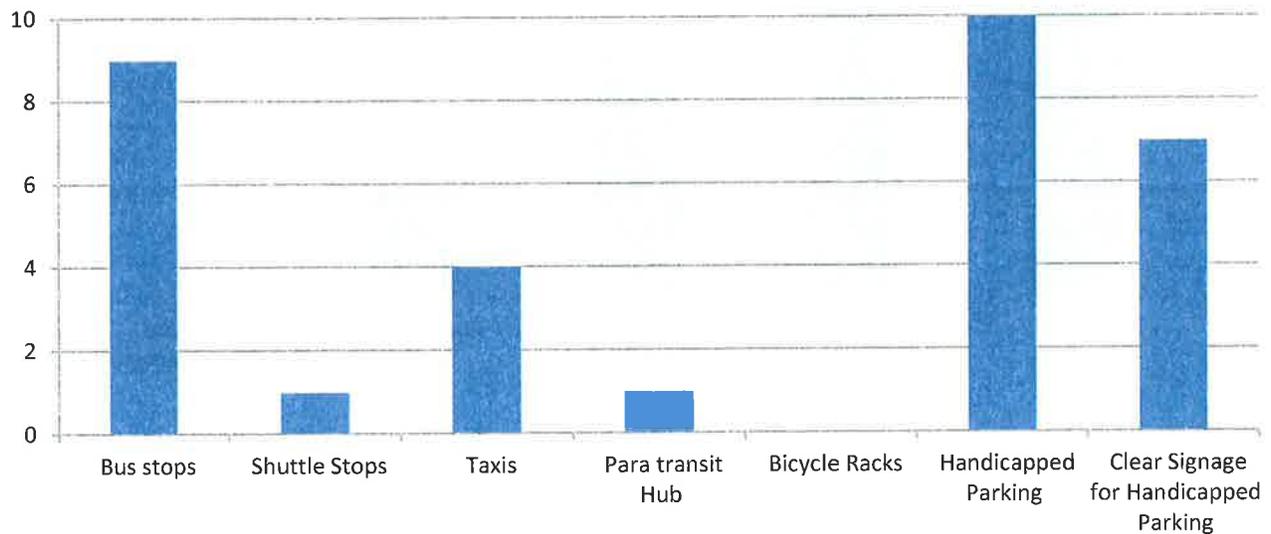
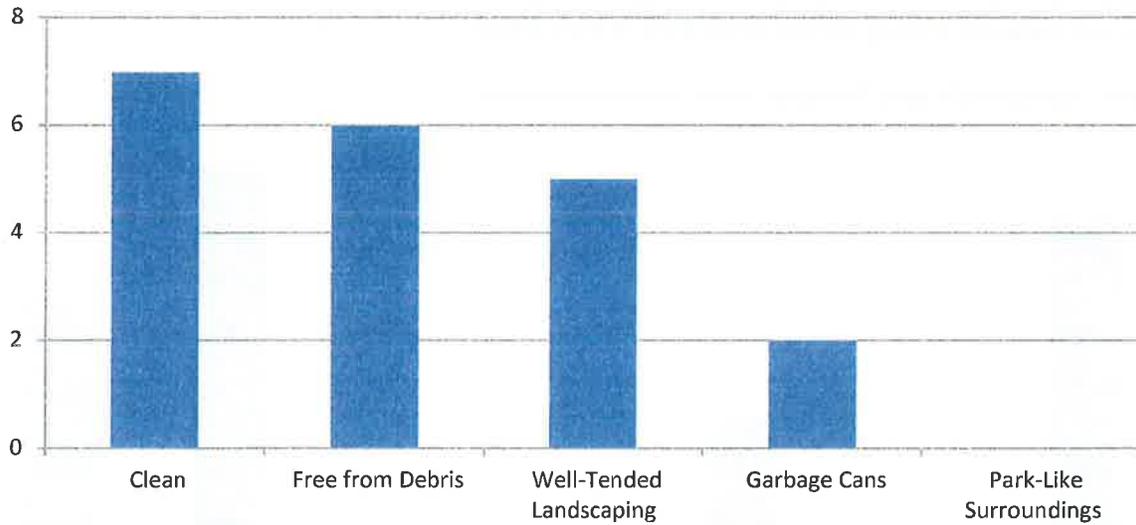




Chart 2 indicates overwhelming agreement that the exterior environment of the Circle of Native Minds was well-maintained, clean, and free from debris. In the committee worksessions, it was noted that the landscaping is well-tended (and it is also new) and there are future plans to enhance the landscaping surrounding the site. The present of garbage cans was only noted by two committee members.

Chart 2. Surveys Indicating Maintenance Attributes

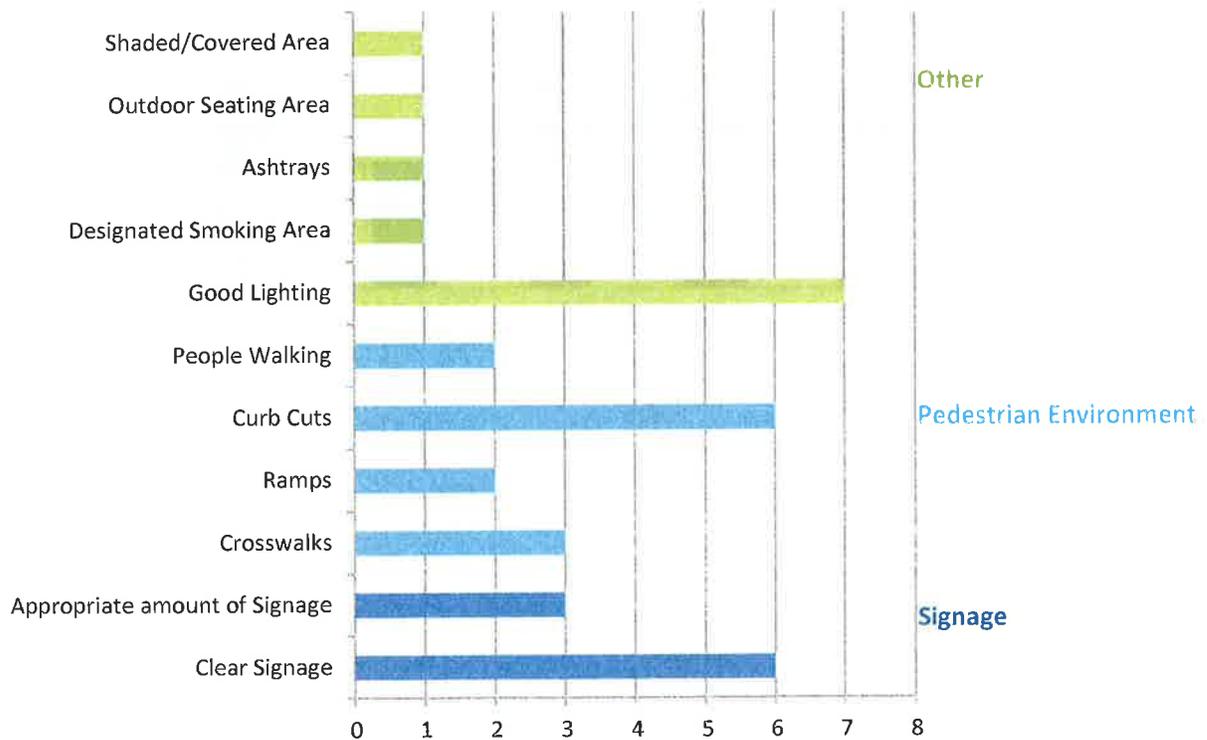




Surveyors assessed the presence of exterior amenities as detailed in **Chart 3**. The committee was in agreement over the presence of good lighting, curb cuts, and clear signage. The results indicate a lack of agreement about the presence of ramps, crosswalks, and an appropriate amount of signage. One committee member reported the presence of shaded/covered areas, outdoor seating, ashtrays, and a designated smoking area.

In the work session committee members expressed difficulty locating a designated smoking area at the site, but Circle of Native Minds staff report that it is just not obvious from the very front of the building or from the main street.

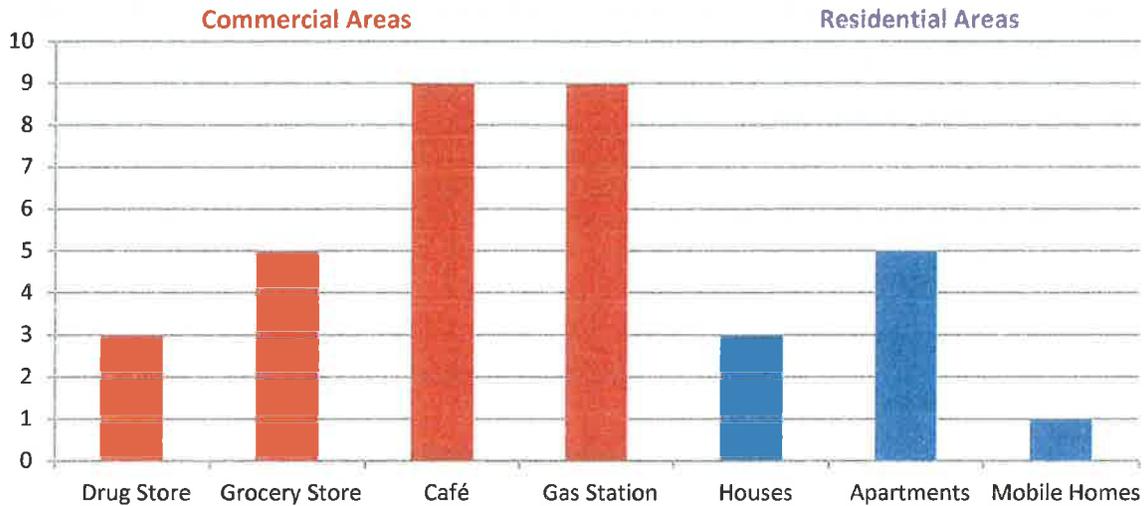
Chart 3. Surveys Indicating Exterior Amenities





The Committee determined the area surrounding the Circle of Native Minds as mostly commercial denoting the proximity of a grocery store, café and gas station (Chart 4). Committee members did not agree on residential aspects to the surrounding geography, noting the lack of houses, mobile homes, and about half indicating the presence of apartments.

Chart 4. Surveys Indicating Surrounding Geography

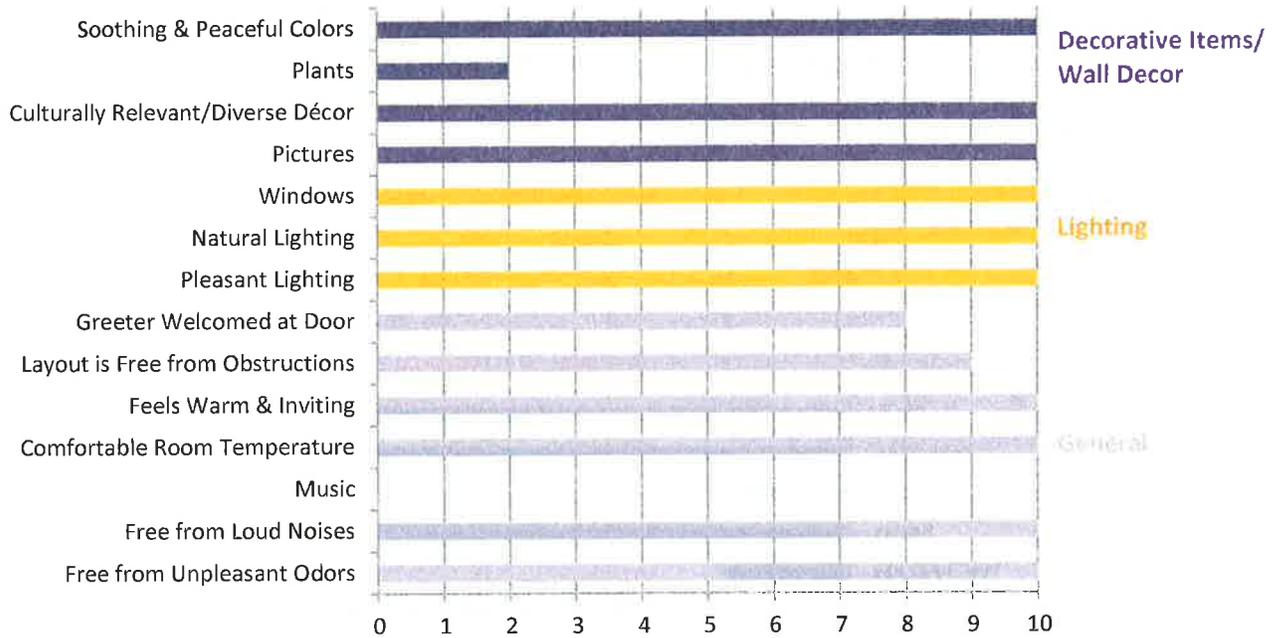




Interior Environment

Steering Committee members then assessed the interior environment of the Wellness Center.

Chart 5. Surveys Indicating Ambiance Conditions/Items

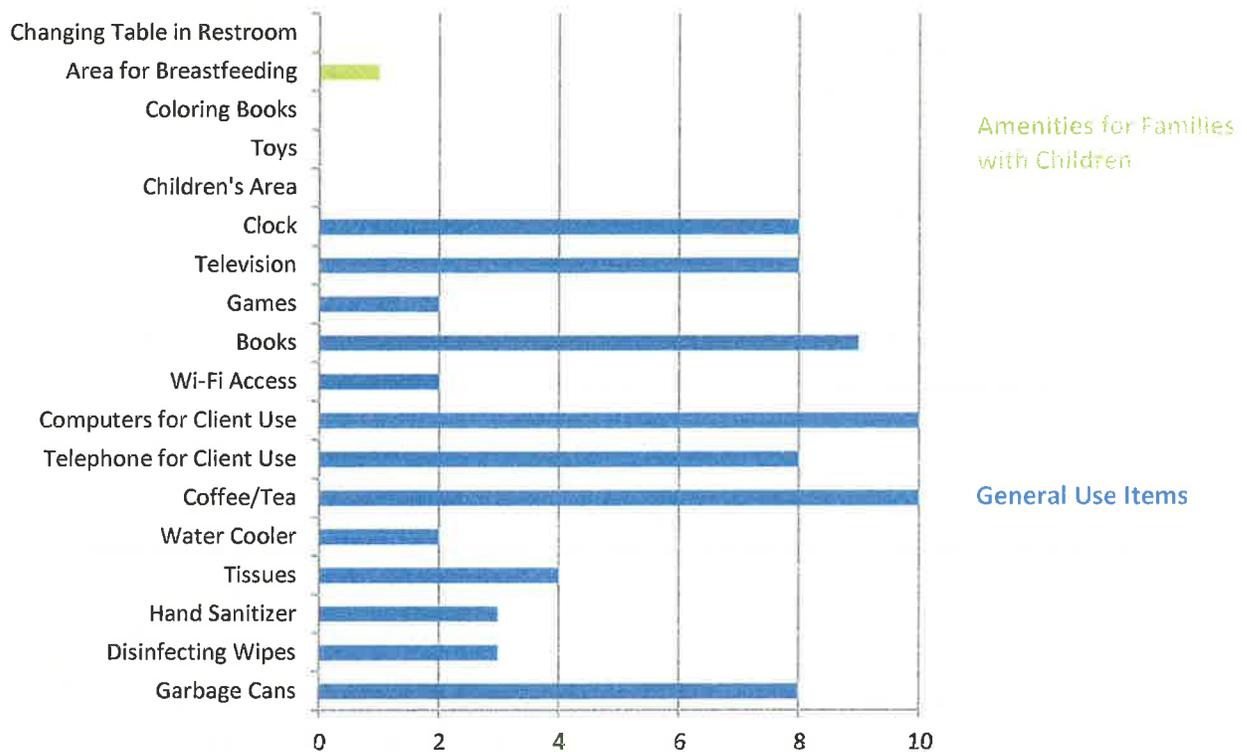


As indicated in **Chart 5**, Steering Committee members were in overwhelming agreement on the presence of amenities that enhance the welcoming and recovery orientation of the Circle of Native Minds. All of the committee members agreed on the presence of culturally relevant/diverse décor, pictures, windows, natural lighting, pleasant lighting, feels warm and inviting, comfortable room temperature, and that it is free from loud noises and unpleasant odors. Slightly less committee members reported the presence of a greeter at the front door, that the layout is free from obstructions, or the presence of plants. None of the committee members indicated the presence of music playing at the Circle of Native Minds.



When asked to indicate amenities present (**Chart 6**), committee members unanimously agreed on the presence of computers for client use and coffee/tea. The majority of committee noted the presence of a clock, television, books, telephone for client use, and garbage cans. Committee members were split however on the presence of games, Wi-Fi access, water cooler, tissues, hand sanitizer, and disinfecting wipes. The committee also noted the lack of amenities for families with children. However, during the committee worksessions, Circle of Native Minds staff discussed how Native cultures integrate children different into settings, such as the Wellness Center. Also, the Circle of Native Minds private conference room/office is the space designated for women to breastfeed when needed.

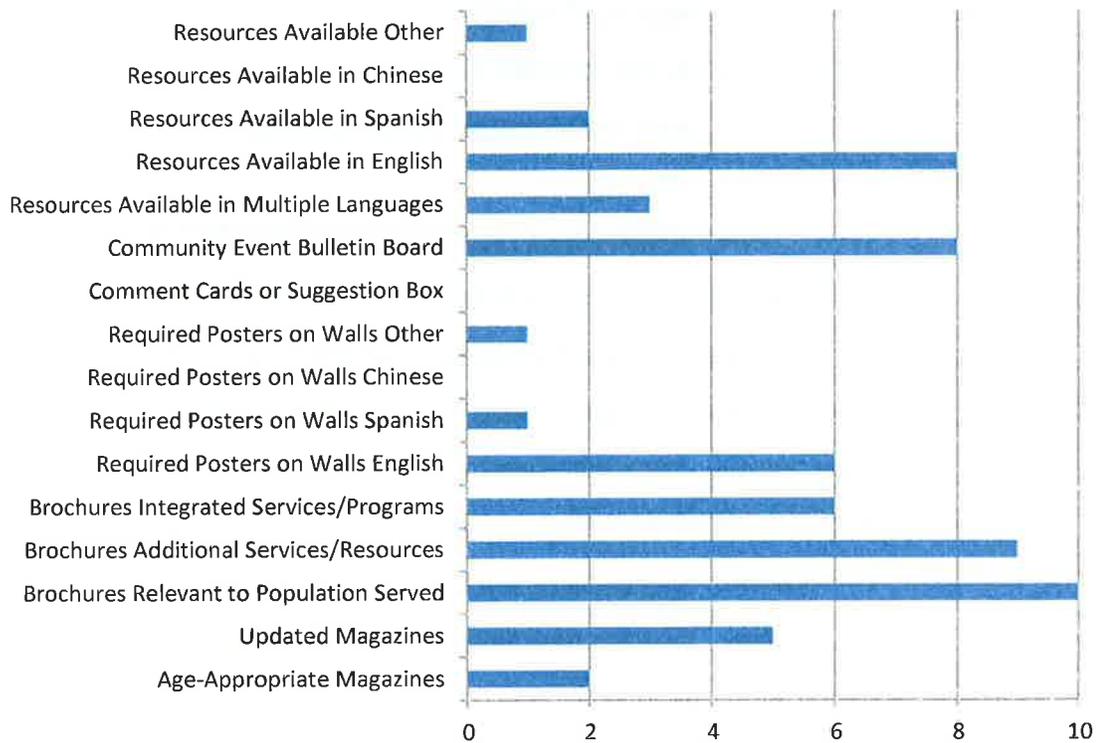
Chart 6. Surveys Indicating Amenities Present





In determining the type and availability of resources, committee members were mixed about the presence of brochures and resources available at the Circle of Native Minds. The majority of committee members indicated the presence of resource available in English, the presence of an event bulletin board, and brochures about additional services/resources and ones that target the population serviced at the Circle of Native Minds. The committee was less likely to note the presence of materials available in Spanish. None of the committee members indicated the presence of comment cards or a suggestion box (Chart 7).

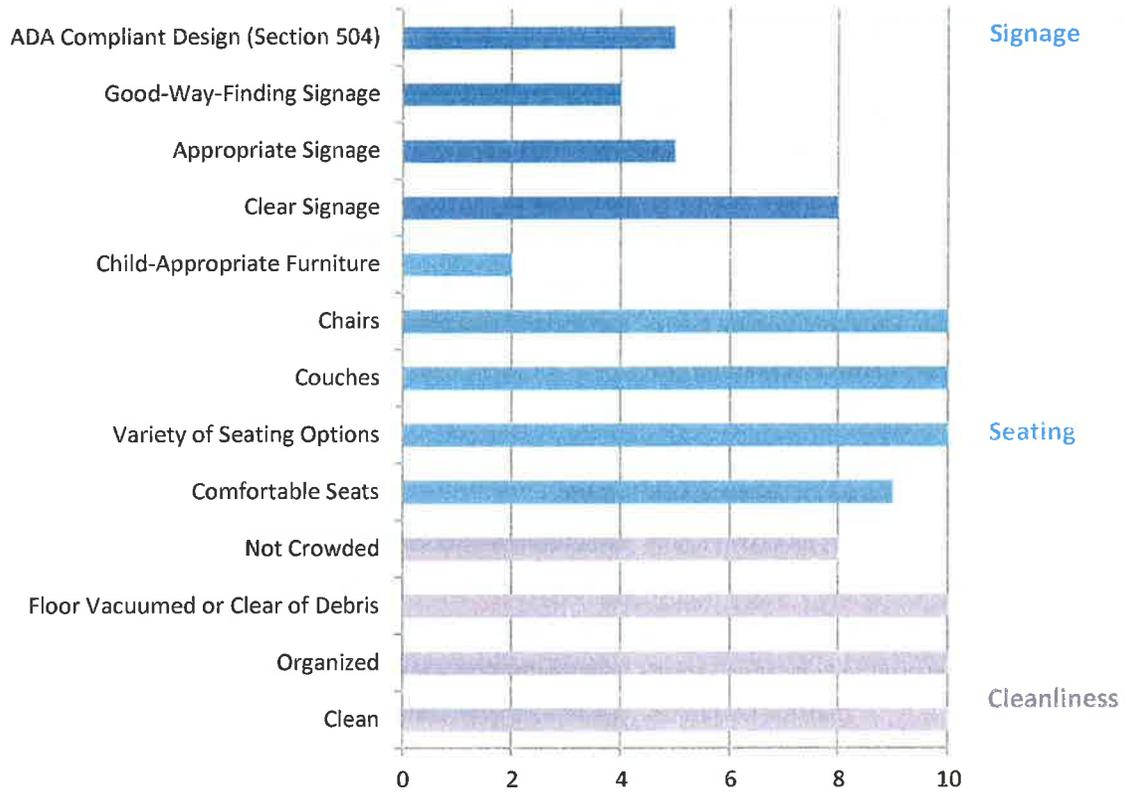
Chart 7. Surveys Indicating Available Resources





The Committee's survey data depicts the need for better way-finding signage and appropriate signage, although the signage that is present is clear and direct (Chart 8). Surveys tended to agree on the presence a variety of seating options. Overall, an overwhelming majority of committee members agreed on how clean and organized the space was.

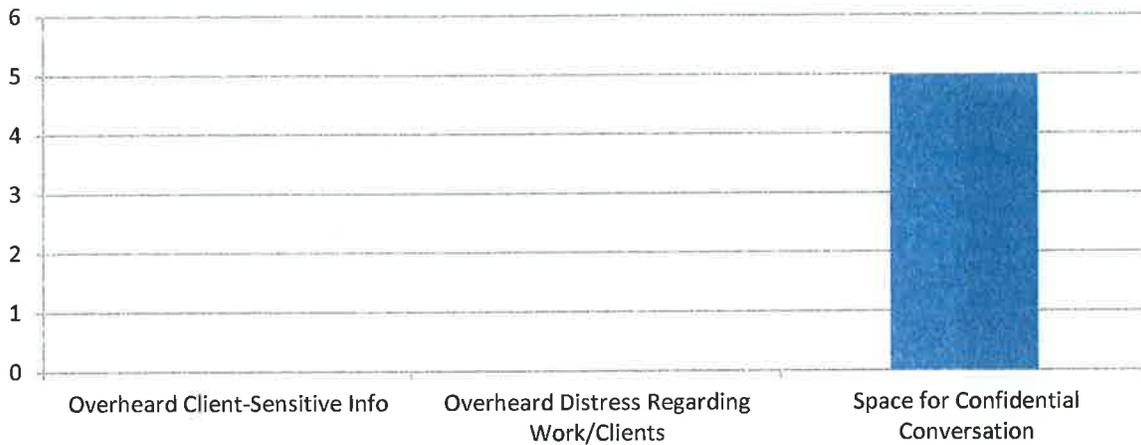
Chart 8. Surveys Indicating Interior Environment Features





The survey results agree on the presence of space for confidential information (depicted in **Chart 9**). However, only five out of ten committee members rated this particular aspect of the Circle of Native Minds.

Chart 9. Surveys Indicating Levels of Privacy

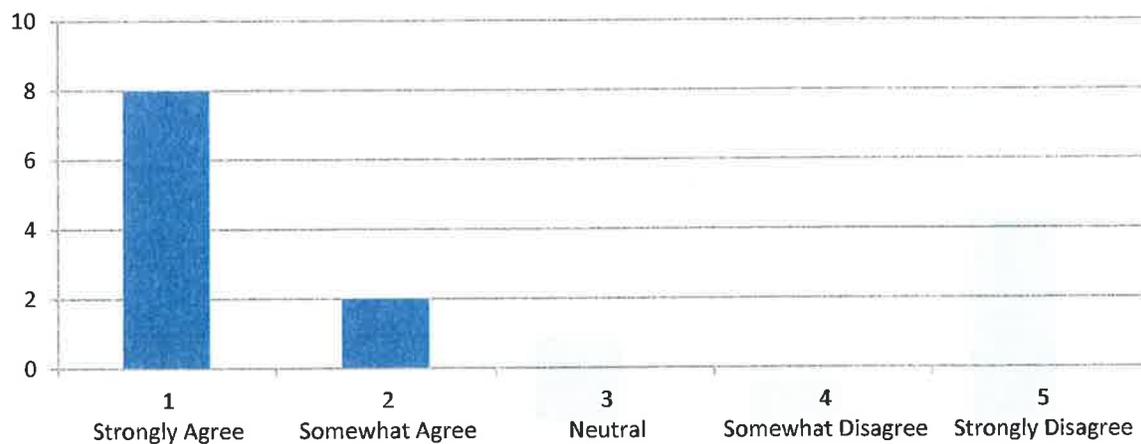


Likert Scale Charts

The committee then answered a series of Likert Scale questions about their perceptions of the interior environment and the welcoming and engagement of staff.

Surveys all agreed that the interior space of the Circle of Native Minds is welcoming (**Chart 10**).

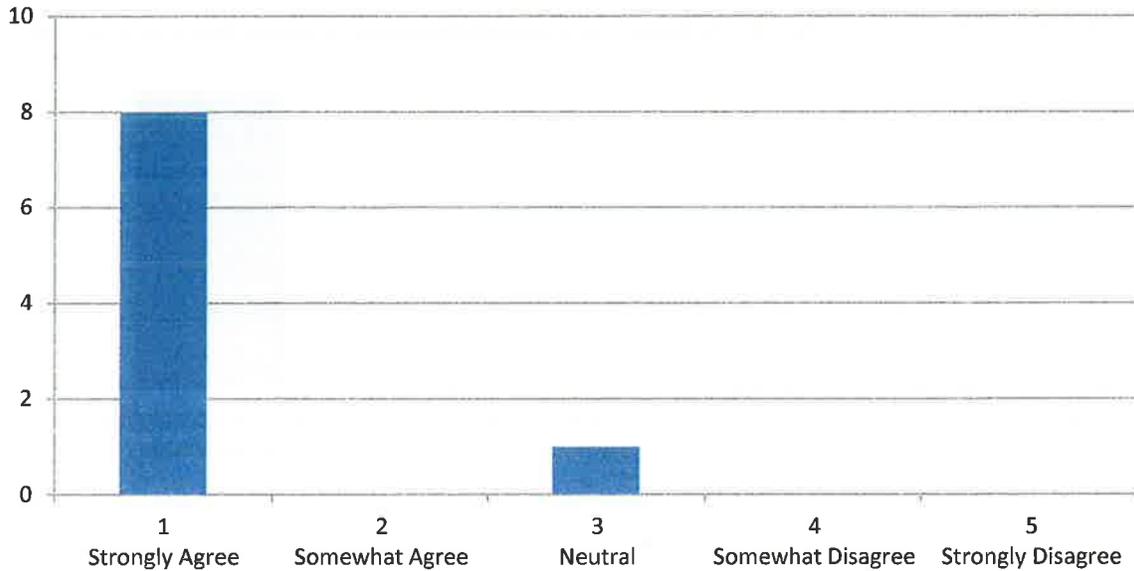
Chart 10. The interior space is welcoming.





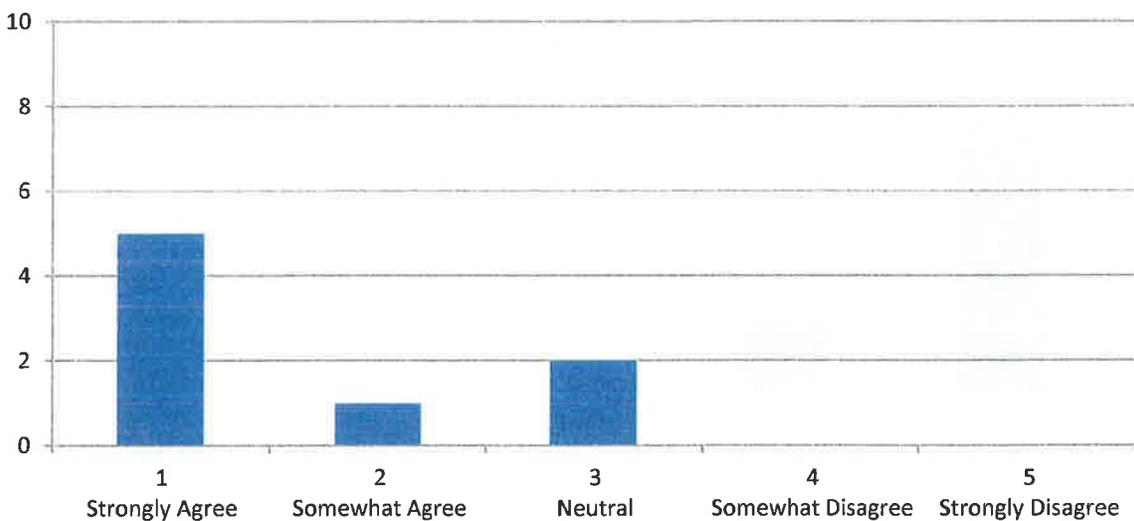
The committee also strongly agreed that the interior space is well utilized, with one committee member remaining neutral (**Chart 11**).

Chart 11. The interior space is well-utilized.



Over half of the committee members agreed that consumers inside the Circle of Native Minds appeared comfortable (**Chart 12**). Two committee members reported their observations as “neutral.”

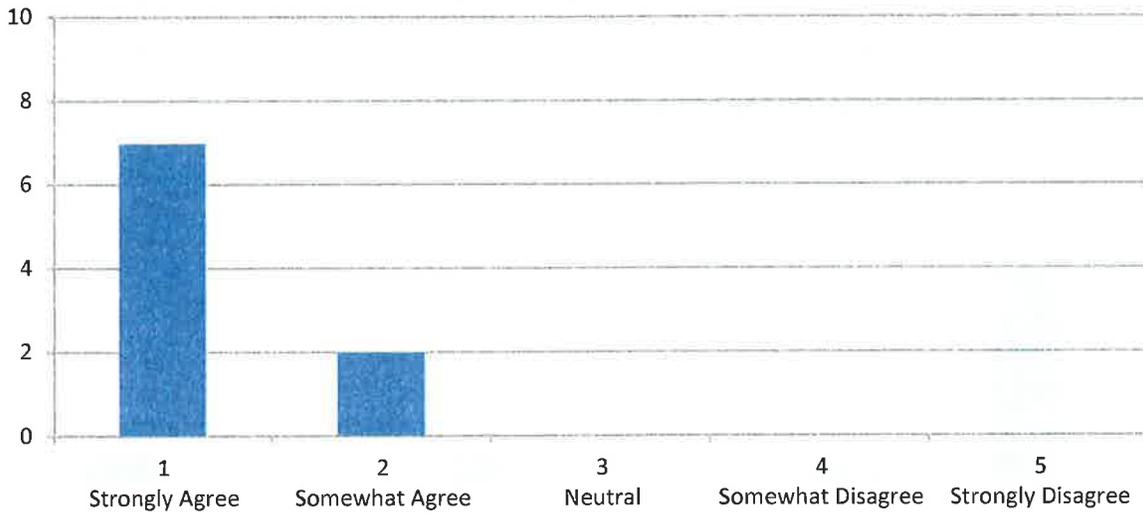
Chart 12. Consumers inside appear comfortable.





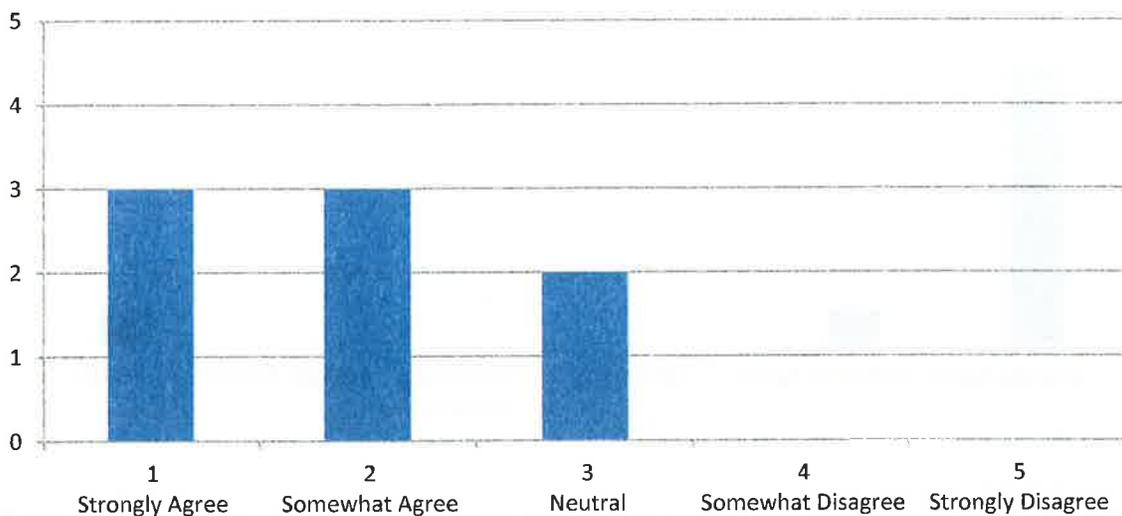
The committee was resolute in assessing that the Circle of Native Minds is accommodating to behavioral health consumers (Chart 13).

Chart 13. This space is accommodating to behavioral health consumers.



While committee members were mixed about the extent to which the space is accommodating for children and families (Chart 14). However, it should be re-stated that during the committee worksessions, Circle of Native Minds staff explained the cultural differences of how children are more integrated into the natural Wellness Center setting with Native adults and families.

Chart 14. This space is accommodating to children and families.



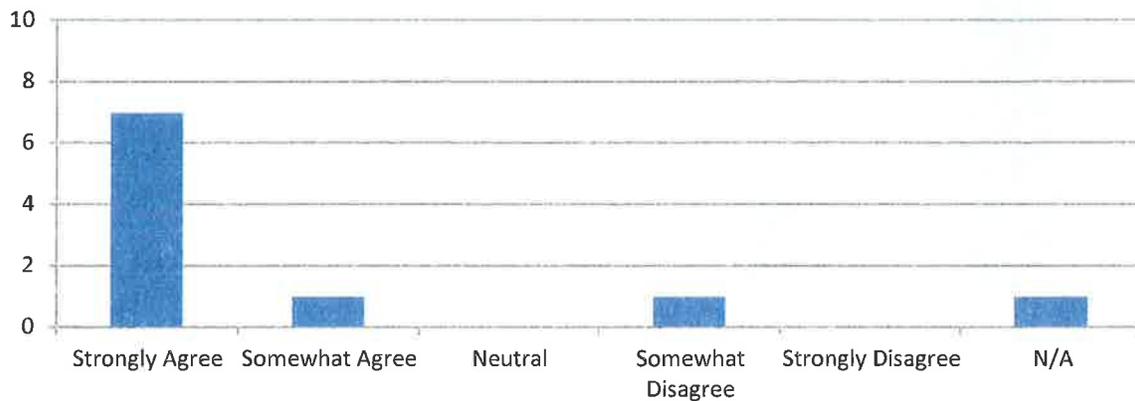


Welcoming & Engagement

Likert Scale Charts⁵

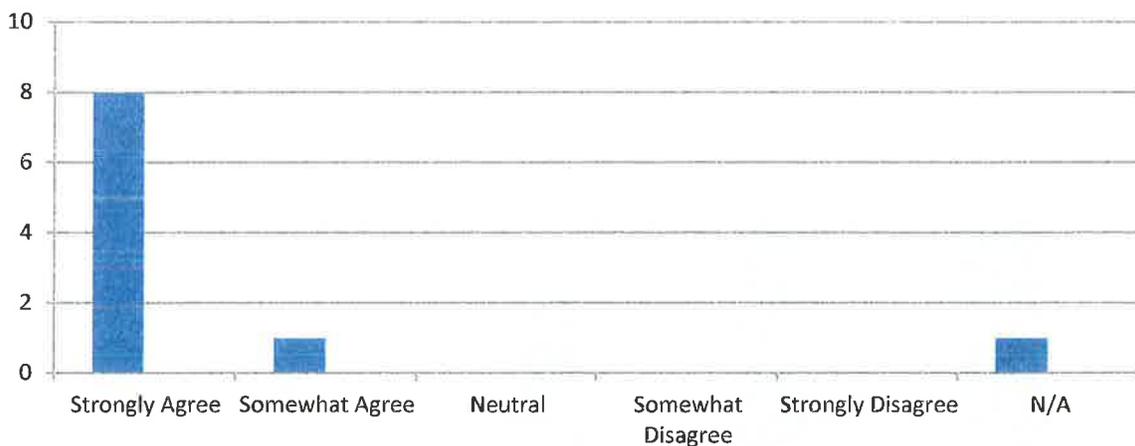
Committee members also answered a series of Likert scale questions on their perception of the Wellness Center staff. With the exception of two surveys, they all agreed that the entrance is easy to find and accessible (Chart 15).

Chart 15. The entrance easy to find and accessible.



Committee members agreed that there was enough staff to meet demand at the Circle of Native Minds (Chart 17).

Chart 16. There is enough staff to meet demand.

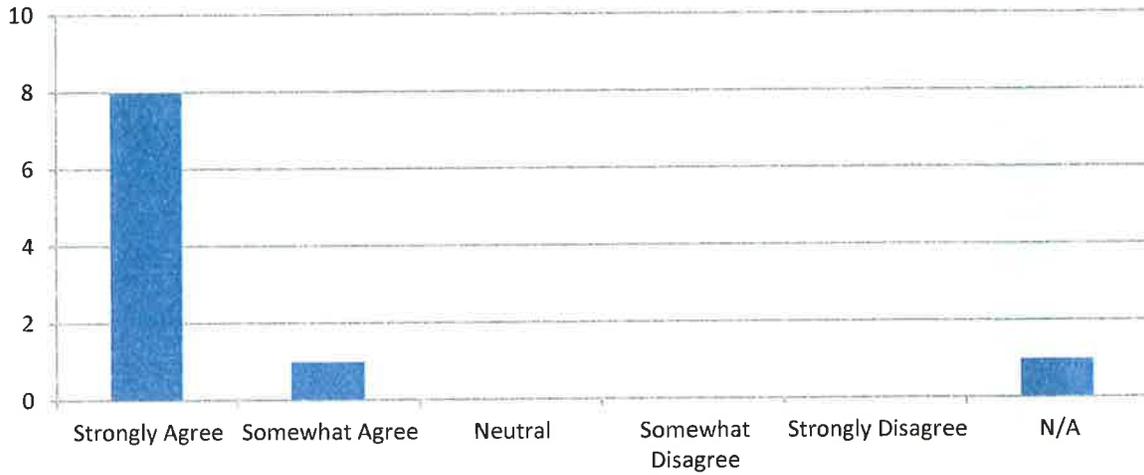


⁵ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



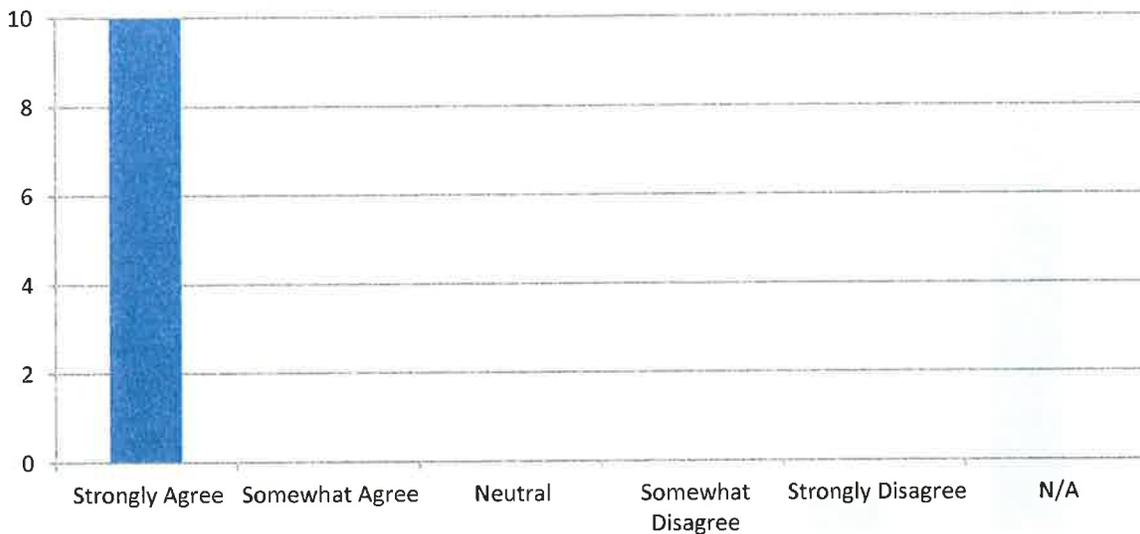
The committee agreed on staff use of positive language and tone of voice when speaking with consumers (Chart 17). Only ones felt neutral.

Chart 17. Staff uses positive language and tone of voice with consumers.



Committee members were unanimous in their strong agreement about the friendliness level of staff (Chart 19). All surveys collected indicated that they “Strongly Agree” with this measure.

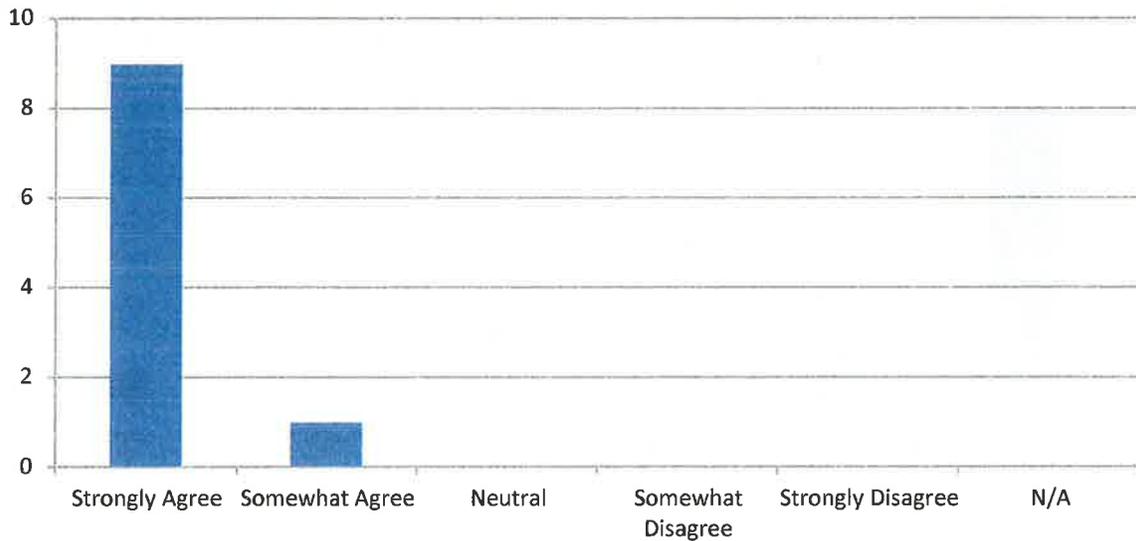
Chart 18. Staff appears friendly.





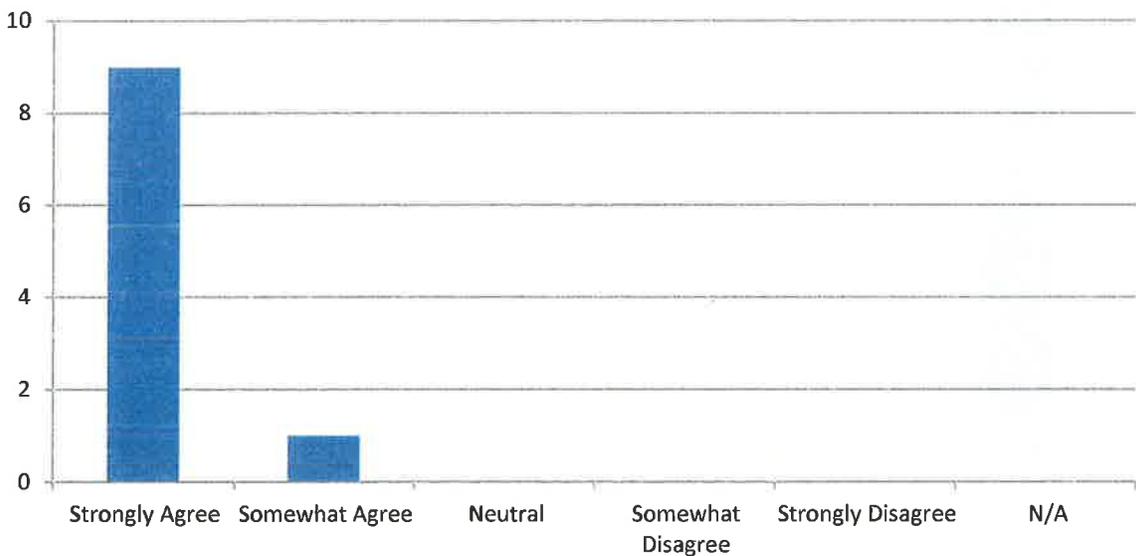
Committee members all agreed that staff demonstrated awareness of diverse consumer experiences and needs (Chart 19).

Chart 19. Staff demonstrates awareness of diverse consumer experiences and needs.



Similarly, the committee all agreed that the cultural and linguistic capacity of staff was appropriate for the target population (Chart 20).

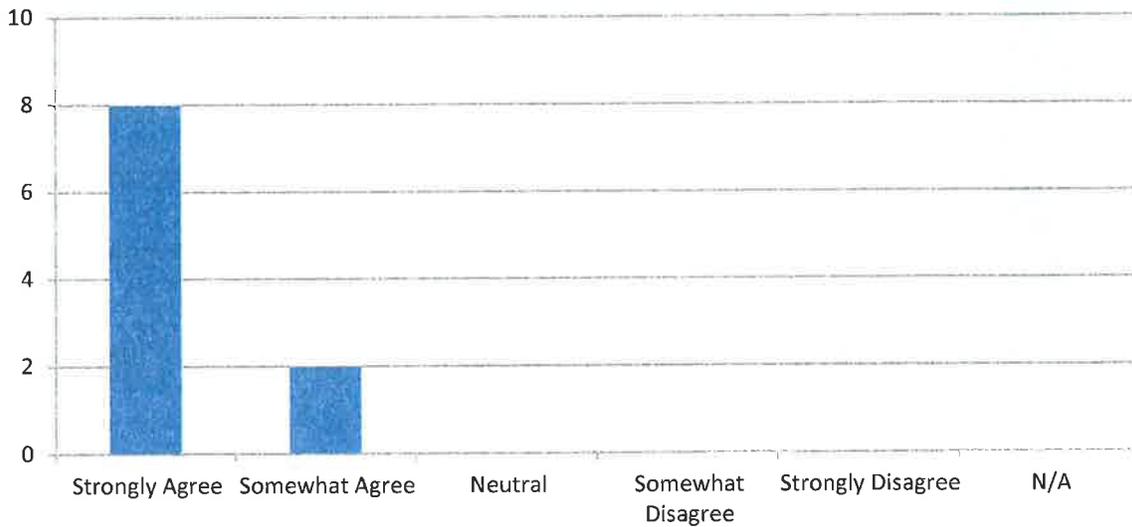
Chart 20. Staff appears to have an appropriate level of cultural and linguistic capacity.





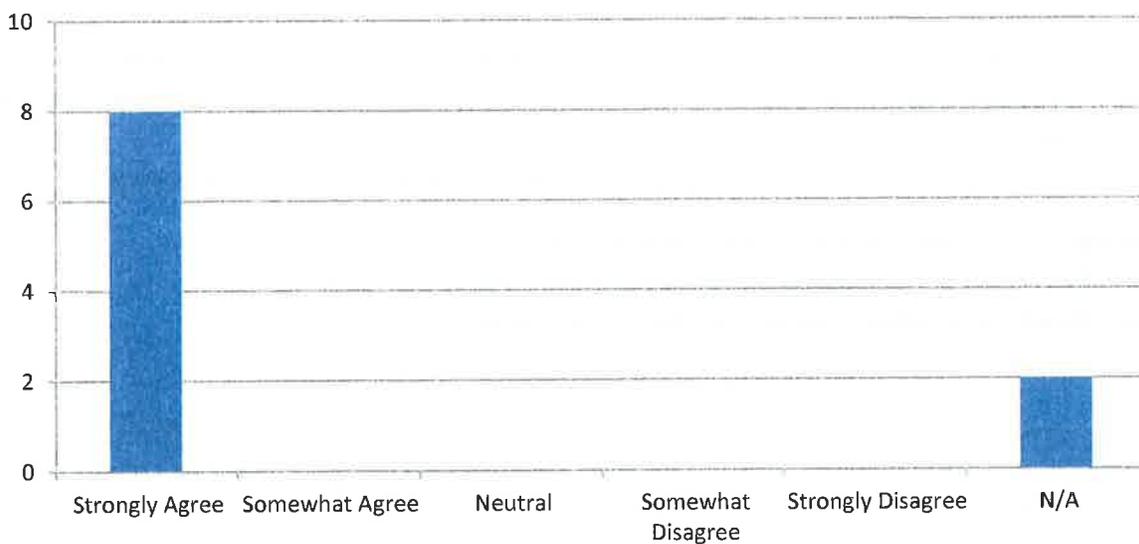
And again, all committee members agreed that staff appeared excited and engaged about their jobs (Chart 21).

Chart 21. Staff appears excited and engaged about their jobs.



Eight of the committee members perceived clients as being treated kindly by staff (Chart 22). Two committee members abstained their perception for this particular measure.

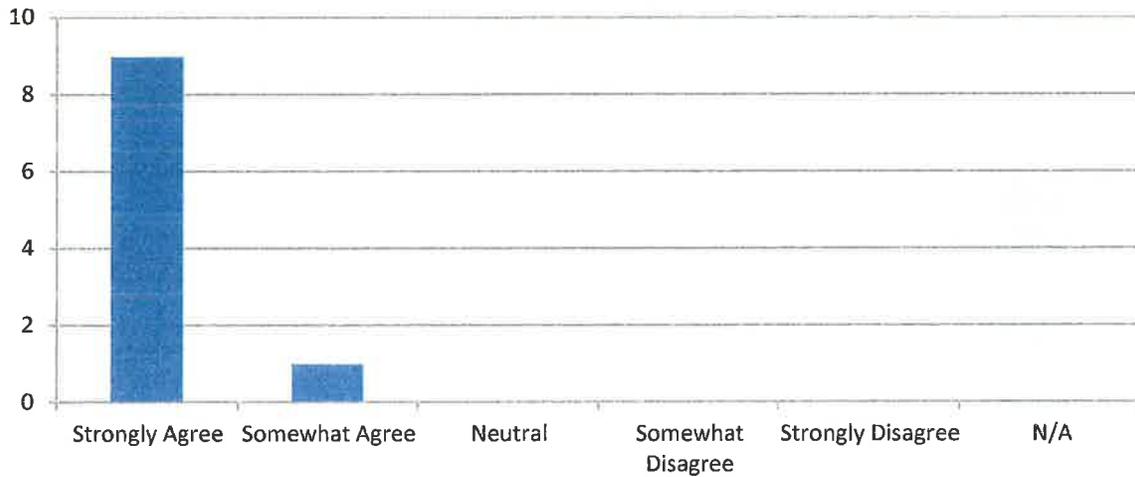
Chart 22. Consumers are treated kindly by staff.





All of the committee members agreed that staff is informative and equipped to answer questions that arise from clients (Chart 23).

Chart 23. Staff is informative and can answer consumer questions.



Engagement

For open-ended questions with Wellness Center staff, steering committee members received consistent responses as detailed below. While staff are prepared to address difficult situations, they are somewhat equipped with the cultural and linguistic capacity to engage with Spanish-speaking individuals.

What do you do when someone comes in and doesn't speak English?

- Call Edgar and ask him to interpret.
- One staff member knows a little Spanish.

What do you when a client or someone comes in that is yelling, upset, or visibly intoxicated?

- Ask person to take a walk and come back later or escort person out of center and take a walk with them.
- If intoxicated, ask the person to leave and come back when sober. Call 911 if necessary.

What happens if someone needs services not offered here?

- Refer client to Tribal Health Services across the street.
- Provide client with county resource list and directions.



Recommendations

In the February 21, 2014 work session Steering Committee members revisited the data presented in the January work session and developed the proceeding recommendations. In keeping with the format of the site visit assessment tool, recommendations were developed for each assessed area of the Circle of Native Minds.

Exterior Environment

Discussion

The committee was in general agreement over the cleanliness and well maintained landscape of the site (in addition to the site having been constructed relatively recently). They highlighted the adequate parking in the back of the building, as well as amenities surrounding the community where the Circle of Native Minds is located. Although signage is clear, some committee members felt that there was a sufficient amount of signage. There was some disagreement about the presence of a designated smoking area, but Circle of Native Minds staff pointed out that one exists, but it is not immediately apparent from the front of the building. During their discussion of the exterior environment of the Circle of Native Minds, it was noted that a brewery and restaurant opened on the other side of the parking lot from the site. Some committee members expressed concern that the drinking culture of a brewery would negatively impact the Circle of Native Minds' efforts to create a wellness and recovery oriented space. In addition, committee members were concerned about pedestrian safety from fast moving traffic as they crossed the street to the complex where the site is located. There are no crosswalks, speed bumps, or traffic lights to help slow traffic.

Recommendations

Signage

1. Consider installing a large sign at the back of the building, if possible. Circle of Native Minds and LCBH report that they are developing a plan to have a permanent sign installed in the area suggested.
2. Consider an awning with a sign for the Circle of Native Minds.
3. Consider installing a sign that promotes slower traffic on the street adjacent to the Circle of Native minds.

Landscaping

4. Install a large cement tree planter that can also be used as seating near the front entrance to the Circle of Native Minds.

Exterior Amenities

5. Consider installing patio table and chairs in the back of the Circle of Native Minds.
 - a. CNM staff notes that they are already considering the purchase of a BBQ to put in back area as well.



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6. Consider planter boxes with trees/shrubs and adding a gazebo area for shade and comfortable outdoor seating.
 - a. Partner with Tribal Health Center to help with modifications.
7. Install bike racks.

Pedestrian Environment

8. Consider installing a crosswalk with a speed bump and solar powered warning signal to increase pedestrian safety crossing the main road to the Circle of Native Minds.

Other Recommendations

9. Consider as a Steering Committee member to write a letter to Lake County Public Health expressing concern about the location/activities/safety of having the brewery adjacent to the Circle of Native Minds.

Interior Environment

Discussion

Overall, the committee expressed a deep appreciation for how carefully and thoughtfully the Circle of Native Minds incorporated interior elements to make the space feel exceptionally warm, welcoming, engaging, and culturally relevant. The majority of committee members agreed strongly that the interior was soothing, calming, and that décor (such as art, photographs, and tapestry) was tastefully displayed. The committee unanimously agreed that the lighting was pleasant and natural, that the space feels warm and inviting, and is comfortable for consumers. There was less agreement on the amenities present, but it should be noted that of all the Wellness Centers, the Circle of Native Minds is the most recently constructed and will work towards obtaining/making use of some of amenities that were noted to be missing. Although the resources and brochures were relevant to the target population of the Circle of Native Minds, the committee suggested that it explore the need to add resources in additional languages. **In addition to the space's inviting feel, committee members unanimously agreed that the space is clean, orderly, and organized.**

Recommendations

General Amenities

1. Consider adding comment cards and a suggestion box.
2. Consider remodeling the closet to enhance built-in shelving and storage space.
3. **Consider holding more groups or space for people to talk about how they're affected by disenrollment from the tribe. This will create a safe space to express anger/frustration and for mutual support in order to prevent from events escalating into violence or hurting oneself or others.**



Resources/Reading Materials

4. Gauge the need for resources/materials in non-English languages.
5. Ensure the availability of LCBH Mental Health brochures.

Welcoming and Engagement

Discussion

Similarly, the steering committee was in agreement that the Circle of Native Minds is very welcoming and engaging for consumers. Again, during the committee's worksessions, it was reiterated how well the Circle of Native Minds incorporates many different elements of Native culture into the space to create an elevating atmosphere. Steering committee surveys indicated strong agreement that Circle of Native Minds staff are positive with consumers, friendly, aware of the diversity of consumer experiences and needs, and have an appropriate level of cultural and linguistic capacity. The committee only noted one area to consider for improvement. Some committee members felt that additional resources could be offered in languages other than English. The committee recommended that the Circle of Native minds survey consumers for the need to include resources in other languages. At the end of discussing findings and recommendations about the Circle of Native Minds site assessment, the committee wanted to emphasize the importance of the Circle of Native Minds as a permanent space for celebrating Native culture, bringing together people from different tribes, and for providing each other mutual aid and support.

Recommendations

1. Consider the use of volunteer greeters to help welcome visitors who are not regular center visitors or clinical staff.

Appendix D

LETTER OF ACKNOWLEDGMENT

(Response Due by May 1, 2014)

California Mental Health Services Authority (CalMHSA)

SUSTAINABILITY FUNDING COMMITMENT BY COUNTY FOR FY 2014/15

COUNTY: Lake County Behavioral Health

ADDRESS: P.O. Box 1024, Lucerne, CA 95458

With this letter, the above County provides CalMHSA notice of its recommendation for funding towards Statewide PEI Projects, to be conducted in accordance with regulations and statutes that govern the Mental Health Services Act (MHSa). CalMHSA acknowledges that the submission of this Letter serves solely as notice to CalMHSA of the County's present objective and is not binding on the County, which must comply with its own procedures before providing such funding. The Letter will be reviewed by CalMHSA's Finance Committee in conjunction with development of CalMHSA's annual budget, which is recommended to the CalMHSA Board each June.

Amount of Funding by Dollar	Amount of Funding by Percentage <i>(See Table 1, Annual Funding Breakdown by Percentage)</i>
\$27,027.69	7%

Comments regarding funding exceptions should be noted here:

Comments regarding funding estimate:

(Please indicate the method by which the county determined amount in the box above)

From "Table 1 – Annual Funding Breakdown by Percentage – DRAFT"

Name: Kristy Kelly Title: Behavioral Health Director

Phone Number: (707) 274-9101 Email Address: kristy.kelly@lakecountycalifornia.gov

TO BE CONSIDERED, THIS LETTER OF ACKNOWLEDGMENT MUST BE RECEIVED BY MAY 1, 2014.

Email To: Kim Santin, Finance Director at Kim.santin@calmhsa.org

Email Subject Line: CalMHSA Letter of Acknowledgement

