



Lake County Behavioral Health

6302 13th Avenue - PO Box 1024

Lucerne, CA 95458-1024

Mental Health Services Act

2015-2016 Annual Update

30-Day Comment Period

TBD

Public Hearing

TBD

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:

Linda Lovejoy, LMFT, MAC, Director
 Francois Van Wyk, LMFT, Deputy Director, Clinical Services
 Kevin Thompson, MPA, RAS, Deputy Director, Administration
 Scott Abbott, MFTI, Compliance Manager
 Robyn Rosin, RAS, AOD Manager
 Paul Hofacker, PhD, Staff Psychologist
 Manuel Orozco, Fiscal Manager
 Jim Isherwood, MSW, MHSA Coordinator
 Sarah Deng, MHSA Analyst
 Christina Drukala, LMFT, Team Leader, FSP Child/TAY/EIS
 Amanda Yocham, LMFT, Team Leader, Adult Services
 Jackie Smythe, MFT, FSP Older Adult
 Sheila Roseneau, MAFP, MHSA Team Leader, Prevention/Outreach and Engagement
 Stephanie Wilson, MPA, MSW, Team Leader, Crisis
 Rachel Geary, Housing Specialist
 Carole Ford, Peer Support Specialist
 Kathy Herdman, Parent Partner
 Edgar Ontiveros, Latino Outreach and Engagement Specialist
 Chris Partida, Tribal Outreach and Engagement Specialist

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, Lakeview Health Center
Partnership HealthPlan of California
Redwood Community Services/Harbor on Main
St. Helena Clearlake Hospital and Medical Clinics
Vet Connect Lake County
Veterans Administration, San Francisco

DRAFT

Introduction:

This first update to the 3-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17 represents continued implementation, and minor changes and adjustments to existing approved programming in fiscal year 2015-16. The following changes (highlighted in yellow throughout the document) are found in the program and budget descriptions contained herein. Included in this update is the final evaluation of the Peer Informed Access innovation projects as well as the proposal for the new, Full Cycle Referral and Care Coordination innovation programming intended for the next four years.

1. The Integrated Physical and Behavioral Health program is being expanded (programmatically if not fiscally) to provide treatment coordination options for consumers with complex co-occurring behavioral and physical health conditions. It has been renamed Coordinated Care for Co-occurring Behavioral and Physical Health Conditions.
2. The Peer Support programming is being improved to focus on peer provided services and related costs of staffing Peer Support specialist staffing at the Peer Support Recovery Centers.
3. Community Outreach and Engagement is being refocused on the priority Tribal and Latino communities. Outreach to other special populations (Transition Age Youth, Older Adults, Veterans, LGBTQA+) is to be addressed in other existing programs or planned for under this program category.
4. The Wellness and Recovery Centers are being renamed as the Peer Support Recovery Centers and will serve as locations for Peer Support Programming as well as prevention activities and outreach to specific target populations in the County.
5. The Transition Age Youth Peer Support program and funding has been moved to Peer Support Wellness Centers program.
6. Trauma Focused Co-Occurring Disorder Screening and Treatment (Formerly Community Screening and Treatment) will serve clients in community collaboration for screening and treatment of trauma and co-occurring disorders.
7. Prevention and Early Intervention funding is now being provided for the regional suicide prevention programming previously funded by Statewide efforts. This program funds the local suicide prevention hotline and task force.
8. A new Innovation program, Full Cycle Referral and Care Coordination is proposed and will be submitted to the Mental Health Services Oversight and Accountability Commission pending local approval.
9. The Housing program plan is to be developed and will be submitted as a plan update this fiscal year as the funding has been made available at the local level pending a viable plan.

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 2015-2016 Annual Update to the Three-Year Program and Expenditure Plan for FY 2014/15 through FY 2016/17. Further planning, stakeholder input, and resulting changes for the 2015-2016 Annual Update are contained in this plan and build on previous planning efforts, specifically on those related to the proposed Innovation Project and to the current Three-Year Plan.

Community stakeholder meetings were held quarterly in fiscal year 2014-2015 on the following dates:

- July 30, 2014
- October 8, 2014
- January 14, 2015
- April 8, 2015

Community Planning Meetings -

Row Labels	Sum of #
The Bridge	6
Elem Indian Colony Pomo	1
Family Member	2
First 5 Lake County	1
Harbor on Main	1
Konocti Senior Support	7
Lake County Office of Education	1
LCBH	24
Middletown Senior Center	3
Mother-Wise	2
Public	4
Redbud Health Care District	2
Redwood Children's Services/The Harbor	1
Redwood Coast Regional Center	1
Scotts Valley Pomo	1
Senior Support Services/Upper Lake	1
Hospice Services	2
Lake County Sheriff's Activity League	1
La Voz	3
Migrant Education	1
Public Health	1
Grand Total	66

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

Key Informant/Single Topic/Population 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 2014-2015 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.

Local Review Process -

The MHSA Annual Update for 2015-2016 was reviewed by stakeholders at the agency level on July 15, 2015, in a public forum on July 22, 2015. The plan is to be posted for 30 days on the County website, with copies distributed to all active stakeholders via e-mail, and hard copies made available at Department clinics, the peer recovery support centers, 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 plan update is made available for public comment for 30 days prior to the Mental Health Board meeting and public hearing on November 19, 2015.

Substantive Feedback:	LCBH Response:

MHSA Programming in Lake County -

Component	Program Name	Program Description
Community Services and Supports – Full Service Partnership	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.
Community Services and Supports – General Systems Development	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.
Community Services and Supports – General Systems Development	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.
Community Services and Supports – General Systems Development	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.
Community Services and Supports – General Systems Development	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.
Community Services and Supports – General Systems Development	Coordinated Care for Co-occurring Behavioral and Physical Health Conditions (Formerly Integrated Physical and Behavioral Health)	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. The program is intended to provide coordinated resources and treatment options for consumers with complex co-occurring behavioral and physical health disorders.

Component	Program Name	Program Description
Community Services and Supports – General Systems Development	Peer Support	Supports staffing to serve both transition age youth and adult consumers in the TAY and Adult Peer Support Centers. 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.
Community Services and Supports – General Systems Development	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.
Community Services and Supports – Outreach and Engagement	Community Outreach and Engagement	Serving specifically the Tribal and Latino communities in the corresponding Peer Support Centers serving each population. Each culturally influenced program provides access to services (including non-mental health related), peer support, socialization, and companionship to these two communities. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations.
Prevention and Early Intervention	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.
Prevention and Early Intervention	Early Student Support	Enhances the social and emotional development of young students (grades K-2) 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.
Prevention and Early Intervention	Peer Support Recovery Centers (Formerly Wellness and Recovery Centers)	The Bridge Peer Support Center, Harbor on Main Transition Age Youth Peer Support Center, Circle of Native Minds Center and La Voz de la Esperanza, serve niche populations, promote cultural competency through program design, and allow access to resources and linkage to needed services.
Prevention and Early Intervention	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
Prevention and Early Intervention	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.
Prevention and Early Intervention	Moved to Peer Recovery Support Centers (Formerly TAY Peer Support)	Funding is provided for an outreach coordinator position at the MHSA-funded TAY Drop-In Center. The program 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.
Prevention and Early Intervention	Trauma Focused Co-Occurring Disorder Screening and Treatment (Formerly Community Screening and Treatment)	Serving clients in community collaboration for screening and treatment of trauma and co-occurring disorders.
Prevention and Early Intervention	Prevention Mini-Grants	Invites community-based providers and organized consumer and family groups to design prevention activities and submit a funding request to Lake County Behavioral Health. This mini-grant program issues funding of \$500 to \$2,500 for one-time events and projects.
Prevention and Early Intervention – Training, Technical Assistance, and Capacity Building	Regional Data Workgroup	Lake County 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 was facilitated by RAND corporation providing training to the County on results based accountability using the Getting to Outcomes © approach to program design, evaluation, and continuous quality improvement.
Prevention and Early Intervention	Statewide and Regional 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. The County is also continuing to support the regional suicide prevention hotline by providing sustainability funding beginning in fiscal year 2015/16.
Prevention and Early Intervention	Regional Suicide Prevention	Funding to support the regional suicide prevention hotline and local suicide prevention task force formerly funded by the statewide projects initiative.

Component	Program Name	Program Description
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.
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	Full Cycle Referral and Consumer Driven Care Coordination	This proposed two phase project will include the use of a web based call center and community resources clearinghouse to link consumers to needed resources. Phase one involves notification of when referrals are sent, received, and completed. The system will also allow consumers to grant access to personal health information to anybody in their circle of support by way of a secure electronic personal health record in Phase two.
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 servers, conversion of paper charts, purchasing additional hardware, and ongoing service/maintenance, as well as meeting Meaningful Use and Interoperability requirements.
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. (Plan Update in 2016)

Local Program Data and Evaluation Efforts

While Lake County is considered a small county according to its population of 64,665 (1), Lake is not small in geography, covering over 1,300 square miles (2). 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 members (3), 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 2,641 clients in fiscal year 2013-2014. Cost per client served in all programming (CSS and PEI) is estimated at \$952 per client served. The total number of clients served in CSS programs was 817 at an estimated cost of \$2035 per person. Community Services and Supports programs provided services to 88 consumers enrolled in Full Service Partnerships (FSPs). The number of child, TAY, adult and older adult FSPs served during the year was 3, 10, 58, and 17 respectively. The estimated average net cost of services for each partnership is estimated to be \$11,591. 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 1,658 consumers at an estimated cost of \$422 per person.

The effort to improve data collection and evaluation of programming at the local level is represented in the attached appendices B and C representing service delivery levels for Community Services and Supports and Prevention and Intervention Programming as well as initial outcomes for Full Services Partnership programming in the form of sample partnership level data reports. 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>

2015-16 Annual Update Budget and Cost per Client

MHSA Annual Update		Budget			FY 2015/16							
Component	Program Name	2016 Budget Amount	2016 Budget Narrative	2016 Target Number of Individuals Served	2016 Projected Cost per Client	FY 2013/14 Budget Amount	FY 2013/14 Unduplicated Individuals Served - Child	FY 2013/14 Unduplicated Individuals Served - TAY	FY 2013/14 Unduplicated Individuals Served - Adult	FY 2013/14 Unduplicated Individuals Served - Older Adult	FY 2013/14 Unduplicated Individuals Served - Total Includes Age Group Unknown	FY 2013/14 Estimated Cost per Client
CSS - FSP	Full Service Partnership	\$ 1,250,000	No changes to existing budget.	140	\$8,928.57	\$ 1,020,000	3	10	58	17	88	\$ 11,590.91
CSS - GSD	Crisis Access Continuum	\$ 275,000	No changes to existing budget.	600	\$ 458.33	\$ 200,000	6	13	45	14	78	\$ 2,564.10
CSS - GSD	Forensic Mental Health Partnership	\$ 100,000	No changes to existing budget.	50	\$2,000.00	\$ 100,000	5	41	42	1	89	\$ 1,123.60
CSS - GSD	Housing Access	\$ 80,000	No changes to existing budget.	100	\$ 800.00	\$ 80,000	1	3	45	6	55	\$ 1,454.55
CSS - GSD	Older Adult Access	\$ 160,000	No changes to existing budget.	1500	\$ 106.67	\$ 120,000	0	0	19	111	130	\$ 923.08
CSS - GSD	Coordinated Care for COD	\$ 60,000	No changes to existing budget.	N/A	N/A	\$ 60,000	0	0	0	0	0	N/A
CSS - GSD	Peer Support	\$ 140,000	No changes to existing budget.	800	\$ 175.00	\$ 160,000	0	242	238	31	511	\$ 313.11
CSS - GSD	Parent Partner Support	\$ 60,000	No changes to existing budget.	140	\$ 428.57	\$ 75,000	13	5	2	0	20	\$ 3,750.00
CSS - OE	Community Outreach and Engagement	\$ 175,000	No changes to existing budget.	500	\$ 350.00	\$ 185,000	1	1	10	0	12	\$ 15,416.67
PEI	Early Intervention Services	\$ 115,000	No changes to existing budget.	24	\$4,791.67	\$ 120,000	0	5	1	0	6	\$ 20,000.00
PEI	Early Student Support	\$ 60,000	No changes to existing budget.	160	\$ 375.00	\$ 60,000	16	0	7	0	23	\$ 2,608.70
PEI	Peer Support Recovery Centers	\$ 195,000	Consolidated with TAY Peer Support Funding	1500	\$ 130.00	\$ 150,000	44	43	284	83	454	\$ 330.40
PEI	Older Adult Outreach and Prevention	\$ 30,000	No changes to existing budget.	350	\$ 85.71	\$ 20,000	0	0	1	23	24	\$ 833.33
PEI	Postpartum Depression Screening and Support	\$ 71,000	No changes to existing budget.	160	\$ 443.75	\$ 60,000	0	4	182	1	187	\$ 320.86
PEI	Moved to Peer Recovery Support Centers (Formerly TAY Peer Support)	\$ -	\$35,000 moved to Peer Support Recovery Centers			\$ 30,000	0	225		0	225	\$ 133.33
PEI	Trauma Informed Screening for Co-occurring SUD	\$ 80,000	No changes to existing budget.	20	\$4,000.00	\$ 40,000	0	1	9	0	10	\$ 4,000.00
PEI	Prevention Mini-Grants	\$ 25,000	No changes to existing budget.	1,500	\$ 16.67	\$ 35,000	392	49	159	129	729	\$ 48.01

2015-16 Annual Update Budget and Cost per Client (continued)

MHSA Annual Update		Budget				FY 2015/16						
Component	Program Name	2016	2016	2016	2016	FY 2013/14						
		Budget Amount	Budget Narrative	Target Number of Individuals Served	Projected Cost per Client							
PEI	Statewide Projects	\$ 27,000	No changes to existing budget.	N/A	N/A	\$ 8,900	N/A	N/A	N/A	N/A	N/A	N/A
PEI	Regional Suicide Prevention	\$ 15,000	New Allocation	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A
INN	Full Cycle Referral and Care Coordination	\$ 150,000	No changes to existing budget.	N/A	N/A	\$ 75,000	N/A	N/A	N/A	N/A	N/A	N/A
WET	Workforce Education and Training	\$ 168,000	No changes to existing budget.	N/A	N/A	\$ 200,000	N/A	N/A	N/A	N/A	N/A	N/A
WET	Superior Region WET Collaborative	N/A		N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A
CFTN	Capital Facilities	2016 - \$1,000,000 Carried from 2015	No changes to existing budget.	N/A	N/A	\$ 525,000	N/A	N/A	N/A	N/A	N/A	N/A
CFTN	Lake County Electronic Health Record Project	2016 - \$125,000	No changes to existing budget.	N/A	N/A	\$ 175,000	N/A	N/A	N/A	N/A	N/A	N/A
Admin	MHSA - Administration	2016 - \$229,000	No changes to existing budget.	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A
2016 Estimated Annual Expenditures		\$ 4,590,000										

2015-16 Annual Update Funding Summary

**FY 2015/16 Mental Health Services Act Annual Update
Funding Summary**

County: Lake

Date: 10/19/15

	MHSA 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 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	821,631	362,468	135,147	175,000	1,200,000	
2. Estimated New FY 2015/16 Funding	2,139,511	534,878	140,757			
3. Transfer in FY 2015/16 ^{a/}	0					
4. Access Local Prudent Reserve in FY 2015/16						0
5. Estimated Available Funding for FY 2015/16	2,961,142	897,346	275,904	175,000	1,200,000	
B. Estimated FY 2015/16 MHSA Expenditures	2,430,000	625,000	160,000	175,000	1,200,000	
G. Estimated FY 2015/16 Unspent Fund Balance	531,142	272,346	115,904	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	1,150,453
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	1,150,453

(interest earned in 14/15 pending)

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.

2015-16 Annual Update Community Services and Supports Funding

**FY 2015/16 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Lake

Date: 10/19/15

	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 Systems 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 MHSA 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%					

2015-16 Annual Update Prevention and Early Intervention Funding

**FY 2015/16 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Lake

Date: 10/19/15

	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. Peer Support Recovery Centers	195,000	195,000				
2. Prevention Mini-Grants	25,000	25,000				
3. Regional Suicide Prevention	15,000	15,000				
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. Trauma Informed Screening for COD	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	625,000	625,000	0	0	0	0

2015-16 Annual Update Innovation Funding

**FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Lake

Date: 10/19/15

	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. Full Cycle Referral & Care Coordination	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

2015-16 Annual Update Workforce Education and Training Funding

**FY 2015/16 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Lake

Date: 10/19/15

	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

2015-16 Annual Update Capital Facilities/Technological Needs Funding

**FY 2015/16 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Lake

Date: 10/19/15

	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. 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

Appendices

Appendix A – Innovation Plan: Full Cycle Referral and Care Coordination

Appendix B – Innovation Project Final Evaluation: Peer Informed Access

Appendix C – Community Programming Planning and Outcomes Presentations



MHSa Innovation Program Plan: Full Cycle Referral and Virtual Care Coordination

Project Purpose

Purpose of the proposed innovation project

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency and community collaboration
- Increase access to services

While Lake is considered a small county with a population of less than 65,000, the County spans a large geographic area of over 1,300 square miles.^{1,2} High levels of poverty, unemployment, and rural and cultural isolation affect many residents of the County, where over 25% of the population lives below the poverty line. This rate is notably higher among the County's significant percentages of Latino and Tribal community members.³ The demographics of behavioral health consumers, and those in need of behavioral health services, mirror those of the county's population. In addition to high rates of poverty, the County includes a significantly high proportion of formerly incarcerated individuals and residents face some of the worst health outcomes in the entire state.⁴

The County, with its distinct geographic, cultural, and socio-economic characteristics, has the unique challenge of providing services to diverse groups and communities that are also geographically varied. These factors indicate the need for flexible service delivery, cultural competency across groups, transportation, and access to services across a vast territory. During the community planning process, stakeholders connected the challenge of meeting the behavioral health needs of the County's diverse and scattered population to multiple factors, including the need for increased coordination across providers who may be located in various regions, the limited capacity for information sharing across the network of individuals important to the consumer's recovery, and the need for expanded consumer access to health and wellness information.

To more adequately address the mental health needs of the community effective programs must include strategies that provide the County's diverse behavioral health consumers with the appropriate tools to empower them to manage their health, create continuous and consistent consumer-provider communication, increase the capacity for communication among providers, and provide culturally-relevant and tailored information on available appropriate behavioral health services.

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>

⁴ <http://www.countyhealthrankings.org/app/california/2015/rankings/lake/county/outcomes/overall/snapshot>



This Innovation program will address the County’s identified needs by creating an online web portal that supports successful referrals and increased interagency collaboration by providing a platform for secure communication and care coordination between all agencies involved in a consumer’s care plan. The project aims to increase access to quality services and improve outcomes for consumers by directly engaging consumers in the management of their service needs and wellness progress, a strategy that has been shown to be effective behavioral health settings. Studies suggest that health technology, or eHealth, can be an effective tool to provide outreach and access to care regardless of an individual’s socioeconomic status, race, ethnicity, or geographic location.⁵

Project Description

The Lake County Behavioral Health Full Cycle Referral and Virtual Care Coordination portal directly addresses the identified need for a consumer-driven information system that will increase communication and coordination between providers and directly engage consumers in the management of their own care by building on an existing and effective eHealth tool, the Network of Care. The Network of Care is an interactive web portal that can be used by consumers and those who support them to quickly access a variety of information relating to services and resources. The system is expected to engage the consumer in the management of their care through the use of Personal Health Records (PHRs).

The aim of this project is to expand on and innovate the Network of Care model by establishing a robust online health portal and information management system that blends consumer education and resource awareness, service coordination and referral tracking, and treatment management and wellness tracking over time into a single system that is entirely consumer-driven. The web portal will become a central point of access for any behavioral health related referrals, providers, and clinicians in Lake County and/or surrounding areas that may serve LCBH clients. In addition to acting as a critical information resource for consumers, the portal will increase information sharing to the network of individuals important to the consumer’s recovery, as identified by the consumer, and can include preventative and primary health care services, or other services as identified by the consumer, in addition to behavioral health.

The program will be implemented in two phases. Implementation will begin with the initial adoption of the Network of Care web portal, which will engage consumers in the management of their care and wellness through a comprehensive directory of health resources within the service area of LCBH and the creation of consumer PHRs. Consumers will be able to grant access to any relevant members of their care team. The PHR functionality will include initial and ongoing consumer health and wellness self-assessments to aid the tracking of progress and wellness over time.

During the initial phase, Trilogy Integrated Resources, the developers of Network for Care will implement a Network of Care referral “call center” that is specifically tailored to support the Behavioral Health community’s needs by opening up communication between the agency making the referral and

⁵ eHealth Initiative (2012). *A Study and Report on the Use of eHealth Tools for Chronic Disease Care among Socially Disadvantaged Populations*.



the provider accepting the referral. When a referral is made, the system will automatically notify the provider that there will be incoming referrals. Providers will be able to manage their referrals, updating information about whether the client was a no-show or not, if they were able to assist the client, etc. This information will be logged and made available via reports, allowing the county to measure outcomes and effectiveness.

Phase two will include the implementation of the virtual care coordination platform, which will allow a consumer, and/or a consumer's care coordinator or care team, to not only communicate with providers via the PHR, but also allow providers to communicate directly with each other about a specific consumer's specified unmet needs, care plan, and progress.

While the LCBH Network of Care Portal and PHR system will be available for use by all county residents, implementation of the full-cycle referral module and virtual care coordination platform will initially be tested by a small group of consumers. After an initial testing phase, both modules will be piloted county wide. Each phase of implementation will be evaluated based on process and outcome measures identified by the peer-led evaluation committee.

EHealth tools have been used to increase the capacity of both providers and consumers in a variety of health settings, though primarily in the arena of physical health in the management of chronic conditions. EHealth tools are less widely implemented in behavioral health settings, especially community behavioral health settings. Patient web portals such as the Network of Care, are gaining in popularity and implementation, with a number of major health organizations creating and implementing portals for their use by providers and consumers. Studies suggest that these portals show potential for facilitating communication between patients and providers, as well as a means of accessing educational materials to assist all populations in the management and care of their recovery and wellness.⁶ Patient web portals have the potential to help patients manage their care across the continuum, and can be a key facilitator of linking behavioral health and primary/preventative health care services and service providers, allowing consumers to track progress on a variety of health and wellness goals.

Incorporating full cycle referral and virtual care coordination functionality into the Network of Care web portal is expected to improve the ability of County behavioral health consumers to access relevant and appropriate services by providing timely access to health information, including access via mobile platforms (such as smart phones) to individuals who may not have access to internet or computers in the home. As it is completely client-driven and tailored to a client's specific identified needs and wellness goals, this program is expected to result in more effective engagement of County behavioral health consumers and increased access to services by ensuring that providers have the ability to track referrals to services and follow-up with consumers via the portal if necessary, both of which may have a significant positive impact on mental health outcomes. Collaboration across service providers, consumers, and other members involved in a care plan will reduce redundancies in efforts to share information about treatment plans, crisis events, emergency department visits, and other services. The end result may see a reduction in the trauma associated with mental health crisis events when members

⁶ eHealth Initiative (2012). *A Study and Report on the Use of eHealth Tools for Chronic Disease Care among Socially Disadvantaged Populations*.



of a care team have the information necessary to act quickly. This project is consistent with the following MHSA general standards:

- Community Collaboration: This project contributes to increased engagement of County behavioral health consumers across socio-demographic groups by engaging individuals in the management of their own care, providing up-to-date and relevant resource information, and enabling communication across providers involved in an individual's care plan.
- Cultural Competence: The varied demographic characteristics of County behavioral health consumers contribute to the need for culturally appropriate services and supports for these populations. This Innovation program will increase consumer's ability to access relevant services through providing accurate information about available services.
- Client-driven: The consumer-driven and confidential PHR (meets or exceeds both State and Federal requirements for consumer protection of privacy) and care coordination platform ensures that consumers have the ability to direct every aspect of their wellness and recovery plan, including which providers can collaborate through the PHR and what information is shared.
- Family-driven: Consumer's will be able to engage family members through the platform as key members of their care team. Family members who act as the primary caregiver for a consumer will be encouraged to utilize the platform to aid in the management of the consumer's wellness and recovery.
- Wellness, Recovery, and Resiliency-focused: The proposed INN program focuses on wellness and recovery as it encourages consumers to take an active role in setting and tracking wellness and recovery goals, and provides access to the resources and services that are necessary to reach those goals.
- Integrated Service Experience: The project supports the capacity of providers to engage with each other collaboratively to provide the services necessary to address an individual's specified needs. The platform increases information sharing to the network of individuals important to the consumer's recovery, as identified by the consumer, which may include primary health or other services.

Contribution to Learning

Implementation of consumer-driven, integrative care via virtual care coordination approaches has been shown to have positive impacts on health outcomes and behavior changes when used in the management of chronic health conditions. This program adapts approaches that have been shown to be successful in healthcare and social services for implementation in a community-based behavioral health setting.

Though the Network of Care web portal and PHR system are currently utilized by various healthcare systems, including community mental health systems, this project meets Innovation criteria by 1) testing eHealth technologies and practices used in other healthcare service delivery systems in mental health and 2) integrating closed loop referral and virtual care coordination capabilities into a client-directed PHR platform, an approach that is innovative in mental health practice.



The project will contribute to learning on integrating consumer-driven eHealth technology in a community mental health setting. Little research has been conducted on the mental health and behavioral impacts of consumer-driven technology interventions, however, the process of engaging consumers in the management of their own care through technology has been shown to have positive impacts on the health and behavior outcomes of consumers. It is possible that engaging county behavioral health consumers in a consumer-driven care management process will facilitate positive mental health and/or social outcomes beyond an increase in service access. Additionally, the closed-loop referral capability will inform understanding of factors contributing to the referral and successful receipt of services for socio-demographically diverse consumers, which may inform the creation of innovative strategies for serving a geographically diverse population and aid in the continuous quality improvement process.

The key learning questions this project answers include:

- ❖ How does closed-loop referral tracking support more successful referrals and lead to increased service access and receipt?
- ❖ How will implementation of a virtual care coordination platform increase the wellness and recovery of participating consumers?
- ❖ How does engaging consumers in the management of their own care via consumer-driven care coordination increase consumer perceptions of service quality and relevance?

The project may look at other learning including:

- ❖ How will system-wide tracking of closed-loop referrals increase capacity to engage in continuous quality improvement?
- ❖ How does Network of Care implementation contribute to improved collaboration 1) amongst providers and 2) between consumers and their providers?

Evaluation

Successful outcomes from the project would support broader implementation of consumer-directed PHR with closed-loop referral and virtual care coordination integration in community mental health settings. The County will measure program success by engaging County stakeholders in a peer-led evaluation, leveraging the evaluation capacity built during the County's first INN program implementation.

In 2012, LCBH recruited and trained a diverse committee of behavioral health consumers and family members, community members, and staff, to assist LCBH to improve its mental health and behavioral health service facilities. The County engaged the evaluation Steering Committee, which is reflective of Lake County demographics and inclusive of mental health consumers and family members, in an iterative process of gathering, interpreting, and analyzing data on Lake County's behavioral health clinics and Wellness Centers. The committee participated in key knowledge and skill-building trainings that bolstered the Committee's capacity for consensus decision-making, assertive communication, and in



Lake County Behavioral Health
MHSA Innovation Program Plan

addressing the stigma of mental illness within the committee, its members, and other underserved groups. LCBH will use a similar process to engage the committee to design and implement an evaluation of the Full Cycle Referral and Virtual Care Coordination portal.

The County will measure program success using both process and outcome indicators. The evaluation committee will work to identify data points and evaluation methods that will be used to measure program implementation and impact. Data points may include baseline and ongoing individuals level consumer data from PHR wellness surveys, utilization and other data from the Network of Care portal, and other sources as identified during the evaluation design.

During both phases of INN program implementation, the evaluation committee will conduct a concurrent evaluation process, beginning with an evaluation design utilizing information from the initial pilot to solidify process and outcome measures. Process indicators measure to what extent the program was implemented as intended, while outcome measures will provide information on the impact of the program on participants, community, and the mental health system overall.

(This proposal was developed in collaboration with Resource Development Associates, 2015)



Key Learning Question	Potential Process Measures	Potential Outcome Measures	Potential Data Source(s)
1. How does closed-loop referral tracking support more successful referrals and lead to increased service access and receipt?	<ul style="list-style-type: none"> ❖ # of consumer and provider users ❖ # of referrals made 	<ul style="list-style-type: none"> # of closed referrals ↑ service receipt by NOC users ↑ perceptions of service quality and relevance 	<ul style="list-style-type: none"> NOC usage data NOC referral data LCBH utilization data
2. How will implementation of a virtual care coordination platform increase the wellness and recovery of participating consumers?	<ul style="list-style-type: none"> ❖ # of consumer and provider users ❖ # and type of providers granted access by consumers ❖ # and type of communication points between participating users 	<ul style="list-style-type: none"> ↑ service receipt by NOC users ↑ awareness of culturally appropriate services ↑ perceptions of service quality and relevance ↑ consumer perceptions of wellness/recovery 	<ul style="list-style-type: none"> NOC usage data NOC referral data LCBH utilization data Consumer wellness survey
3. How does engaging consumers in the management of their own care via consumer-driven care coordination increase consumer perceptions of service quality and relevance?	<ul style="list-style-type: none"> ❖ # of users with PHR ❖ Level of user engagement with PHR 	<ul style="list-style-type: none"> ↑ Increased consumer perception of service quality/relevance 	<ul style="list-style-type: none"> NOC usage data Consumer wellness survey
*4. How will system-wide tracking of closed-loop referrals increase capacity to engage in continuous quality improvement?	<ul style="list-style-type: none"> ❖ Identification of CQI indicators ❖ # of CQI meetings ❖ # of CQI plans based on indicators 	<ul style="list-style-type: none"> ❖ Implementation of CQI plans based on indicators 	<ul style="list-style-type: none"> NOC usage data NOC referral data LCBH utilization data
*5. How does NOC implementation contribute to improved collaboration 1) amongst providers and 2) between consumers and their providers?	<ul style="list-style-type: none"> ❖ # of consumer and provider users ❖ # and type of providers granted access by consumers ❖ # and type of communication points between participating users 	<ul style="list-style-type: none"> ↑ Increased stakeholder perceptions of system-wide collaboration 	<ul style="list-style-type: none"> NOC usage data Collaboration survey tools (e.g., Wilder Collaboration Factors Inventory)

* Additional learning questions that may be considered as the project evolves



Timeline

Years 1 - 2, 2016-2017

- Establish Network of Care portal and site launch
- Implement referral notification and tracking system
- Conduct trainings for providers and consumers
- User pilot of NOC portal and referral tracking system
- Peer-led evaluation design

Years 2 - 3, 2017-2018

- Continue use of referral notification and tracking system
- Pilot integration of care communication platform into PHR and referral system
- Enable communication between consumer/provider and between providers
- Conduct trainings for providers and consumers
- User pilot of virtual care coordination environment
- Evaluation outcome measures

Years 3 - 4, 2018-2019

- Data analysis and findings development
- Recommendations
- Dissemination of findings

**Lake County
Innovation
2016-2019**

Projected Revenues and Expenditures

County: Lake

Fiscal Years: 2015-16

Work Plan #: 2

Work Plan Name: Full Cycle Referral and Care Coordination

New Work Plan

Expansion

Months of Operation: 01/16-06/19 (3.5 years)

MM/YY - MM/YY

	Lake County Behavioral Health	Program Years x Estimated Annual Allocation	Total
A. Expenditures			
1. Personnel Expenditures	85,000	(3.5 years)	\$85,000
2. Operating Expenditures	42,350	(3.5 years)	\$42,350
3. Non-recurring expenditures	37,000	(Year 1-2)	\$37,000
4. Training Expenses	6,000	(3.5 years)	\$6,000
5. Work Plan Management	30,000	(3.5 years)	\$30,000
6. Total Proposed Work Plan Expenditures	\$200,350		\$200,350
B. Revenues			
1. Annual Innovation Distribution	\$150,000	(3.5 years)	\$150,000
2. Additional Revenues			
a. Unspent Innovation Funds	\$350,000	(-2.5 years)	\$350,000
3. Total Revenue	\$500,000		\$500,000
C. Total Funding Requirements*	(\$299,650)		(\$299,650)

* Projected Innovation Reserve

**Lake County
Innovation
2016-2019**

Projected Revenues and Expenditures

County: Lake

Fiscal Years: 2016-17

Work Plan #: 2

Work Plan Name: Full Cycle Referral and Care Coordination

New Work Plan

Expansion

Months of Operation: 01/16-06/19 (3.5 years)

MM/YY - MM/YY

	Lake County Behavioral Health	Program Years x Estimated Annual Allocation	Total
A. Expenditures			
1. Personnel Expenditures	85,000	(3.5 years)	\$85,000
2. Operating Expenditures	42,350	(3.5 years)	\$42,350
3. Non-recurring expenditures	37,000	(Year 1-2)	\$37,000
4. Training Expenses	6,000	(3.5 years)	\$6,000
5. Work Plan Management	30,000	(3.5 years)	\$30,000
6. Total Proposed Work Plan Expenditures	\$200,350		\$200,350
B. Revenues			
1. Annual Innovation Distribution	\$150,000	(3.5 years)	\$150,000
2. Additional Revenues			
a. Unspent Innovation Funds	\$299,650		\$299,650
3. Total Revenue	\$449,650		\$449,650
C. Total Funding Requirements*	(\$249,300)		(\$249,300)

* Projected Innovation Reserve

**Lake County
Innovation
2016-2019**

Projected Revenues and Expenditures

County: Lake

Fiscal Years: 2017-18

Work Plan #: 2

Work Plan Name: Full Cycle Referral and Care Coordination

New Work Plan

Expansion

Months of Operation: 01/16-06/19 (3.5 years)

MM/YY - MM/YY

	Lake County Behavioral Health	Program Years x Estimated Annual Allocation	Total
A. Expenditures			
1. Personnel Expenditures	85,000	(3.5 years)	\$85,000
2. Operating Expenditures	42,350	(3.5 years)	\$42,350
3. Non-recurring expenditures		(Year 1-2)	\$0
4. Training Expenses	6,000	(3.5 years)	\$6,000
5. Work Plan Management	30,000	(3.5 years)	\$30,000
6. Total Proposed Work Plan Expenditures	\$163,350		\$163,350
B. Revenues			
1. Annual Innovation Distribution	\$150,000	(3.5 years)	\$150,000
2. Additional Revenues			
a. Unspent Innovation Funds	\$249,300	(-2.5 years)	\$249,300
3. Total Revenue	\$399,300		\$399,300
C. Total Funding Requirements*	(\$235,950)		(\$235,950)

* Projected Innovation Reserve

**Lake County
Innovation
2016-2019**

Projected Revenues and Expenditures

County: Lake

Fiscal Years: 2018-2019

Work Plan #: 2

Work Plan Name: Full Cycle Referral and Care Coordination

New Work Plan

Expansion

Months of Operation: 01/16-06/19 (3.5 years)

MM/YY - MM/YY

	Lake County Behavioral Health	Program Years x Estimated Annual Allocation	Total
A. Expenditures			
1. Personnel Expenditures	85,000	(3.5 years)	\$85,000
2. Operating Expenditures	42,350	(3.5 years)	\$42,350
3. Non-recurring expenditures		(Year 1-2)	\$0
4. Training Expenses	6,000	(3.5 years)	\$6,000
5. Work Plan Management	30,000	(3.5 years)	\$30,000
6. Total Proposed Work Plan Expenditures	\$163,350		\$163,350
B. Revenues			
1. Annual Innovation Distribution	\$150,000	(3.5 years)	\$150,000
2. Additional Revenues			
a. Unspent Innovation Funds	\$233,950	(-2.5 years)	\$233,950
3. Total Revenue	\$383,950		\$383,950
C. Total Funding Requirements*	(\$220,600)		(\$220,600)

* Projected Innovation Reserve

**Lake County
Innovation
2016-2019**

Budget Narrative

A. Expenditures	The expenditures described herein are estimated based on current salaries, quotes from contractors, and standard overhead costs for MHSA programming. These amounts will be updated each year via the required MHSA Annual Update.
1. Personnel Expenditures	Agency personnel will be involved in all aspects of the proposed program and include the following: Business Software Analyst - .50FTE, Staff Services Analyst - .20FTE, Program Supervision - .10FTE, and Administrative Support - .10FTE.
2. Operating Expenditures	Operating expenditures include direct program costs and administration expenses estimated at 35% for the purposes of this budget based on historical revenue and expenditure reporting.
3. Non-recurring expenditures	Non-recurring expenditures are included for the first year and possibly into the second (fiscal year). These include estimated initial set-up, development, training costs for the program. Other non-recurring costs will be addressed in the annual update process as needed.
4. Training Expenses	This amount is included to support the steering committee that will comprise the peer led participatory evaluation process for the duration of the program.
5. Work Plan Management/Evaluation	This amount is identified as project management costs for program evaluation design, ongoing process evaluation, outcomes evaluation, and reporting.

**Lake County
Innovation
2016-2019**

Budget Narrative (continued)

6. Total Proposed Work Plan Expenditures	The proposed total is expected to be funded by current distribution estimates and will be adjusted accordingly if said estimates should fluctuate.
B. Revenues	Revenues are estimated from the latest distribution forecast from DHCS and updated when appropriate. The unspent funding is estimated based on previous distributions and estimated expenditures.
1. Annual Innovation Distribution	This amount is based on the average distribution estimated by DHCS and CBHDA.
2. Additional Revenues	Other than unspent funds from prior years no additional revenues are expected.
a. Unspent Innovation Funds	Estimated Innovation unspent funds from prior years - estimated 2.5 years in reserve.
3. Total Revenue	Estimated distributions plus estimated unspent funds from prior years.
C. Total Funding Requirements*	The balance represented here is approximately 2 years of the estimated distribution amount. This will provide for additional programming and/or insurance against negative fluctuation.

* Projected Innovation Reserve

Prepared by: James Isherwood, MSW
 Telephone Number: 707-274-9101

10/19/2015

Lake County MHSAs Innovation Project: Final Consolidated Report



Prepared by:

Resource Development Associates

June 2014





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Executive Summary

In 2012, Lake County Behavioral Health (LCBH) Department began the implementation of its Mental Health Services Act (MHSAs) Innovation project to recruit and train a diverse committee that would assist LCBH to improve its mental health and behavioral health service facilities. Committee members, reflective of Lake County demographics and inclusive of mental health consumers and family members, participated in this improvement process by evaluating behavioral health service sites and providing recommendations on how to reduce barriers and increase access to mental health services. The evaluation project sought to answer the following research question:

How well does this facility promote an environment that is:

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

Over the course of 12 months, the steering committee evaluated five sites. The table below provides an overview of each facility that was included in this evaluation:

	South Shore	Lucerne	The Bridge	The Harbor on Main	Circle of Native Minds
Facility Type:	Clinic	Clinic	Wellness Center	Resource Center	Wellness Center
Location:	7000-B South Center Dr. Clearlake, CA 95422	6302 13 th Ave. Lucerne, CA 95458	14954 Burns Valley Rd. Clearlake, CA 95422	16170 Main St., Suite F Lower Lake, CA 95457	845 Bevins St. Lakeport, CA 95453
Date Evaluated:	January 2013	May 2013	July 2013	September 2013	January 2014

At the conclusion of the individual site assessments, the steering committee began a process to develop a set of consolidated recommendations and a check-list of promising practices to reduce barriers and increase access to mental health services at MHSAs-funded facilities. Between March and April 2014, the committee developed a set of consolidated recommendations to promote facilities that are accessible, welcoming, engaging, culturally relevant, and integrated and include the exterior and interior environments of service sites, as well as recommendations for facility staff. The consolidated recommendations are intended to benefit sites that were evaluated at the beginning of this project from the lessons learned throughout the process and be available to sites not included in the process. The check-list describes the most important elements to incorporate into a mental health service site to promote each of the domains in the evaluation research question.





Consolidated Recommendations:

The following consolidated recommendations reflect the committee’s synthesis of recommendations across five sites. The purpose of the consolidated recommendations is to provide context on how the committee envisions a facility environment that promotes accessibility to mental health services.

Overall Recommendations

The steering committee recommends that mental health service sites promote an accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. However, it is important to consider that this experience is more than just the sum of facility components. Counties should consider the total or “collective” experience of the clinic or wellness center setting and design, including specific elements that may promote or detract from a warm and welcoming environment devoid of other factors or context. For example, although the committee recommends sites that promote the safety of consumers and staff, a security camera in the waiting room may project an image that the site is mistrusting of consumers accessing the site. Instead, the committee recommends developing ways to increase staff visibility of consumers and vice-versa to promote the safety at the site.

It is also important to consider that, regardless of independent elements that comprise service sites, a facility’s external and internal environments give consumers the perception of what type of care they can expect. Accordingly, a site that aims to promote wellness and recovery should physically and elementally embody those values.

Exterior Environment

The most significant aspects to consider with regards to the external environment are outlined in the site assessment tool developed by the steering committee (see Attachment A). Important features to consider include signage, the pedestrian environment leading to the facility, lighting, outdoor seating, and maintenance of the building surrounding landscape. The committee stresses the importance of the facility’s location – one that should be near accessible, public transportation and shuttle stops with clear signage to and from drop-off points to the site. In addition, the steering committee recommends that, in times when remodeling or improvements are being made to the exterior of the facility, the facility develop a communications plan on how to inform consumers of the changes taking place and display a visual rendering of what the facility will look like once improvements are complete.

Interior Environment

Overall, the interior environment of a mental health service site should communicate to consumers and family members that their comfort was considered in the design. Counties should consider ways to regularly maintain the integrity of painting, lighting, layout, furniture, and other amenities to ensure that the implicit message is that the organization cares about “building-up” consumers and the community in which it is located. The interior space should promote comfort and safety. Choose soothing and calming colors and lighting for the indoors, and ensure adequate lighting outside of the facility, in parking lots, and



along walkways for the safety of staff and visitors. Clear signage inside is also important because it helps consumers know where to go next when they arrive at the front entrance. Other amenities that are important to consider are coat racks or umbrella stands in the winter time, along with reminders not to forget belongings while exiting the site. In general, amenities should be appropriate for the target age group, setting or types of services offered at the site, community in which the site is located, and the culture of site. For example, if the location offers integrated services across age groups, ensure that a children's area is safe and provides plenty of activity-based toys, books, or games. Finally, written materials and brochures should be visible and adequately stocked in the waiting room, bathrooms, and exam rooms. Materials should provide both information and education to support self-help and promote recovery. The following are specific suggestions for providing written materials at a mental health service site. Materials should:

- ❖ Educate on the signs and symptoms of mental illness
- ❖ Be up-to-date and well organized
- ❖ Visible and readily available
- ❖ Offered in the County's threshold languages
- ❖ Offered in a location in the site where people can actually read it
- ❖ Be appropriate for the target population

The committee noted that written materials or brochures should not promote specific medications.

Clinic and Wellness Center Staff

The steering committee recommends that mental health service staff must promote a culture where all consumers are welcomed and who actively create a space that feels neutral where all people can be treated equally. Qualities of mental health staff should include friendly, accessible, flexible, optimistic, patient, and calming. Staff should be trained in a customer service orientation, noting that being helpful and cooperative with consumers is important to their overall experience of being welcomed at the service site. In addition to customer service, staff should be trained on maintaining confidentiality, knowledge about the local mental health service system, and on the diversity of consumer needs in the community. The committee noted that initial contacts at all sites should involve supporting consumers in navigating the site, helping to answer consumer questions, and giving tours of the site for new visitors. Finally, integral to the delivery of mental health services is the design and planning of services. The steering committee suggested that consumers should be involved in all phases of service delivery, including the design, planning, and implementation of mental health services.

Mental Health Facility Checklist

In order to help support facilities to develop and maintain sites that that are aligned with the MHSA values, the committee developed a checklist of the amenities to consider that would promote an accessible, welcoming, engaging, culturally relevant, and integrated service delivery experience. See the next page for the full checklist.



Mental Health Facility Checklist

Accessible	Welcoming	Engaging	Culturally Relevant	Integrated
<p>Location:</p> <input type="checkbox"/> Near bus stops or other public transportation	<p>Aesthetics:</p> <input type="checkbox"/> Clean environment <input type="checkbox"/> Soothing and well-coordinated colors <input type="checkbox"/> Art (preferably consumer-made) <input type="checkbox"/> Comfortable seating <input type="checkbox"/> Well maintained interior and landscape <input type="checkbox"/> Natural lighting <input type="checkbox"/> Feels safe	<p>Staff/Facility:</p> <input type="checkbox"/> Emphasize human connection in interactions with consumers <input type="checkbox"/> Friendly and knowledgeable staff <input type="checkbox"/> No wrong door approach <input type="checkbox"/> Informational brochures to include information on mental illness and substance abuse, new trainings, and developments in the behavioral health field <input type="checkbox"/> Easy flow floor plan <input type="checkbox"/> Comment cards at facilities	<input type="checkbox"/> Targeted information to population served <input type="checkbox"/> Ambiance targeted to population served <input type="checkbox"/> Varied services and environment based on target population <input type="checkbox"/> Oral and written information in threshold languages <input type="checkbox"/> Child friendly: ensure the availability of child-appropriate toys and activities <input type="checkbox"/> Front office staff are culturally mindful and sensitive – wide definition of culture- gender, race, poverty, disability, parenting, etc. <input type="checkbox"/> Communication with consumers in their own language <input type="checkbox"/> Consumer art <input type="checkbox"/> Culture of consumer	<input type="checkbox"/> No wrong door approach <input type="checkbox"/> Anywhere you go you can get help or get connected <input type="checkbox"/> Sites have activities and programs that are aimed at the “whole person,” are purposeful, and recovery focused <input type="checkbox"/> Protocols for interagency communication and collaboration <input type="checkbox"/> Warm handoffs <input type="checkbox"/> Staff are involved outside of their agency and participate in communities <input type="checkbox"/> Culture of working as a team, regardless of life circumstances <input type="checkbox"/> Written materials on services outside of LCBH (e.g. social services) <input type="checkbox"/> Staff know where services are and what they do <input type="checkbox"/> Services directory/resource guides are available
<p>Signage:</p> <input type="checkbox"/> Posted hours of operation <input type="checkbox"/> Open/Close sign	<p>Staff:</p> <input type="checkbox"/> Well-informed and trained greeters <input type="checkbox"/> Respectful and friendly <input type="checkbox"/> Visible staff <input type="checkbox"/> Staff who are connectable and meet consumers “where they’re at.”	<p>Events/Activities:</p> <input type="checkbox"/> Host special events, open to the community (educational and cultural in nature) <input type="checkbox"/> Host targeted events for special groups <input type="checkbox"/> Offer help in event invitations <input type="checkbox"/> Offer 1:1 counseling and groups <input type="checkbox"/> Day trips and social events	<p>Staff are:</p> <input type="checkbox"/> Culturally knowledgeable <input type="checkbox"/> Reflective of target population and care about culture of the group <input type="checkbox"/> Compassionate <input type="checkbox"/> Adequately resourced with knowledge and information to provide for consumer needs	
<p>Aesthetics:</p> <input type="checkbox"/> Professional <input type="checkbox"/> Calming <input type="checkbox"/> Clean or well-maintained <input type="checkbox"/> Good lighting				
<p>Communications:</p> <input type="checkbox"/> Flyers <input type="checkbox"/> Mailers <input type="checkbox"/> Advertisements <input type="checkbox"/> Social media presence <input type="checkbox"/> Smart phone app <input type="checkbox"/> Brochures from outside agencies				
<p>Other Considerations:</p> <input type="checkbox"/> 504 accessibility <input type="checkbox"/> Bike racks <input type="checkbox"/> Parking <input type="checkbox"/> Designated smoking area away from main entrances				



Status of Recommendations to LCBH:

Concurrent to the evaluation process, LCBH begin implementing the Committee's recommendations to make improvements to the Department's clinics and Wellness Centers. Please review **APPENDIX A** that includes a summary of each of the Steering Committee recommendations and their status by site.



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 all of the Committee's site visit assessments conducted in January 2013 – January 2014. The sites assessed by the Steering Committee include: South Shore Clinic, Lucerne Clinic, The Bridge Wellness Center, The Harbor on Main TAY Resource Center, and the Circle of Native Minds Wellness Center.

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 B** 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. 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 and analyzed in preparation for the Committee work session following each site assessment.



Site Assessment Recommendations: South Shore Clinic

Purpose

This section of the 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 MHSAs 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.¹ 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

¹ A few groups decided to fill out the assessment tools individually, while others decided to submit one for the entire group.



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

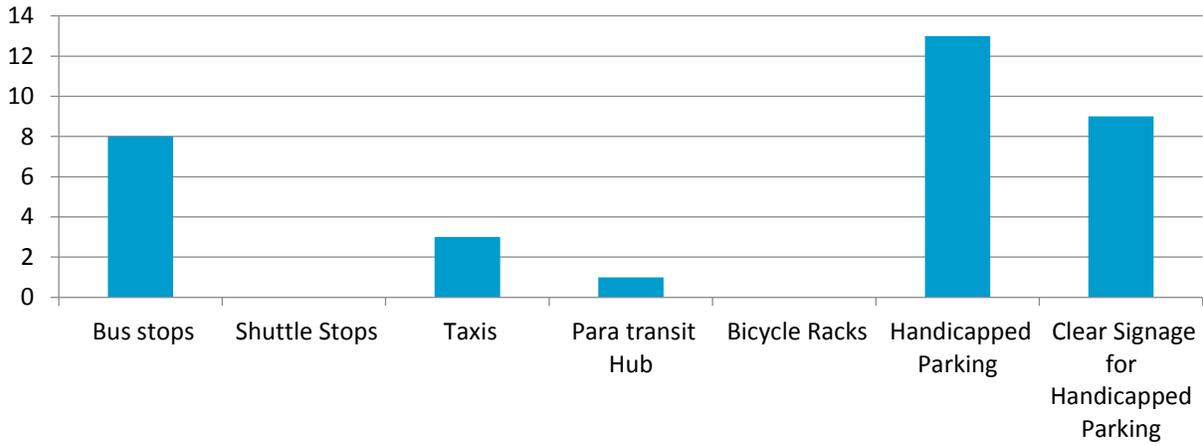
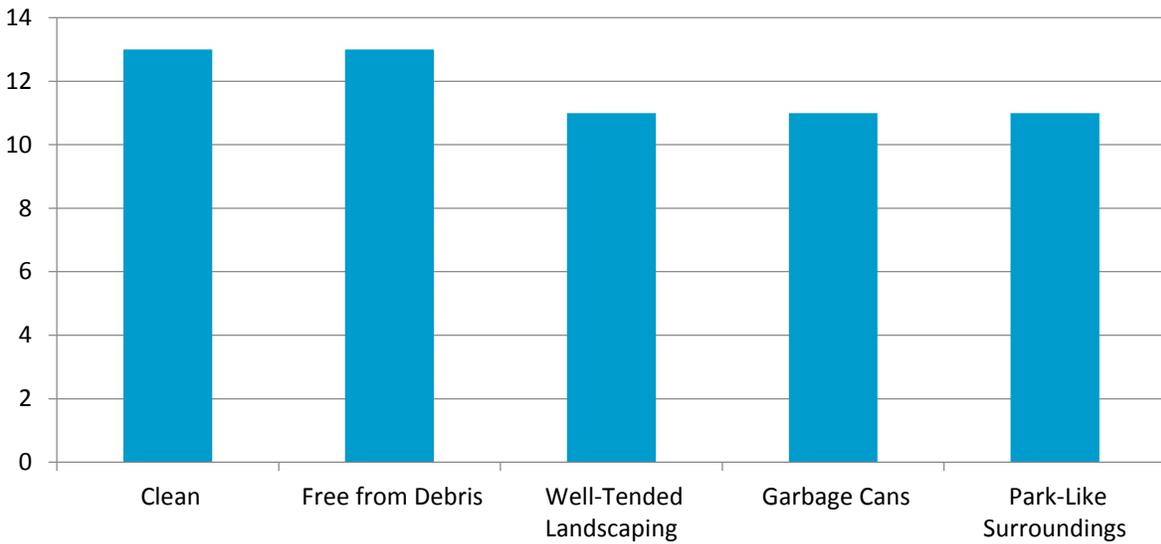




Chart 2 indicates overwhelming agreement that the exterior environment of the South Shore Clinic was well-maintained, clean, and free from debris. In the February work session, committee members explained that while clean, the existing landscaping is quite sparse and South Shore could use more landscaping 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

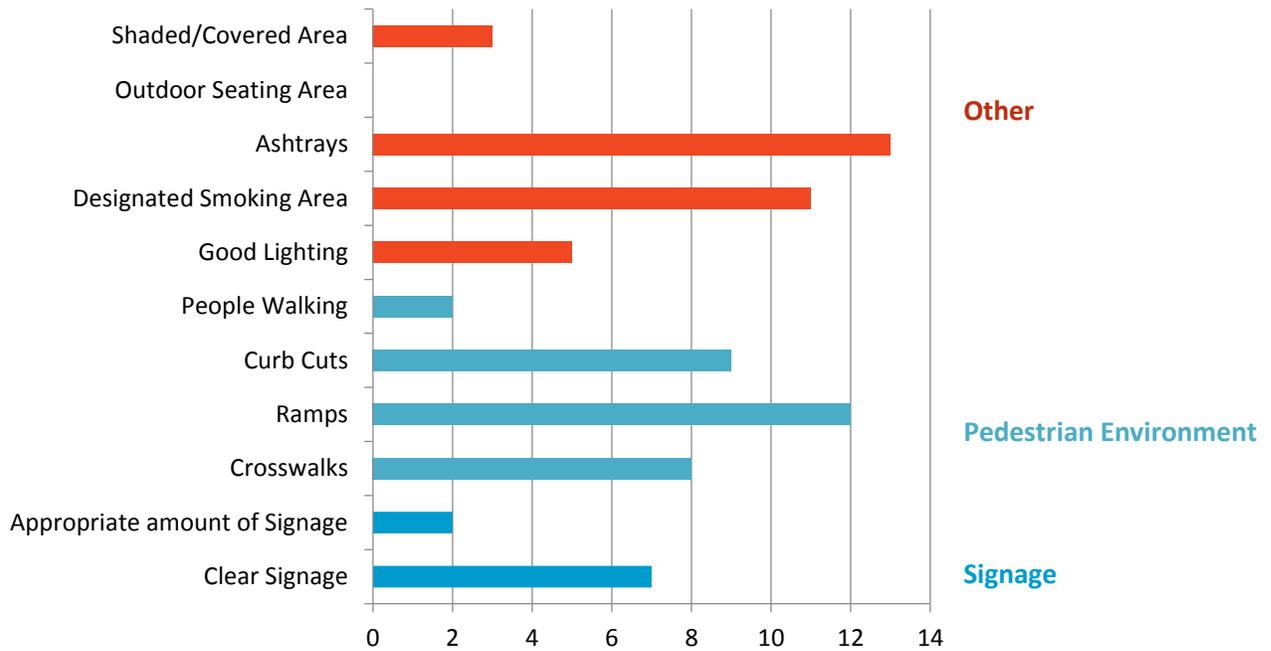




Surveyors assessed the presence of exterior amenities as detailed in **Chart 3**. The committee was in agreement over the presence of designated smoking areas and ashtrays, and the existence of curb cuts, ramps, and crosswalks for pedestrians and wheelchairs. The results also overwhelmingly indicate 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.

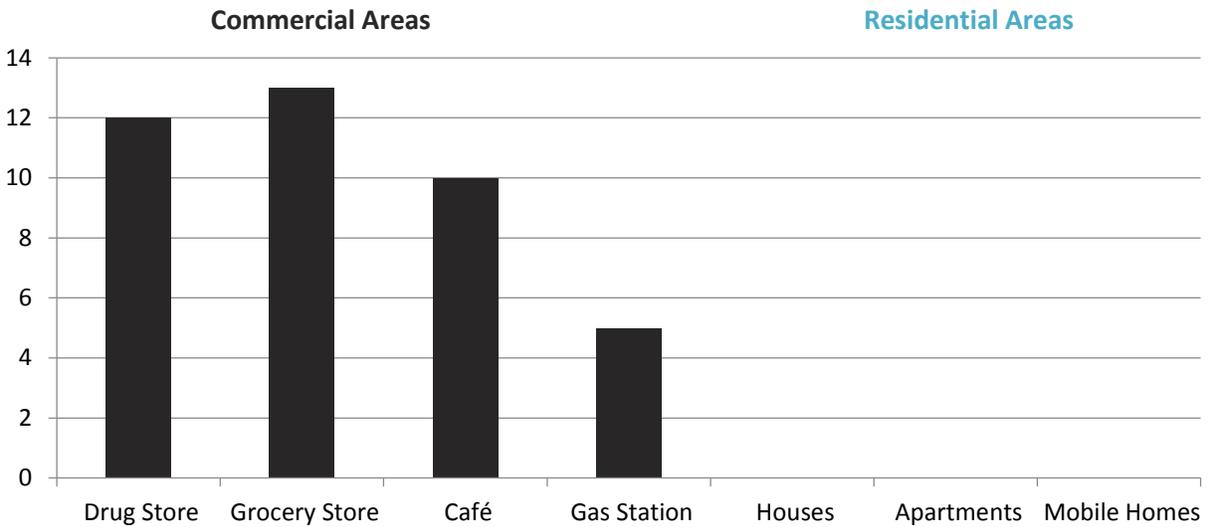
Chart 3. Surveys Indicating Exterior Amenities





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

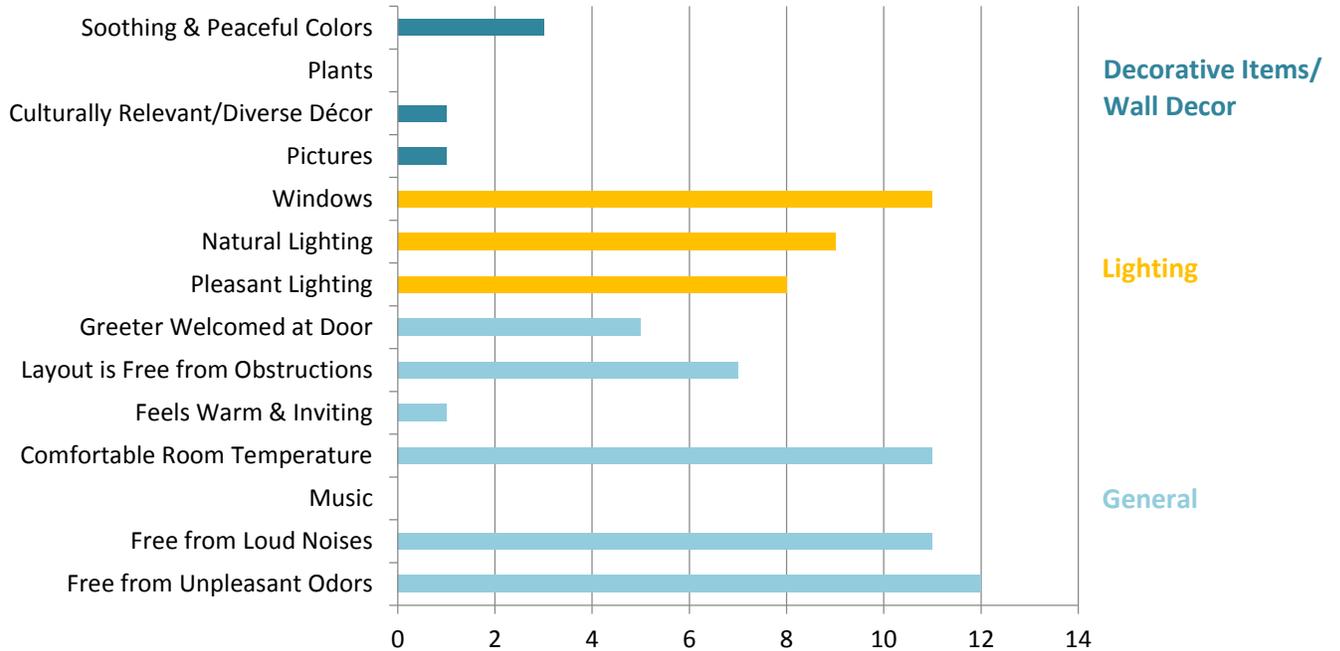




Waiting Room Area

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

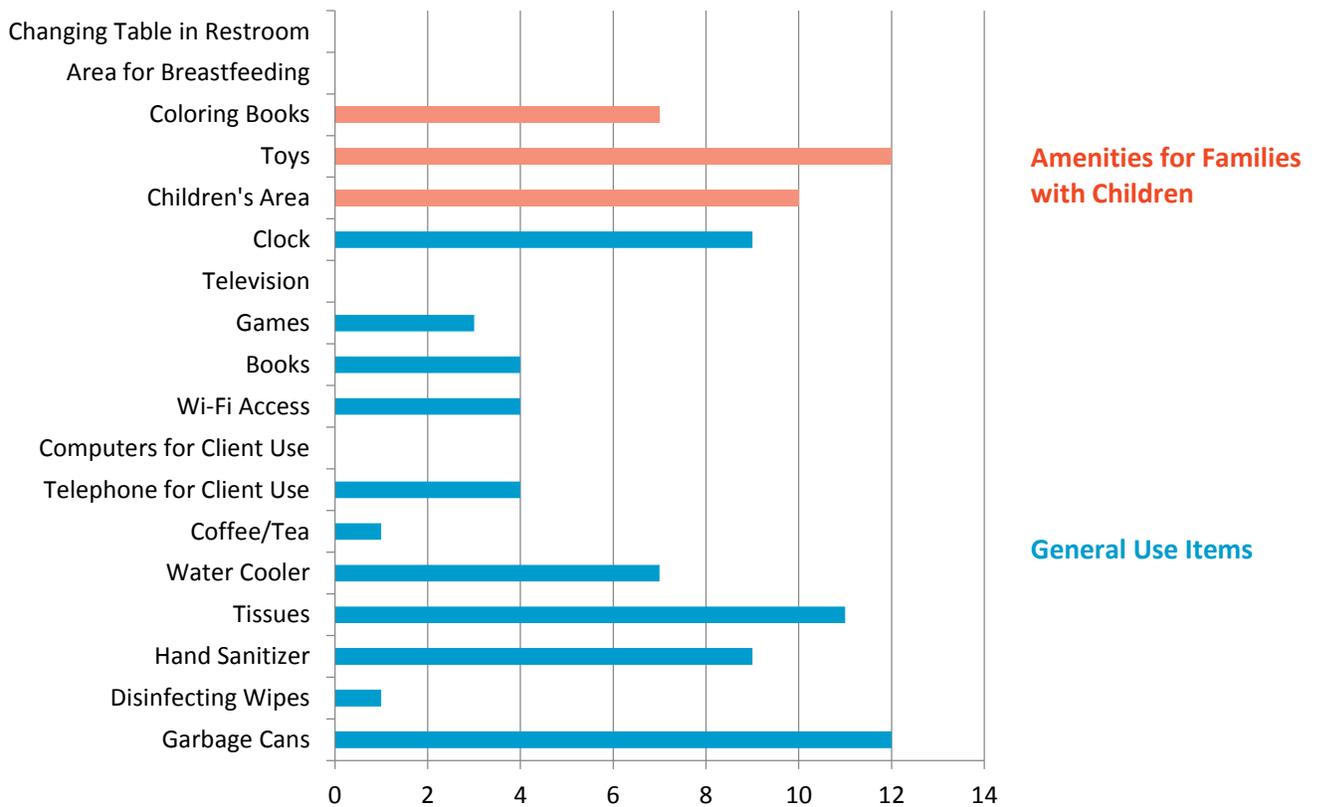


As indicated in **Chart 5**, Steering Committee members were in agreement over the lack of decorative items, wall décor, and culturally relevant or diverse pictures. The waiting area was deemed to be free from loud noises and unpleasant odors, to maintain a comfortable room temperature and a layout clear 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.

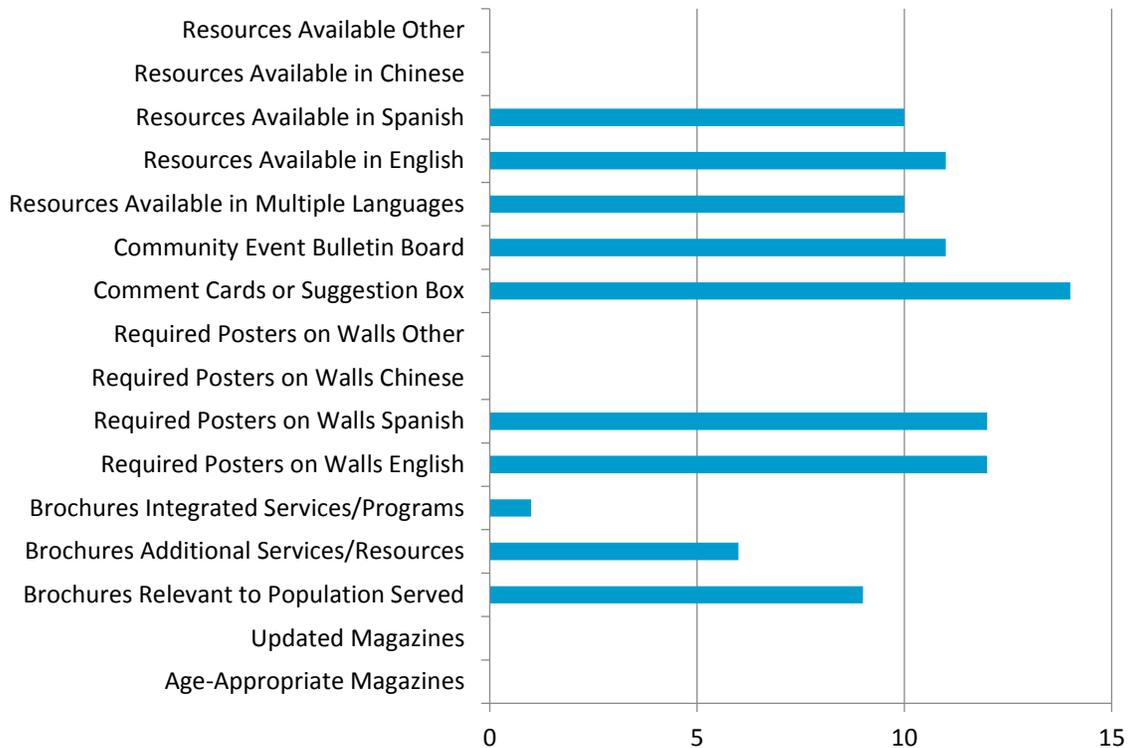
Chart 6. Surveys Indicating Amenities Present





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**).

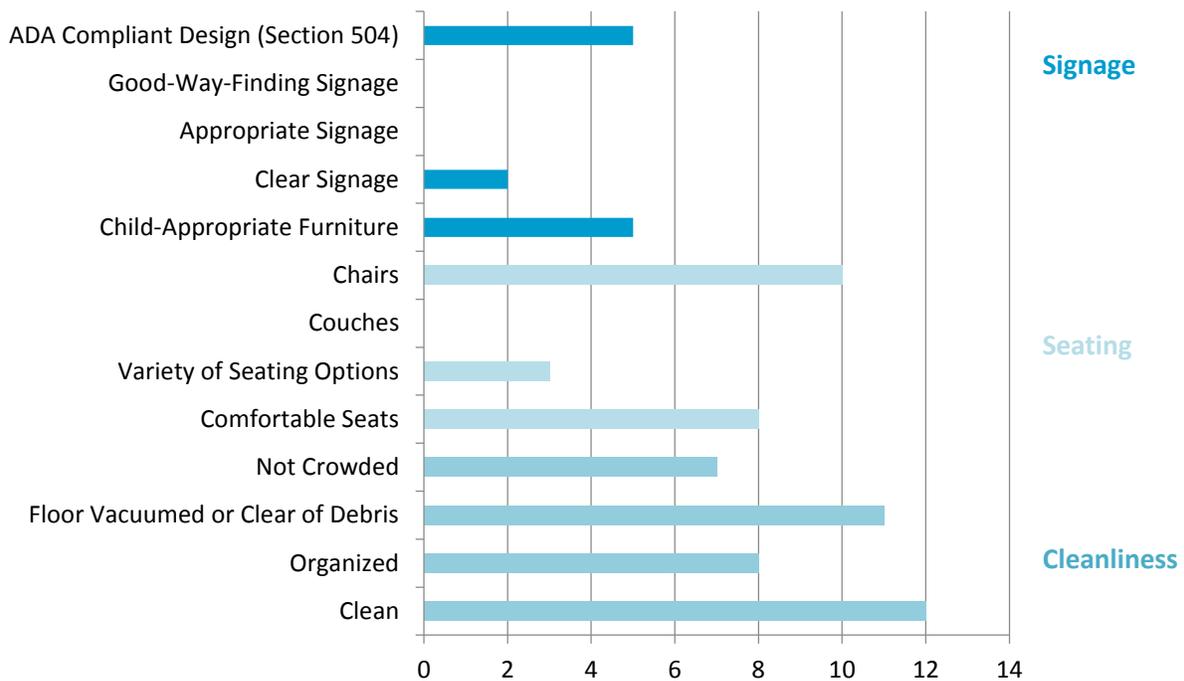
Chart 7. Surveys Indicating Available Resources





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.

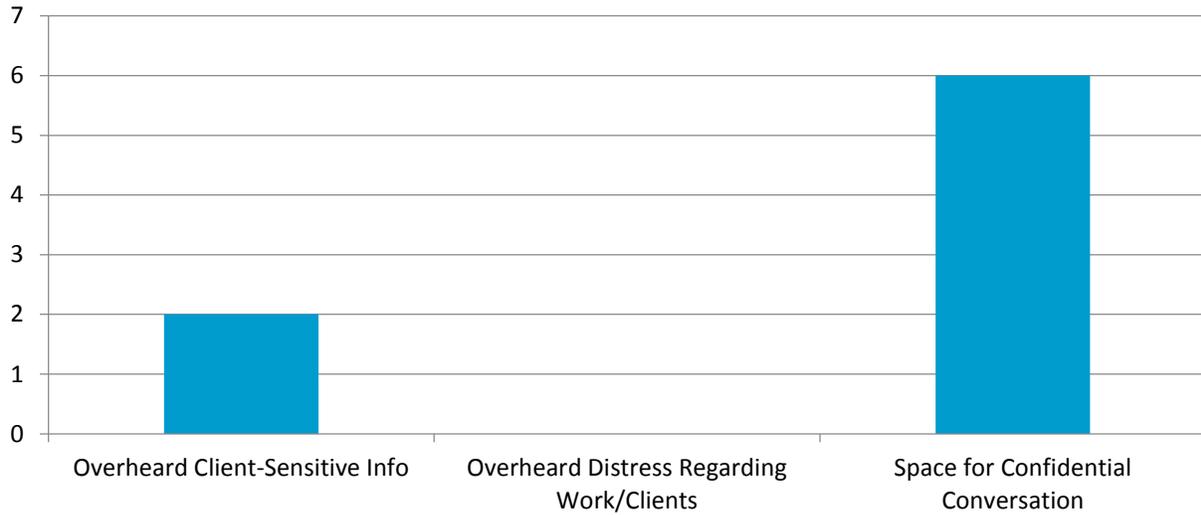
Chart 8. Surveys Indicating Waiting Area Features





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



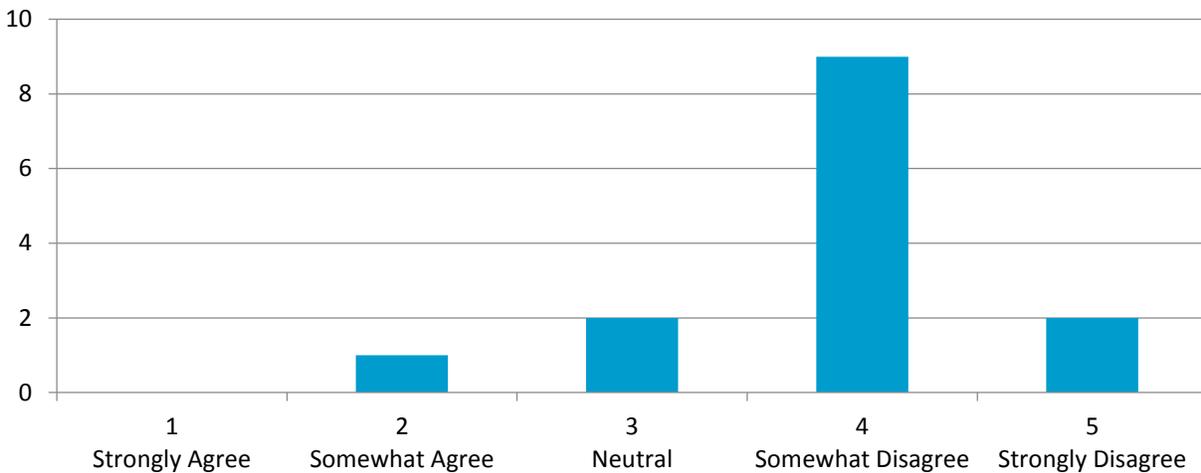


Likert Scale Charts

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

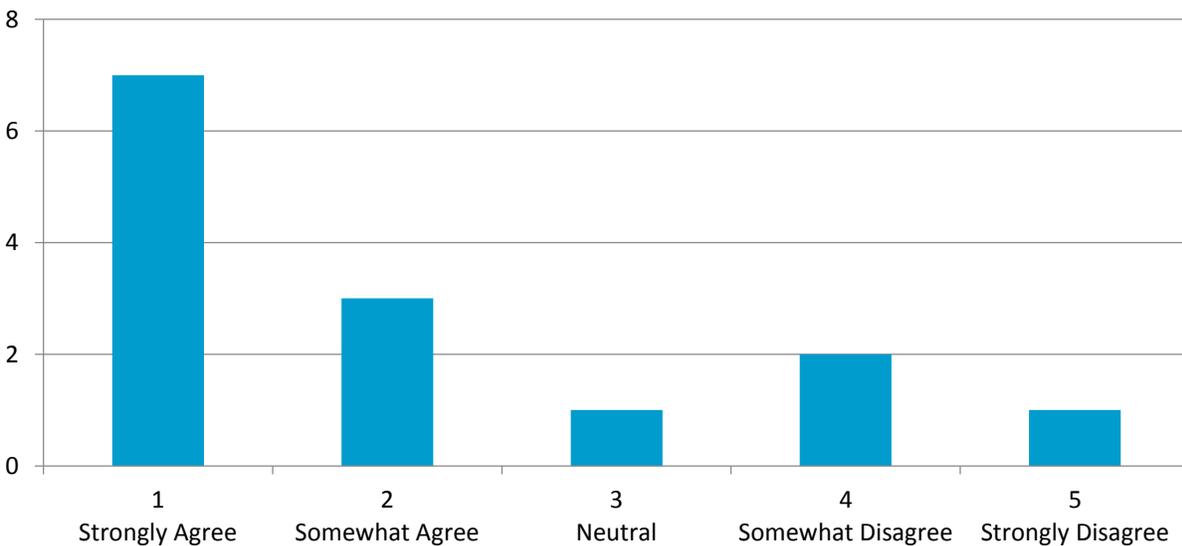
Surveys indicated that committee members found the waiting area unwelcoming. Not one individual agreed that the waiting area was welcoming.

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**).

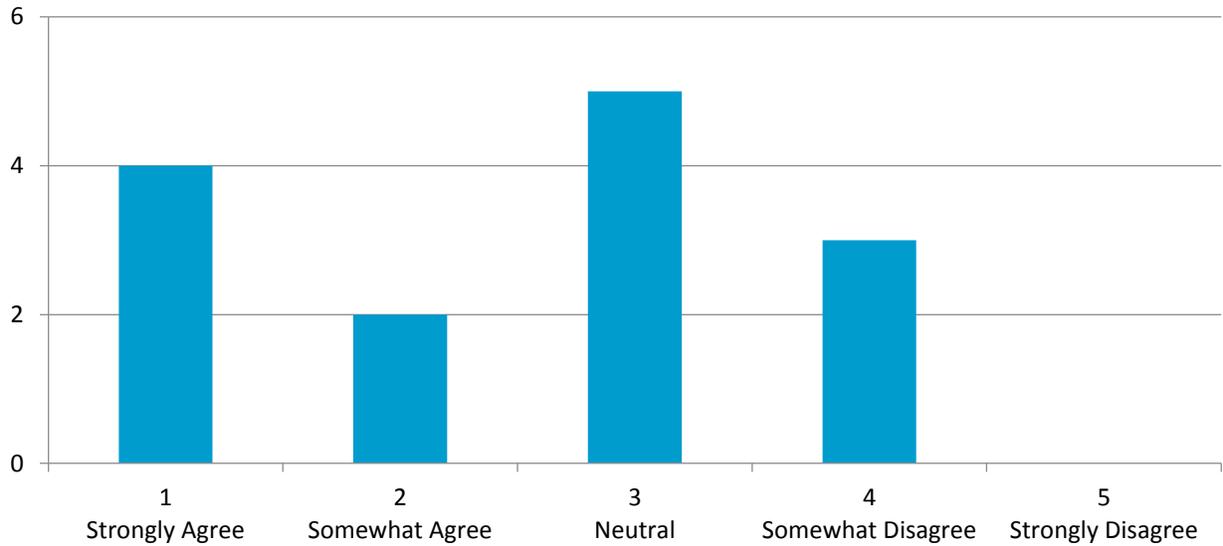
Chart 11. The waiting area is easy to find and accessible from the front door.





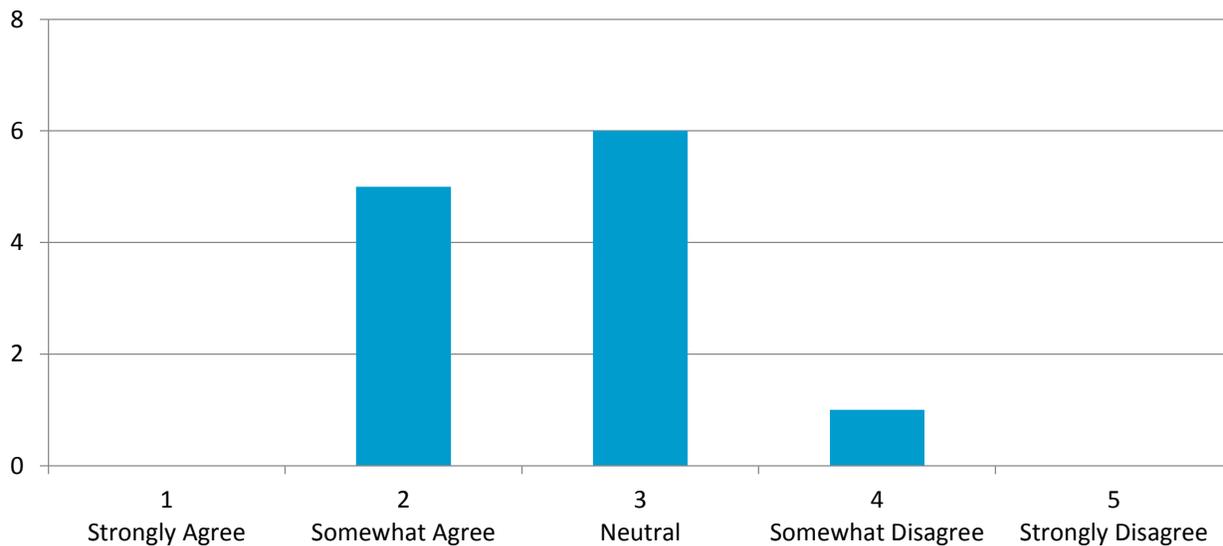
Since Steering Committee members conducted site visits at various times, the number of clients in the waiting room was not consistent among site assessments. This partially explains why the Committee was also seemingly divided on whether the waiting area was well-utilized (**Chart 12**). The Committee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

Chart 12. The waiting area 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.

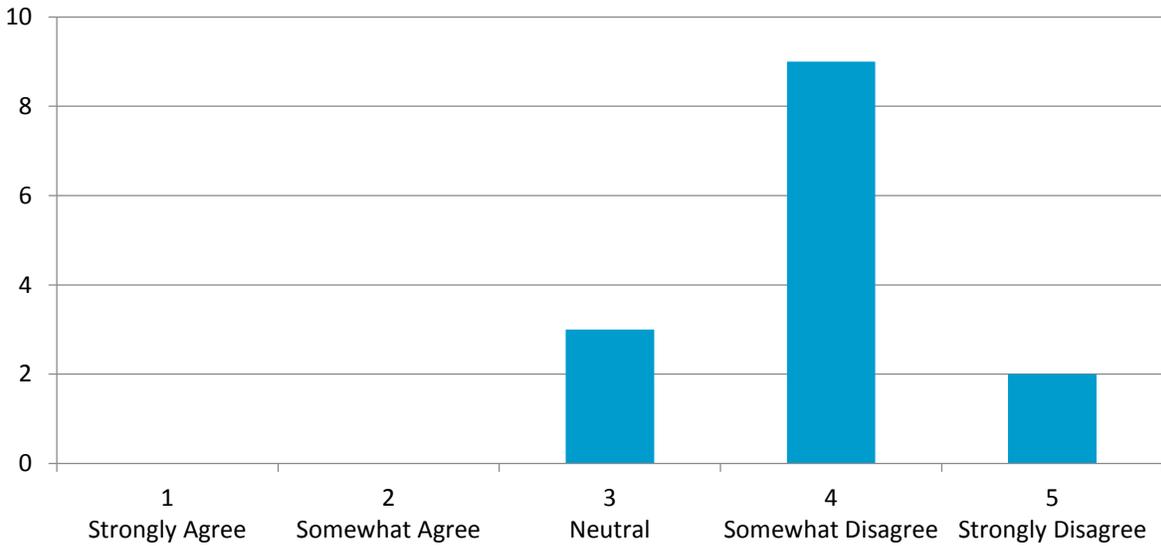
Chart 13. Clients in waiting area appear comfortable.





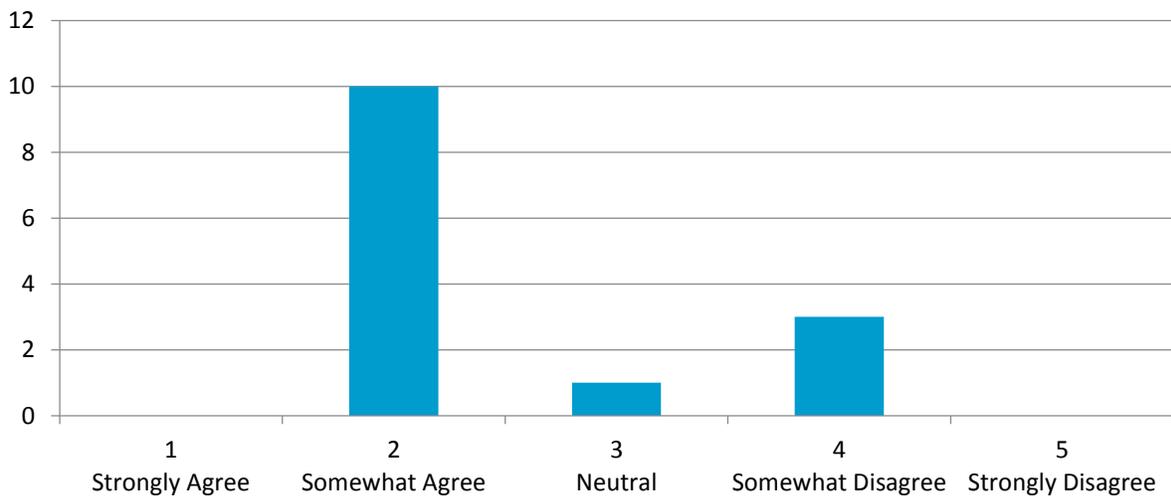
The committee was resolute in assessing that the waiting room area was not accommodating to behavioral health consumers (**Chart 14**).

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.



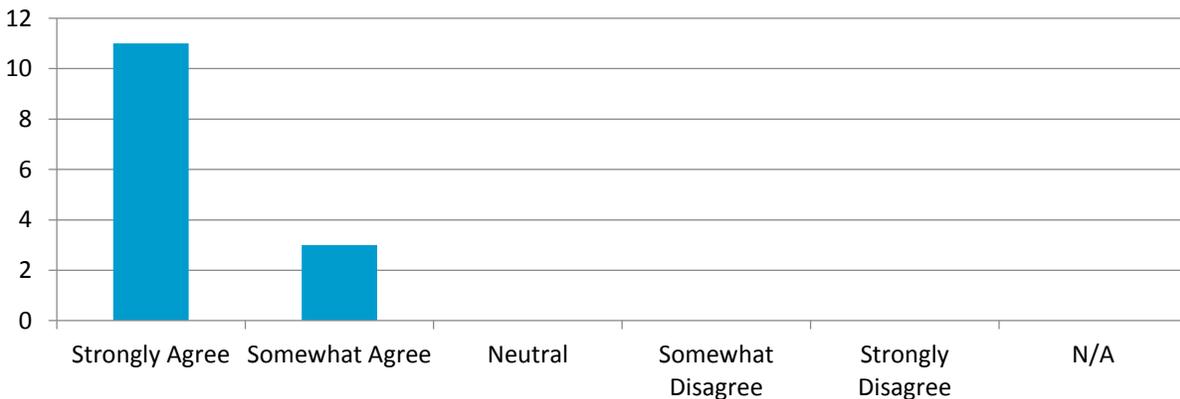


Reception/Front Desk

Likert Scale Charts²

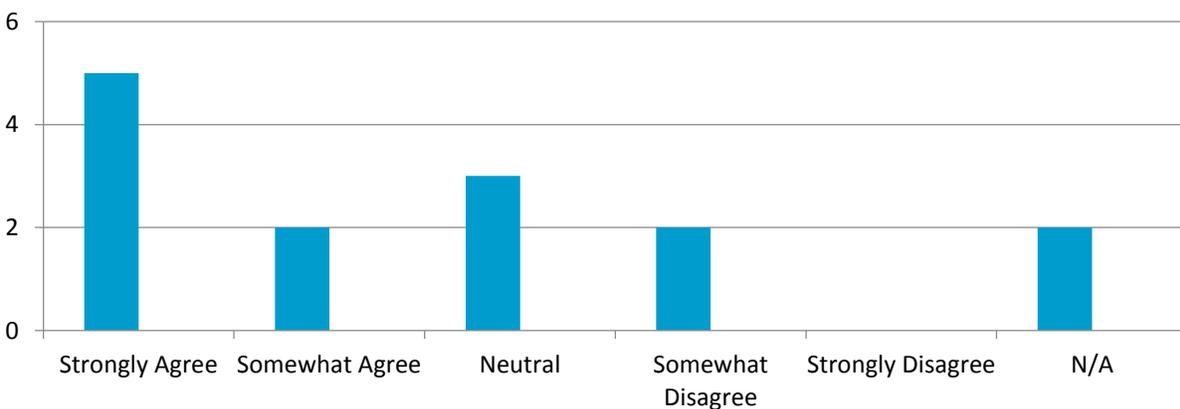
Committee members also answered a series of Likert scale questions on their perception of the front desk. With the exception of three surveys, they all strongly agreed that the front desk is easy to find and accessible from the waiting or entry area (**Chart 16**).

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.

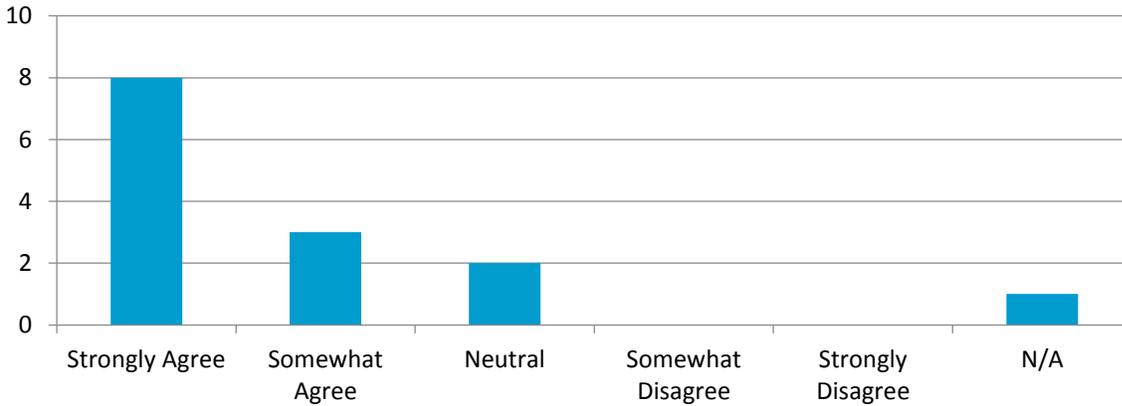


² "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



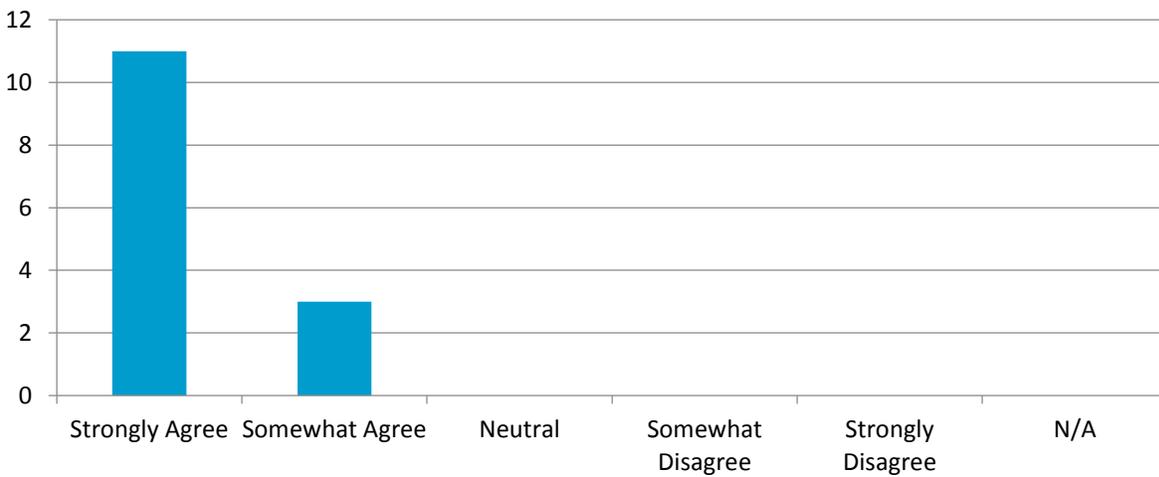
The committee predominantly agreed on reception staff use of positive language and tone of voice when speaking with clients (**Chart 18**). Only two felt neutral, which again speaks more about the absence of clients in the waiting room during site visits.

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.

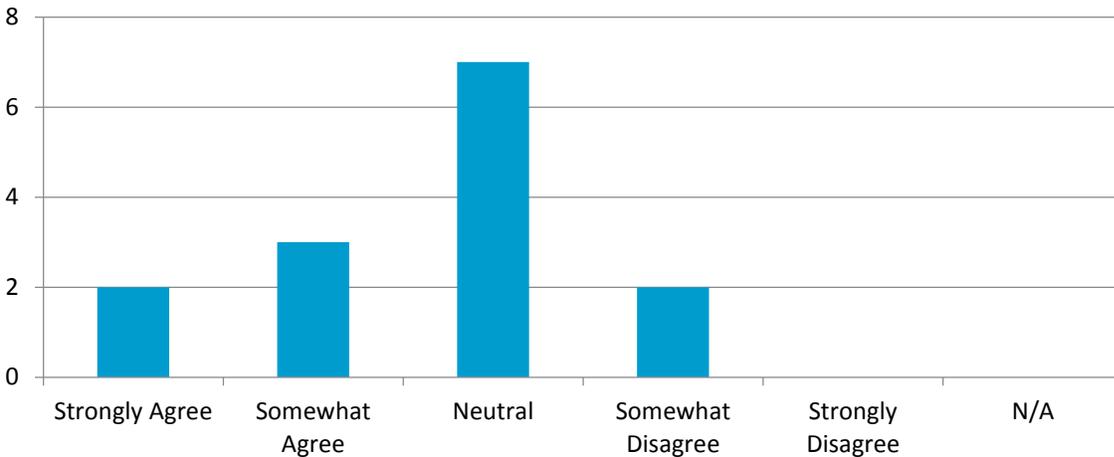
Chart 19. Reception staff appears friendly.





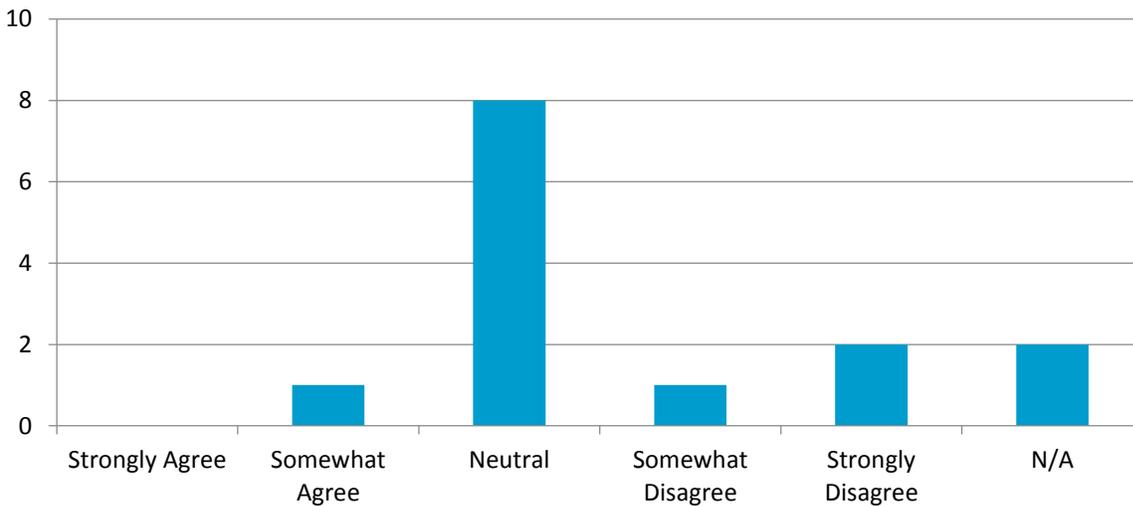
Committee members appear divided over whether reception staff demonstrated awareness of diverse consumer experiences and needs (**Chart 20**). Almost half were neutral, while almost all other responses agreed on the cultural awareness of reception staff.

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.

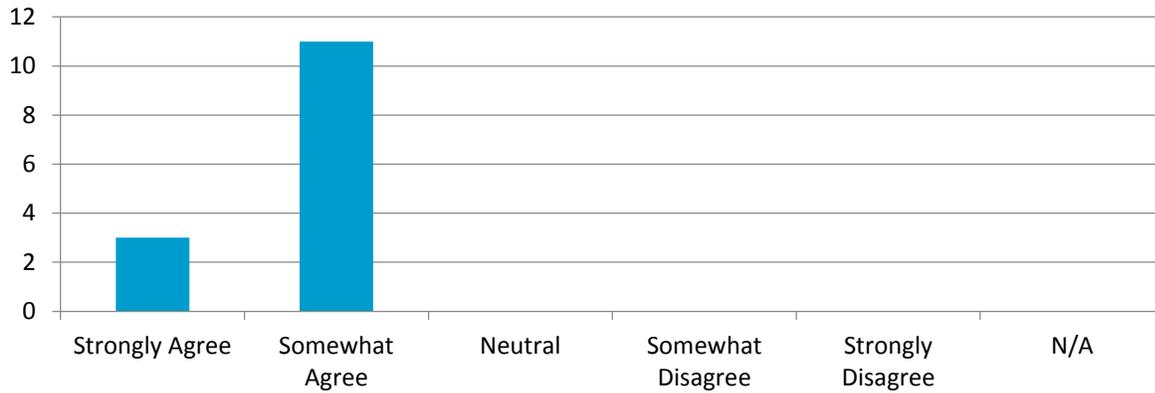
Chart 21. Reception Staff appears to have an appropriate level of cultural and linguistic capacity.





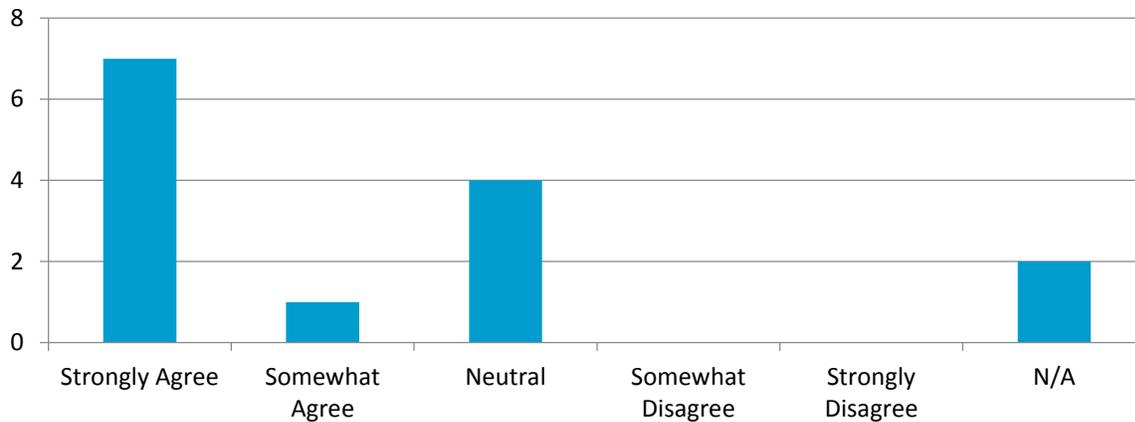
Most committee members somewhat agreed that staff appeared excited and engaged about their jobs, while three individuals strongly agreed with this statement (**Chart 22**).

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.

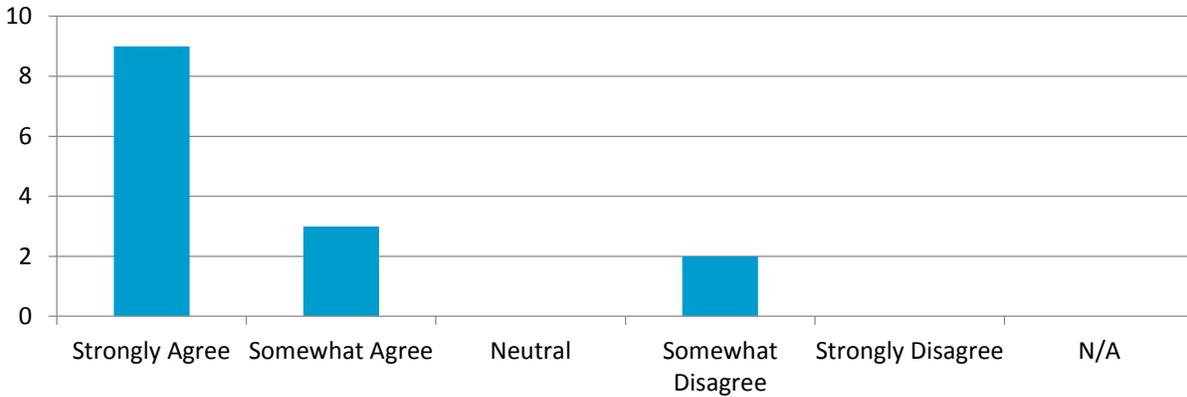
Chart 23. Clients are treated kindly by reception staff.





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 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).
 - 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.
- 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.



Site Assessment Recommendations: Lucerne Clinic

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 MHSAs 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.³ 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

³ One assessment was completed per committee member who conducted the site assessment.



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

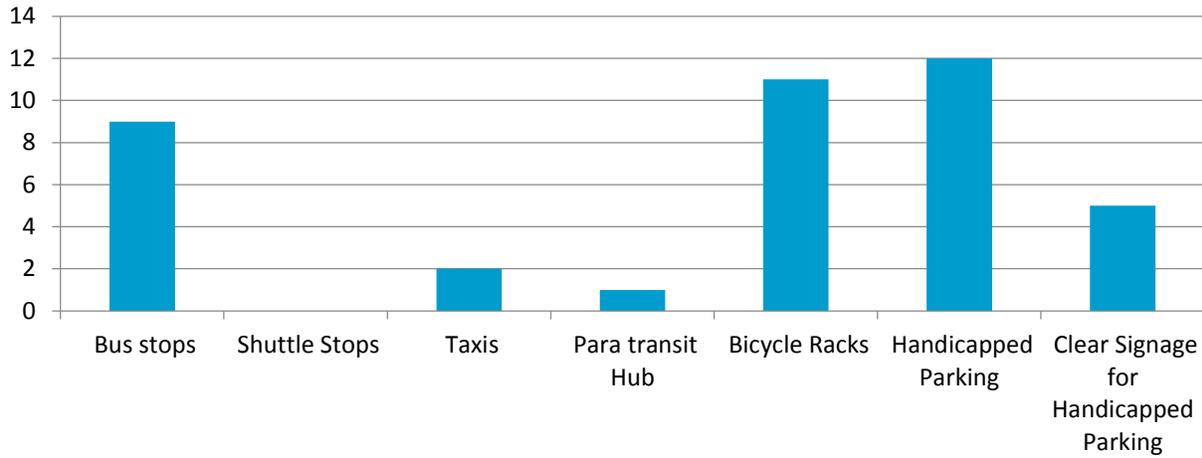
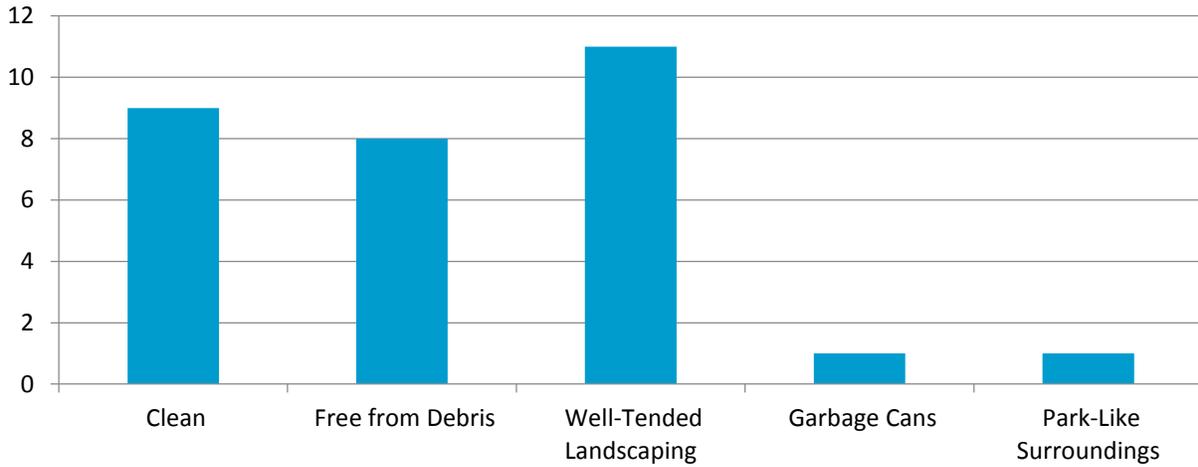




Chart 2 data indicates overwhelming agreement that the exterior environment of the Lucerne Clinic is well-maintained, clean, and free from debris. In the June work session, committee members explained that while clean, the existing landscaping is lacking, especially in the adjacent empty lots.

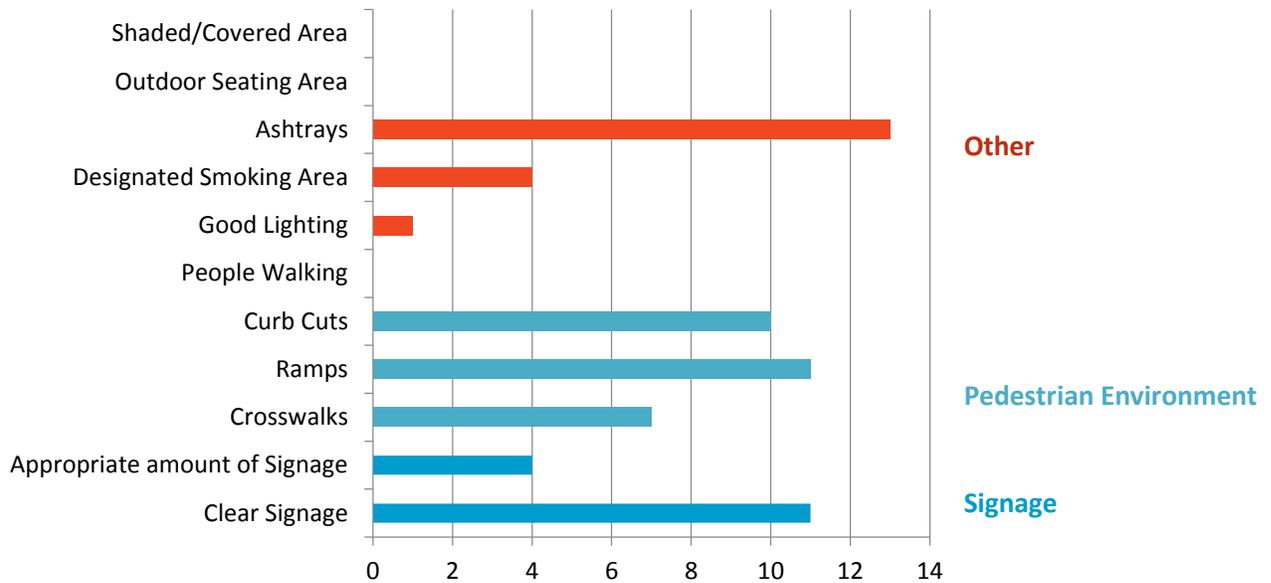
Chart 2. Surveys Indicating Maintenance Attributes





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.

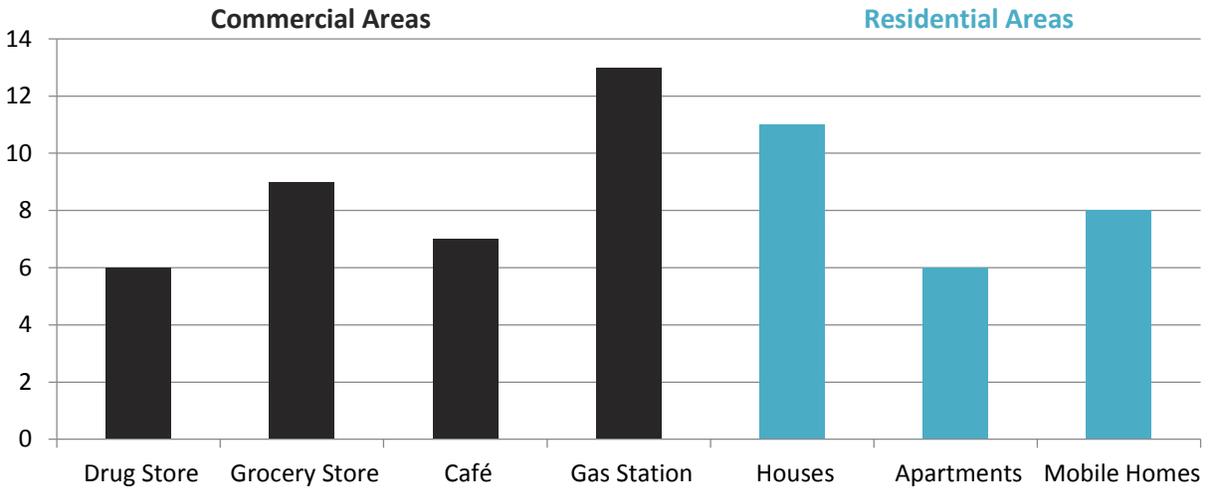
Chart 3. Surveys Indicating Exterior Amenities





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

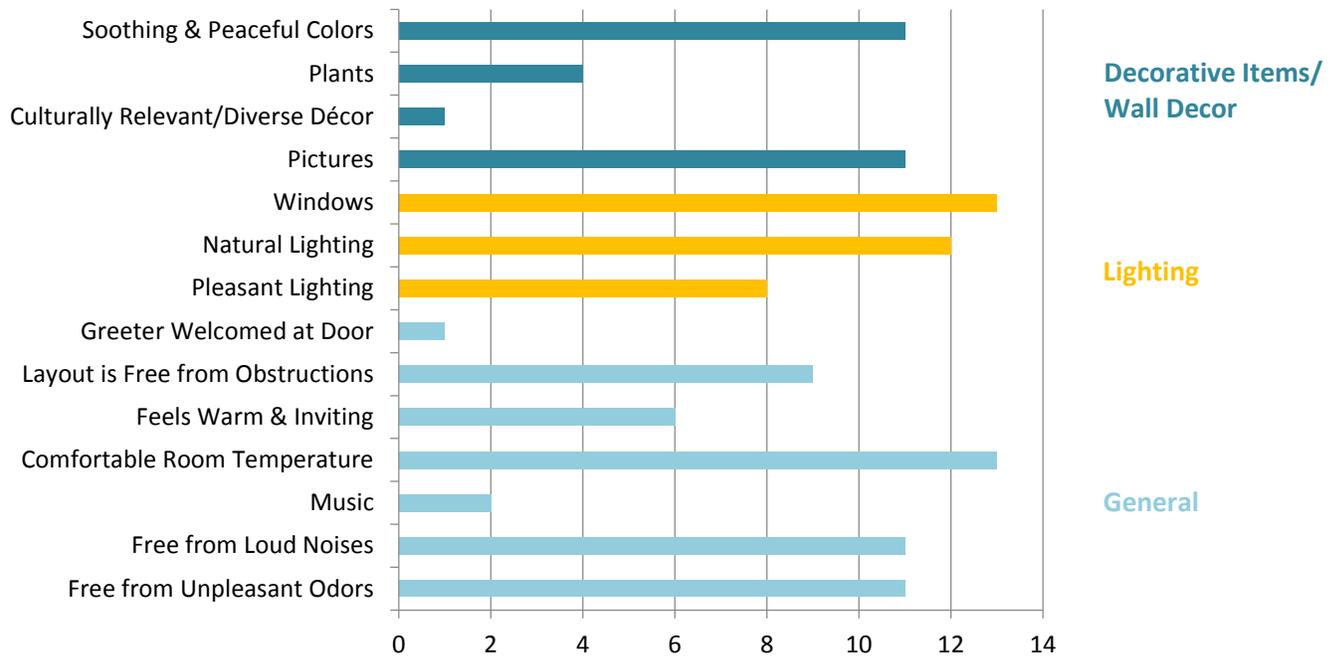




Waiting Room Area

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

Chart 5. Surveys Indicating Ambiance Conditions/Items

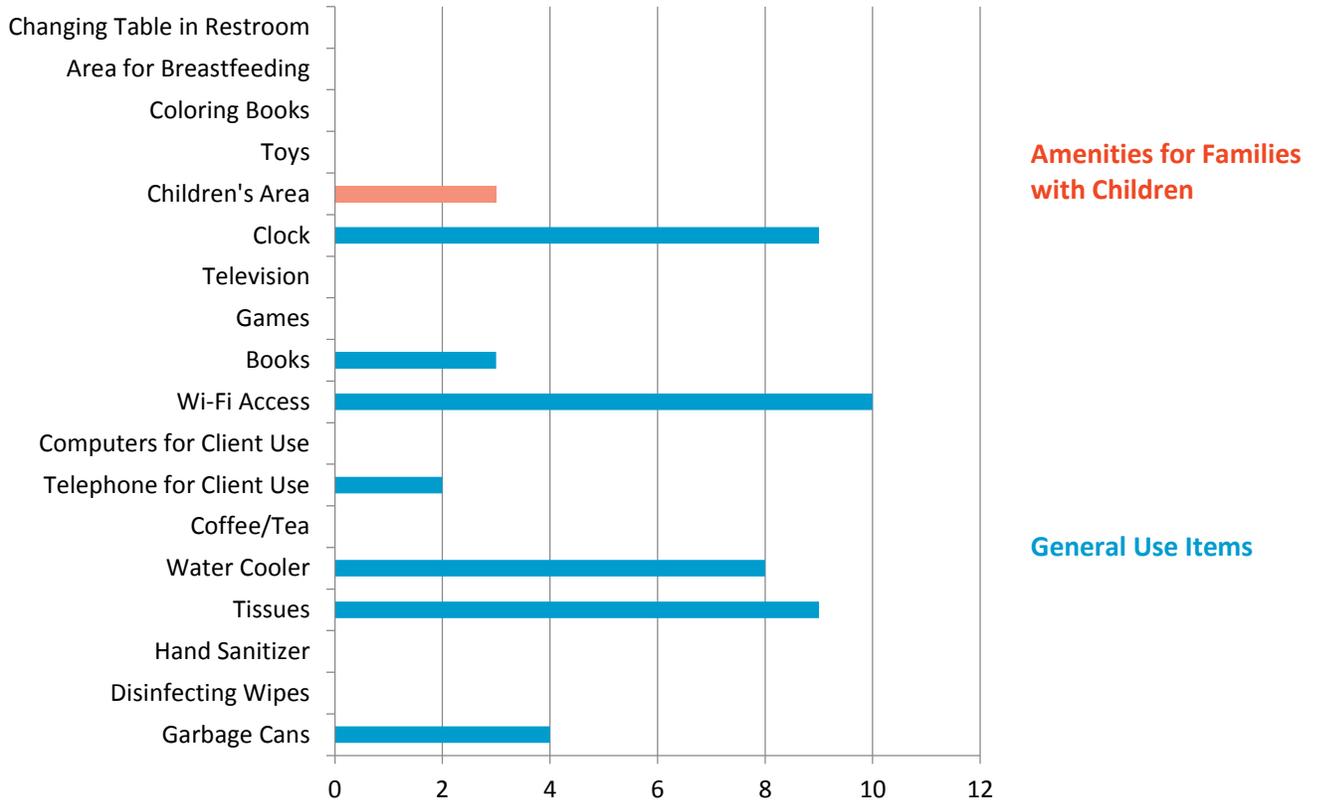


As indicated in **Chart 5**, Steering Committee members were in agreement over the lack of decorative items, wall décor, and culturally relevant or diverse pictures. The waiting area was deemed to be free from loud noises and unpleasant odors, to maintain a comfortable room temperature and a layout clear 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.

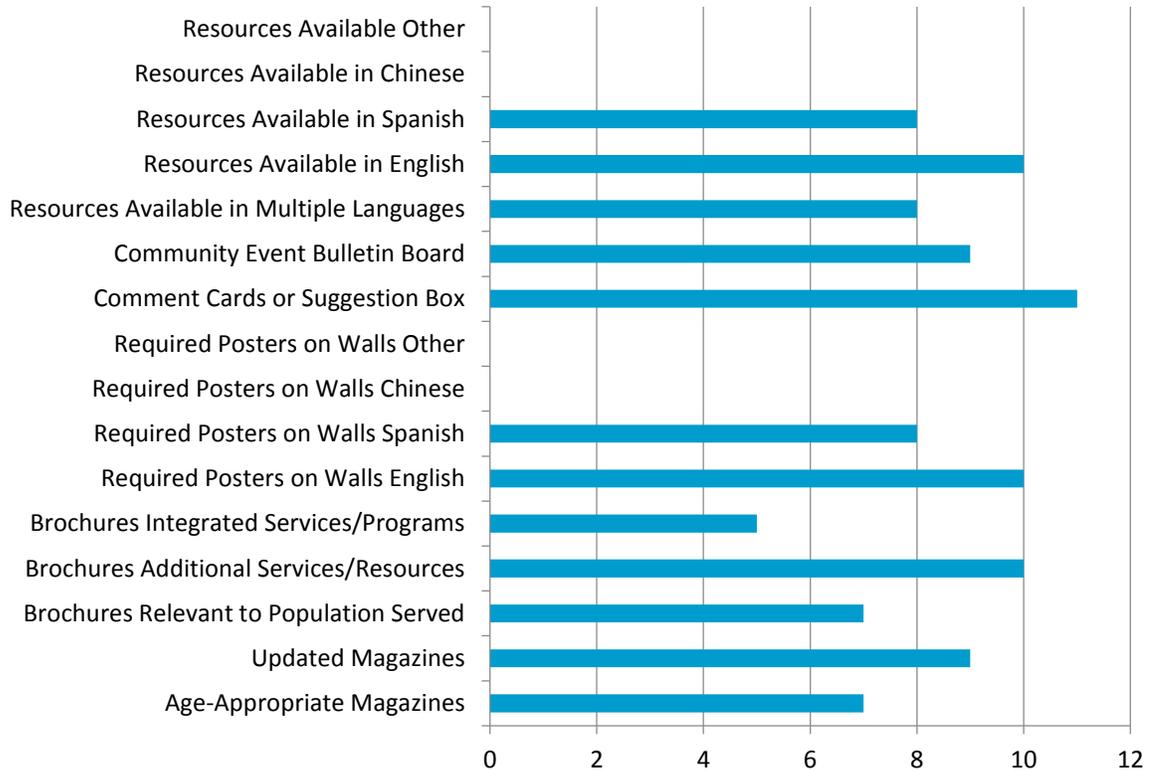
Chart 6. Surveys Indicating Amenities Present





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**).

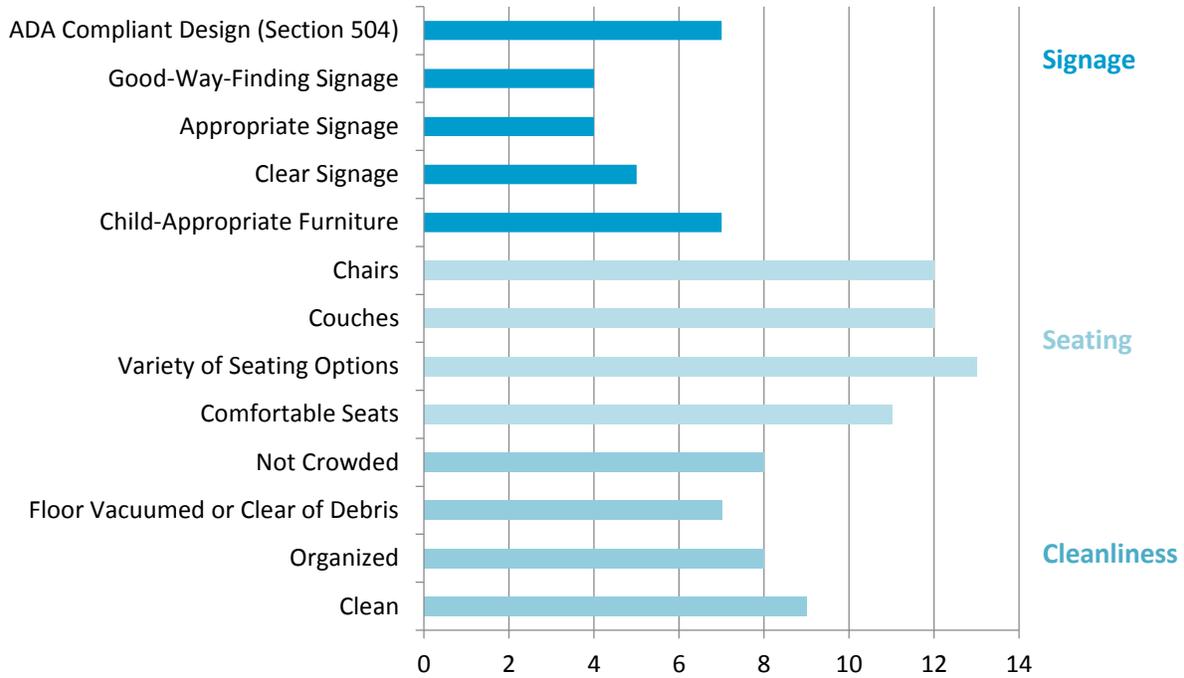
Chart 7. Surveys Indicating Available Resources





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.

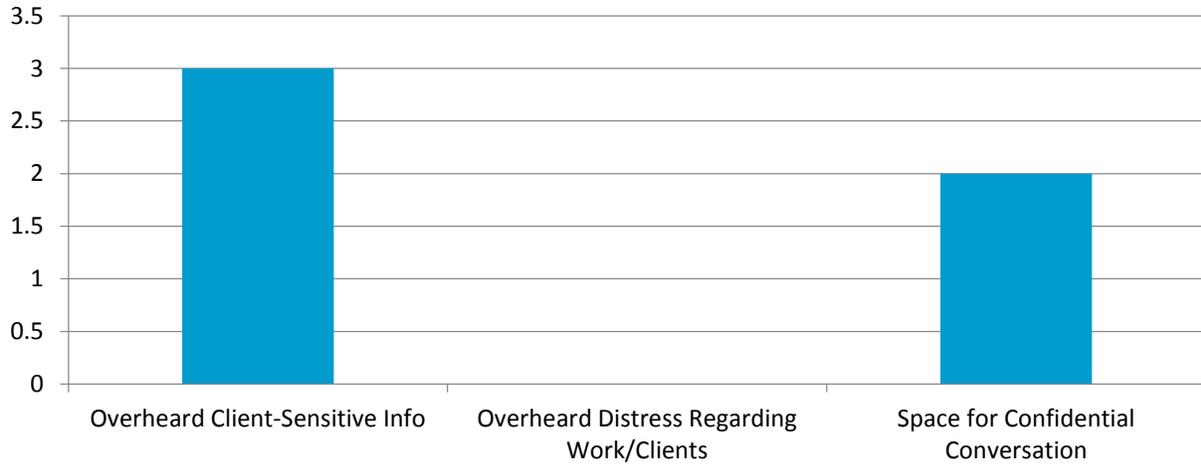
Chart 8. Surveys Indicating Waiting Area Features





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



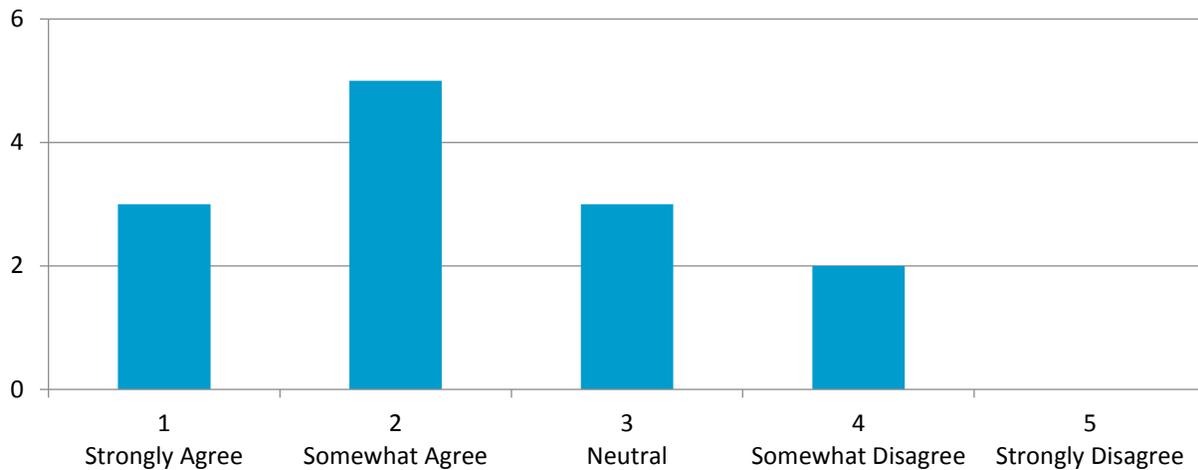


Likert Scale Charts

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

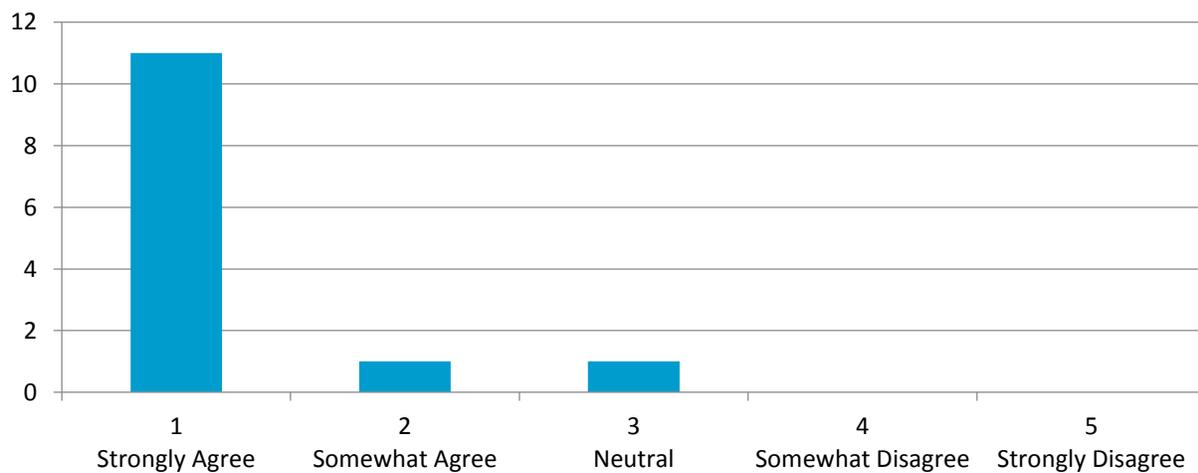
Surveys indicated that committee members did not agree on whether the Lucerne Clinic waiting room was warm and welcoming. However, not one individual strongly disagreed.

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**).

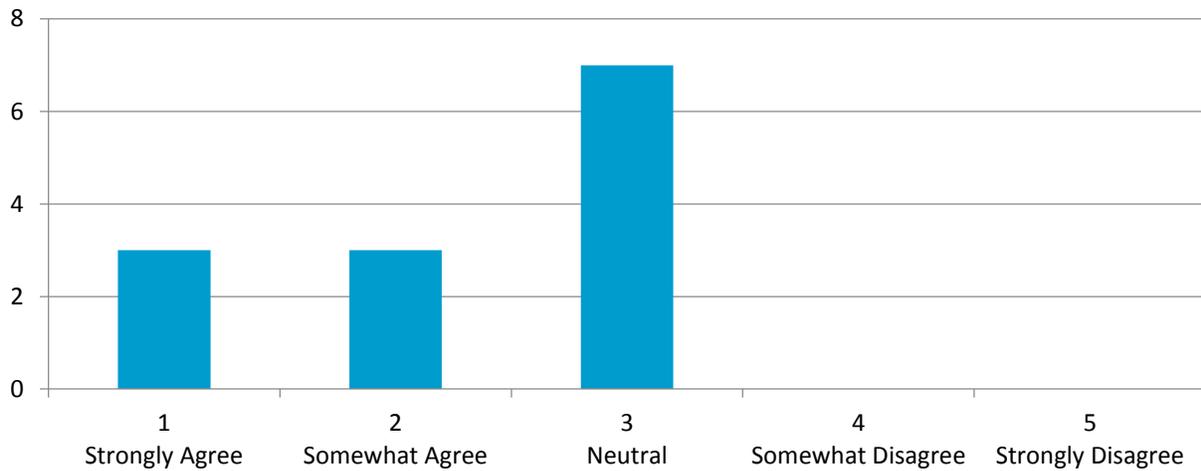
Chart 11. The waiting area is easy to find and accessible from the front door.





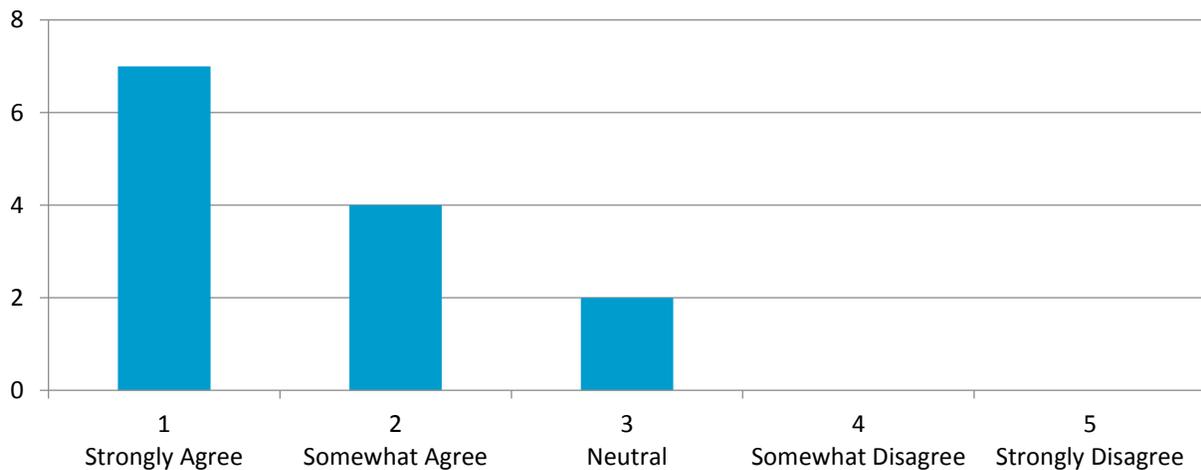
Since Steering Committee members conducted site visits at various times, the number of clients in the waiting room was not consistent among site assessments. This partially explains why the Committee was also seemingly neutral on whether the waiting room is well-utilized (**Chart 12**). The Committee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

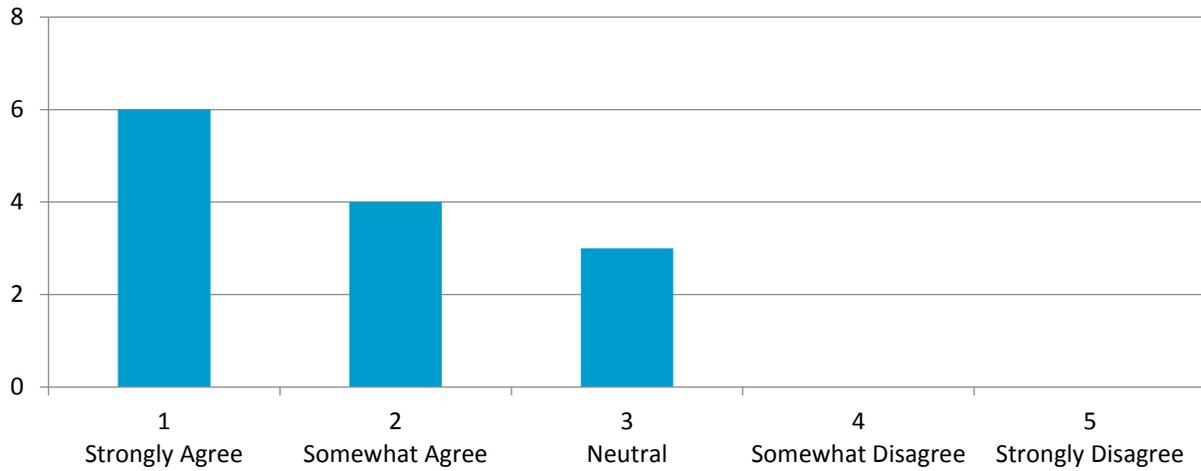
Chart 13. Clients in waiting area appear comfortable.





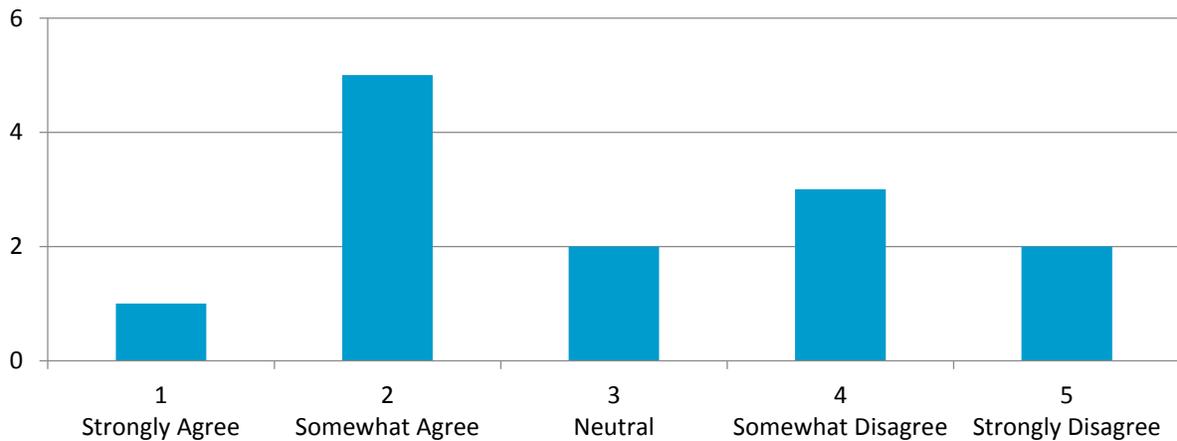
Similarly, steering committee members tended to agree that the waiting area is accommodating for behavioral health consumers (**Chart 14**).

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.



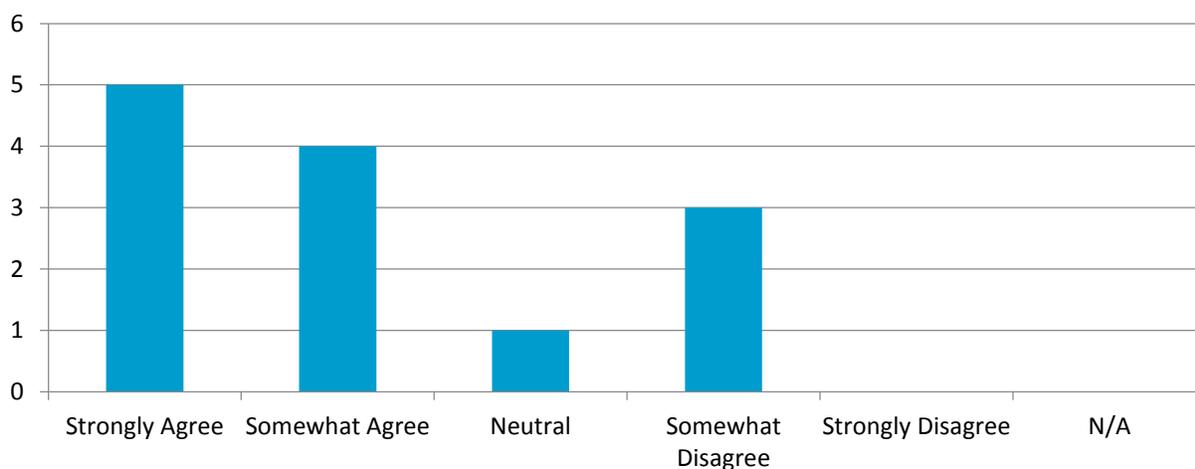


Reception/Front Desk

Likert Scale Charts⁴

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.

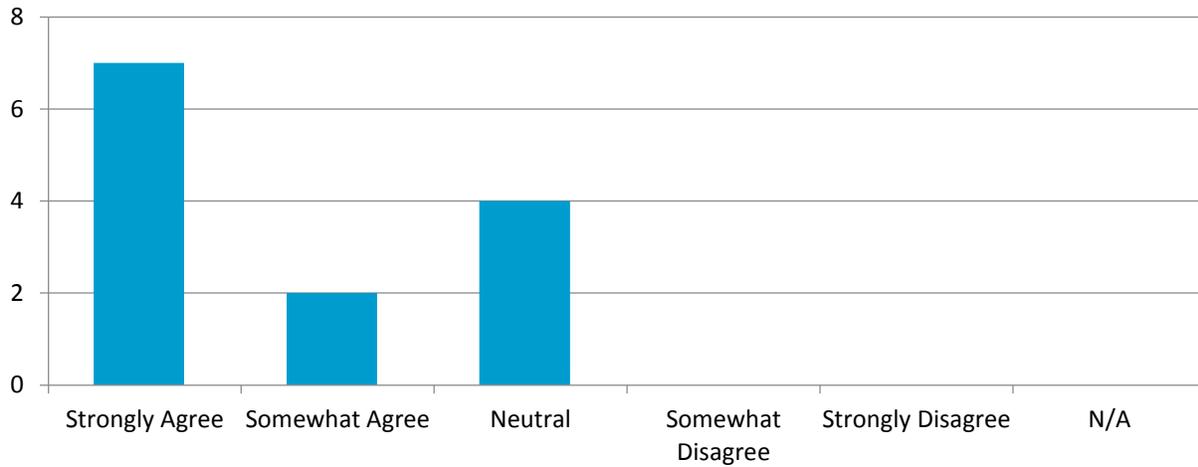


⁴ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



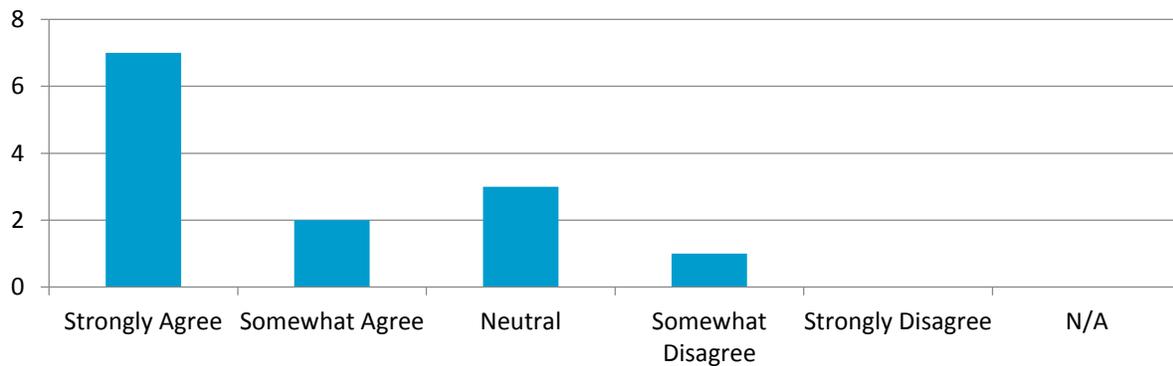
However, steering committee members tended to agree that the level of administrative staffing is sufficient to meet demand (Chart 17).

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).

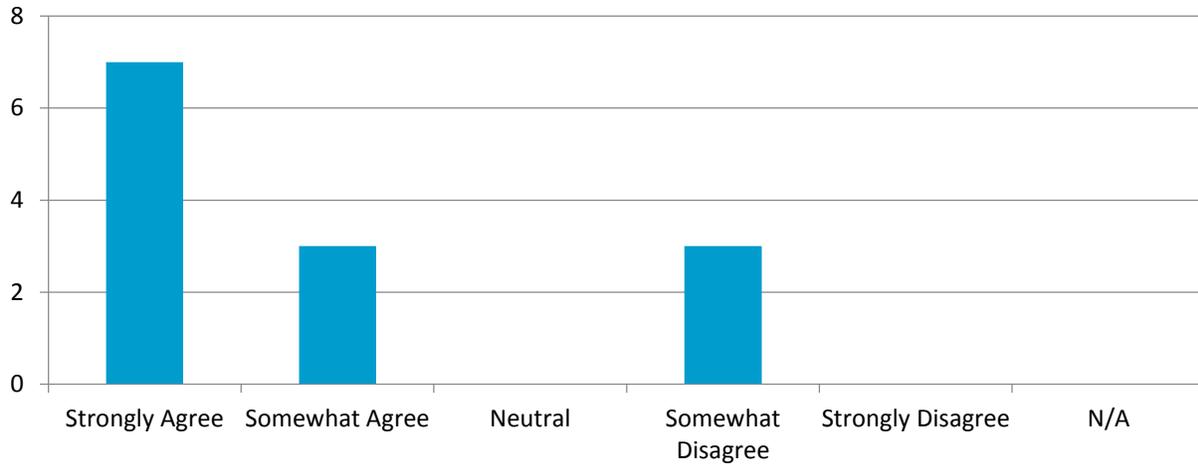
Chart 18. Reception staff uses positive language and tone of voice with clients.





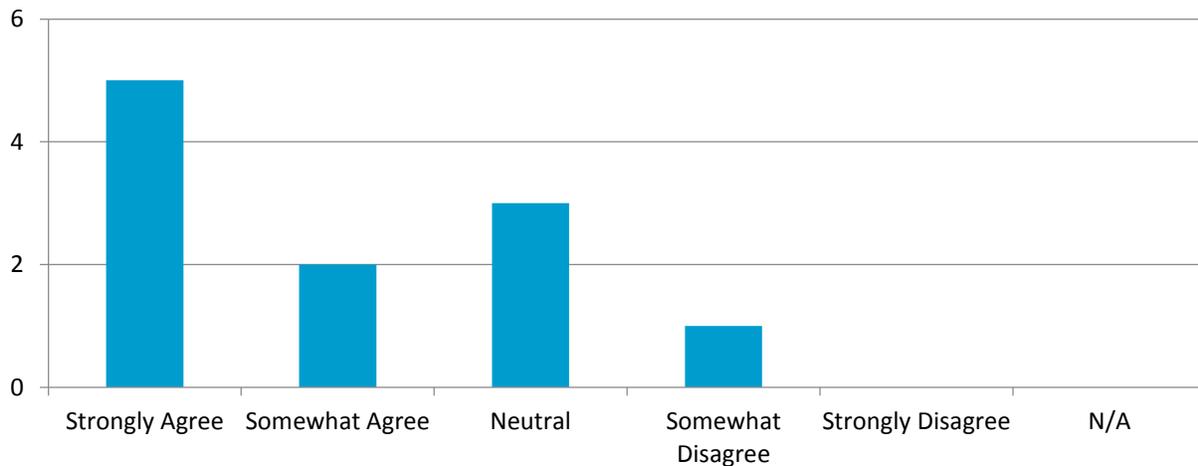
Committee members were similarly split about the relative friendliness of reception staff (**Chart 19**).

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.

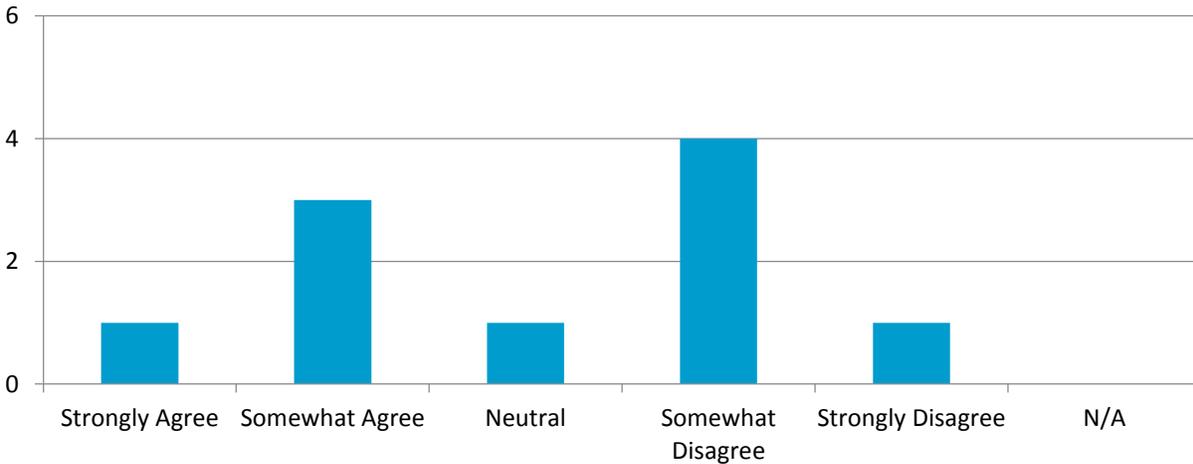
Chart 20. Reception staff demonstrates awareness of diverse consumer experiences and needs.





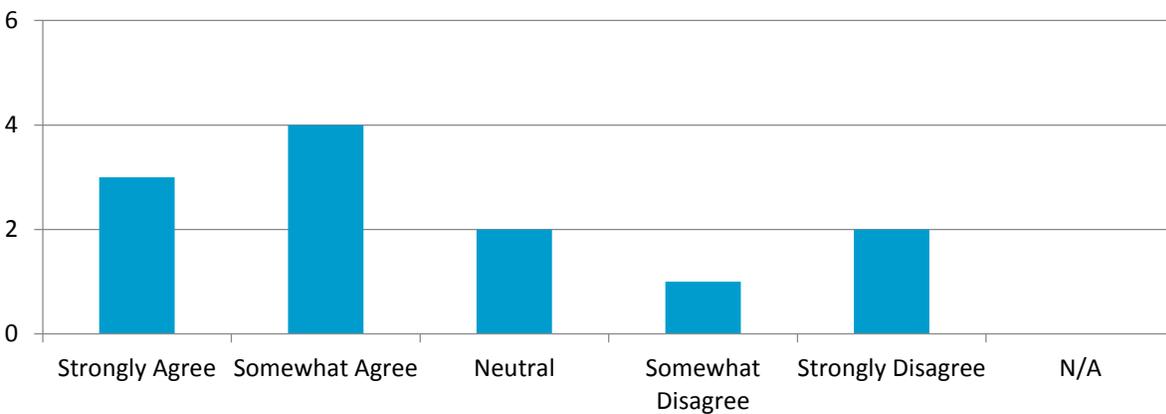
The committee was uncertain about the cultural and linguistic capacity of staff (**Chart 21**). Some were neutral, however the majority of results veered towards perceiving staff as not equipped with the appropriate level of cultural and linguistic capacity.

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**).

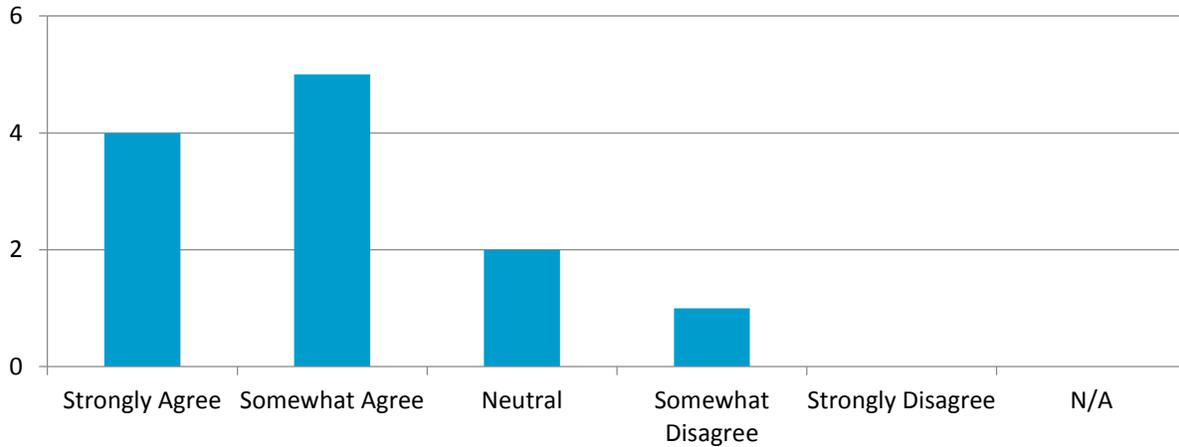
Chart 22. Reception staff appears excited and engaged about their jobs.





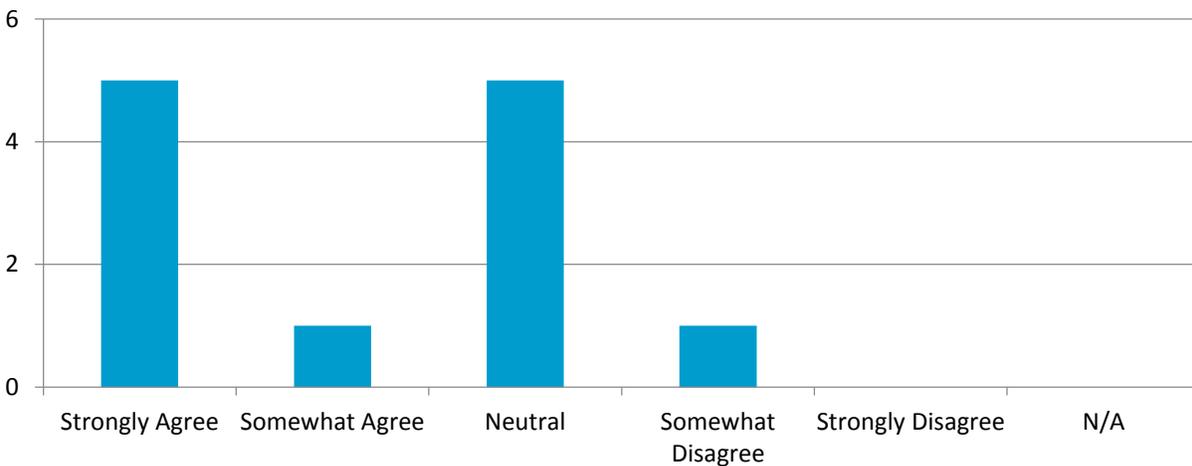
Most of the committee perceived clients as being treated kindly by reception staff (**Chart 23**). The majority of responses were in agreement with one member who somewhat disagreed.

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/Front 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.



Site Assessment Recommendations: The Bridge Wellness Center

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 MHSAs 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.⁵ 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

⁵ One assessment was completed per committee member who conducted the site assessment.



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

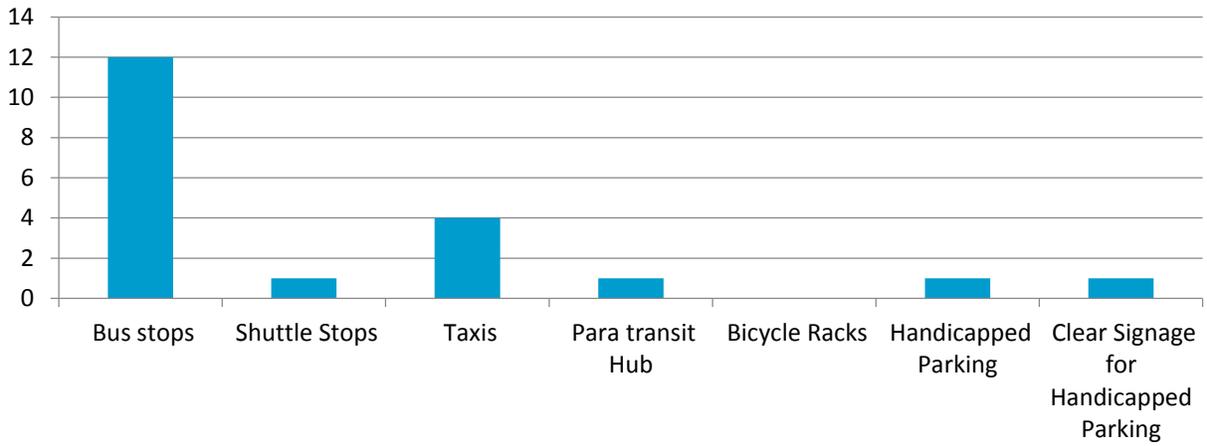
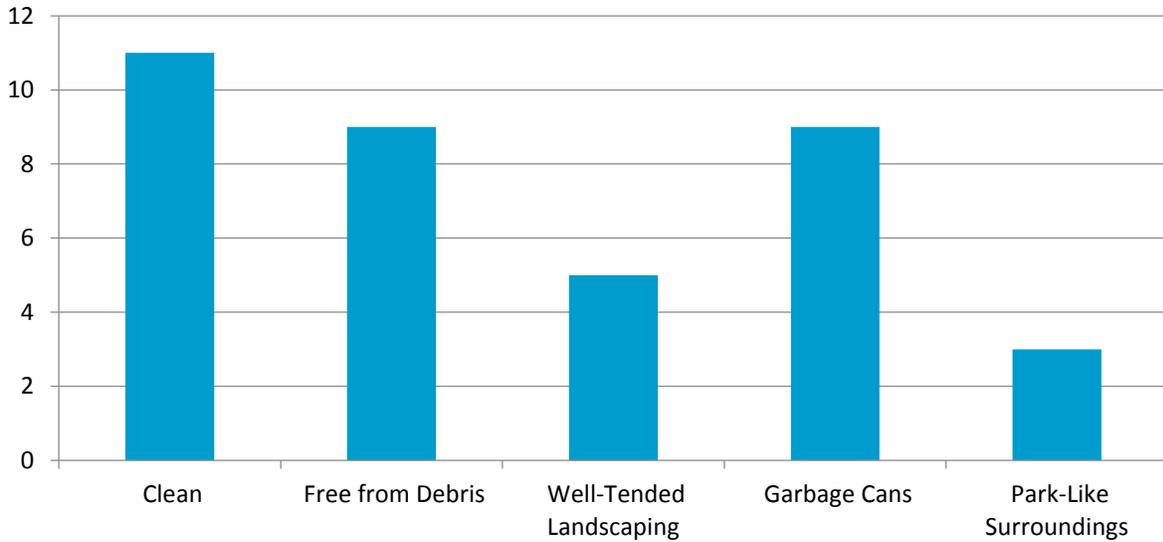




Chart 2 data indicates overwhelming agreement that the exterior environment of The Bridge is well-maintained, clean, and free from debris. In the August and September work sessions, committee members agreed on the presence of a front lawn, garden beds, gazebo/patio furniture, and both a side yard and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

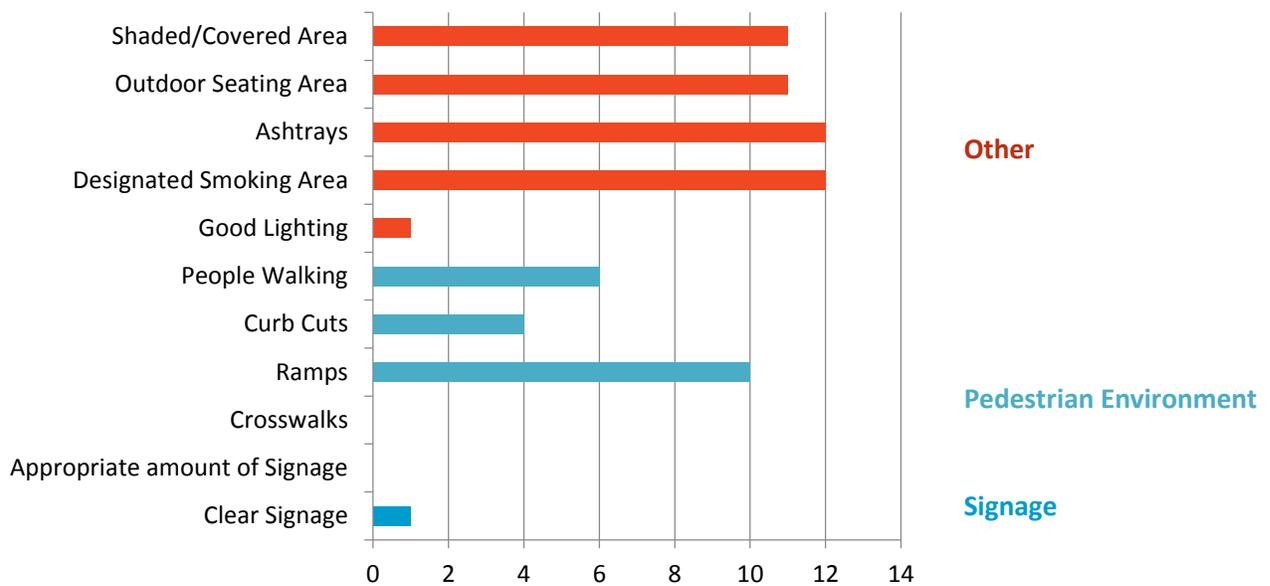
Chart 2. Surveys Indicating Maintenance Attributes





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.

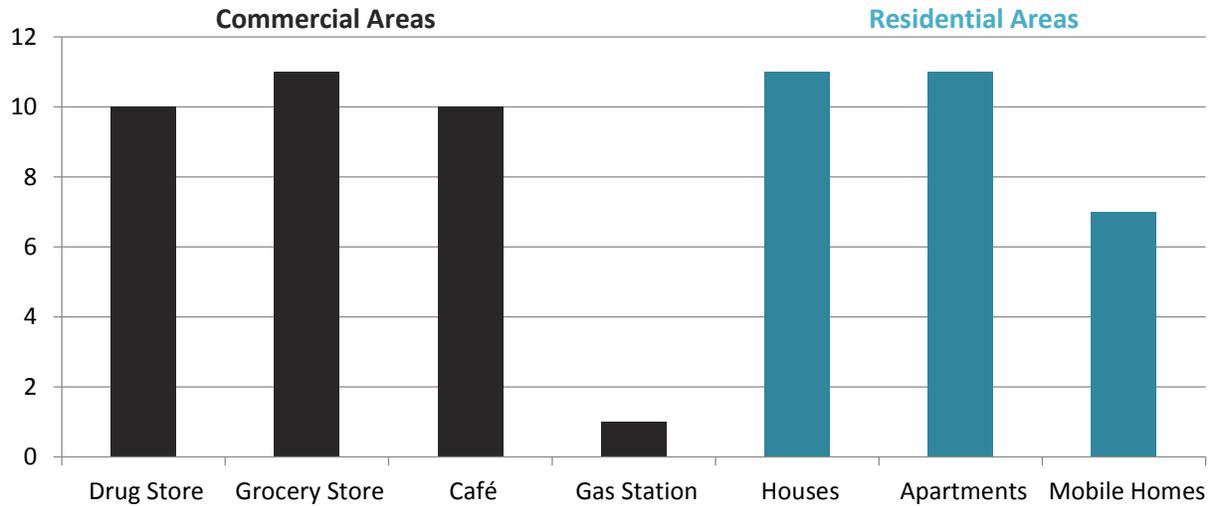
Chart 3. Surveys Indicating Exterior Amenities





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

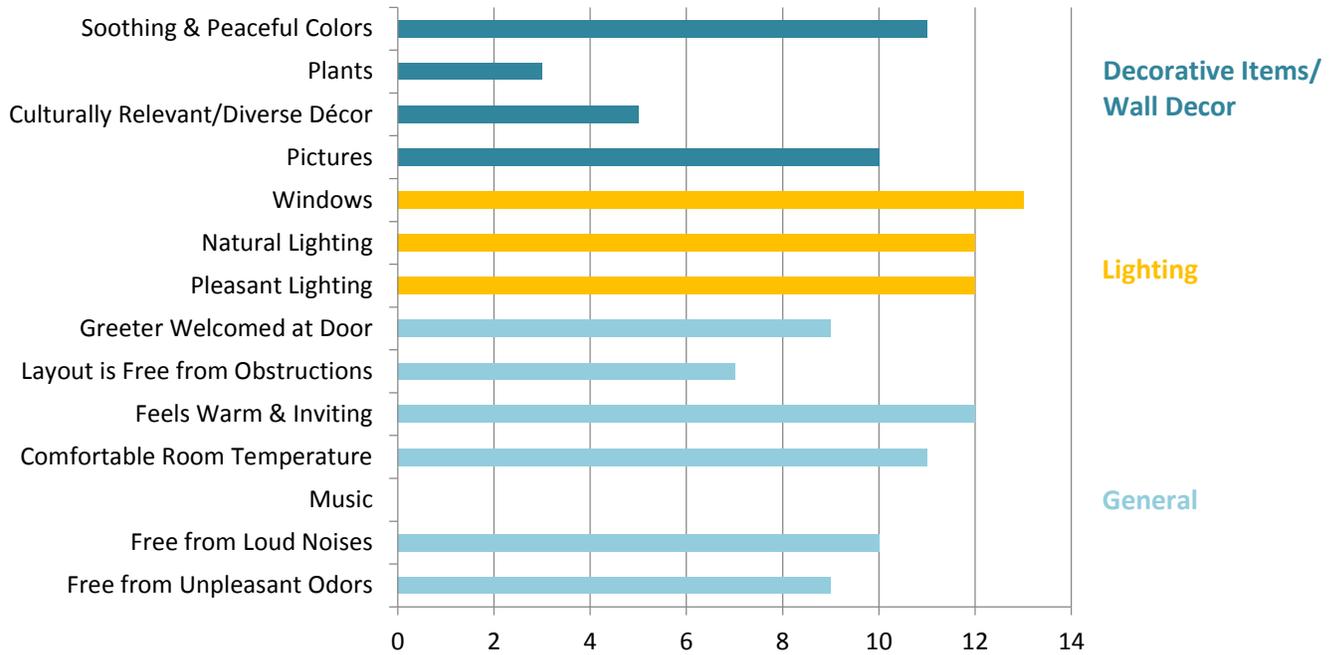




Interior Environment

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

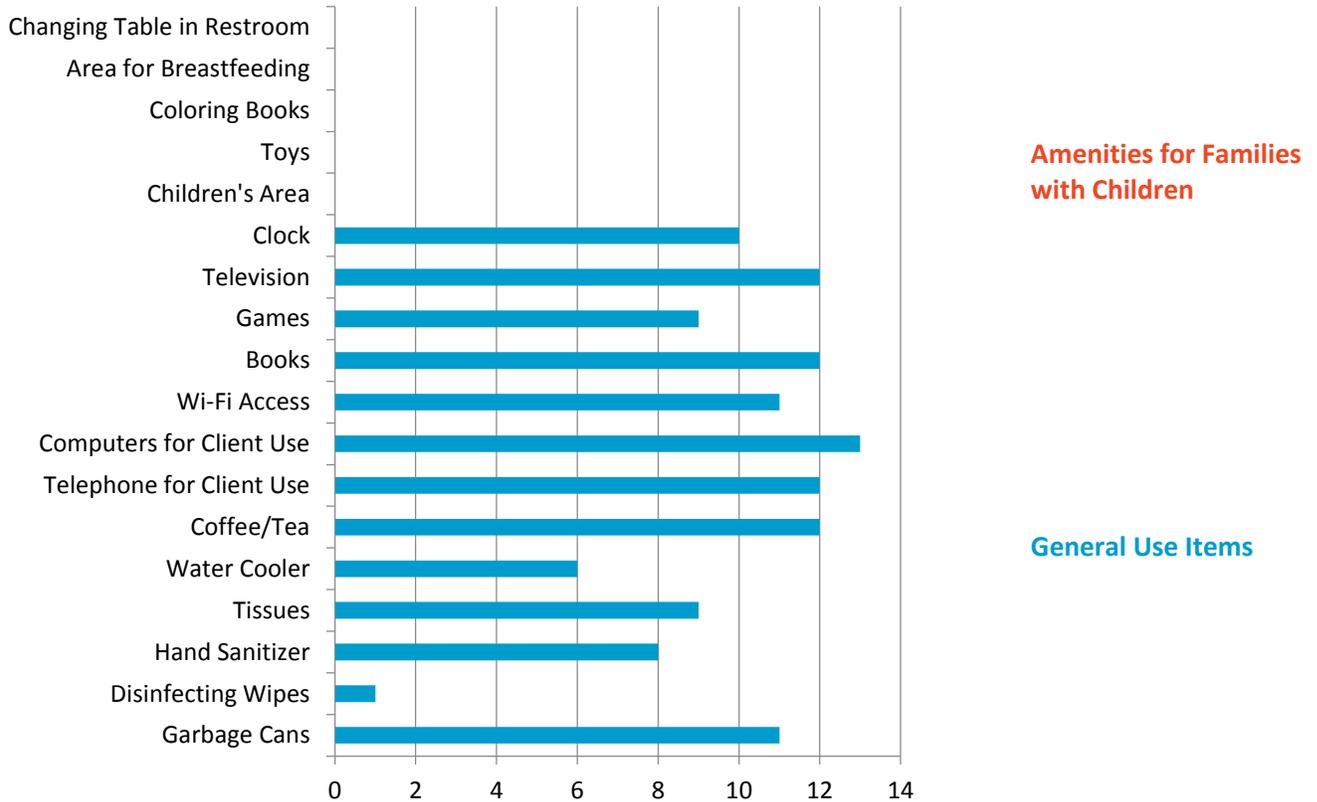


As indicated in **Chart 5**, Steering Committee members were in overwhelming agreement over how well The Bridge creates a warm and inviting space for consumers. Committee members agreed on the presence of soothing and peaceful colors on the walls, pictures, pleasant and natural lighting, and the general 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.

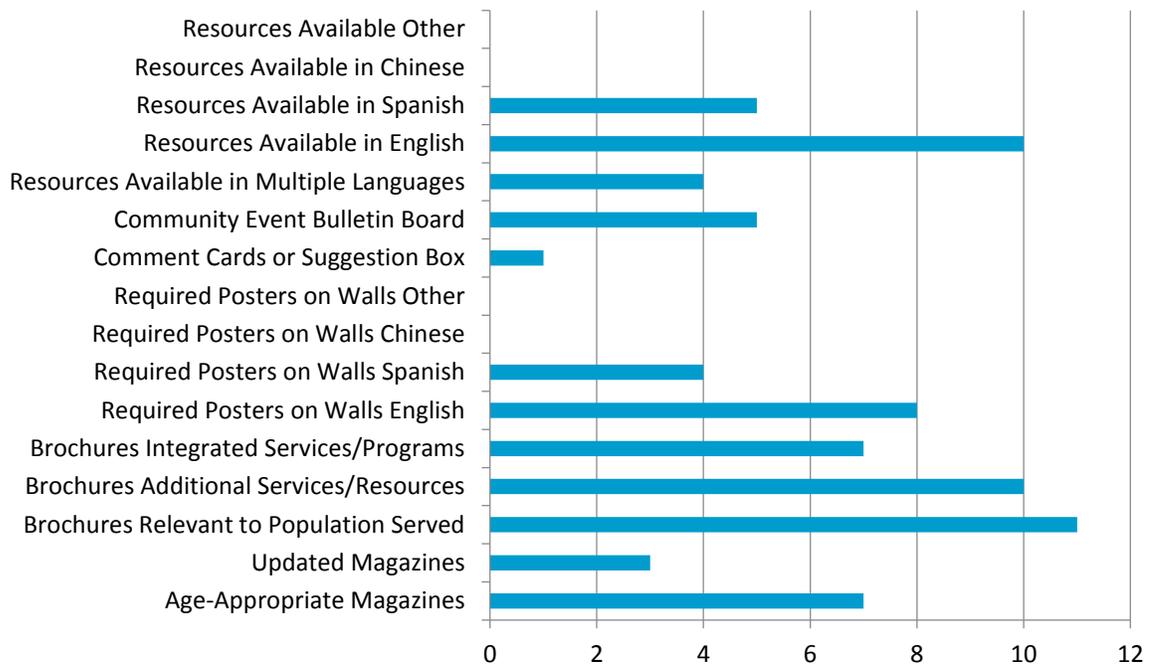
Chart 6. Surveys Indicating Amenities Present





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**).

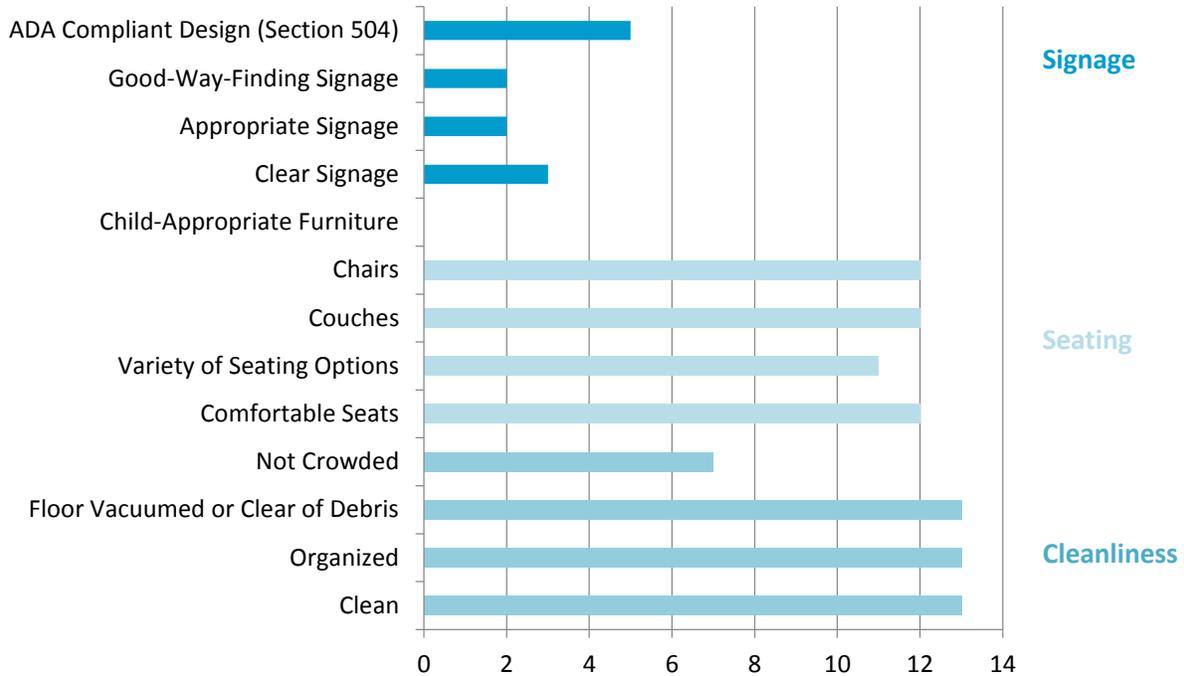
Chart 7. Surveys Indicating Available Resources





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.

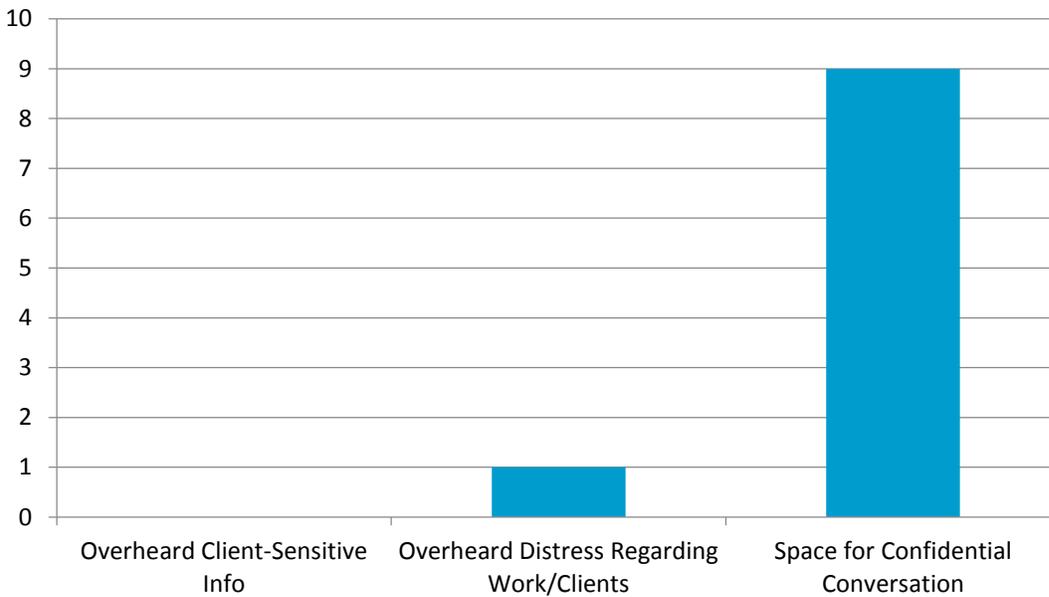
Chart 8. Surveys Indicating Interior Features





While survey results do not flag serious concern over breaches in privacy (depicted in **Chart 9**), on 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



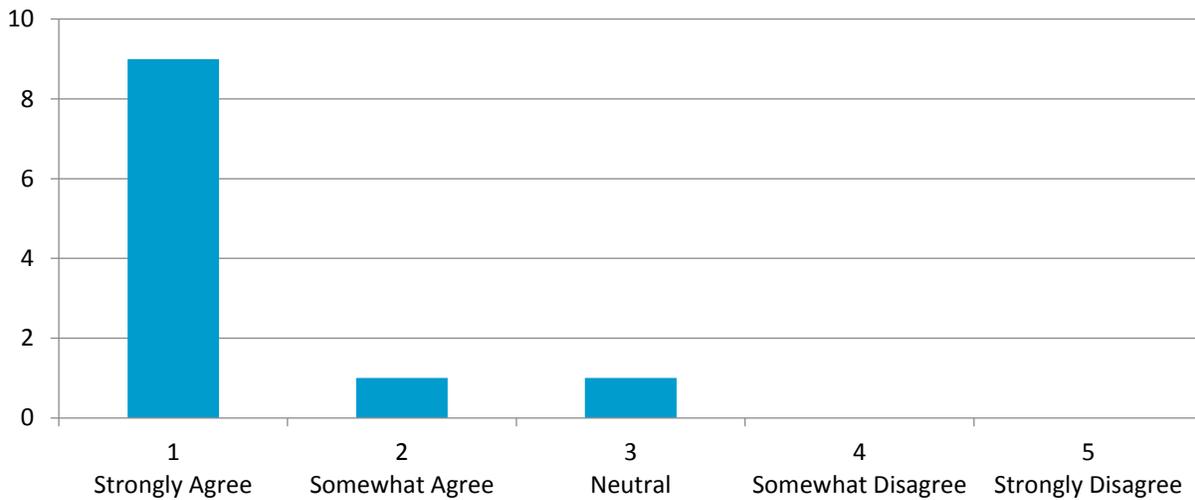


Likert Scale Charts

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**).

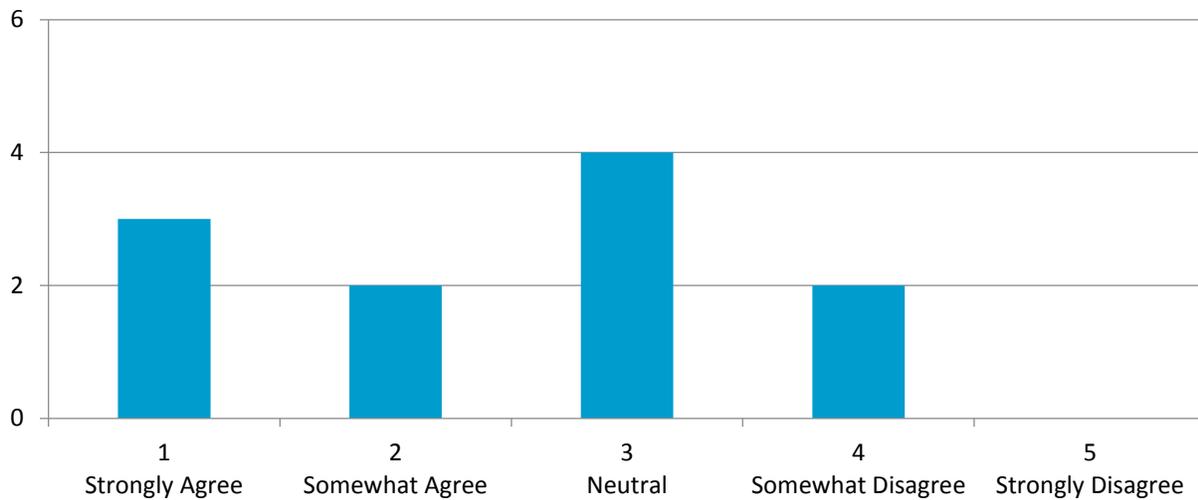
Chart 10. The interior area is welcoming.





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**).

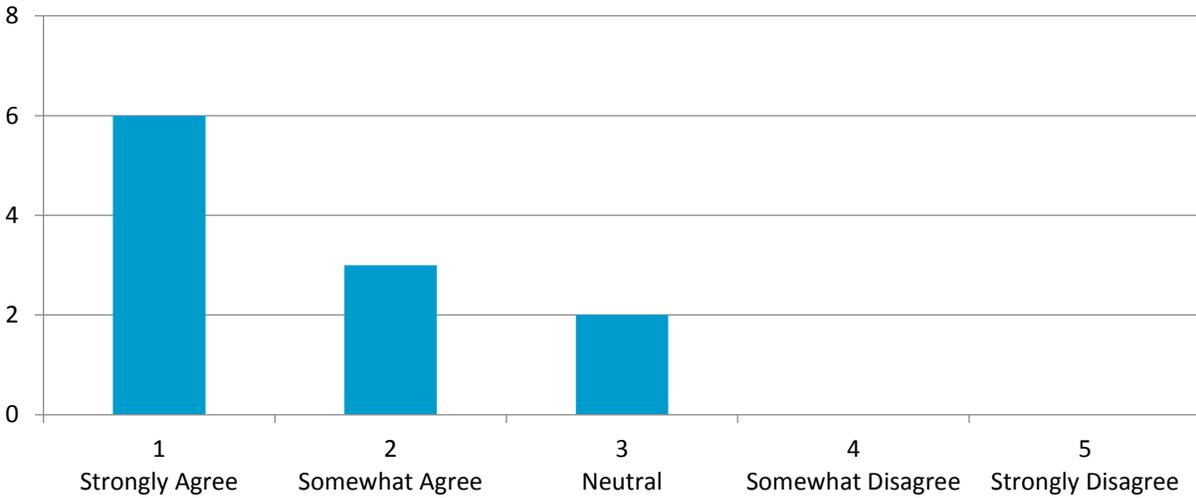
Chart 11. The interior area is easy to find and accessible from the front door.





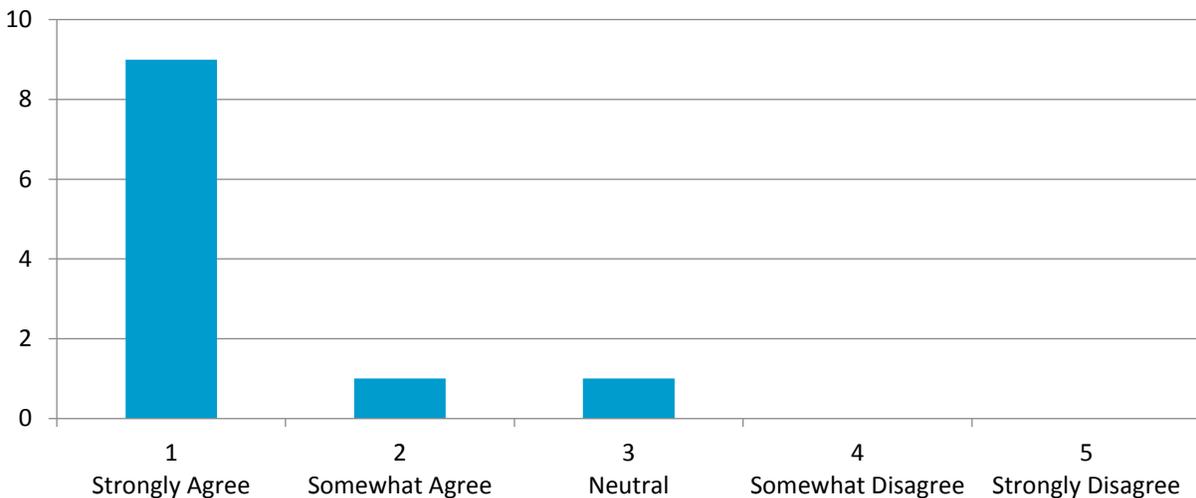
Since Steering Committee members conducted site visits at various times, the number of consumers at The Bridge was not consistent among site assessments, but committee members were in general agreement that the interior of The Bridge is well-utilized (**Chart 12**).

Chart 12. The interior is well-utilized.



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

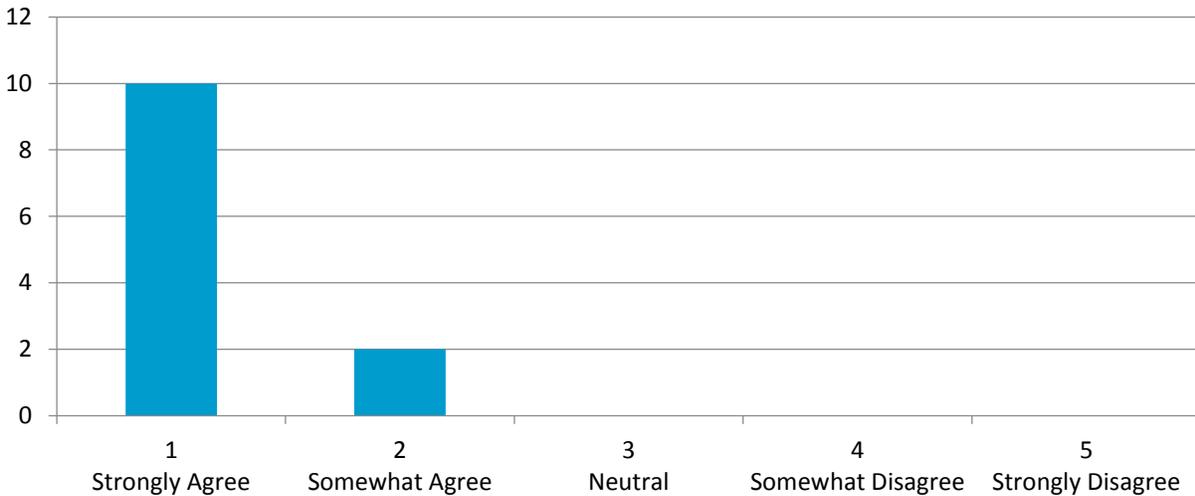
Chart 13. Consumers inside appear comfortable.





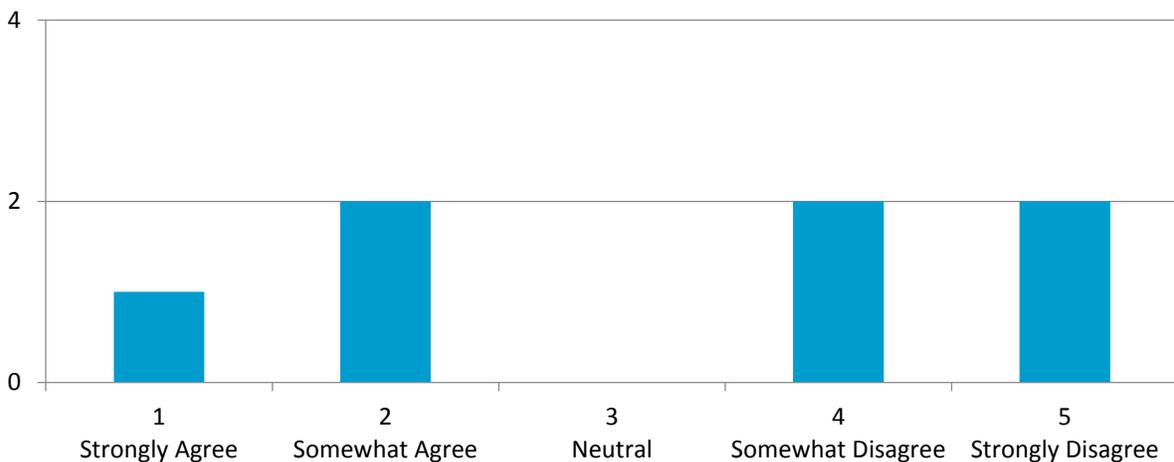
Similarly, steering committee members tended to agree that interior space is accommodating for behavioral health consumers (**Chart 14**).

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.



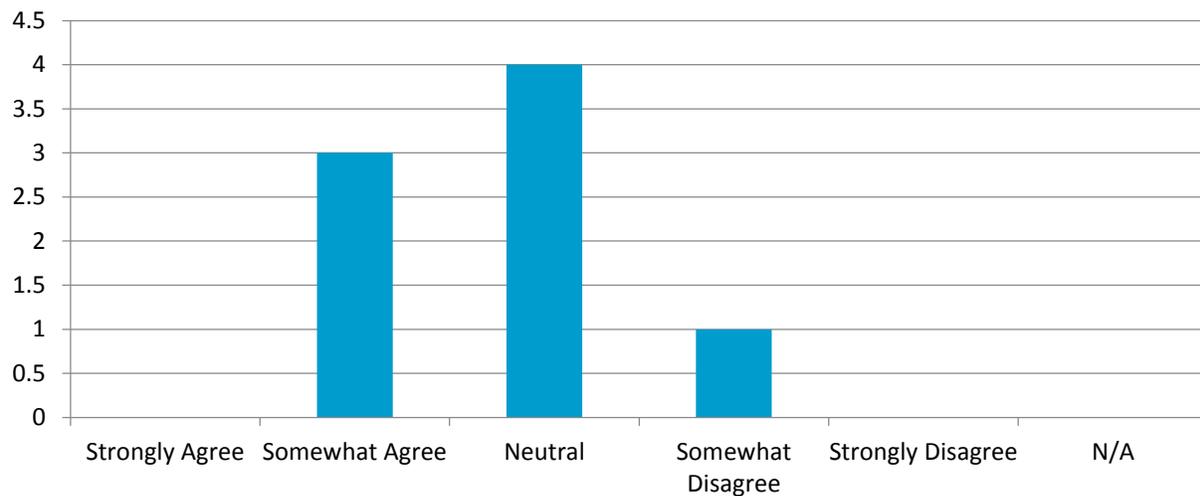


Welcoming & Engaging

Likert Scale Charts⁶

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.

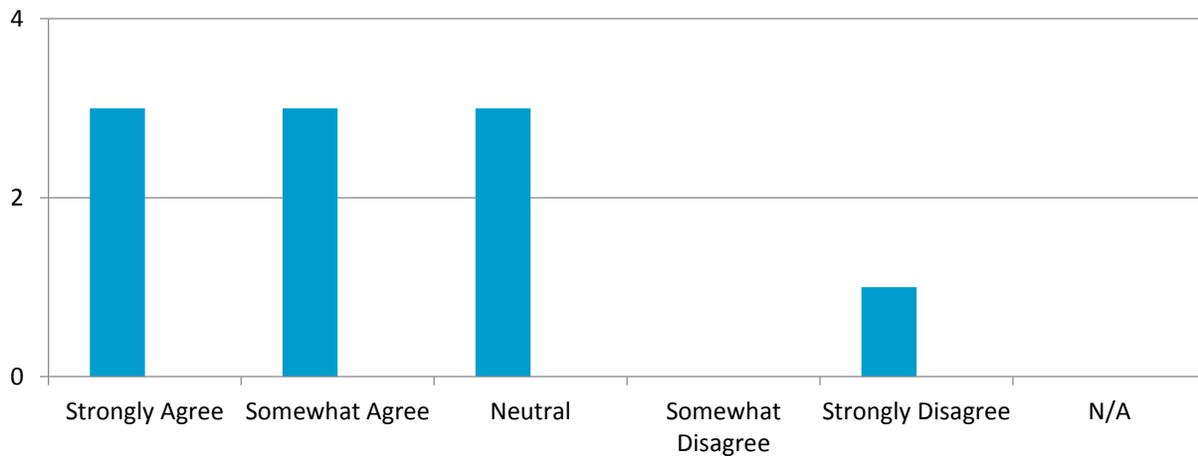


⁶ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



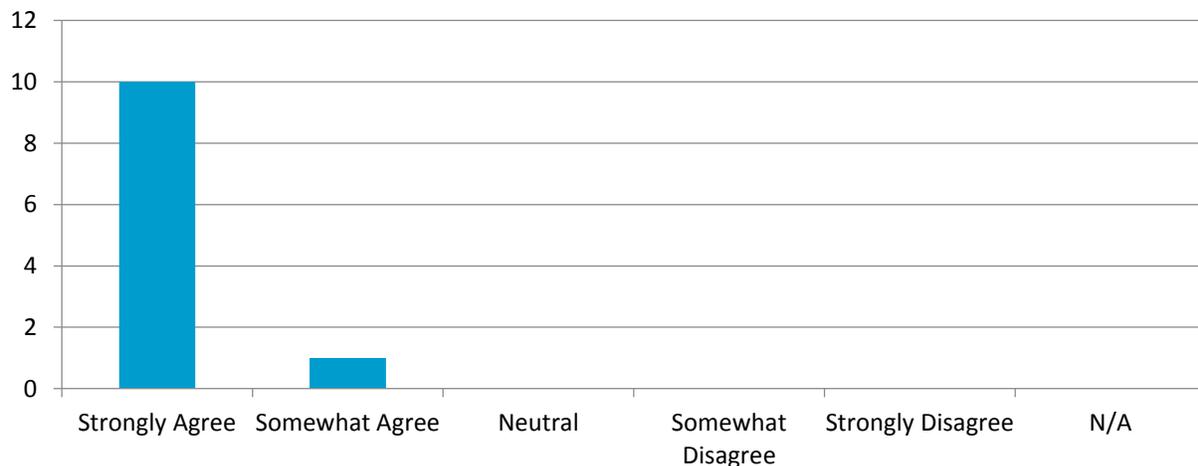
Steering committee members seem split on their perceptions that there is sufficient staff to meet demand from consumers according to their surveys (**Chart 17**). During the August and September work sessions, committee members noted that their perceptions may be different because surveys were conducted 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.

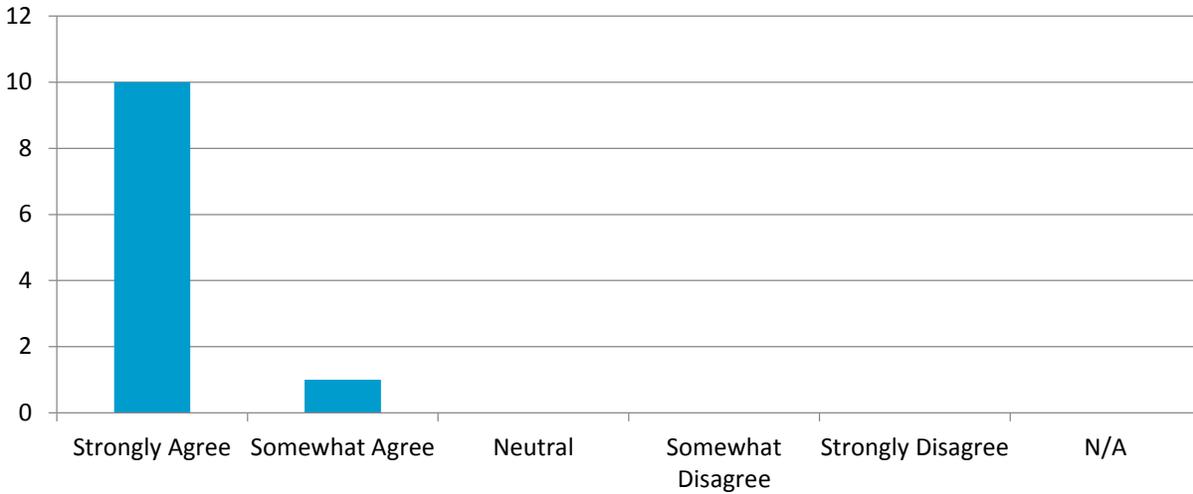
Chart 18. Staff uses positive language and tone of voice with consumers.





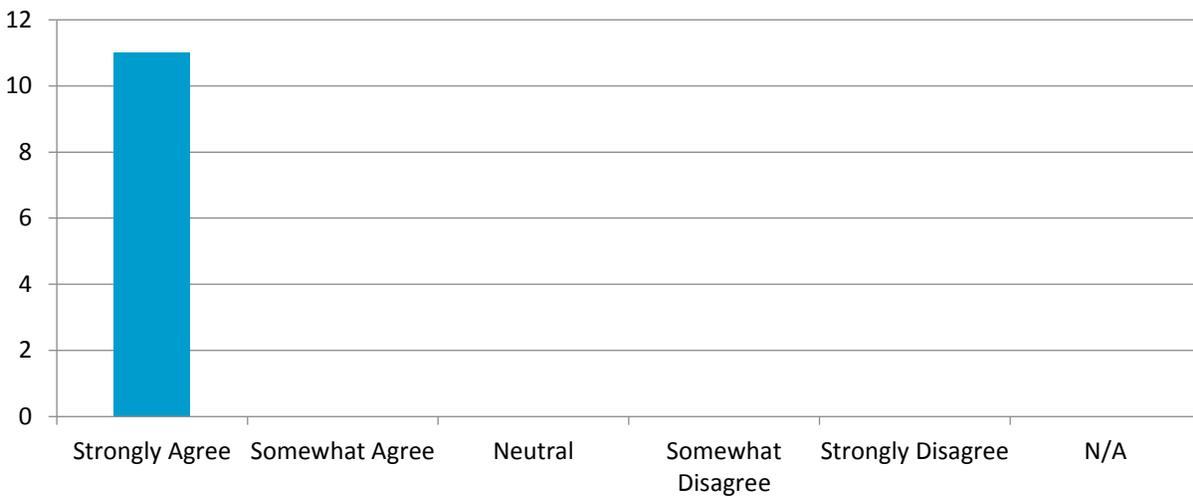
Committee members felt similarly about the friendliness of staff at The Bridge (**Chart 19**).

Chart 19. Staff appears friendly.



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

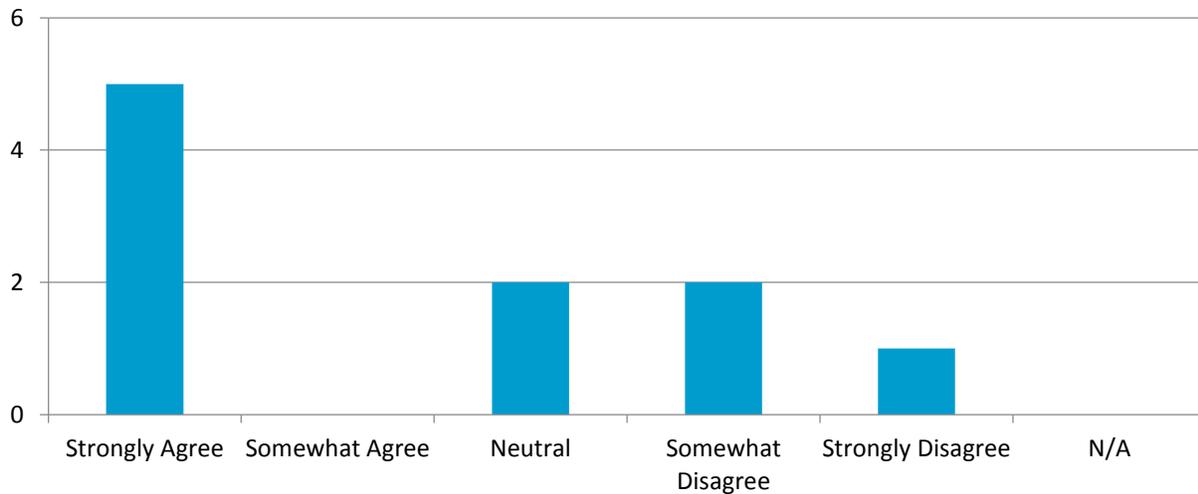
Chart 20. Staff demonstrates awareness of diverse consumer experiences and needs.





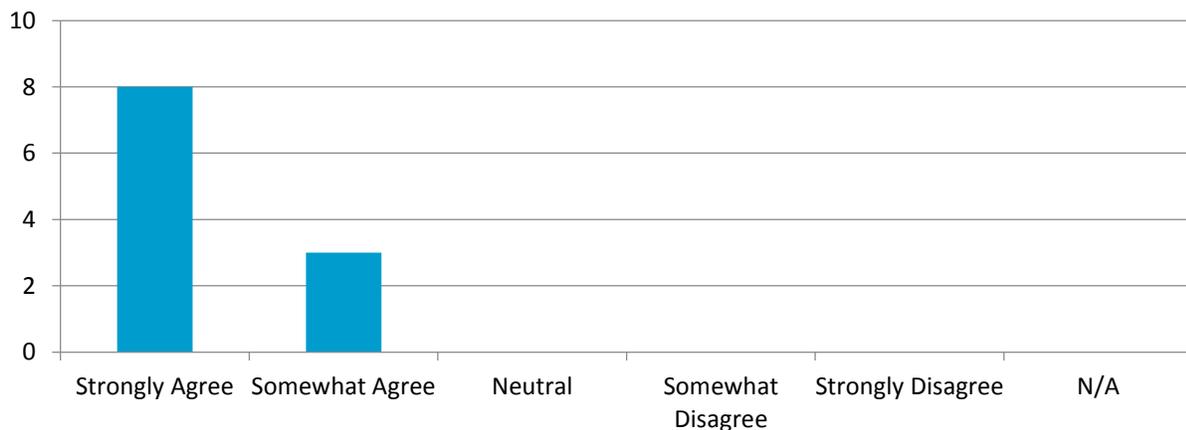
The committee was uncertain about the cultural and linguistic capacity of staff (**Chart 21**). Half of those committee members who rated this item tended to agree that staff have the appropriate level of cultural and linguistic capacity, whereas the other half were neutral or tended to disagree. During 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**).

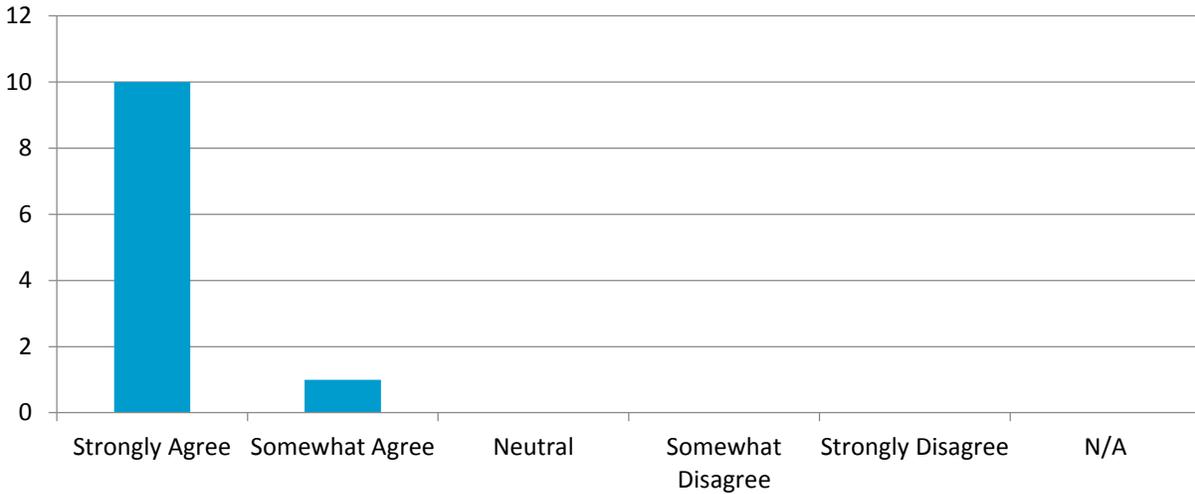
Chart 22. Staff appears excited and engaged about their jobs.





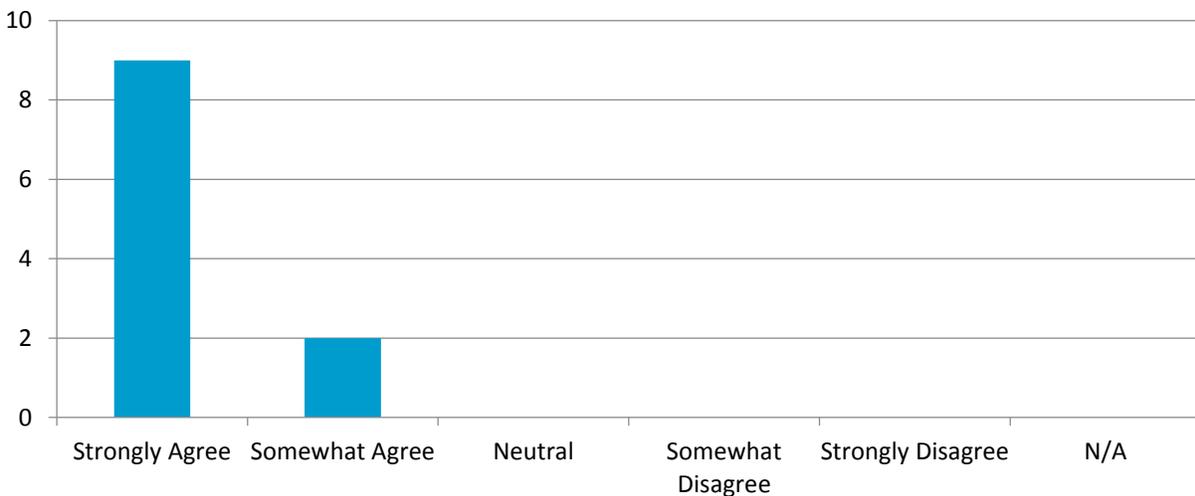
The steering committee strongly and somewhat agreed that consumers are treated kindly by The Bridge staff (**Chart 23**). During the August and September work sessions, the committee said that staff are professional, respectful, patient, and loving with consumers.

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 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.



- 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.



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- 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.



Site Visit Assessment Recommendations: The Harbor on Main TAY Resource Center

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 MHSAs 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.⁷ 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

⁷ One assessment was completed per committee member who conducted the site assessment.



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

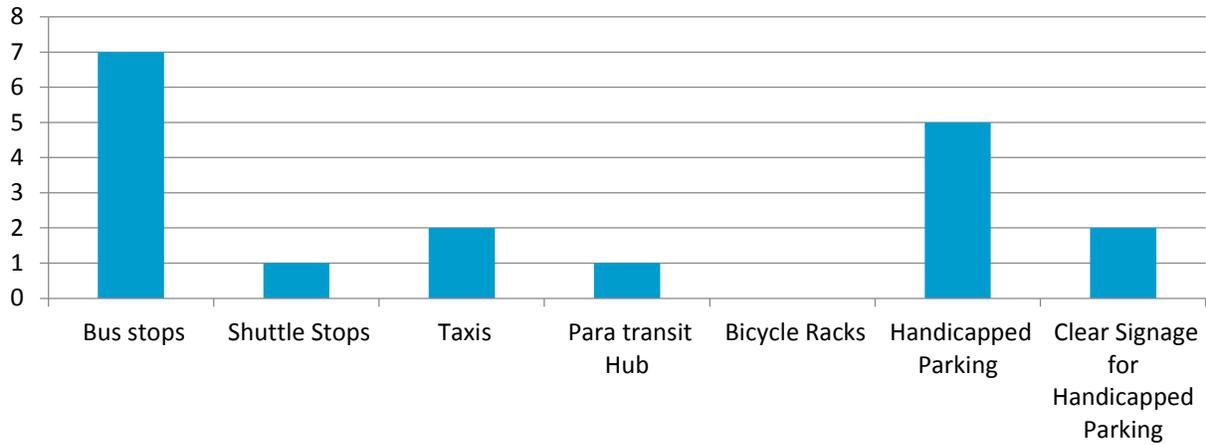
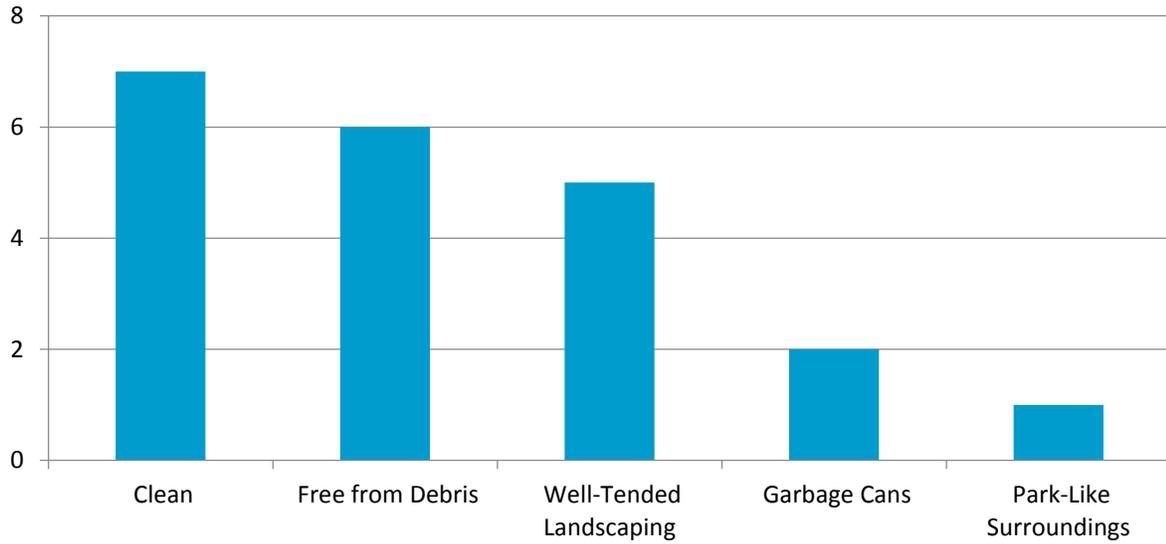




Chart 2 data indicates that most committee members agreed that the exterior environment of the Harbor on Main is clean and free from debris. Five individuals noted that landscape was well-tended. The exterior environment was observed to lack garbage cans and park-like surroundings.

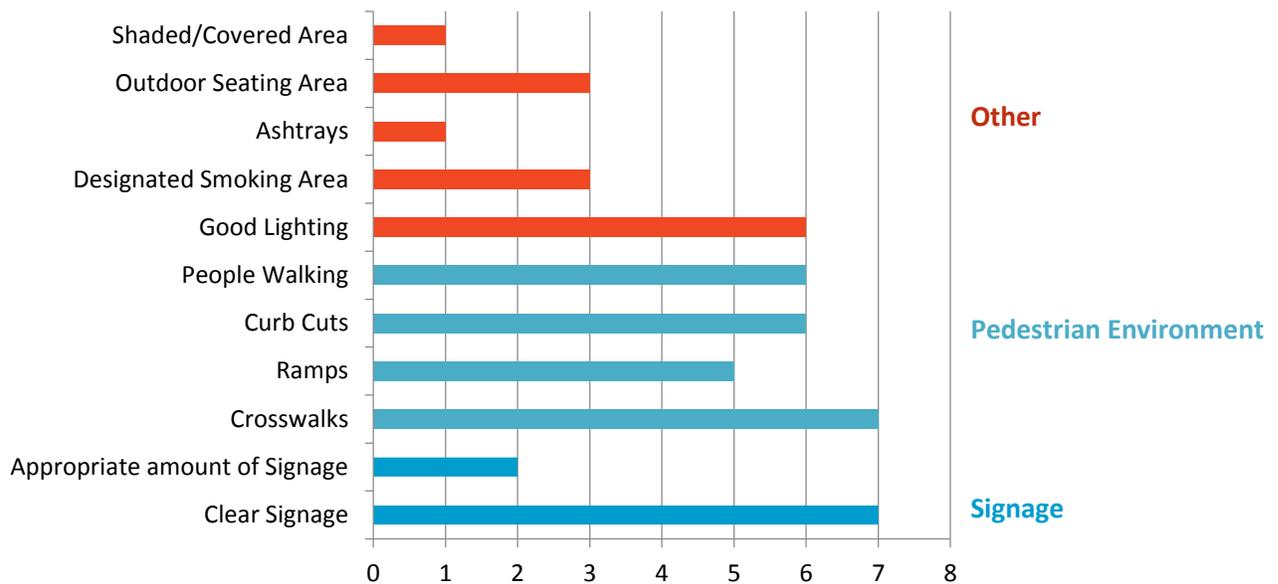
Chart 2. Surveys Indicating Maintenance Attributes





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.

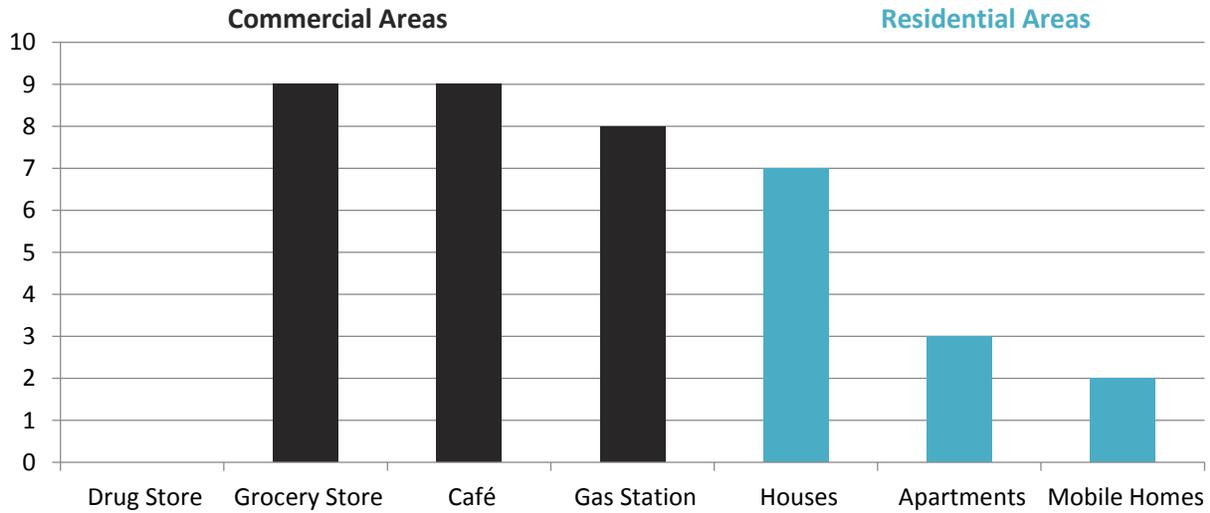
Chart 3. Surveys Indicating Exterior Amenities





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

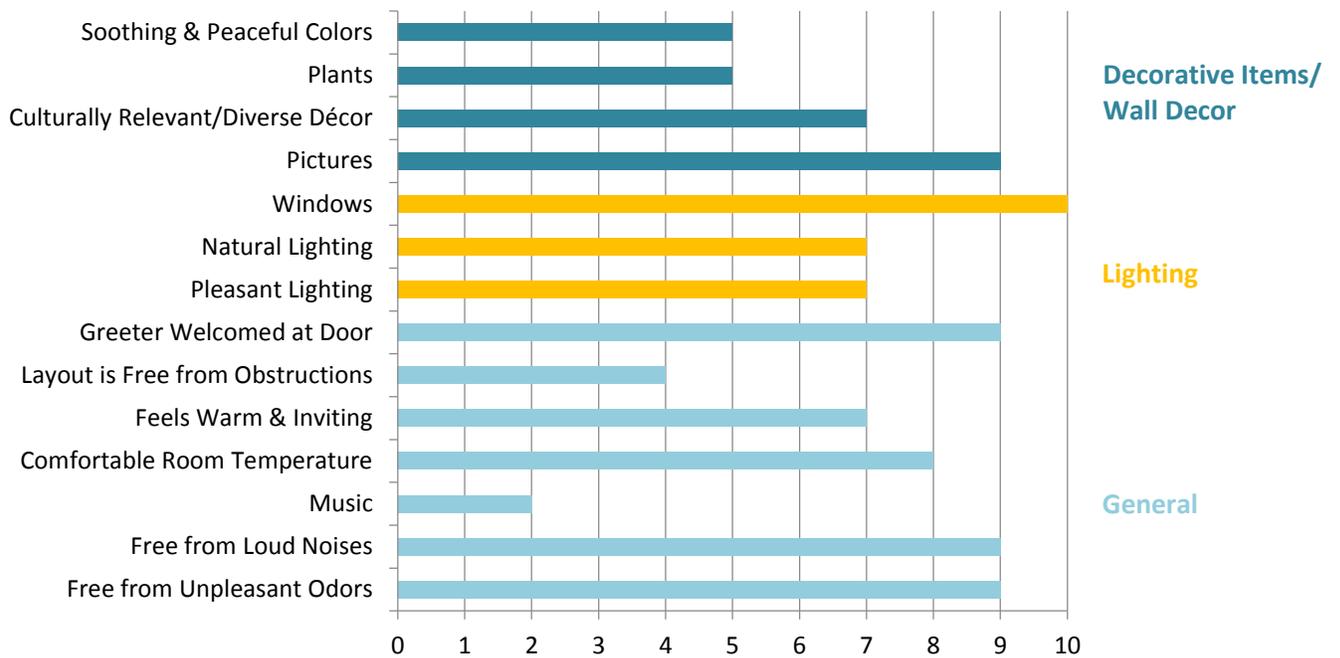




Interior Environment

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

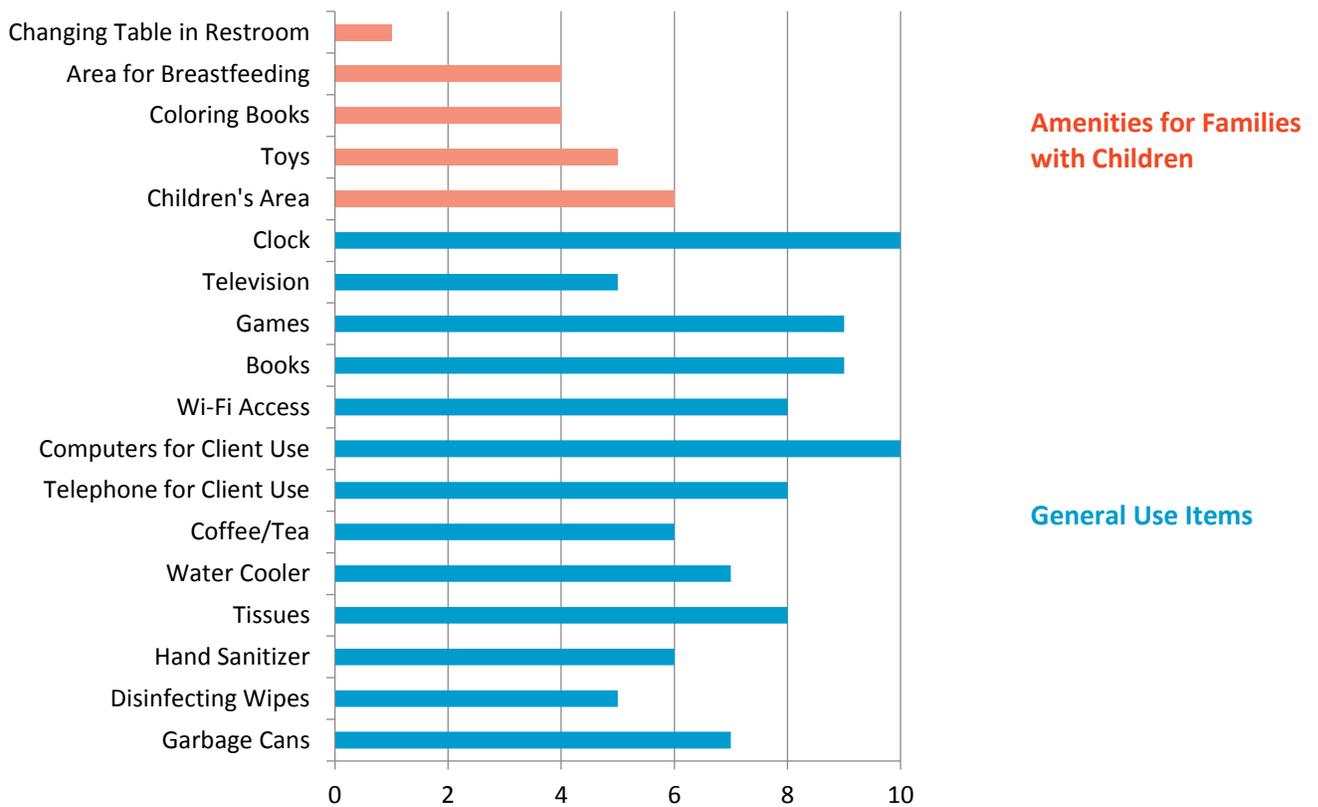


As indicated in **Chart 5**, Steering Committee members were in agreement over the presence of windows, pictures on the walls, and a greeter who welcomed them at the door. The interior areas were deemed to be free from loud noises, and unpleasant odors. During the work sessions, committee members agreed 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.

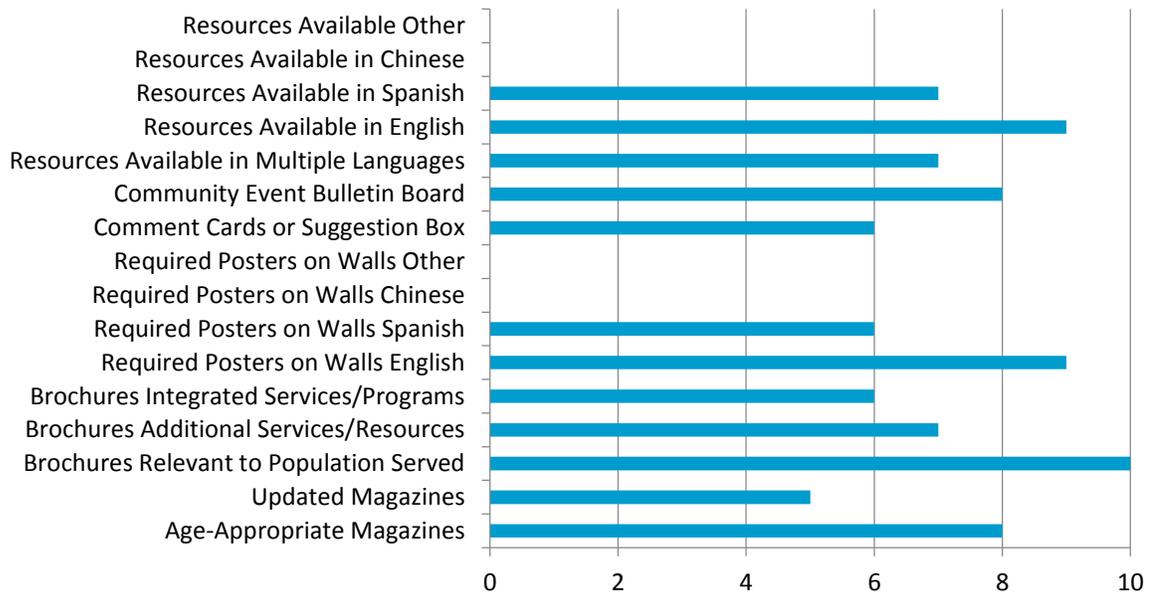
Chart 6. Surveys Indicating Amenities Present





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**).

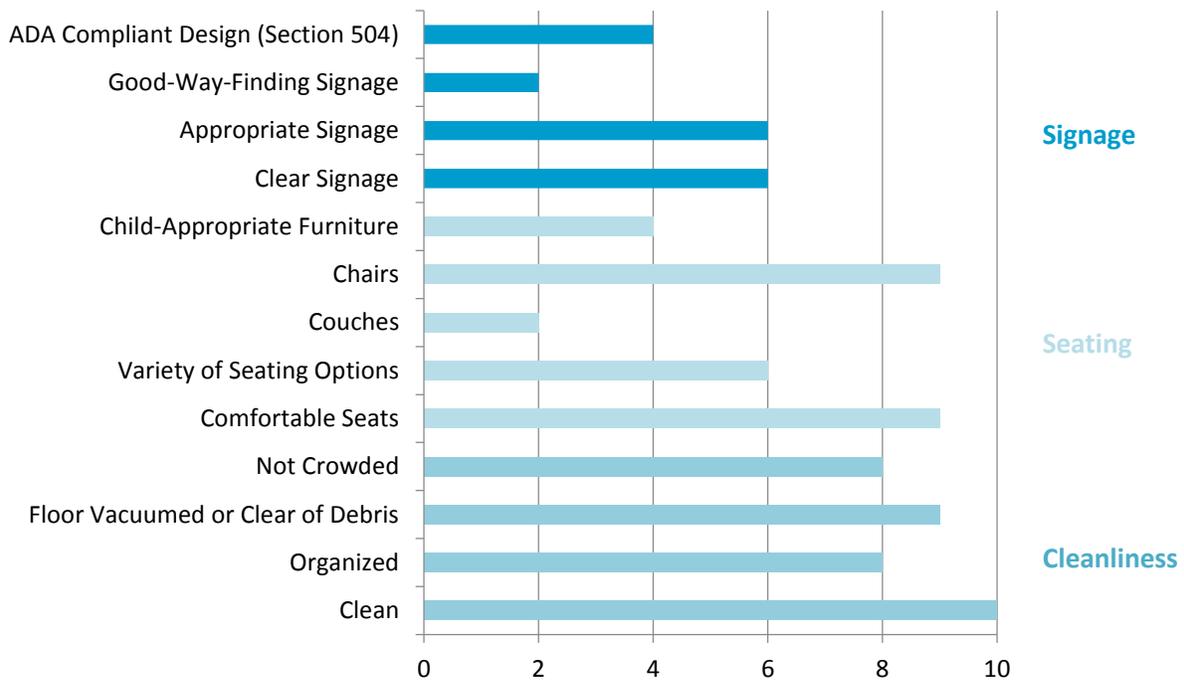
Chart 7. Surveys Indicating Available Resources





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.

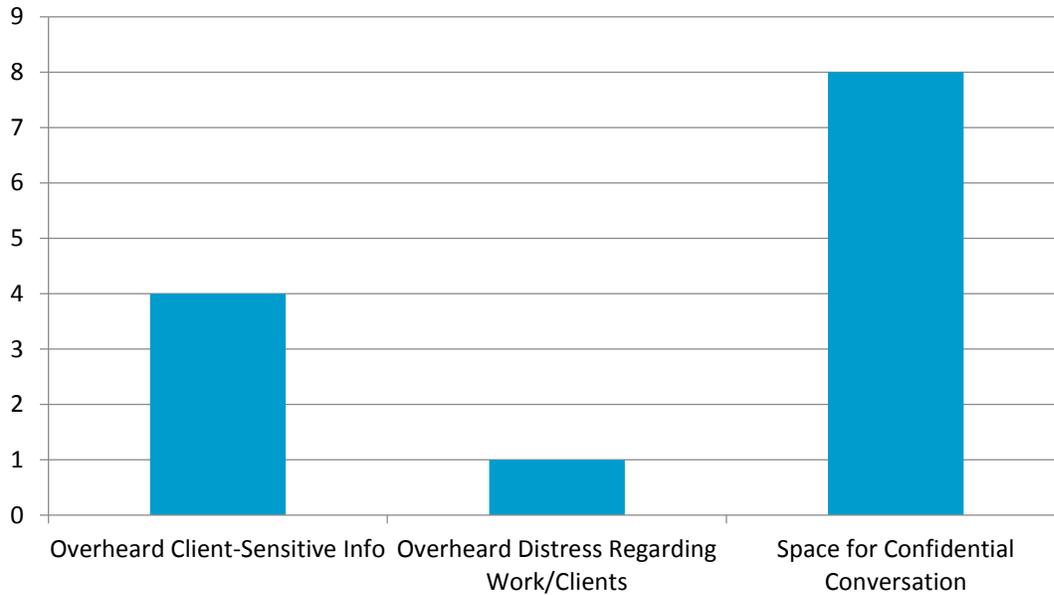
Chart 8. Surveys Indicating Interior Features





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



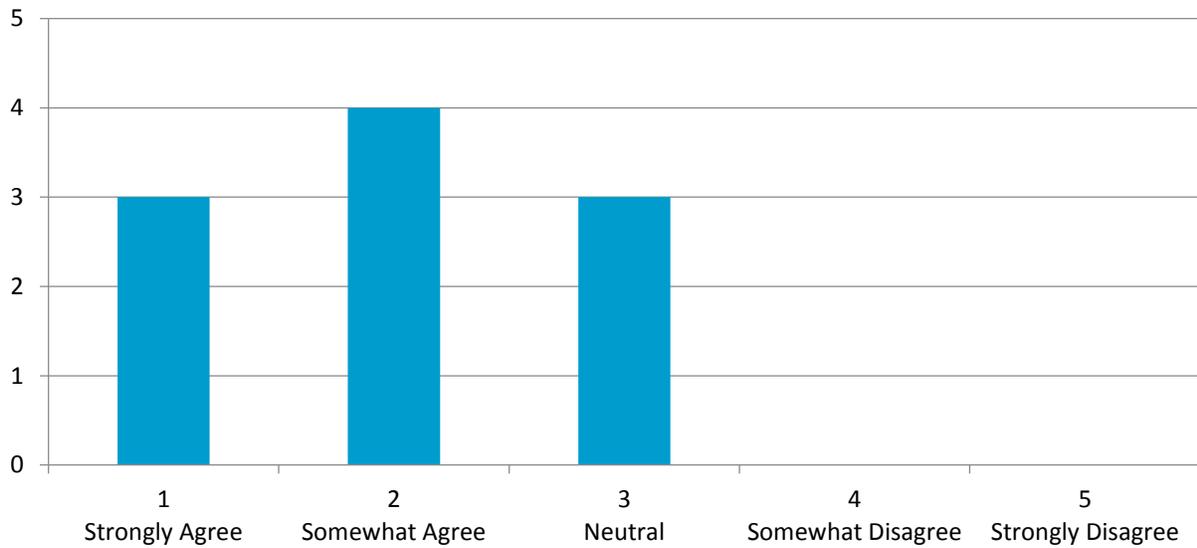


Likert Scale Charts

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**).

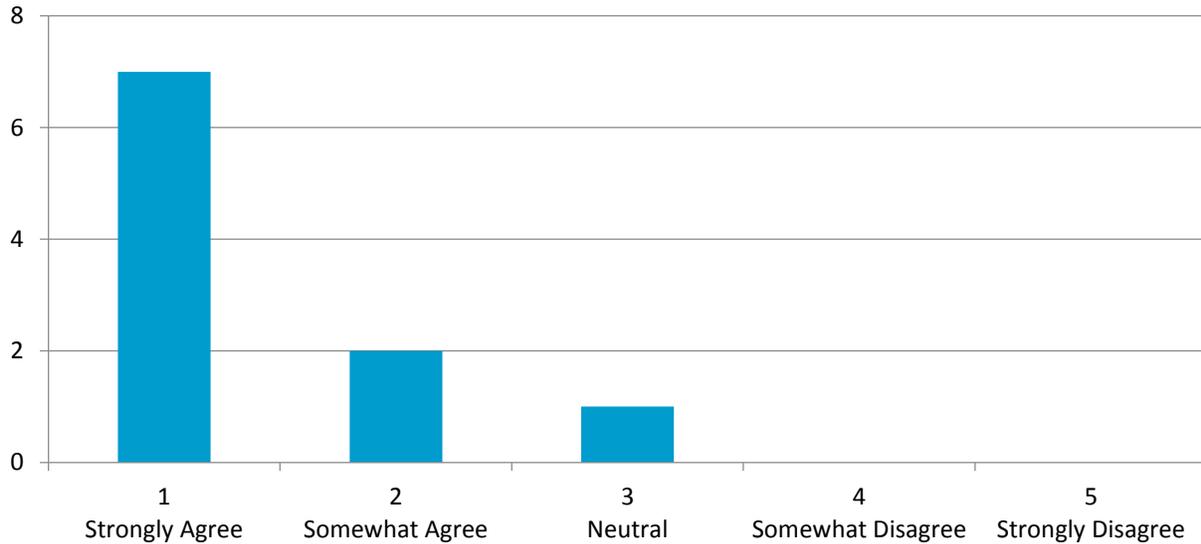
Chart 10. The interior area is welcoming.





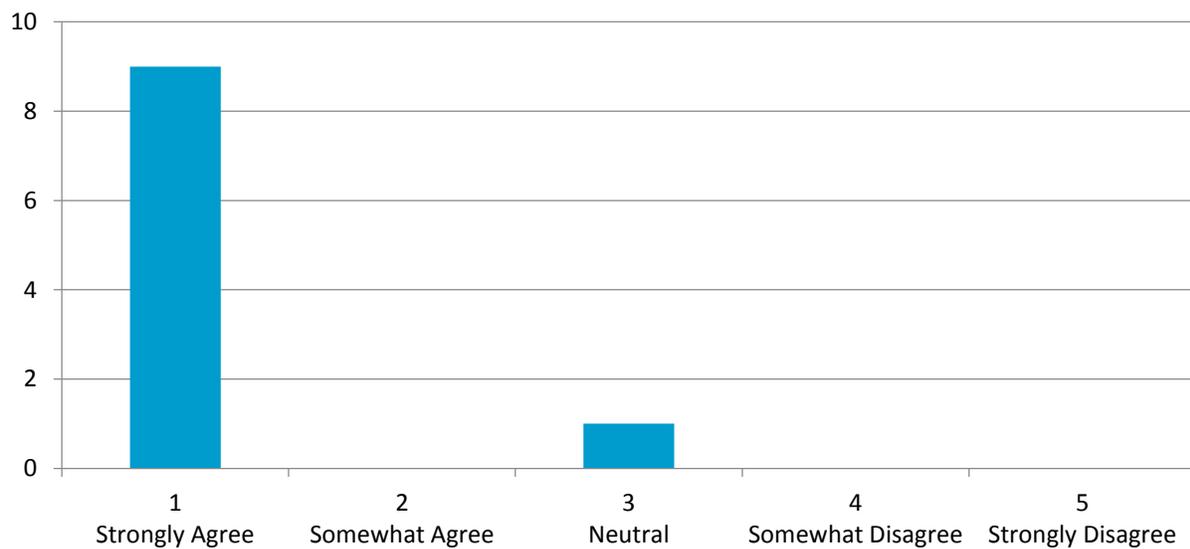
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Chart 12. The interior is well-utilized.



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

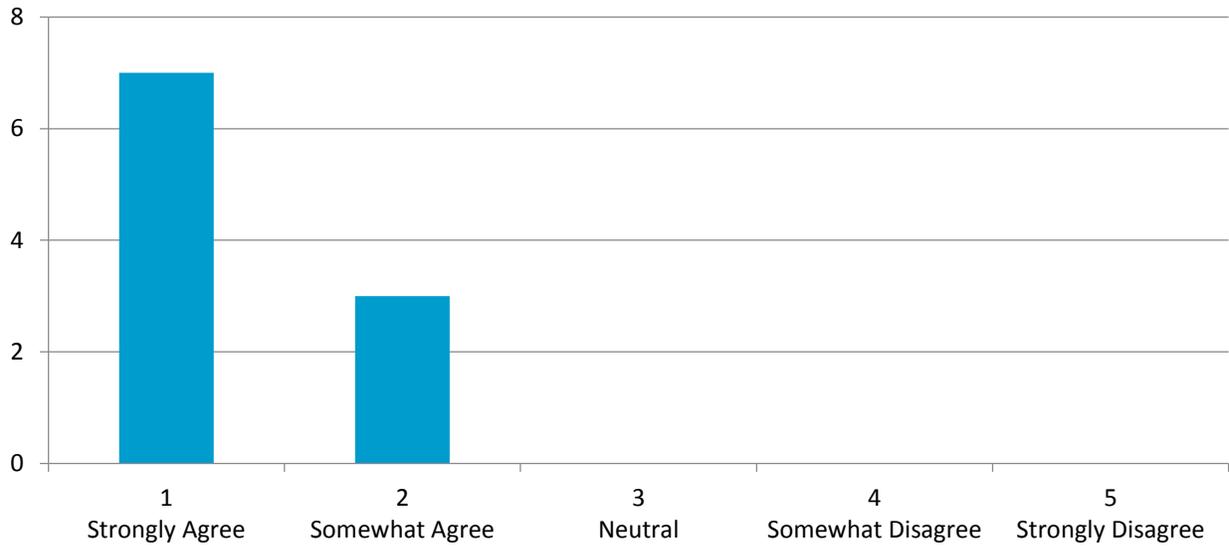
Chart 13. Consumers inside appear comfortable.





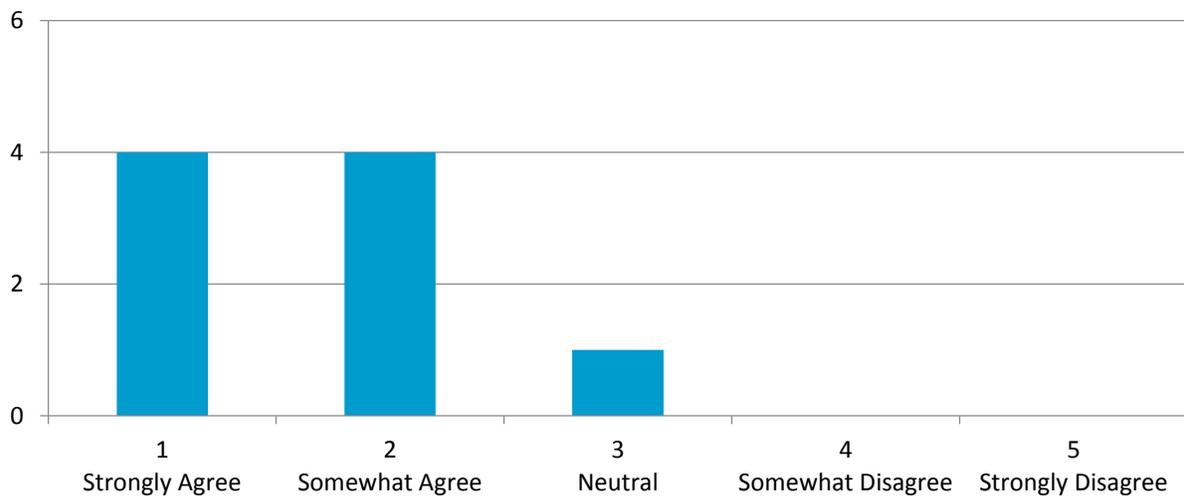
All steering committee members strongly or somewhat agreed that interior space is accommodating for behavioral health consumers (**Chart 14**).

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.





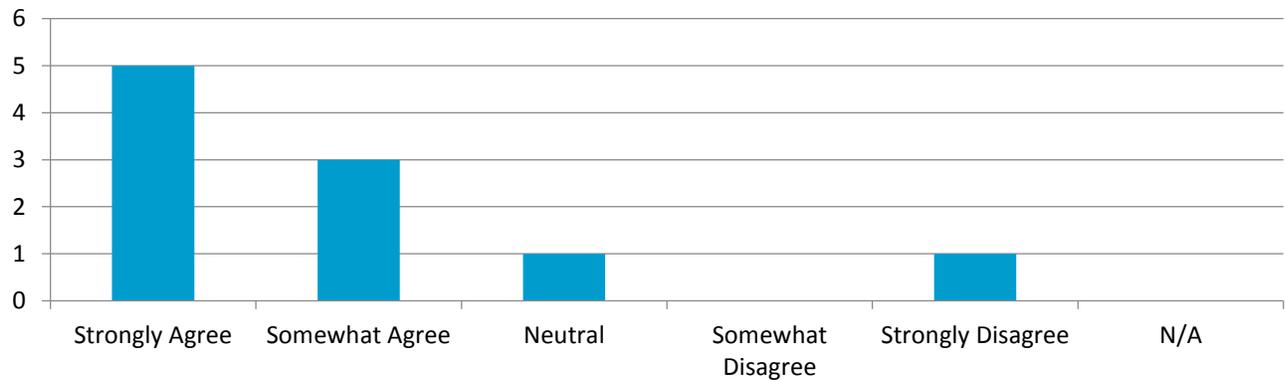
Welcoming & Engaging

Likert Scale Charts⁸

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.

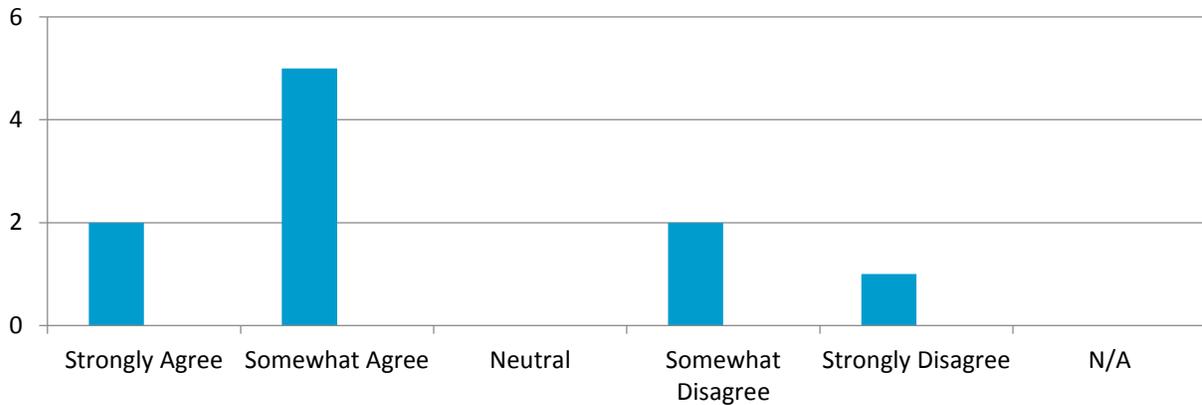


⁸ “N/A” denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



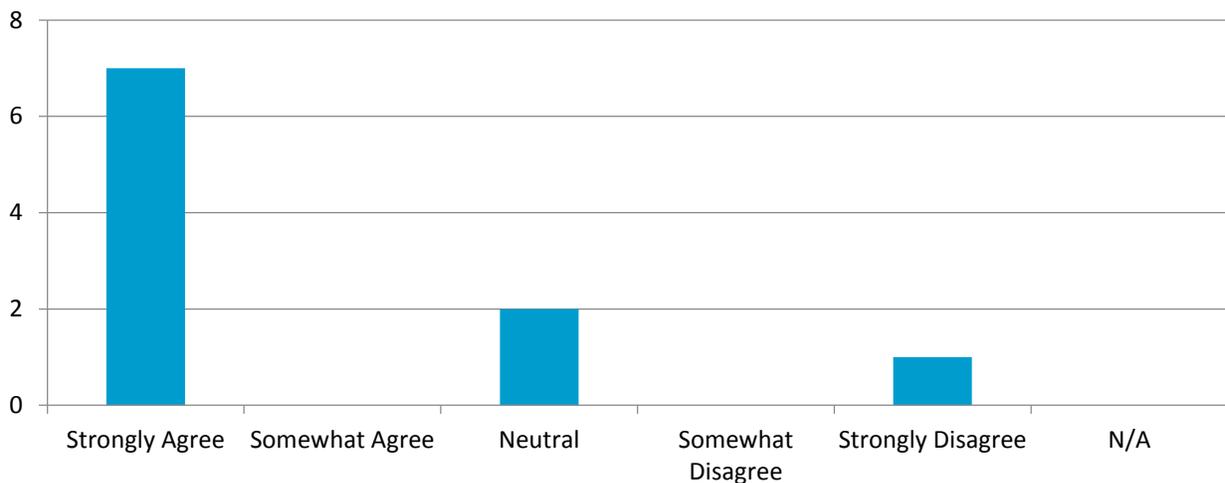
The steering committee members tended to report that they somewhat agreed that Harbor on Main had sufficient staff to meet demand for consumers (**Chart 17**). Three committee members reported that they disagreed and some committee members wrote notes indicating that The Harbor on Main was temporarily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

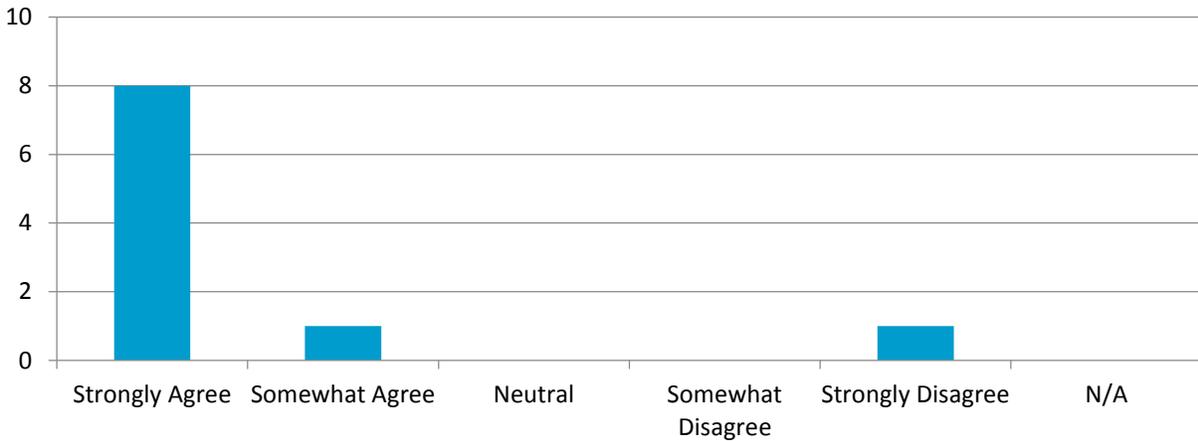
Chart 18. Staff uses positive language and tone of voice with consumers.





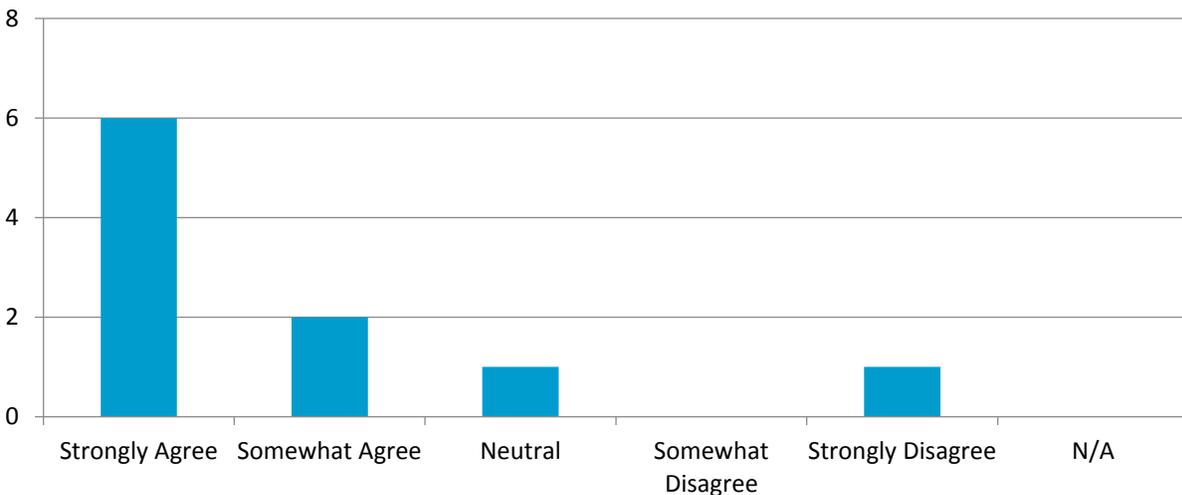
Almost all committee members strongly or somewhat agreed that the staff at Harbor on Main appear friendly (**Chart 19**).

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**).

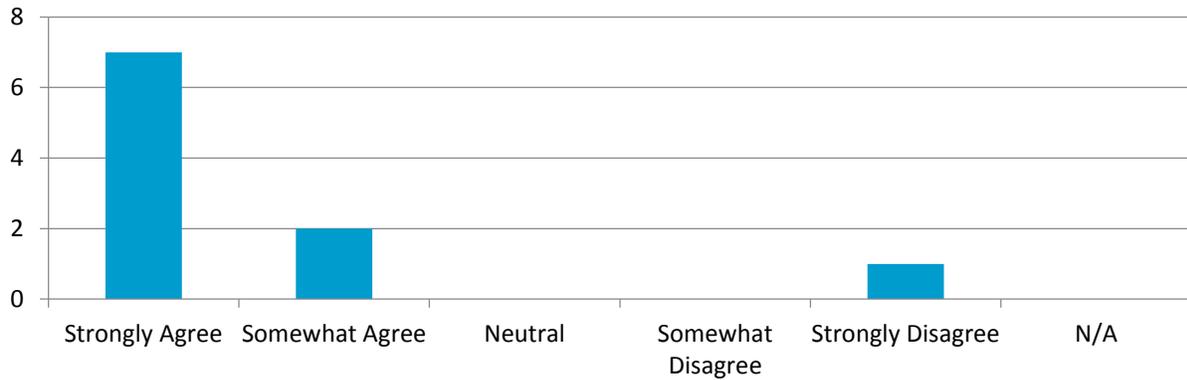
Chart 20. Staff demonstrates awareness of diverse consumer experiences and needs.





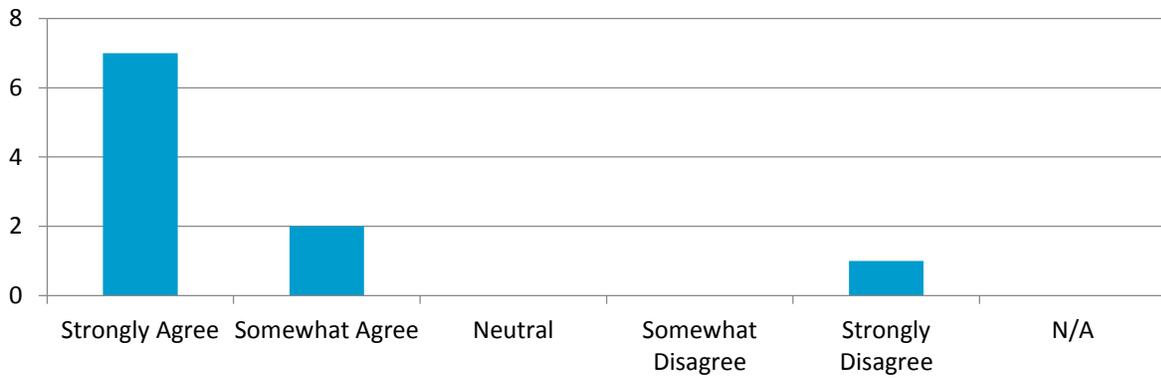
The majority of committee members strongly or somewhat agreed that staff at The Harbor on Main have an appropriate level of cultural and linguistic capacity (**Chart 21**).

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**).

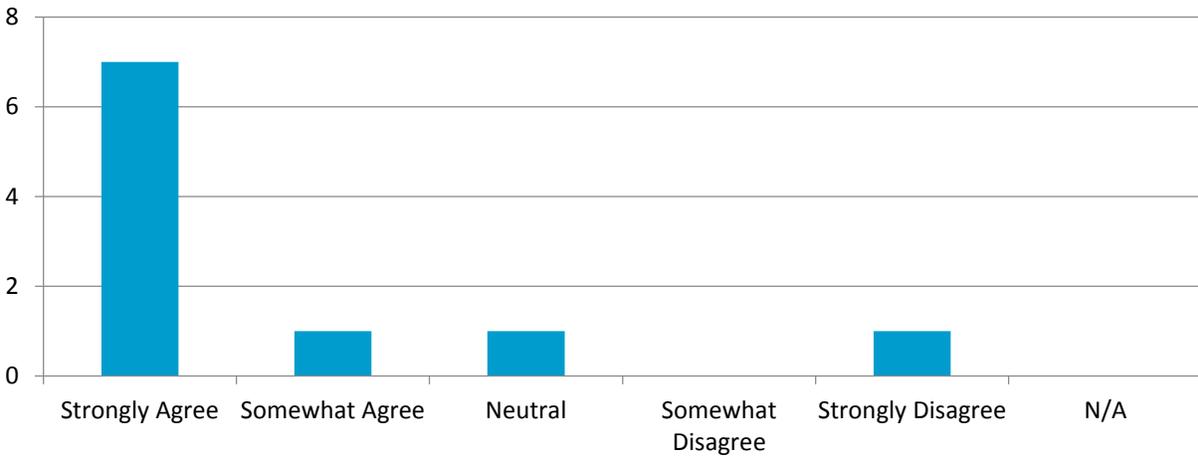
Chart 22. Staff appears excited and engaged about their jobs.





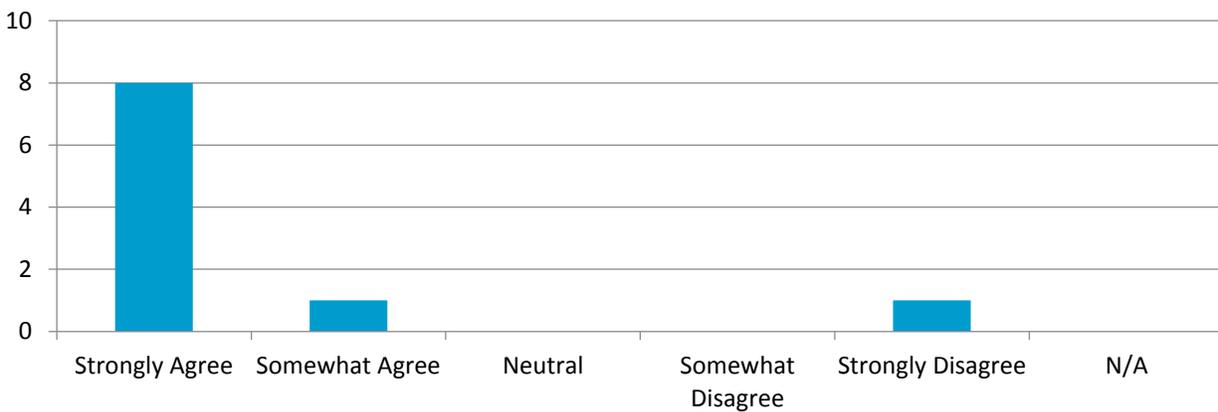
The majority of the steering committee members strongly and somewhat agreed that consumers are treated kindly by The Harbor at Main staff (**Chart 23**).

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.



Site Visit Assessment Recommendations: Circle of Native Minds

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 MHSAs 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.⁹ 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.

⁹ 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

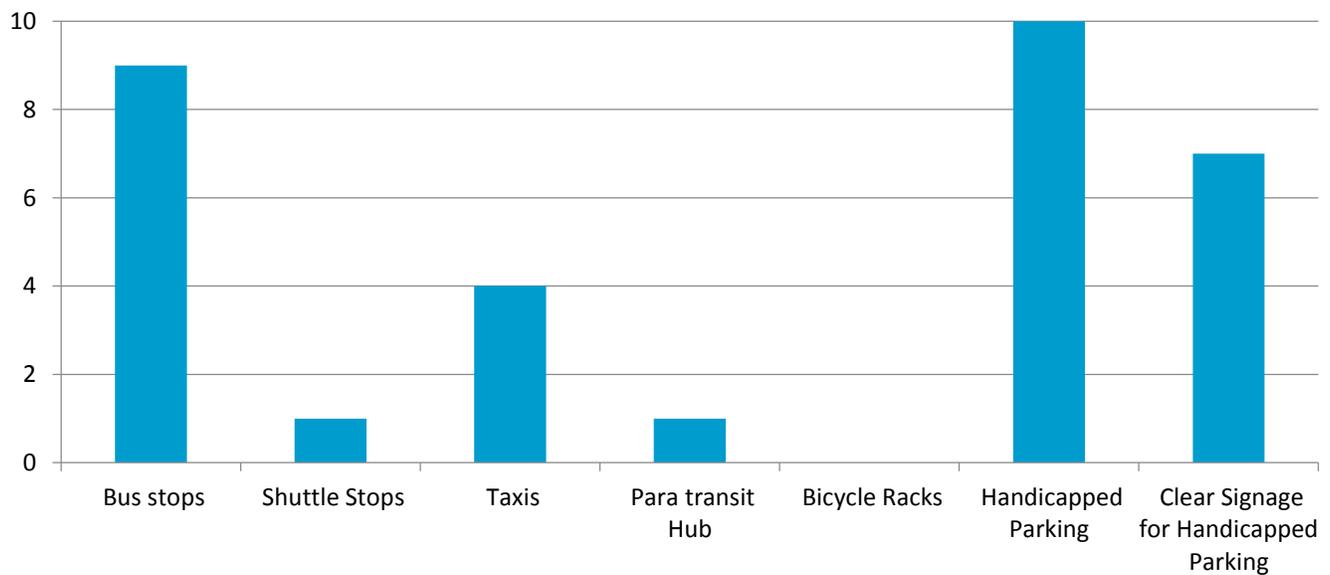
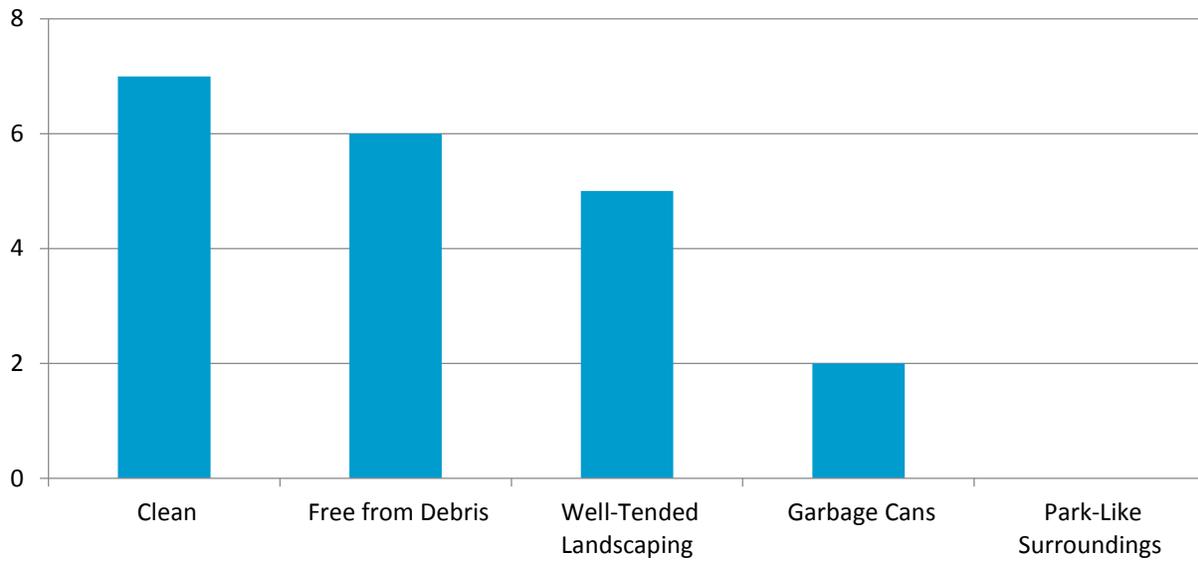




Chart 2 indicates overwhelming agreement that the exterior environment of the Circle of Native Minds was well-maintained, clean, and free from debris. In the committee work sessions, it was noted that the landscaping is well-tended (and it is also new) and there are future plans to enhance the landscaping 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.

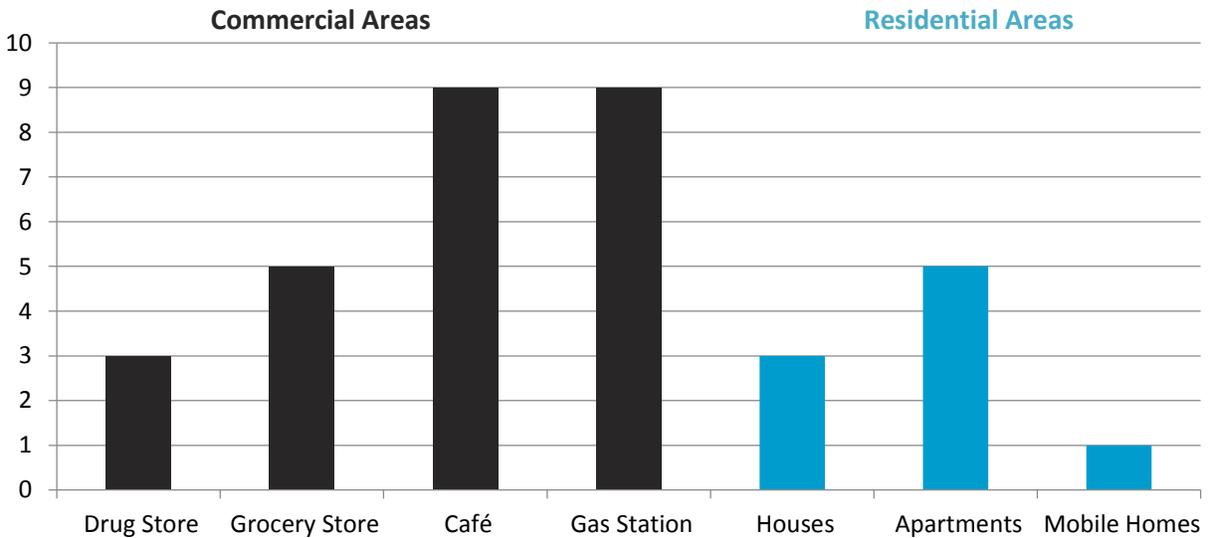
Chart 3. Surveys Indicating Exterior Amenities





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

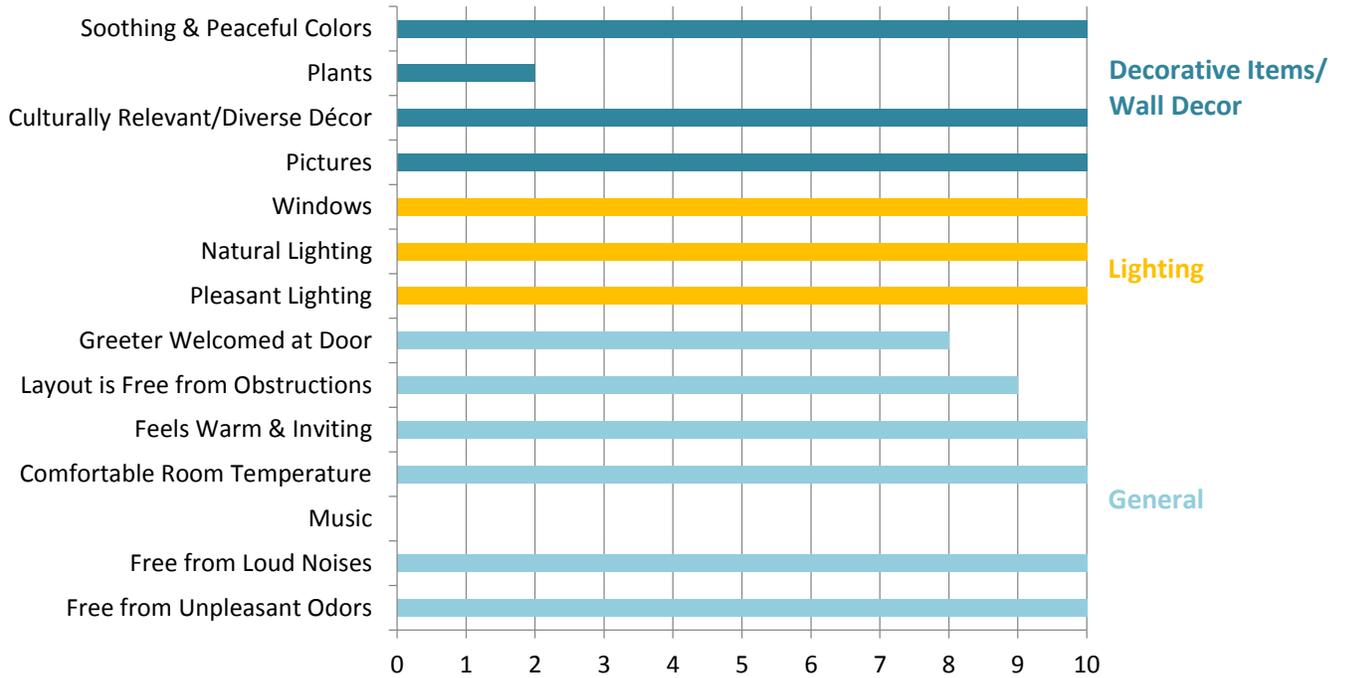




Interior Environment

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

Chart 5. Surveys Indicating Ambiance Conditions/Items

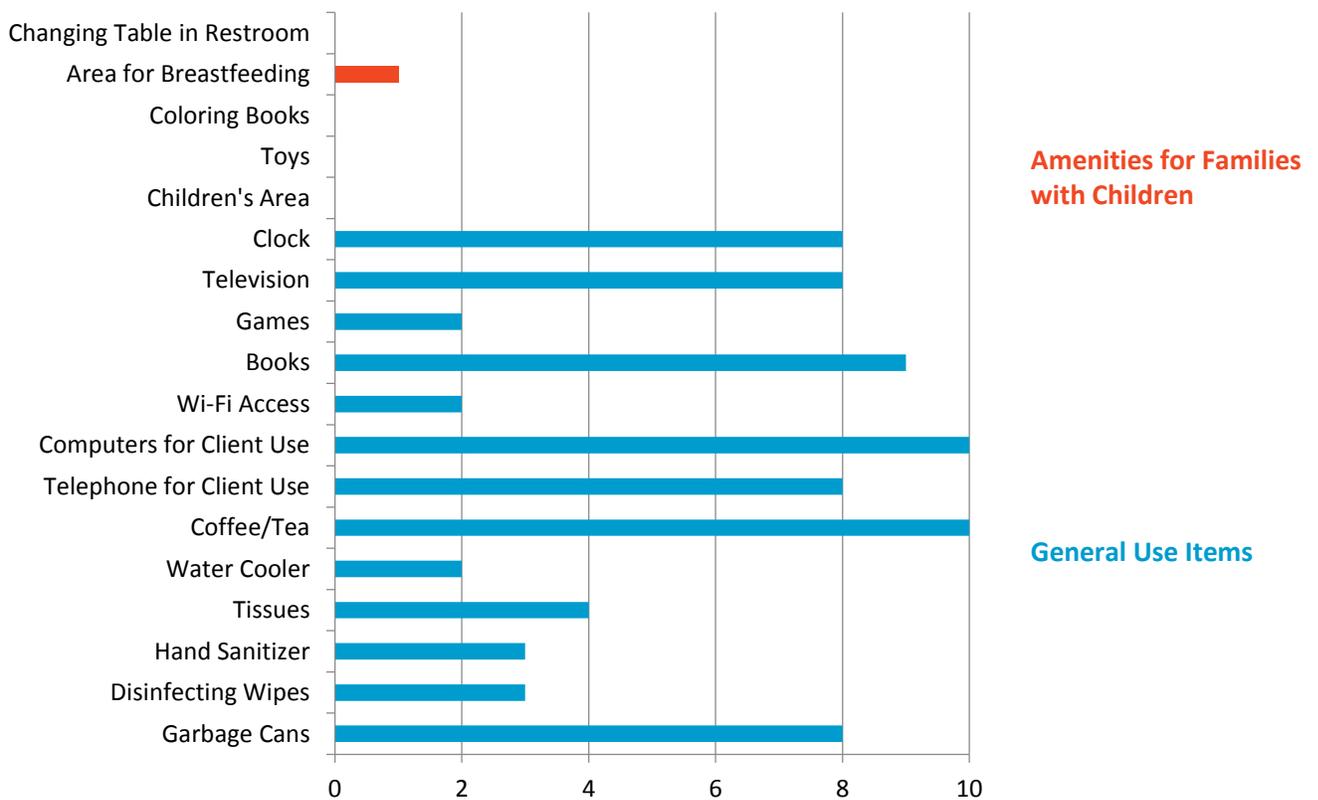


As indicated in **Chart 5**, Steering Committee members were in overwhelming agreement on the presence of amenities that enhance the welcoming and recovery orientation of the Circle of Native Minds. All of the committee members agreed on the presence of culturally relevant/diverse décor, pictures, windows, 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 work sessions, 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.

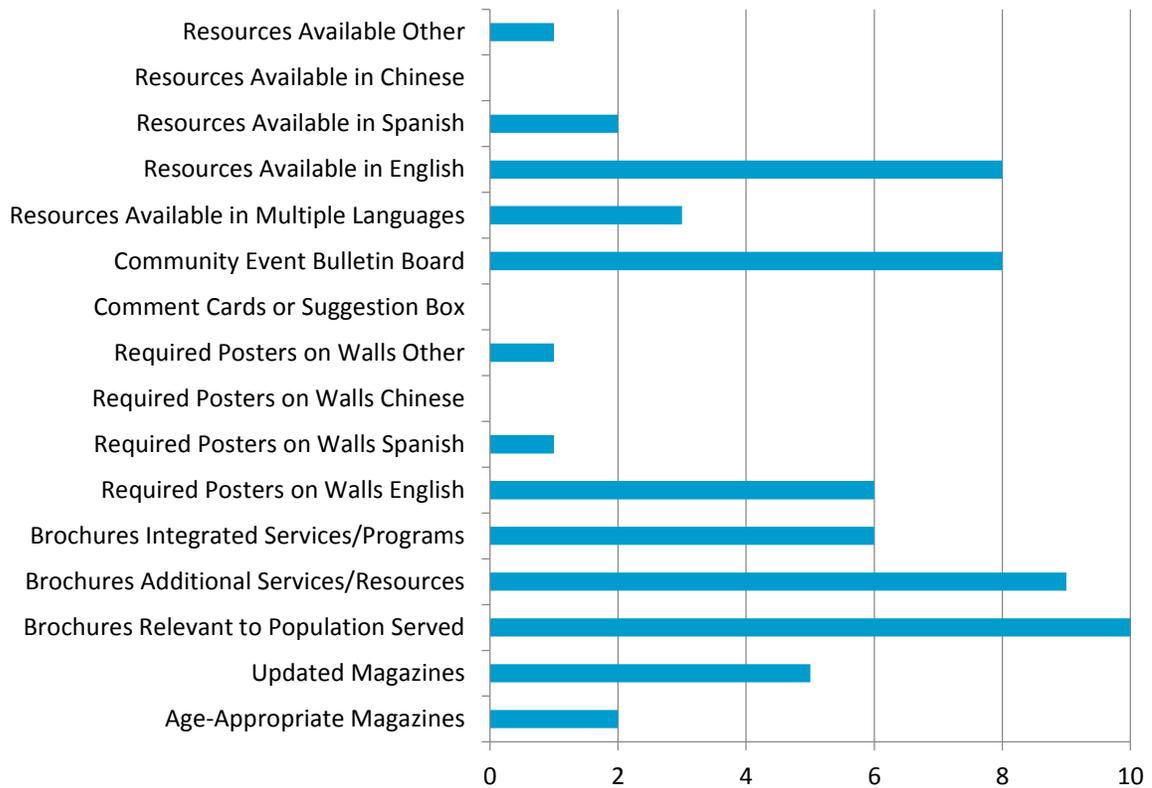
Chart 6. Surveys Indicating Amenities Present





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**).

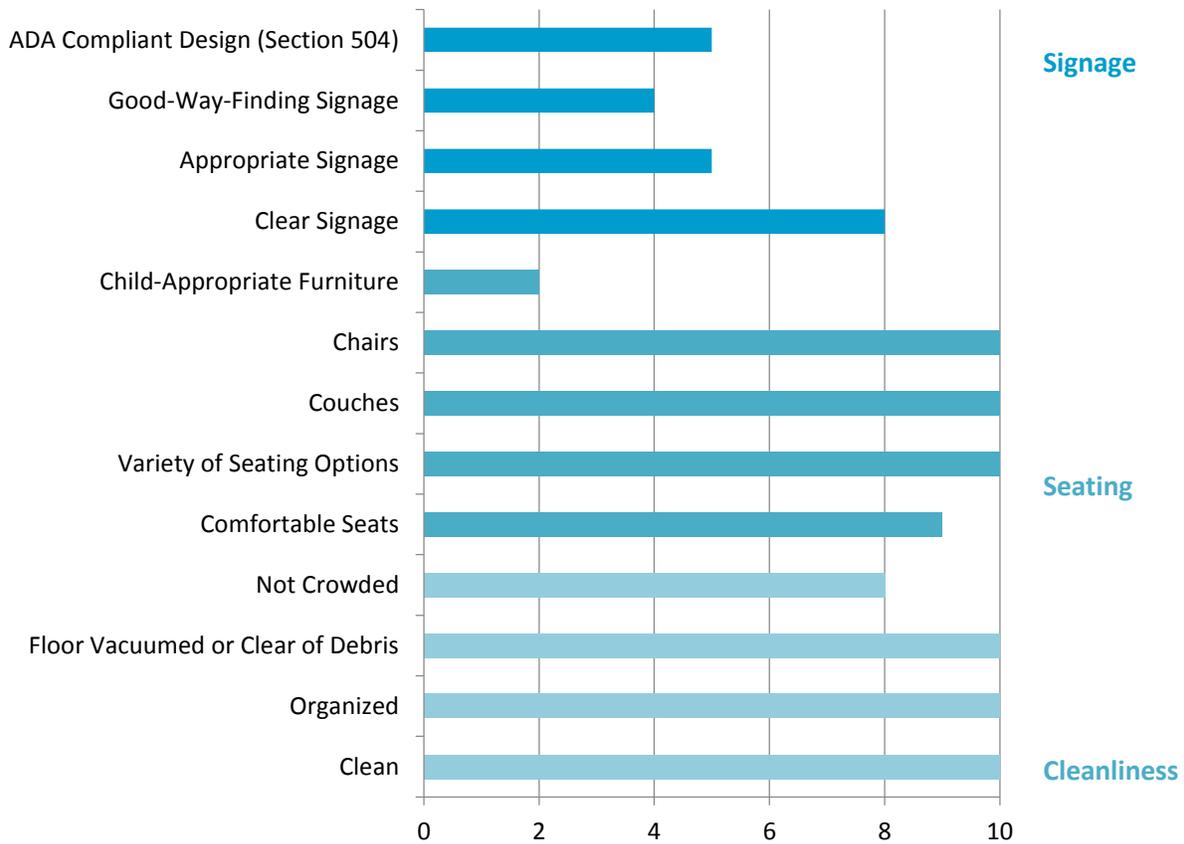
Chart 7. Surveys Indicating Available Resources





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.

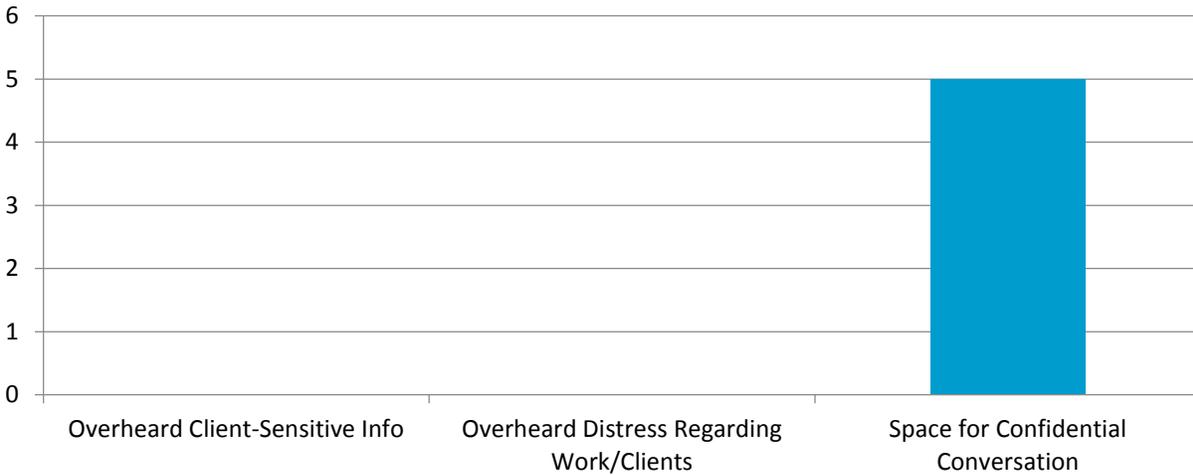
Chart 8. Surveys Indicating Interior Environment Features





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

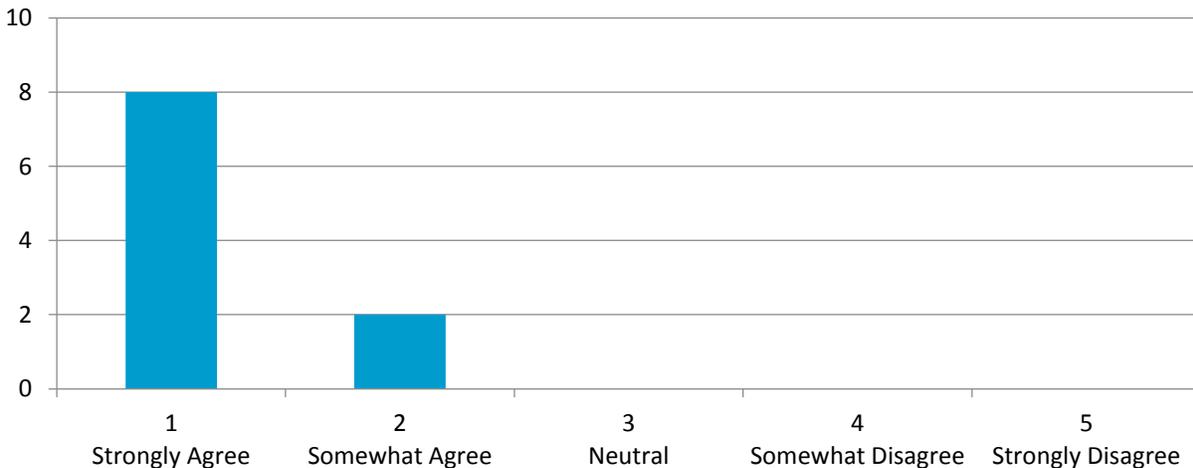


Likert Scale Charts

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**).

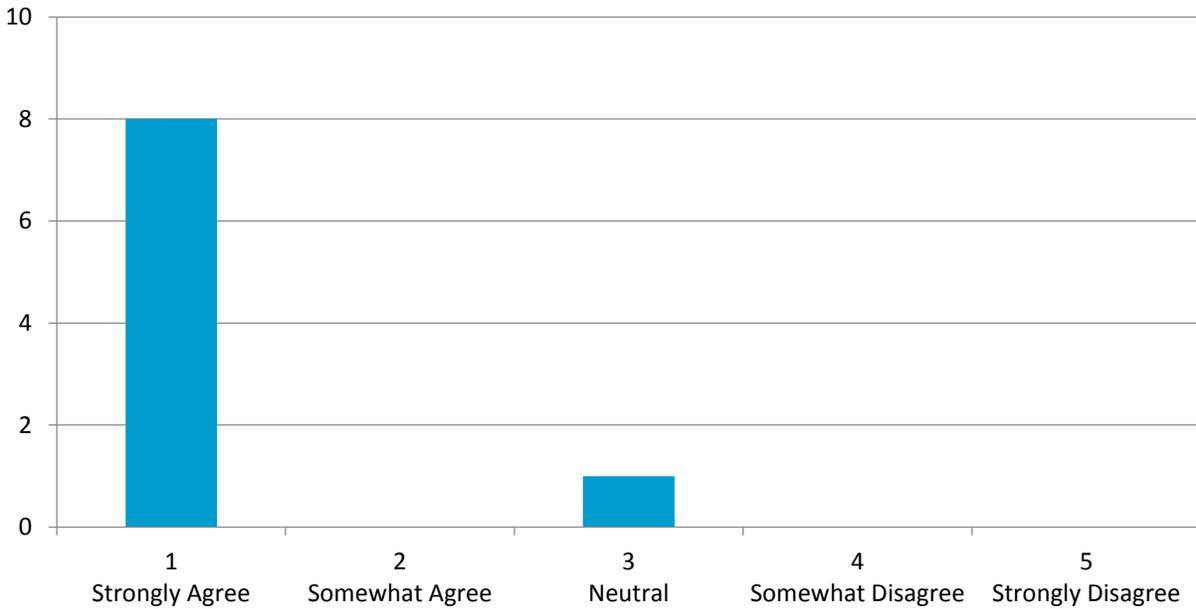
Chart 10. The interior space is welcoming.





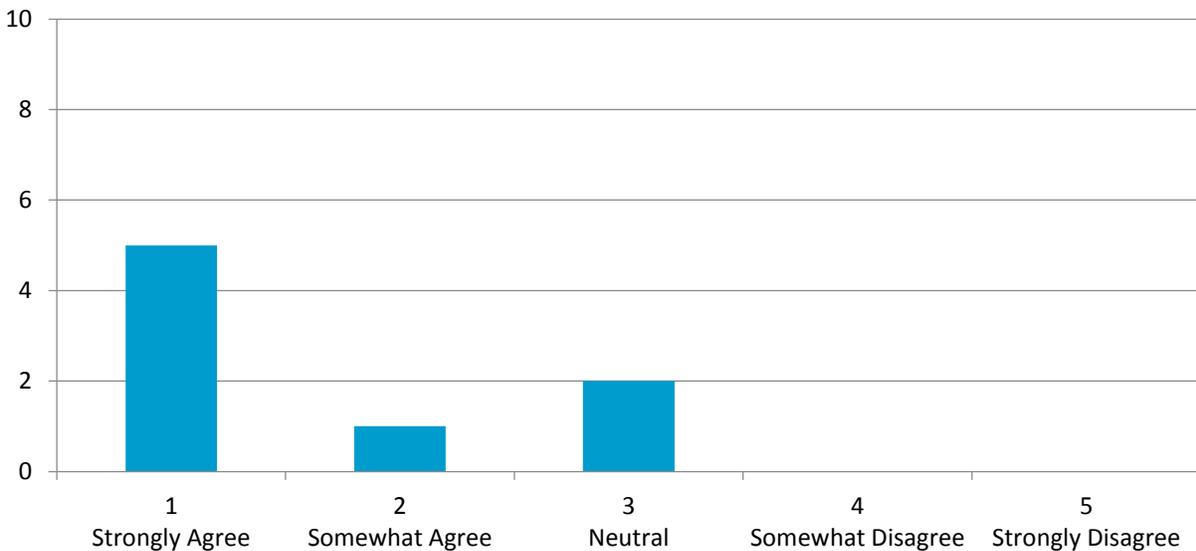
The committee also strongly agreed that the interior space is well utilized, with one committee member remaining neutral (**Chart 11**).

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.”

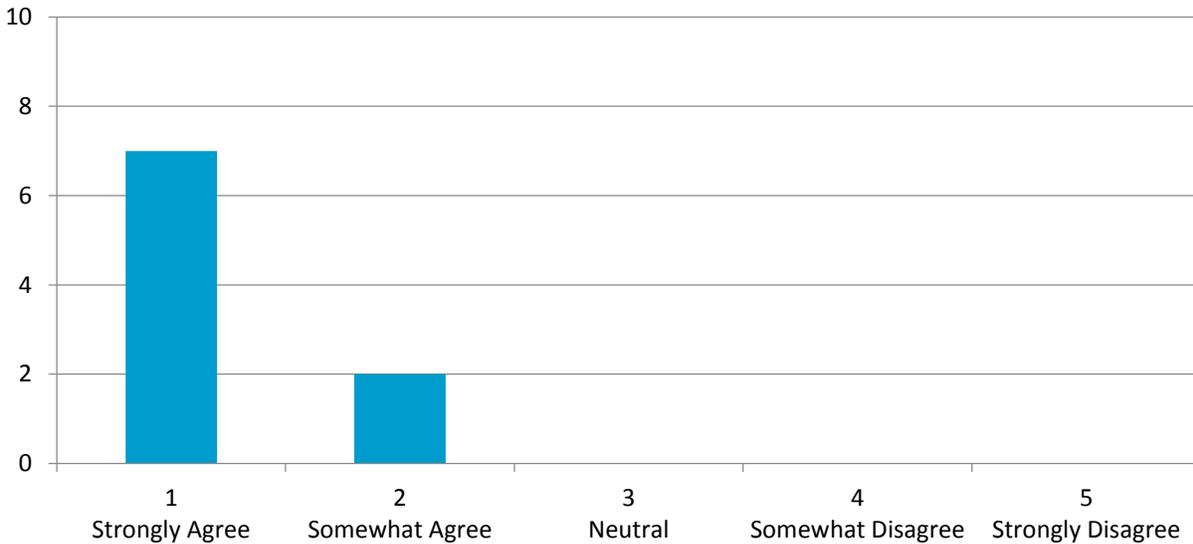
Chart 12. Consumers inside appear comfortable.





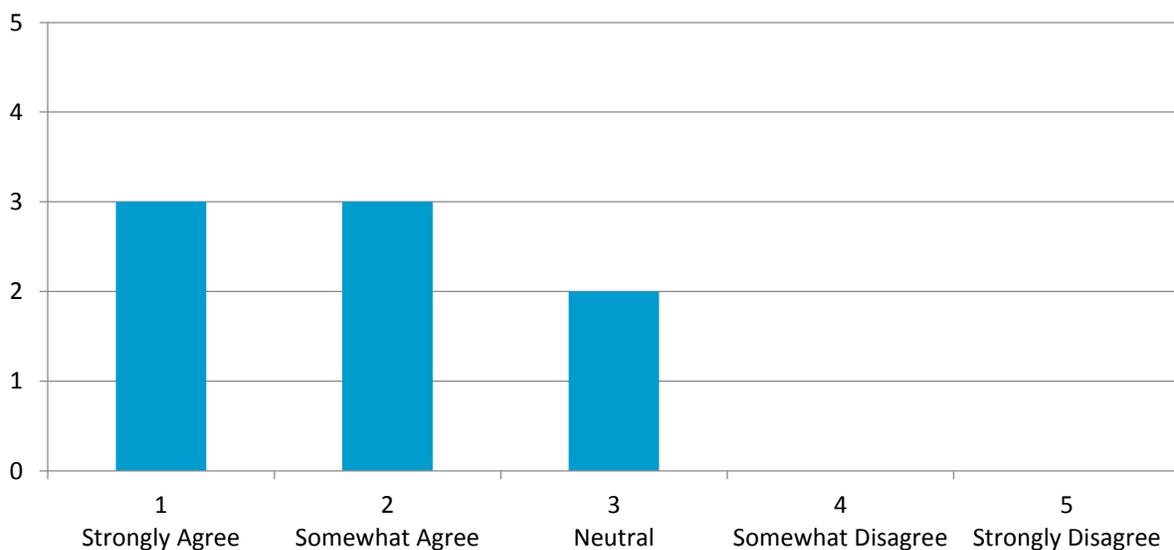
The committee was resolute in assessing that the Circle of Native Minds is accommodating to behavioral health consumers (**Chart 13**).

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 work sessions, 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.



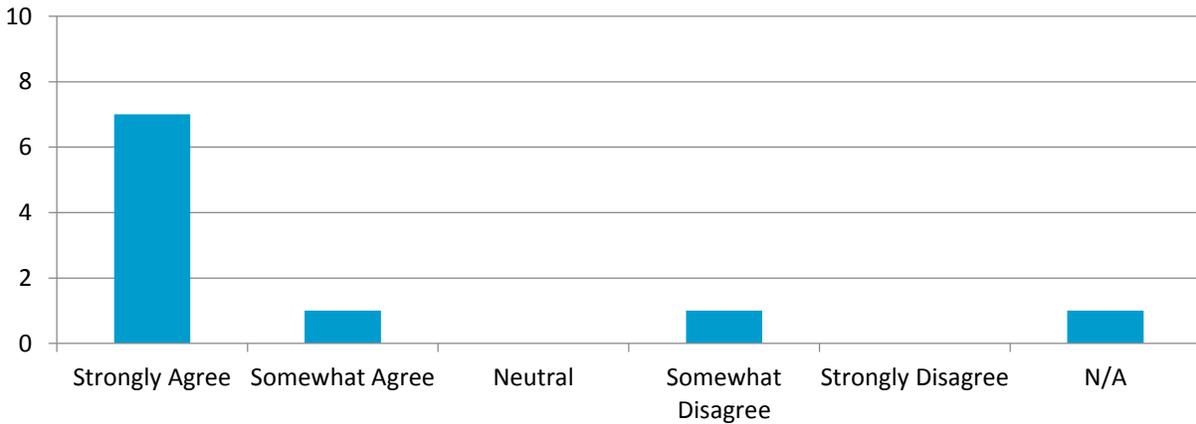


Welcoming & Engagement

Likert Scale Charts¹⁰

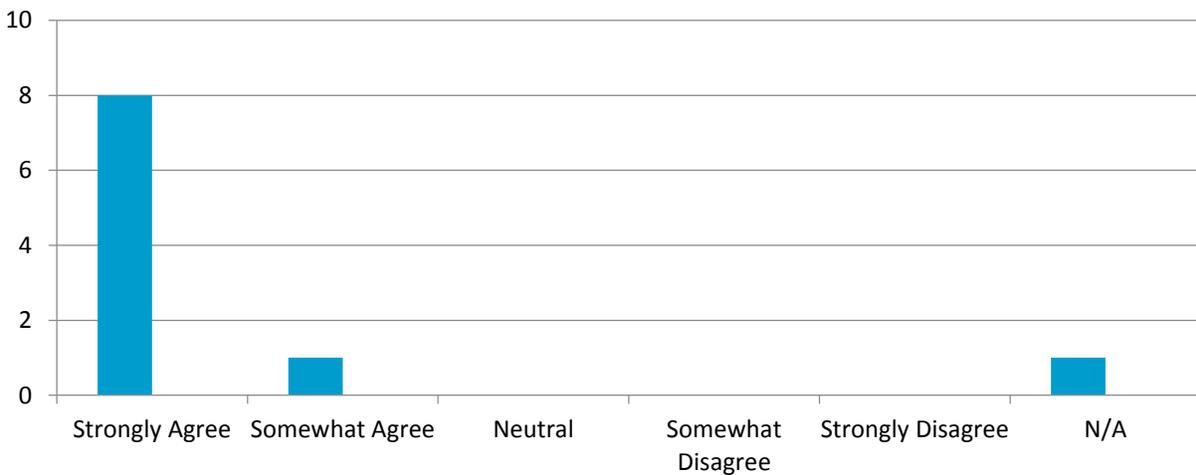
Committee members also answered a series of Likert scale questions on their perception of the Wellness Center staff. With the exception of two surveys, they all agreed that the entrance is easy to find and accessible (**Chart 15**).

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.

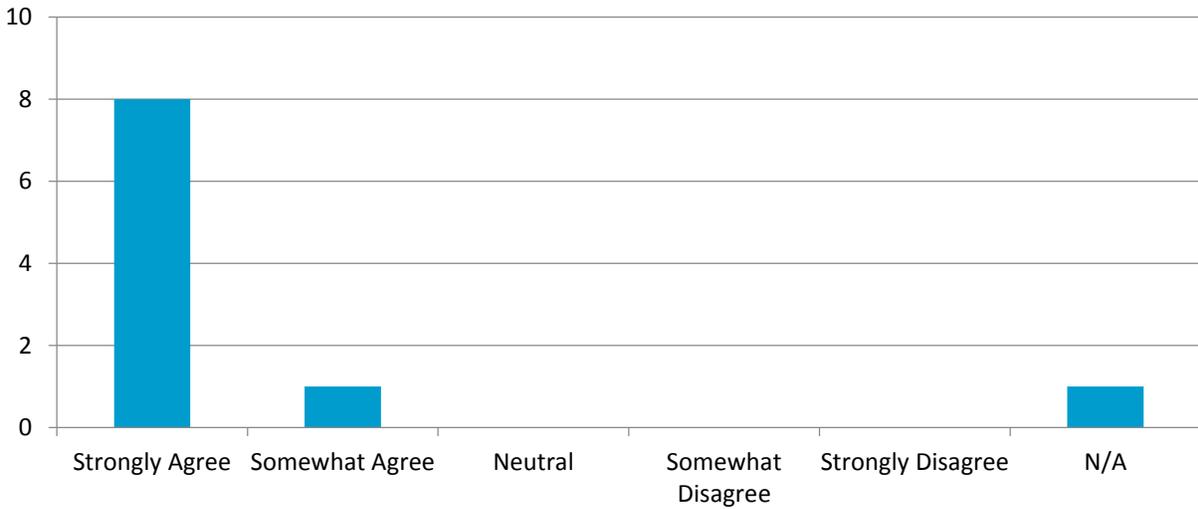


¹⁰ "N/A" denotes responses from committee members who left a blank or did not respond to the particular assessment criteria.



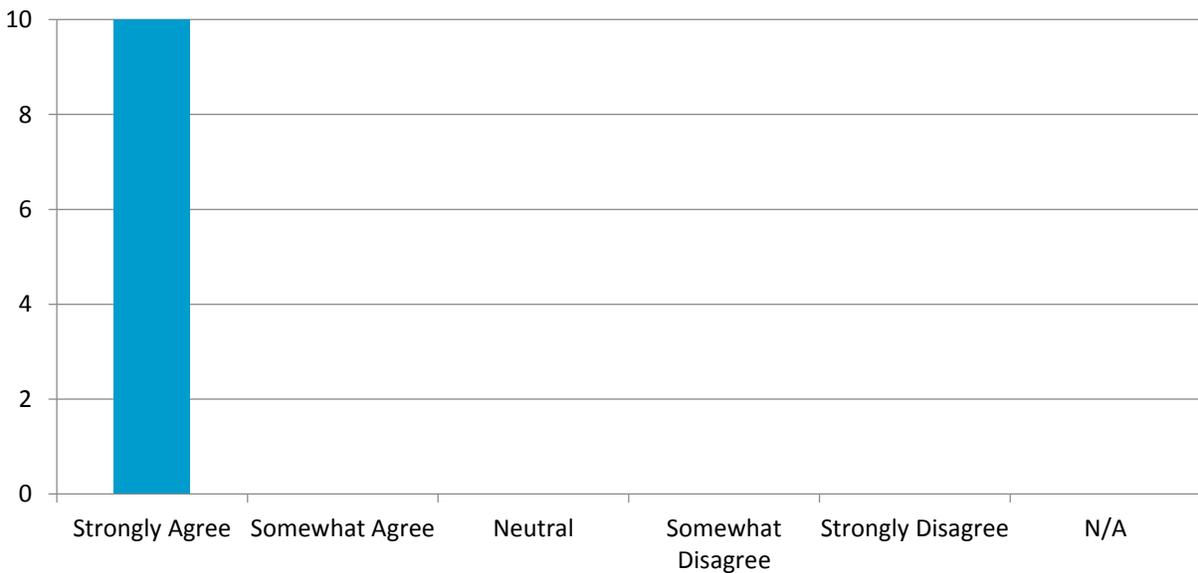
The committee agreed on staff use of positive language and tone of voice when speaking with consumers (Chart 17). Only ones felt neutral.

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.

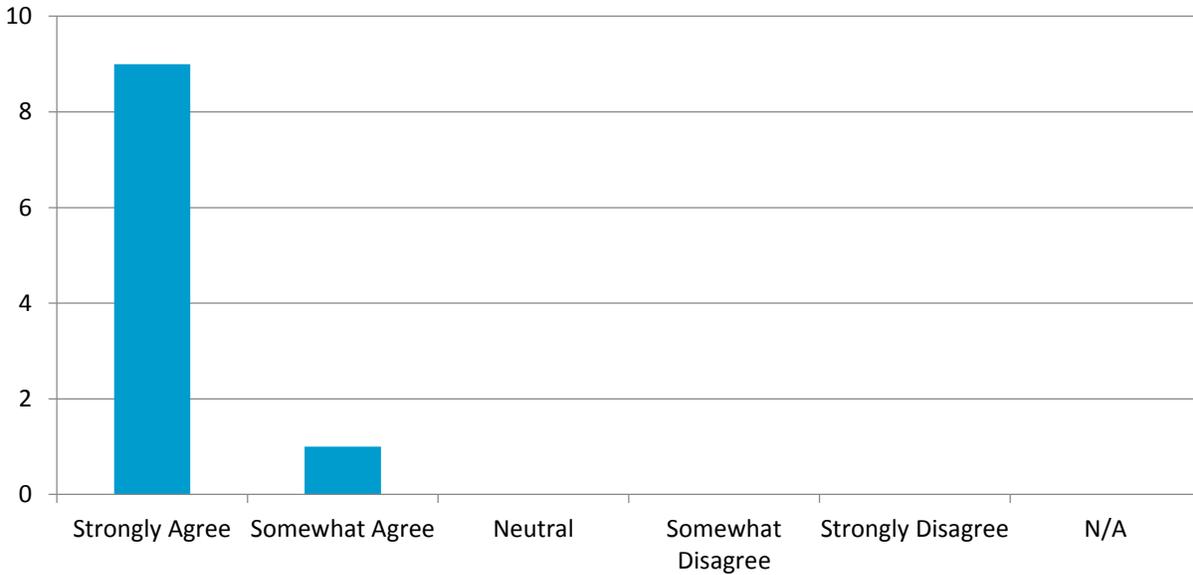
Chart 18. Staff appears friendly.





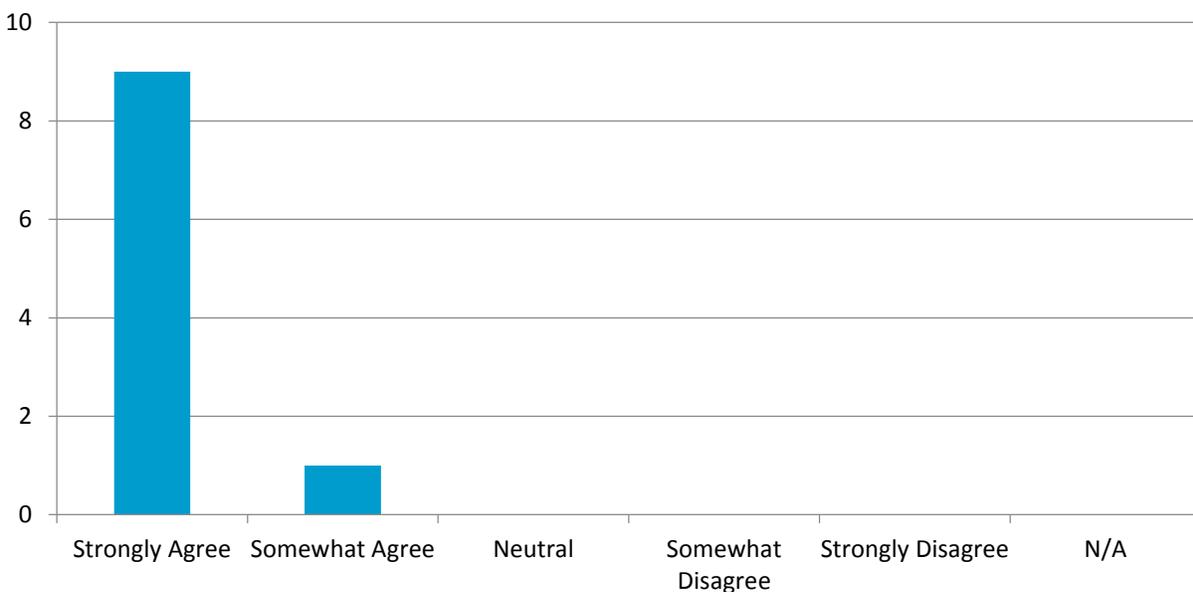
Committee members all agreed that staff demonstrated awareness of diverse consumer experiences and needs (Chart 19).

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).

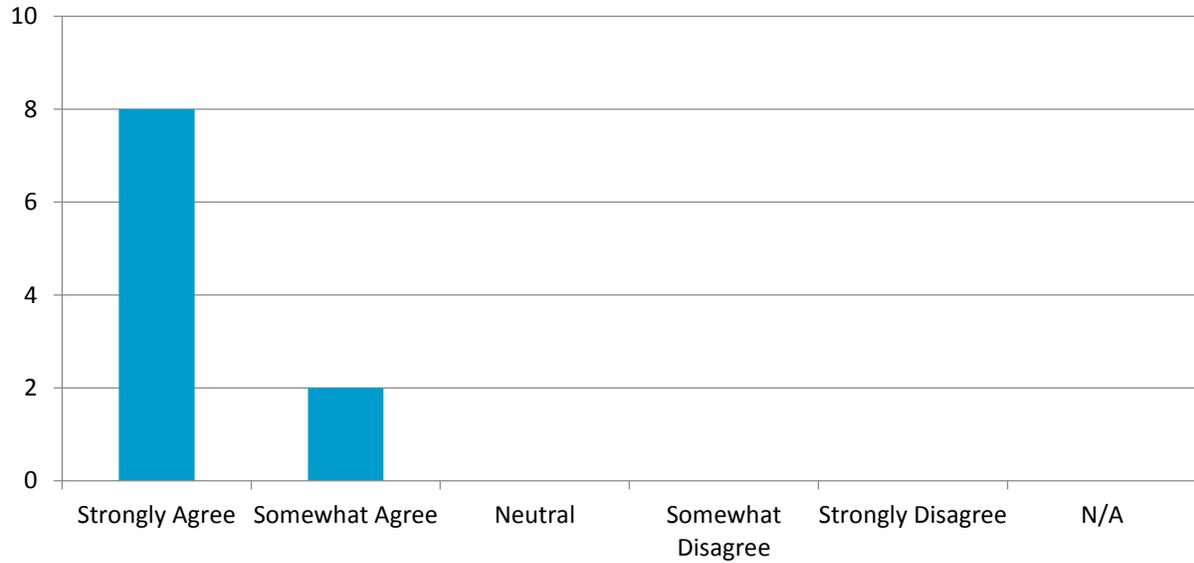
Chart 20. Staff appears to have an appropriate level of cultural and linguistic capacity.





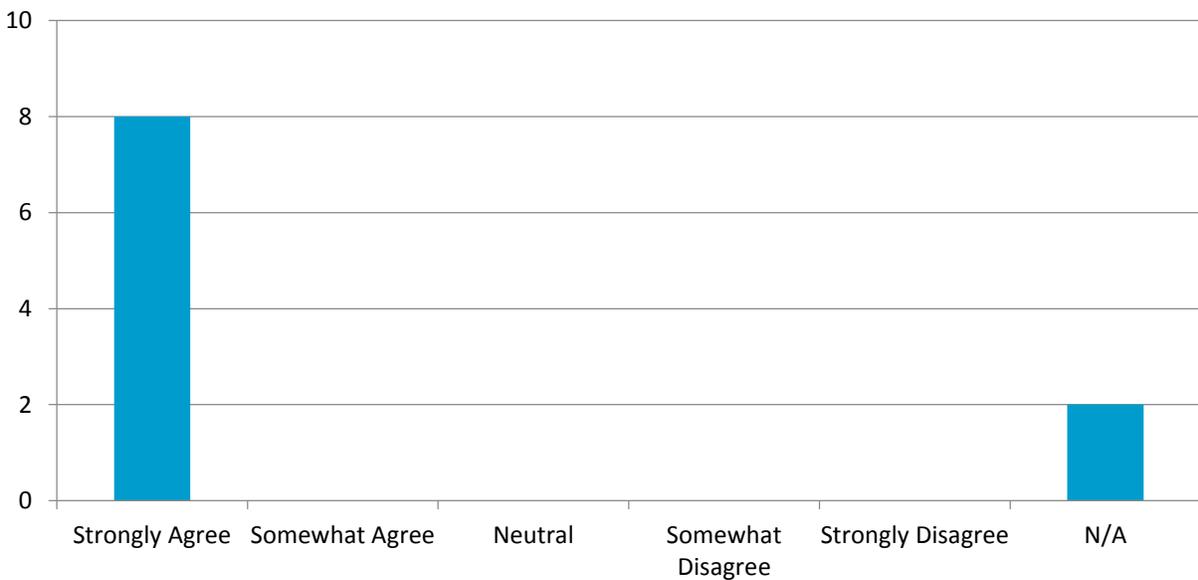
And again, all committee members agreed that staff appeared excited and engaged about their jobs (**Chart 21**).

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.

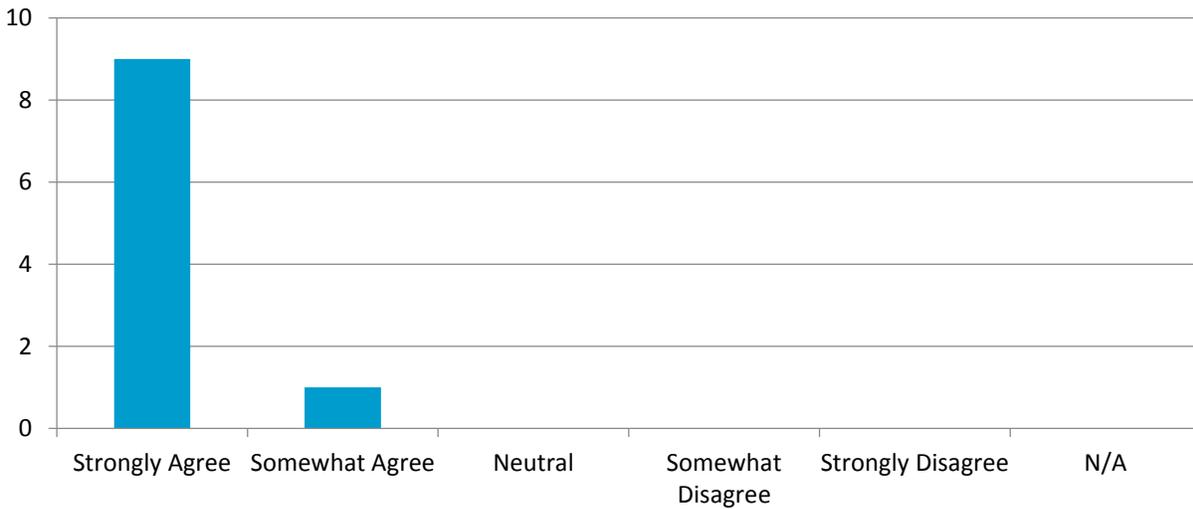


All of the committee members agreed that staff is informative and equipped to answer questions that arise from clients (**Chart 23**).





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.
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.



Appendices



Appendix A: Status of Recommendations to LCBH

Recommendations Status Table South Shore Clinic		
Domain	Description	Status
Exterior		
1.	Add signage for the clinic directly off the highway	Done
2.	Add main sign specifying the South Shore Clinic as Lake County Behavioral Health	Working on design
3.	Add signs that clearly mark direction toward bus stops	Lake Transit responsibility
4.	Add landscaping before winter	Will discuss
5.	Add bus stop signs and shelters	Lake Transit will not do this
6.	Add bicycle racks	In progress
7.	Work with local transit agency, Lake Transit, to address access issues to both the Courthouse and South Shore Clinic <ul style="list-style-type: none"> Prioritize the need for a bus hub/turnaround that serves both sites 	In discussion
8.	Add seating areas, including shaded seating and a designated area for smoking	Working with architect for building expansion and amenities
9.	Add better lighting	Working with Buildings Department
10.	Clean the exterior of the building during building modifications	Working with Buildings Department
11.	Add pedestrian-friendly amenities such as a landscaped walkway leading to the clinic	In Progress
12.	Add sidewalks and gutters where there are gaps	During Renovation Project
13.	Add a nature walk as a respite area for clients	Future Project
Waiting Room		
14.	Choose a soothing, warm, and inviting color palette for the waiting area	Designing new waiting room with architect
15.	Add ambient music at a low decibel level that is subtle and agreeable or incorporate nature or soothing sounds	Not doing
16.	Add indoor plants that require little maintenance	Not doing
17.	Make the availability of WiFi apparent to individuals in the waiting room	Done



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18.	Add pictures, posters, inspirational slogans, and culturally relevant décor	No wall space currently
19.	Provide space for a mural that clients are commissioned to paint	Future planning
20.	Make paper cups for water available near the water fountain/consider adding a water cooler	Will discuss with management
21.	Incorporate the use of greeters at the front door to extend a warm welcome	Have discussed but no action at this time
22.	Introduce some form of an information hub	
23.	Remove the buzzer door on the AOD side that separates reception staff from the AOD waiting room	Done
24.	Integrate the AOD and Mental Health waiting rooms to make a Behavioral Health waiting room with areas for children and adults	Joined. In process of remodeling
25.	Upgrade seating similar to the chairs at the Lucerne clinic	During Renovation Project
26.	Provide a brochure rack with integrated materials for AOD and Mental Health	Partially done
27.	Add resources for parents	Magazines on order
28.	Make resources available for all age groups	Magazines on order
29.	Increase the volume and variety of materials available	Magazines on order
30.	Increase the number of resources relevant to the service population	Always looking for additional resources
31.	Maintain updated materials	Ongoing
32.	Make toys, tables, coloring pages, and crayons available	After remodeling project
33.	Ensure restrooms are regularly cleaned (no stains on tile)	Cleaned 5 days a week.
34.	Add a changing table	Done
35.	Update restrooms: repaint walls, add new hardware, replace flooring	During Renovation Project
36.	Consider operational implications for urine analysis in restrooms when the two waiting rooms are combined	Will take to Space Committee for Renovation Project
37.	Update check-in process for ease, safety, and confidentiality	Done
38.	Provide rooms for confidential conversations regarding patient information	During Renovation Project
Reception/ Front Desk		
39.	Prepare a script for front desk staff in the event that limited-English proficient clients need translation assistance	Done



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40.	The limited linguist capacity of front desk staff (beyond English) presents LCBH an opportunity to recruit staff fluent in Spanish and other languages deemed relevant	We always look for Spanish speakers on job applications
41.	Incorporate the use of rotating volunteers to aid in making the South Shore Clinic more engaging and welcoming	No Volunteers at this time



Recommendations Status Table Lucerne Clinic		
Domain	Description	Status
Exterior		
1.	Add signage that notifies patients of the handrail along the ramp.	Will discuss
2.	Add signage for the clinic directly off the highway and from Country Club Lane near the bus stop.	Management declined
3.	Add signs that clearly mark direction toward bus stops.	Lake Transit responsibility
4.	Explore the possibility of adding mulch to the adjacent lot.	Not doing, owner's responsibility
5.	Add handicapped parking signage.	Done
6.	If demand increases for additional bicycle parking, consider adding more bicycle racks.	Rack not used
7.	Encourage the county to continue discussing how to increase bus accessibility with the local transportation authority.	In discussion
8.	Reduce trip hazard by extending the handrail or cut the curb.	No modifications happening
9.	Consider the installation of awnings with benches underneath on the outside of the building, if the property owner permits.	Have added benches, no awning yet.
Waiting Room		
10.	Add ambient music at a low decibel level that is subtle and agreeable. <ul style="list-style-type: none"> As an alternative to music, incorporate nature or soothing sounds. 	Not doing
11.	Add indoor plants that require low maintenance.	Not doing
12.	Add pictures, posters, inspirational slogans, and culturally relevant décor. <ul style="list-style-type: none"> 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. 	Planning on doing
13.	Provide space for a mural that clients are commissioned to paint.	Will discuss



14.	Consider having a pay phone installed outside of the clinic or adding a courtesy call-out phone line for patient use.	Not doing
15.	Introduce some form of an information hub: <ul style="list-style-type: none"> 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. 	Have discussed, no action at this time
16.	Remove the waiting room couch.	Done
17.	Provide a brochure rack with integrated materials for AOD and Mental Health.	Done
18.	Add resources for parents.	Making resources available
19.	Make resources available for all age groups. <ul style="list-style-type: none"> Make age-appropriate magazines and reading material available for teenagers. 	Making resources available
20.	Increase the volume and variety of materials available.	Making resources available
21.	Increase the number of resources relevant to the service population (e.g. recovery and specific illnesses). <ul style="list-style-type: none"> National Alliance on Mental Illness (NAMI) and Substance Abuse and Mental Health Services Administration (SAMHSA) have free pamphlets and brochures. 	Making resources available
22.	Maintain updated materials (magazines, newspapers, etc.).	Magazines on order
23.	Create a designated bookshelf for children’s toys/books	In progress
24.	Make toys, tables, coloring pages, and crayons available for children.	In progress
25.	Add a changing table.	Done
26.	Add signage to differentiate drug test restroom from regular restrooms.	Already designated
Reception/ Front Desk		
27.	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.	In progress



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28.	Remove video camera from the waiting room.	Working with IT to remove
29.	Encourage reception staff to be more proactive in engaging with patients.	Done
	Provide reception staff with customer service training that includes: <ul style="list-style-type: none">• 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.	Done
30.	Incorporate the use of greeters at the front door to extend a warm welcome. <ul style="list-style-type: none">• Volunteers can act as greeters and provide general information about services and site amenities.	Future possibility
31.	Develop standard practice or protocol around client phone use at reception area.	Done
32.	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.	Always looking for Spanish speakers during recruitments



Recommendations Status Table		
The Bridge		
Domain	Description	Status
Exterior		
1.	Create a designated smoking area away from the fence – acknowledge that this will be possible with planned gazebo and landscaping in the back yard.	Will follow up with Bridge supervisor and staff
2.	Consider offering recreation activities that utilize the improved back yard space.	Always considered
3.	Lay a concrete pathway over the gravel in the alley way. Extend concrete pathway from the front to the back entrance. <ul style="list-style-type: none"> Consider making all walk-ways or pathways wheelchair accessible. 	Will follow up with Bridge supervisor and staff
4.	Consider adding a concrete sidewalk with curb cuts in front of the property.	Will follow up with Bridge supervisor and staff
5.	Install a sign or banner saying “The Bridge” near the front entrance.	Done
6.	Add a sign on the side of the building before the back entrance with an arrow to provide direction to back gate.	Will follow up with Bridge supervisor and staff
7.	Continue to pursue landscaping the back yard with a lawn, shaded area, and consider installing a vegetable garden for consumer use. <ul style="list-style-type: none"> 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. 	Will follow up with Bridge supervisor and staff
Entrance & Interior		
8.	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: <ul style="list-style-type: none"> 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. 	Will follow up with Bridge supervisor and staff
9.	Add welcoming message to sign at the front door with an arrow pointing to the main entrance (if you continue to use the back entrance).	Done



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10.	Computer room does not feel welcoming. Consider adding more bookcases and shelving.	Will follow up with Bridge supervisor and staff
11.	Consider installing a clothing rack with hangars that don't come off instead of keeping donated clothes in a box outside.	Will follow up with Bridge supervisor and staff
12.	Consider putting up more pictures, posters, and consumer art in the computer room.	Will follow up with Bridge supervisor and staff
13.	Install more pictures/artwork/inspirational messaging and wall decorations.	Will follow up with Bridge supervisor and staff
14.	Consider providing art supplies for consumers to make more art with.	Will follow up with Bridge supervisor and staff
15.	Reach out to other providers for additional brochures/referral materials.	Will follow up with Bridge supervisor and staff
16.	Add Wellness Center drop-in brochure.	Will follow up with Bridge supervisor and staff
17.	Add Plexiglas shelving/racks to store brochures and resource materials.	Will follow up with Bridge supervisor and staff
18.	Consider adding additional resources in Spanish.	Will follow up with Bridge supervisor and staff
Wellness Center Staff		
19.	Acknowledge how well staff interact with consumers: professional, respectful, patient, loving.	Ongoing
20.	Some felt it was short-staffed; acknowledge that perceptions of staffing depend on when the site visit took place.	Recruitment for staff
21.	Develop something pre-printed/scripted in Spanish to help those find the resources they need who may not understand/speak English well.	Will follow up with Bridge supervisor and staff



Recommendations Status Table The Harbor on Main		
Domain	Description	Status
Exterior		
1.	Consider repainting the handicapped parking spots in the back parking lot.	All of these are for Redwood Children Services to decide on
2.	Install a trash can next to the front door to prevent litter and debris from being put in the bushes.	“
3.	Install clearer signage directing visitors to the back parking lot and bicycle racks.	“
4.	Consider removing bushes and install a different landscaping that may discourage people from leaving trash/debris.	“
Entrance & Interior		
5.	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	“
6.	One committee member suggests designating one room as a quiet, relaxing space for consumers to respite from the structure of daily living.	“
7.	Include additional resources on substance abuse and substance abuse treatment in the general resources display.	“
8.	Include general resources on behavioral health services in the bathroom brochure display.	“
Resource Center Staff		
9.	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.	“



Recommendations Status Table The Circle of Native Minds		
Domain	Description	Status
Exterior		
1.	Install a large cement tree planter that can also be used as seating near the front entrance to the CNM.	Will follow up with CNM supervisor and staff
2.	Consider installing a large sign at the back of the building, if possible. CNM and LCBHS report that they are developing a plan to have a permanent sign installed in the area suggested.	In progress
3.	Consider an awning with a sign for the CNM.	Will follow up with CNM supervisor and staff
4.	Consider installing a sign that promotes slower traffic on the street adjacent to the CNM.	Property owner discussion
5.	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 CNM	TBD
6.	Consider installing patio table and chairs in the back of the CNM. <ul style="list-style-type: none"> CNM staff notes that they are already considering the purchase of a BBQ to put in back area as well. 	Will follow up with CNM supervisor and staff
7.	Consider planter boxes with trees/shrubs and adding a gazebo area for shade and comfortable outdoor seating. <ul style="list-style-type: none"> Partner with THC to help with modifications. 	Will follow up with CNM supervisor and staff
8.	Install bike racks.	Waiting to be installed
Entrance & Interior		
9.	Add comment cards/suggestion box.	Will follow up with CNM supervisor and staff
10.	Gauge the need for resources/materials in non-English languages.	Will follow up with CNM supervisor and staff
11.	Consider remodeling the closet to enhance built-in shelving and storage space.	Will follow up with CNM supervisor and staff
12.	Ensure the availability of LCBH Mental Health brochures.	Will follow up with CNM supervisor and staff
13.	Consider holding more groups or space for people to talk about how they're being affected by disenrollment from tribe. This will create a safe space to express anger/frustration and for mutual support in order to	For CNM to discuss, design, and implement



prevent from events escalating into violence or hurting oneself or others.	
Resource Center Staff	
14. Consider the use of volunteer greeters to help welcome visitors who are not regular center visitors or clinical staff.	For CNM to discuss, design, and implement



Appendix B: 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





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?



Lake County Behavioral Health
Mental Health Services Act
July 30, 2014



WELLNESS • RECOVERY • RESILIENCE

Welcome!

Please help yourself to something to eat.

The meeting will start at 1pm.



Lake County Behavioral Health
Mental Health Services Act
July 30, 2014



WELLNESS • RECOVERY • RESILIENCE

Community Program Planning

3-Year Plan Implementation
and
Innovation



Lake County Behavioral Health Mental Health Services Act July 30, 2014



WELLNESS • RECOVERY • RESILIENCE

Agenda

- Lunch
- MHSA 3-year plan implementation update
- Innovation overview
- Small group planning for Innovation
- Reconvene and report out
- Open discussion
- Other...



Lake County Behavioral Health Mental Health Services Act July 30, 2014



WELLNESS • RECOVERY • RESILIENCE

3-Year Plan Implementation

- Older Adult Systems of Care expansion
- Prevention and Early Intervention expansion
 - Mother-Wise
 - TAY Peer Support
 - Wellness Centers
 - Community Screening and Treatment
- Capital Facilities and Technological Needs



Lake County Behavioral Health Mental Health Services Act July 30, 2014



WELLNESS • RECOVERY • RESILIENCE

Innovation Defined:

An Innovation project is defined as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an Innovation contributes to learning in one or more of the following three ways:

1. Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
2. Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
3. Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings



Lake County Behavioral Health Mental Health Services Act July 30, 2014



WELLNESS • RECOVERY • RESILIENCE

Innovation Continued...

- Peer-Informed Access Project
 - Integration of community model
- 2011 Planning Process
 - Revisit ideas from the past
- Current Intentions
 - PEER supported crisis and transitional services
 - Health Information Exchange – client access



Lake County Behavioral Health
Mental Health Services Act
July 30, 2014



WELLNESS • RECOVERY • RESILIENCE

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

Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 8, 2014



WELLNESS • RECOVERY • RESILIENCE

Agenda

- ❖ Lunch and Housekeeping
- ❖ 3-Year Plan Status Update
- ❖ Regional and Statewide Initiatives
- ❖ Innovation Planning
- ❖ Discussion and Input

Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 8, 2014



WELLNESS • RECOVERY • RESILIENCE

3-Year Plan

- ❖ Funding Projections Matrix
- ❖ CSS=Community Services and Supports
 - ❖ FSP=Full Service Partnership
 - ❖ GSD=General Systems Development
 - ❖ OE=Outreach & Engagement
 - ❖ PEI=Prevention & Early Intervention
 - ❖ INN=Innovation
 - ❖ WET=Workforce Education and Training
 - ❖ CFTN=Capital Facilities & Technology

Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 8, 2014



WELLNESS • RECOVERY • RESILIENCE

Funding

- ❖ Estimates from CMHDA consultant
- ❖ Lake County expects ~ \$3.5m/yr
- ❖ Conservative + Contingencies
- ❖ Prudent Reserve

Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 8, 2014



WELLNESS • RECOVERY • RESILIENCE

Expanded Programming

- ❖ Older Adult System of Care
- ❖ Crisis Access Continuum
- ❖ Integrated Services

Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 8, 2014



WELLNESS • RECOVERY • RESILIENCE

Prevention Mini-Grants

- ❖ 19 Applications
- ❖ Panel Members Present
- ❖ Next Round – April/May 2015
- ❖ Purpose Redefined

Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 8, 2014



WELLNESS • RECOVERY • RESILIENCE

Regional and Statewide Initiatives

- ❖ Suicide Prevention Task Force
- ❖ “Know the Signs” “Hear their Story”
- ❖ Each Mind Matters
- ❖ Care Coordination Collaborative
- ❖ Integrated Behavioral Health Project
- ❖ WET Superior Region Partnership

Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting

October 8, 2014



WELLNESS • RECOVERY • RESILIENCE

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 8, 2014

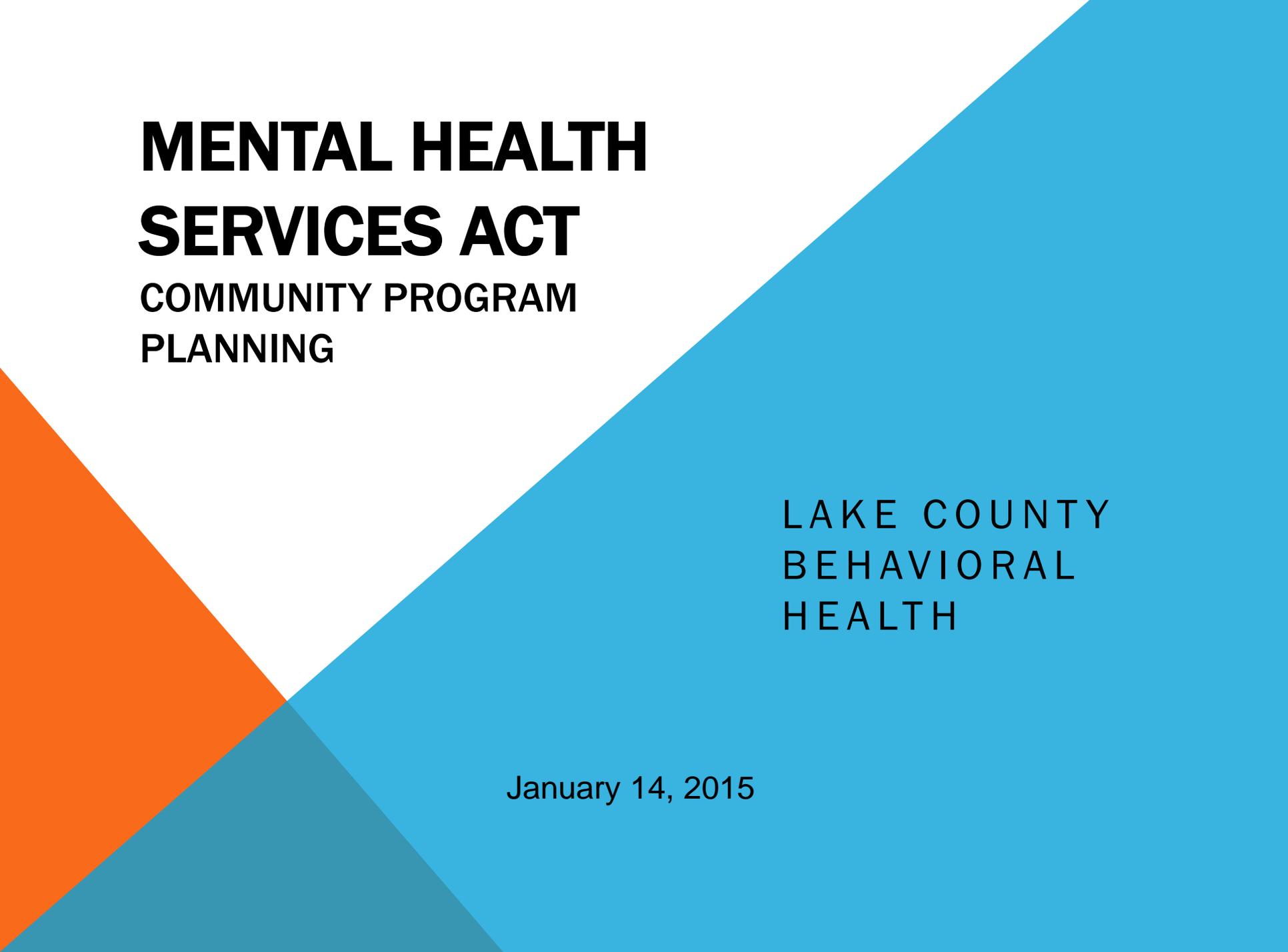


WELLNESS • RECOVERY • RESILIENCE

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

Welcome!

**Please help yourself to lunch.
The planning will start shortly.**



**MENTAL HEALTH
SERVICES ACT
COMMUNITY PROGRAM
PLANNING**

LAKE COUNTY
BEHAVIORAL
HEALTH

January 14, 2015

AGENDA

- Introductions and Housekeeping
- Lunch
- Overview
- FSP Outcomes Data
- Three Year Plan Status
- Update on Innovation Planning
 - Input/Discussion
- Plan Update Process for 15/16
 - Input/Discussion
- Integration and Care Coordination
- Next Steps/Adjourn

MENTAL HEALTH SERVICES ACT

Mental Health Services Act

Proposition 63 passed November 2, 2004

1% income tax on income over \$1 million

Purpose of MHSA: to expand and transform mental health services in California



MHSA - TARGET POPULATIONS

Children and Youth with severe emotional disturbances who are at risk of:

- Hospitalization, homelessness, out of home placement, school failure, legal involvement

Adults with severe mental illness who are at risk of:

- Hospitalization, institutionalization, homelessness, incarceration

Older Adults with severe mental illness who are at risk of:

- Hospitalization, institutionalization, homelessness, incarceration, isolation

Under-served, and Inappropriately served populations who lack access

- for the above conditions for all age groups

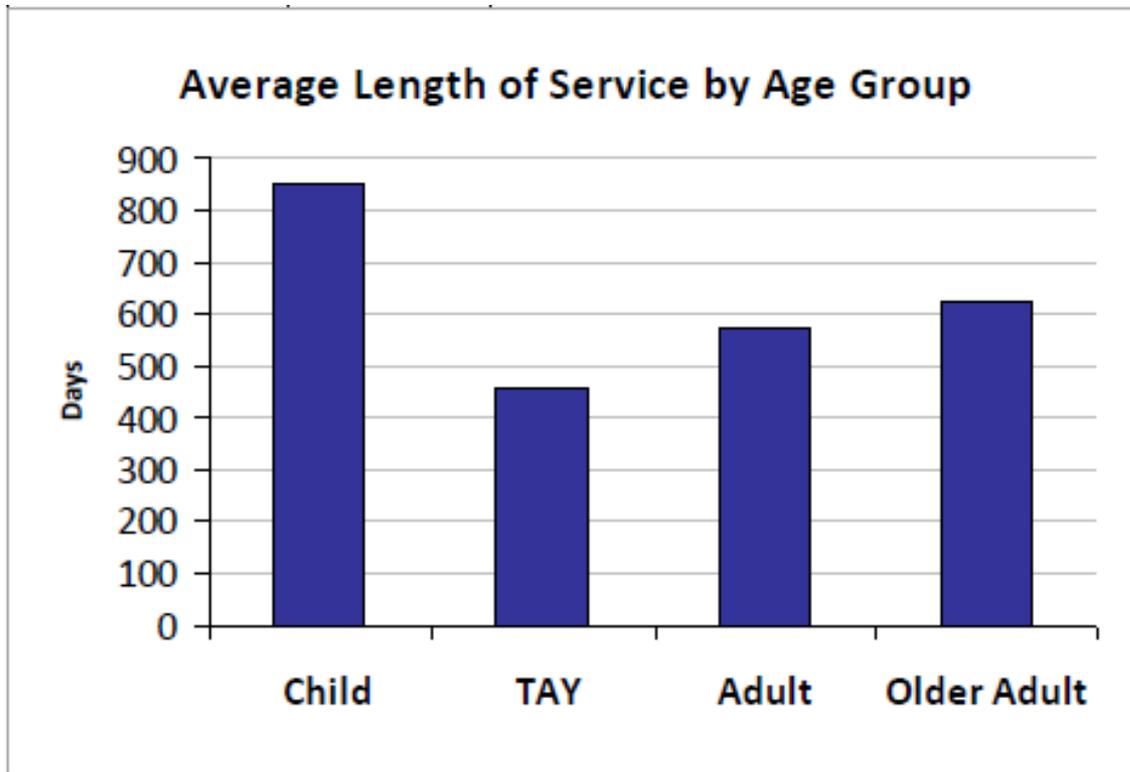
Prevention and Early Intervention of untreated mental illness

FULL SERVICE PARTNERSHIPS

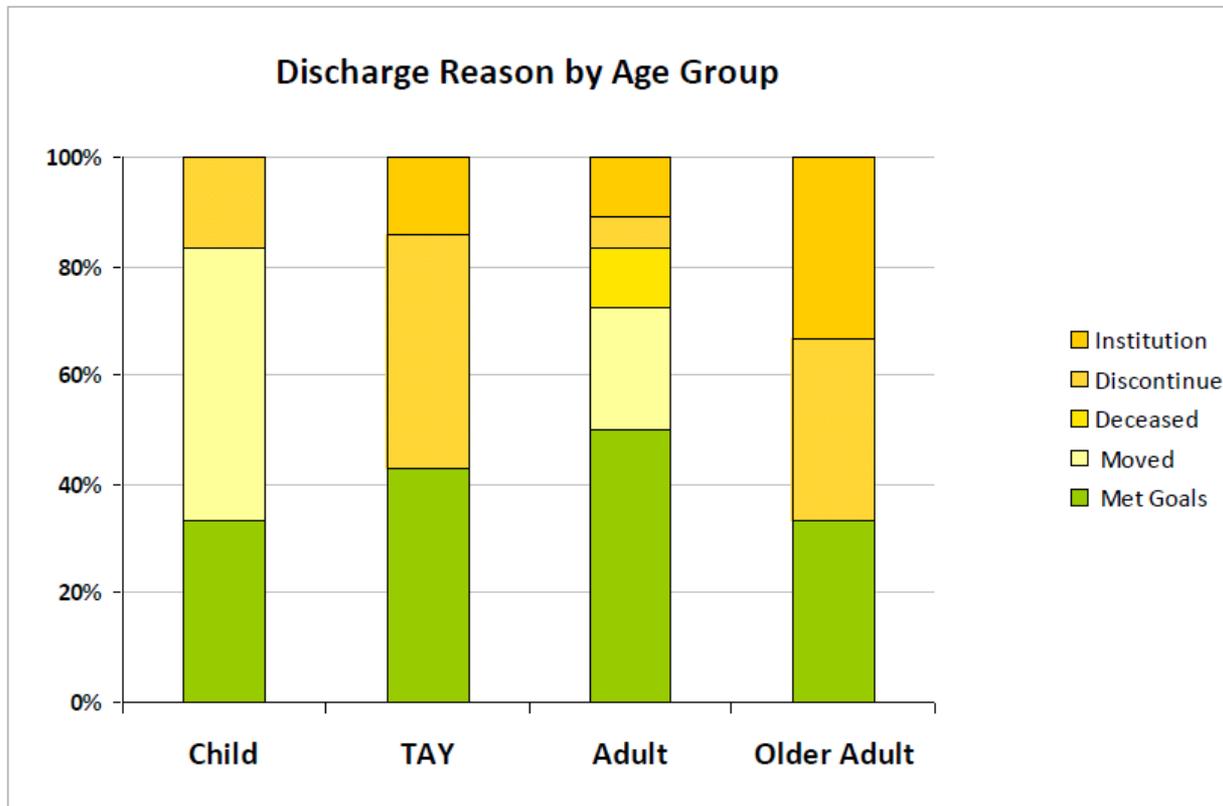
During FY 2012/13:

- 87 Full Service Partners Enrolled
- 34 Full Service Partners Discharged
 - 6 Child/Youth (ages 0-15)
 - 7 TAY (ages 16-25)
 - 18 Adult (ages 26-59)
 - 3 Older Adult (ages 60+)

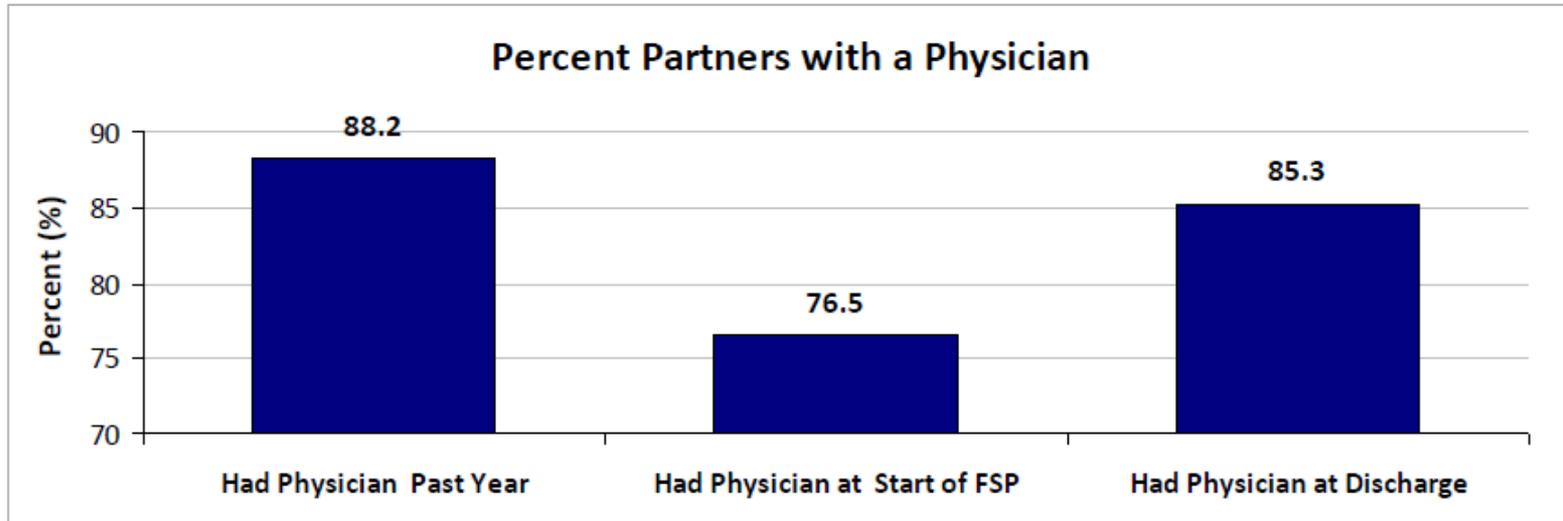
FULL SERVICE PARTNERSHIPS



FULL SERVICE PARTNERSHIPS

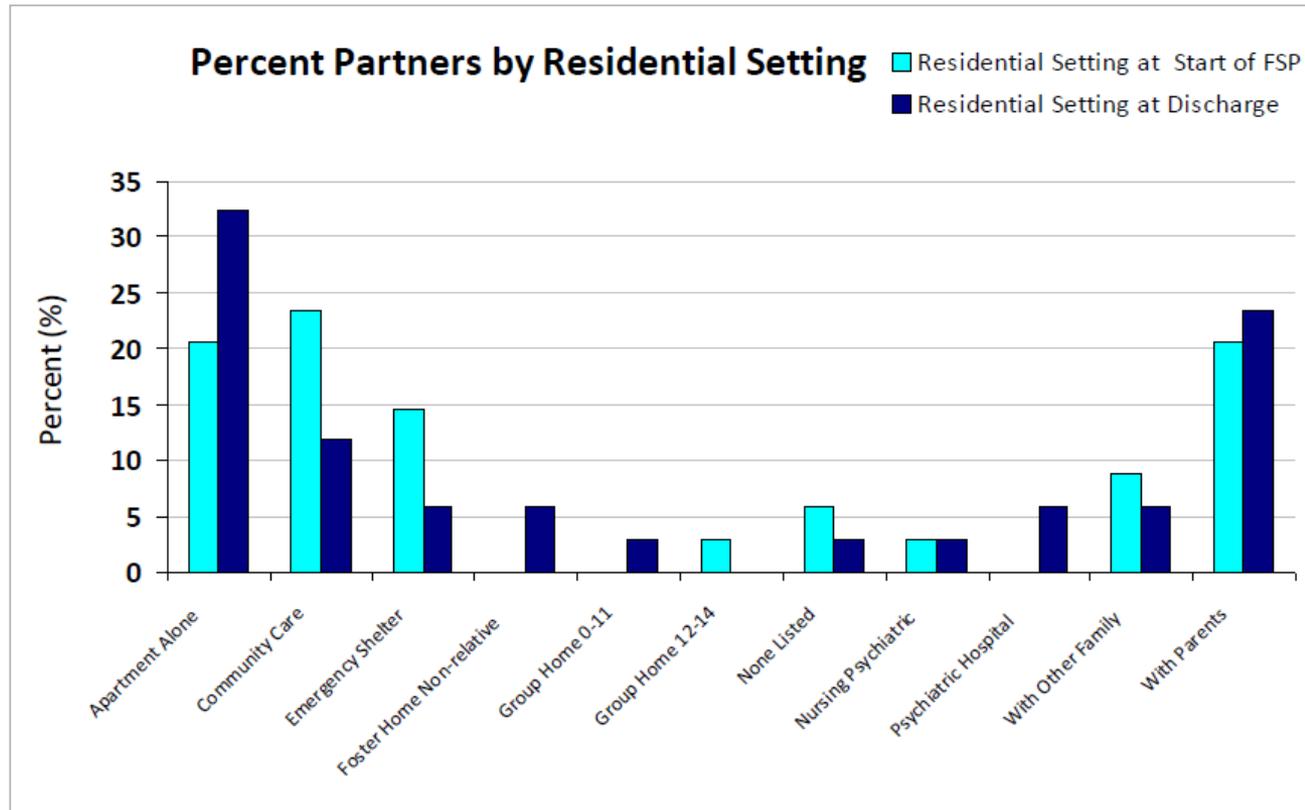


FULL SERVICE PARTNERSHIPS



Note: This report evaluates the last available submitted 3M before discharge for identifying the physician status at discharge.

FULL SERVICE PARTNERSHIPS



3 YEAR PLAN 2014-2017

Community Program Planning Process

- Local Process
- Auditor Controller Certification and BOS Adoption

Contingencies

- Prudent Reserve
- Distributions

Programming

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

INNOVATION

- Funding for novel, creative, and ingenious mental health practices
- Developed through community participation
- Cannot replicate programs in other jurisdictions
- Must be aligned with MHSA principles
- By nature, not all innovative strategies will succeed

INNOVATION

- Contributes to learning rather than a primary focus on providing a service.
- Provides the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities.
- Introduces (**New**) mental health practices/approaches including prevention and early intervention that have never been done before, OR
- Makes a change (**Adapted**) to an existing mental health practice/approach, including adaptation for a new setting or community, OR
- Introduces a new application to the mental health system (**Adopted**) of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.

INNOVATION

Suggested INN Project	Status Update
1. Peer Supported Transitional Housing & Crisis Respite	Related effort is being supported by SB82 grant at this time. Project not advisable until the current initiative is in place.
4. Targeted Employment Opportunities	The timeline to plan for and implement INN Suggestion #4 exceeds the deadline for INN plan approval (March 2015).
2. Trauma Informed Community – Integrated Treatment for COD	Community-wide education and training on trauma-informed approaches to care including: screening, best practices, and the ACA.
3. Client Registry, Data Collection & Measurable Outcomes	Consumer-driven and culturally competent database to integrate and coordinate services across providers in Lake County.

INTEGRATION AND CARE COORDINATION

Integration

- Original MHSA Plan
 - Unfunded
- Funded in 13/14 & 3yr Plan
- Align w/Innovation
 - Mental Health
 - Physical Health
 - Substance Use
- Peer Navigators
 - Recovery Introduction
 - WRAP
 - WHAM

Care Coordination

- CiBHS Learning Collaborative
 - Lake County Team
 - Partnership Health Plan
 - Lakeside Clinic
 - LCBH
- Integrated Behavioral Health Project
 - Summit
 - July 2014
 - Plans for 2015...

ANNUAL UPDATE FOR 15/16

Meeting on April 8, 2015

Lake County

Historic Courthouse
Museum

Lakeport



MENTAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING

Contact:

Jim Isherwood

MHSA Coordinator

jim.isherwood@lakecountycalifornia.gov

707-274-9101



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



WELLNESS • RECOVERY • RESILIENCE

Welcome!

Please help yourself to
something to eat. The
meeting will start at 1pm.



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



WELLNESS • RECOVERY • RESILIENCE

Agenda:

- ❖ Lunch and Housekeeping
- ❖ 3-Year Plan - Annual Update FY 15/16
- ❖ Housing
- ❖ Innovation
- ❖ Open Discussion



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



WELLNESS • RECOVERY • RESILIENCE

Annual Update for Fiscal Year 15/16:

- ❖ Funding estimate
- ❖ No substantial changes to programs
 - ❖ Community Services and Supports
 - ❖ Prevention and Early Intervention
 - ❖ Workforce Education and Training
 - ❖ Capital Facilities and Technological Needs
- ❖ Housing – Funding Released
- ❖ Innovation Project - Proposal



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



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Local Planning and Approval Process:

- ❖ Stakeholders and Planning
- ❖ MHB Review
- ❖ 30 day posting for comment
- ❖ MHB/Public Hearing
- ❖ County Certification
- ❖ BOS Adoption
- ❖ Submit to MHSOAC within 30 days



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



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Housing:

- ❖ Funds assigned to CalHFA in 2008
- ❖ Planning process - inconsistent
- ❖ New guidance from DHCS
 - ❖ Funding available for release
 - ❖ Project/operating subsidies
 - ❖ Subject to 3 year reversion
- ❖ Committee to meet April 30 in Lucerne



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



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Innovation:

- ❖ Peer Informed Access 2012-14
 - ❖ Participatory Evaluation
- ❖ Trauma Informed Community
 - ❖ Access Infrastructure
- ❖ Network of Care
 - ❖ Call Center – Full Cycle Referral
 - ❖ Personal Health Record – Care Coordination
 - ❖ Services to meet identified needs



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



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- ❖ Open Discussion
 - ❖ Existing programs
 - ❖ Unmet Needs?
 - ❖ Housing
 - ❖ Innovation
 - ❖ Other?



Lake County Behavioral Health
Mental Health Services Act
Stakeholder Meeting
April 8, 2015



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



Lake County Behavioral Health
Mental Health Services Act
July 22, 2015



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Welcome!

Please help yourself to something to eat.

The meeting will start at 1pm.



Lake County Behavioral Health Mental Health Services Act July 22, 2015



WELLNESS • RECOVERY • RESILIENCE

Community Program Planning

3-Year Plan Implementation,
Innovation,
and

Annual Update for Fiscal Year 2015-16



Lake County Behavioral Health Mental Health Services Act



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Agenda

- Lunch
- MHSA 3-year plan implementation update
- Annual Update
- Data
- Continuum and Outcomes Discussion



Lake County Behavioral Health Mental Health Services Act



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3-Year Plan Implementation

- Older Adult Systems of Care expansion
- Prevention and Early Intervention expansion
 - Mother-Wise
 - TAY Peer Support
 - Wellness Centers
 - Community Screening and Treatment
- Capital Facilities and Technological Needs



Lake County Behavioral Health Mental Health Services Act



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Proposed Annual Update

- Funding Projection – down from 14/15
 - 3-year plan budget expenditures flat and conservative
 - Unspent funds and Medi-Cal revenue to be determined
- New Innovation Program
 - Full cycle referral and coordination of care
- Adjustments to program descriptions
 - Continuum & Systems of Care development
 - Alignment of funding structure
 - Outcomes based logic models



Lake County Behavioral Health Mental Health Services Act



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WET

- Align plan with programs
 - Train to program specific interventions
 - Education incentives – scholarships and stipends
 - Peer staff development – career pathways

Housing

- Funds available to County
 - CalHFA out of the MHSA business May 30, 2016
 - Planning to continue in August
 - Tiny houses...



Lake County Behavioral Health Mental Health Services Act



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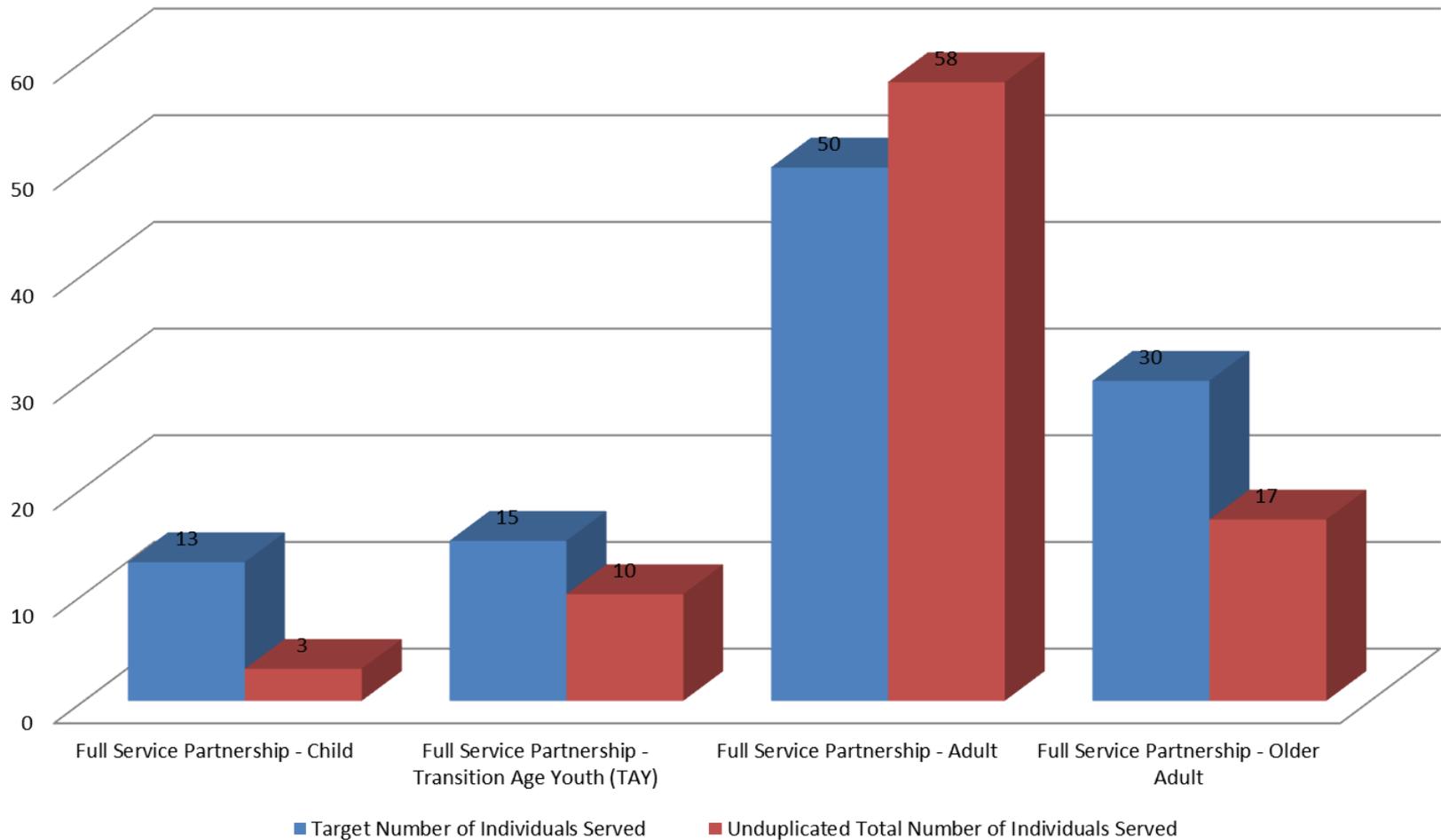
Data...

Let's take a break first.

Data

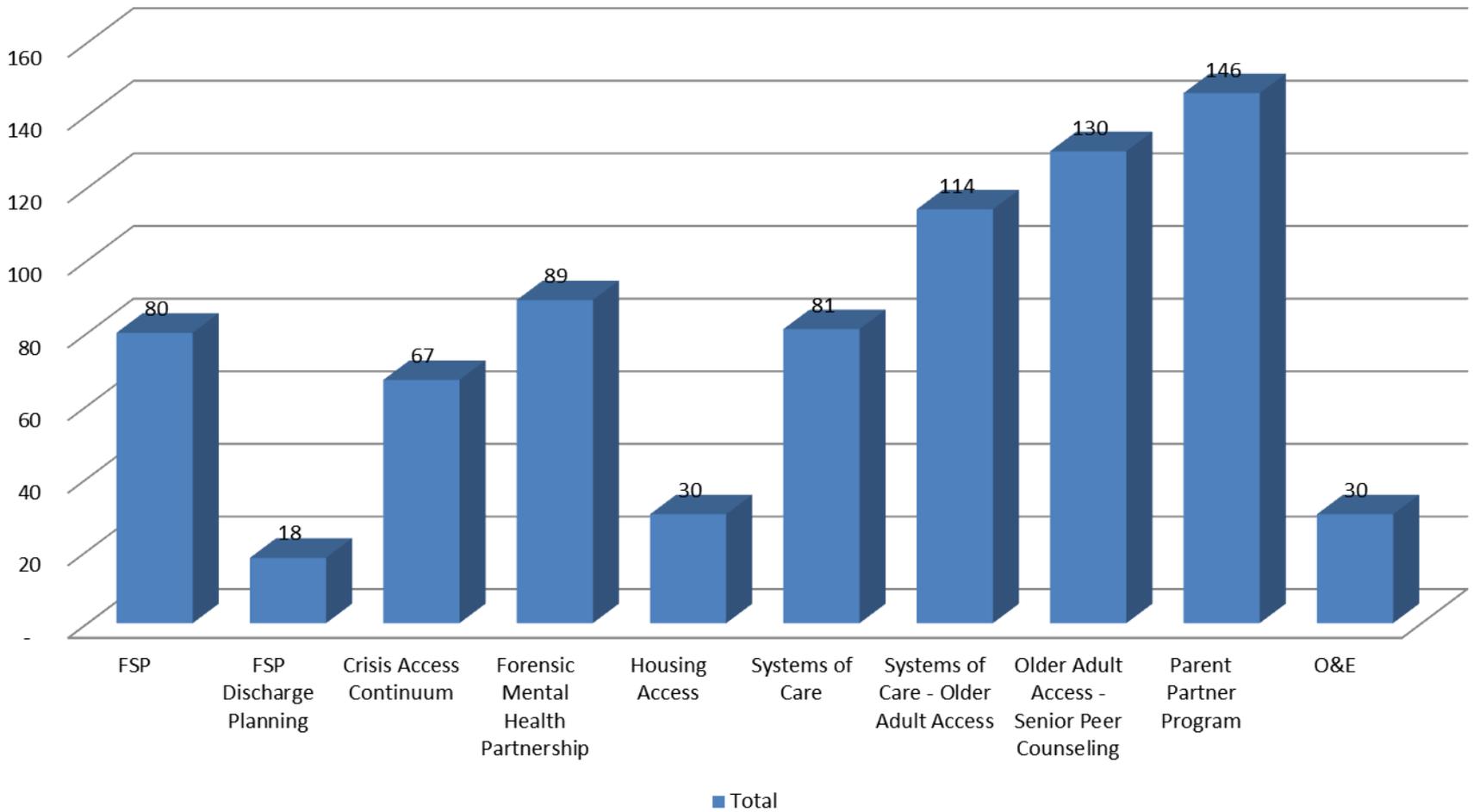
- Fiscal year 2013-2014
- Full service partnership (FSP)
 - Historical data

Lake County Behavioral Health Mental Health Services Act Full Service Partnership Program FY 2013/14

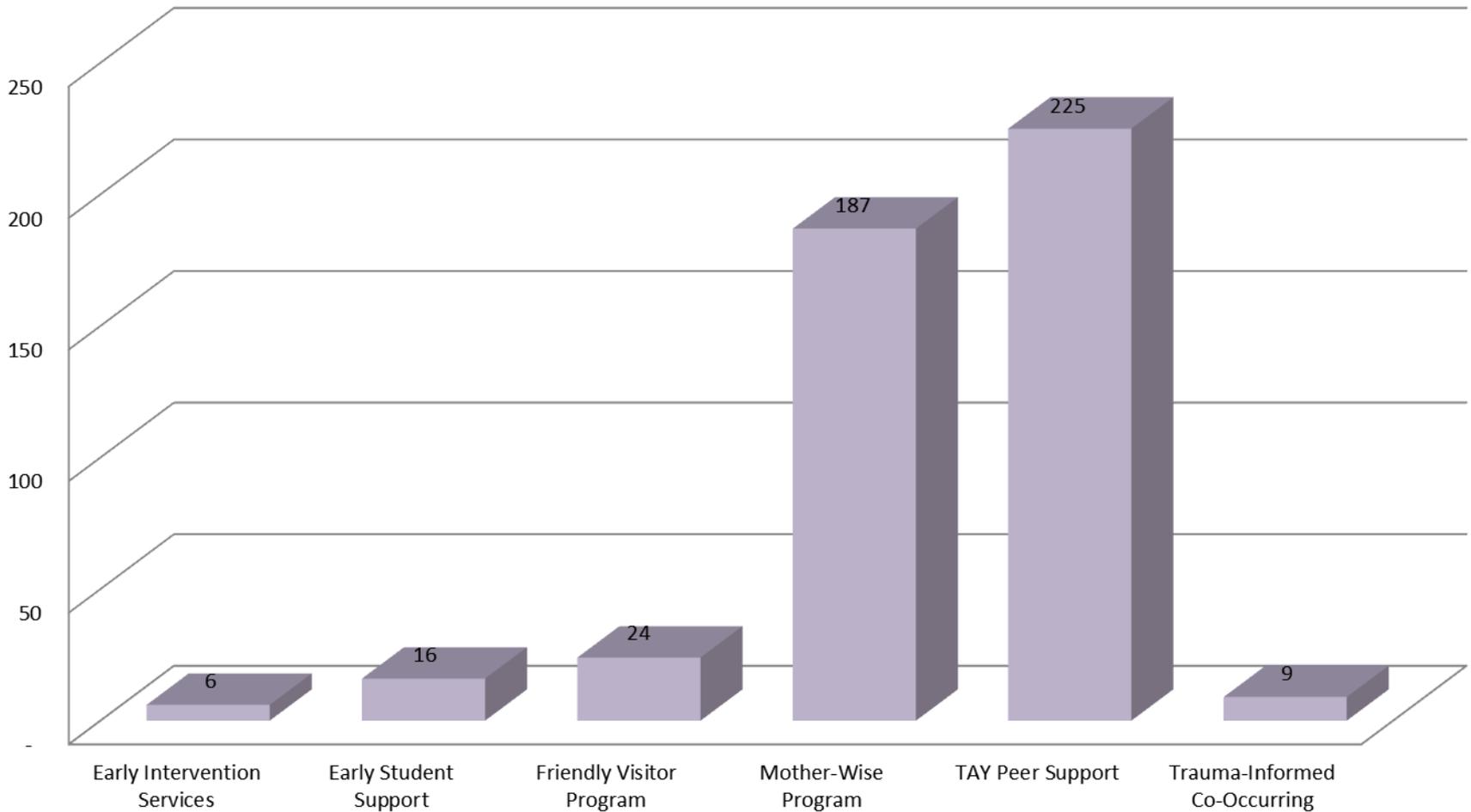


LCBH CPP July 22, 2015

**Lake County Behavioral Health
Mental Health Services Act
Community Services and Supports
Individuals Served by Program/Subunit/Server/Service Code
FY 2013/14**



**Lake County Behavioral Health
Mental Health Services Act
Prevention and Early Intervention
Individuals Served by Program
FY 2013/14**





Lake County Behavioral Health Mental Health Services Act



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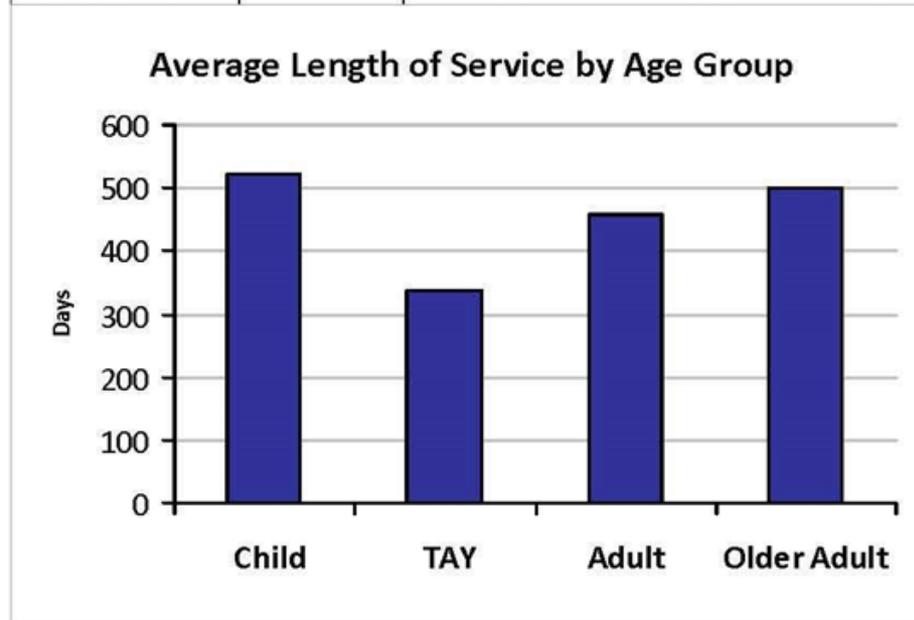
More Data...

FSPs

Discharge Report: Average Length of Service by Age Group

Age at: Ending Age

Age Group	Partners n	Length of Service (Days)		
		Average	Stdev	Std. Error
Child	21	521.7	451.6	98.6
TAY	44	338.7	361.8	54.5
Adult	136	459.7	429.7	36.8
Older Adult	59	499.7	442.7	57.6

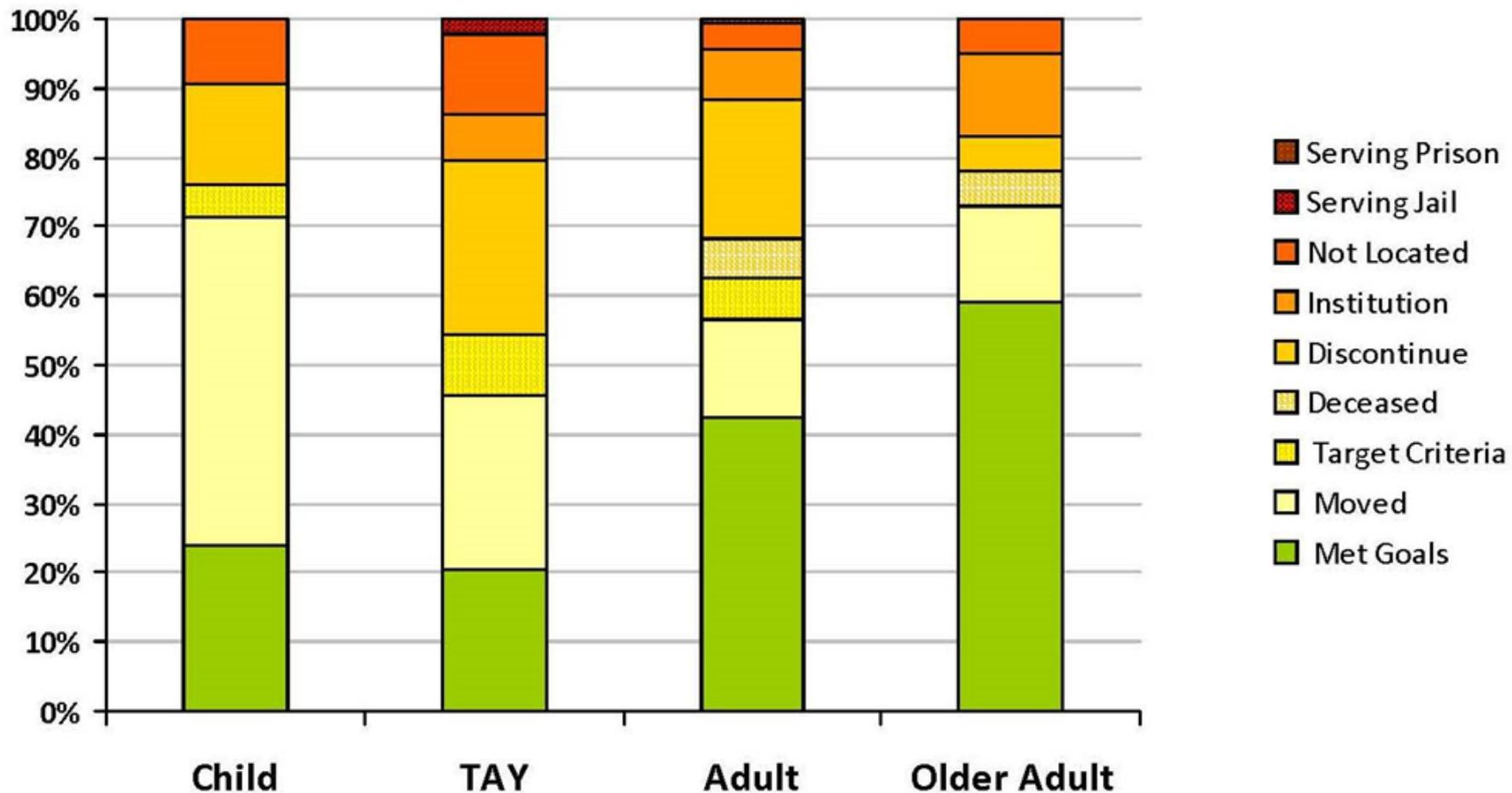


Discharge Report: Discharge Reason by Age Group

Age at: Ending Age

Age Group	Total Partners	Discontinue Reason Category	Partners	
			n	Pctn
Child	21	Met Goals	5	23.8 %
		Moved	10	47.6 %
		Target Criteria	1	4.8 %
		Discontinue	3	14.3 %
		Not Located	2	9.5 %
TAY	44	Met Goals	9	20.5 %
		Moved	11	25.0 %
		Target Criteria	4	9.1 %
		Discontinue	11	25.0 %
		Institution	3	6.8 %
		Not Located	5	11.4 %
		Serving Jail	1	2.3 %
Adult	136	Met Goals	58	42.6 %
		Moved	19	14.0 %
		Target Criteria	8	5.9 %
		Deceased	8	5.9 %
		Discontinue	27	19.9 %
		Institution	10	7.4 %
		Not Located	5	3.7 %
		Serving Prison	1	0.7 %
		Older Adult	59	Met Goals
Moved	8			13.6 %
Deceased	3			5.1 %
Discontinue	3			5.1 %
Institution	7			11.9 %
Not Located	3			5.1 %

Discharge Reason by Age Group





Lake County Behavioral Health Mental Health Services Act



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Continuum And Outcomes

LCBH CPP July 22, 2015

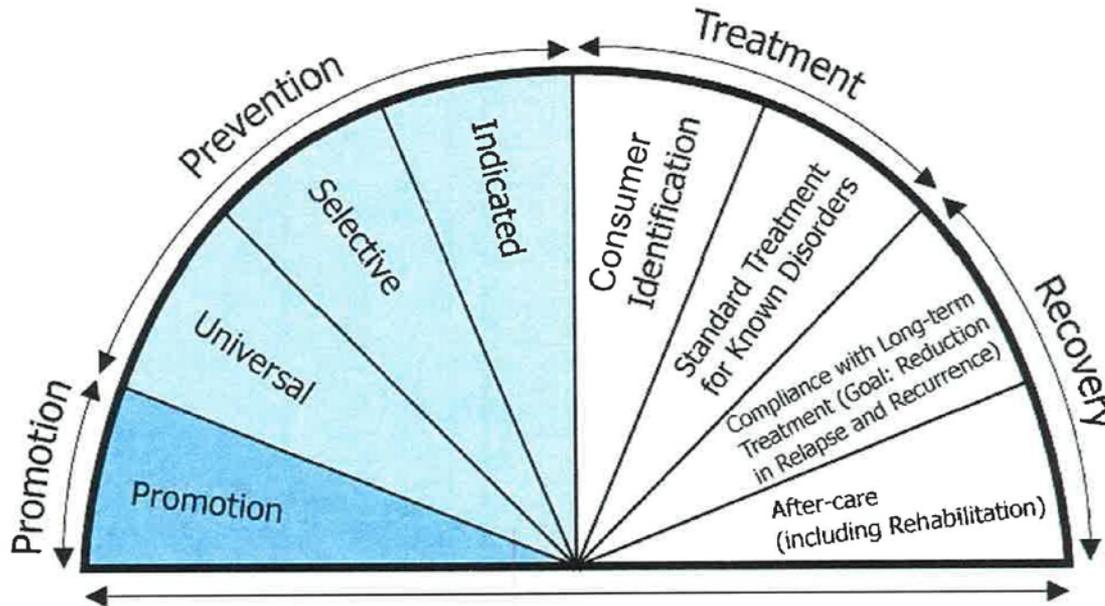


Lake County Behavioral Health Mental Health Services Act



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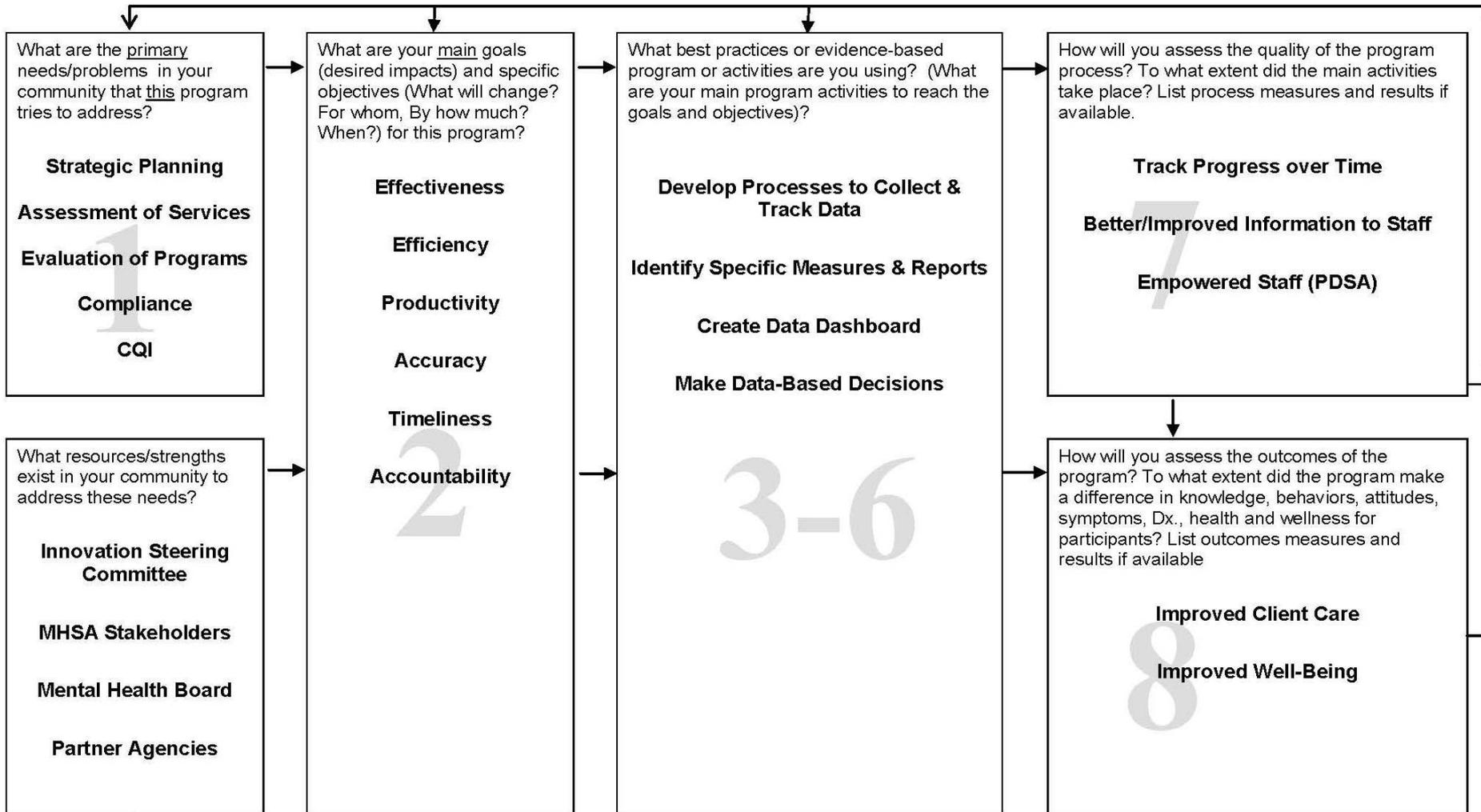
The Behavioral Health Continuum of Care Model



SAMHSA, A Behavioral Health Lens for Prevention, 2012

LCBH CPP July 22, 2015

Program Logic Model* Program Name: Meaningful Outcomes Committee Date: 3/27/14 Completed By: Committee





Lake County Behavioral Health Mental Health Services Act



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Jim Isherwood

Mental Health Services Act Coordinator

PO Box 1024/6302 Thirteenth Avenue

Lucerne, CA 95458

707-274-9101

jim.isherwood@lakecountyca.gov