

**Mental Health Services Act
MHSA Stakeholder and Community Planning Meeting Minutes
Lake County Behavioral Health Services
Meeting of January 30, 2020**

Location: Circle of Native Minds Wellness Center

Start Time: 11:15am

1. Topic: Three-Year Planning Meeting for FY 2020-23

Scott Abbott (MHSA program manager) – Opened the meeting with a brief introduction welcoming stakeholders and community members

Jamie Dorsey (RDA) – Discussed the MHSA components and the history of MHSA, the three-year plan and community planning process, as well as who should be a part of the development process.

Phases of the MHSA planning activities and timeline discussed:

- *Phase I: Kickoff*
- *Phase II: Needs Assessment*
- *Phase III: Program Planning*
- *Phase IV: Plan Development*

Identified Needs discussed:

- Long wait times
- Need for more peer navigation to help consumers navigate the system
- Clients reluctant to access services at county clinic offices due to stigma and lack of cultural competency
- Transportation and unhoused clients makes it difficult to access services
- Need more recreational/wellness activities
- Need more targeted support for:
 - TAY
 - Males
 - Latinx community
 - LGBTQ+ community
 - Native American communities
 - Families and caregivers
 - Schools and children

Staff Capacity and Training

- Staffing capacity has improved, particularly within the crisis team
- Staff retention is still an issue and a strong contribution to a shortage of mental health providers
- Need more support for first responders
- Need for more standardized training for mental health professionals

Communication and Collaboration

- Improved communication transparency from county leadership
- Need for more interagency collaboration and service coordination
- Need for more disaster preparedness

Stakeholder Discussion (comments, questions, and concerns)**Stakeholder comment:**

- Need cultural competent MHSA staff; don't see a plan to develop tribal community. There needs to be an outcome identification and how is cultural competency embedded in the planning process? There is no evidence of it being done, outreach and engagement is not being met. What does cultural competency look like? Where is it in the plan?

Stakeholder Question:

- Are there plans to open a homeless shelter? Hope Center?

Stakeholder Addresses Hope Center opening:

- We struggled with getting blue prints and had to bid for contractors. We hope to have an opening for summer 2020; however, this is a moving target. Hope center will be transitional housing. Opportunity to simplify step-up/step-down system. Difficult to manage system, ease of transfer patient care, stigma barrier, and transportation barriers.

Stakeholder comment:

- We need more education, classes keep getting cancelled.

Stakeholder comment:

- Jail population – transition needs to be met

Stakeholders were asked to break into groups to brainstorm and prioritize needs

RDA – “If you were to wave a magical wand, what would you want?”

Group-1

- Compensation for a therapist
- Psychiatry
- Promote a career path at an early age (i.e. middle school)
- Better access to resources
- Better county collaboration
- Holiday bonus and incentive programs
- Alternative compensation or contribute to a 401k

RDA – “If you were to wave a magical wand, what would you want?”

Group-2

- Better transportation
- More relaxed environment
- Expanding hours for people who work during the day (i.e. evening and weekend hours)
- Non-suicidal crisis line to find the right level of resources
- Directory of mental health services
- Universal ROI

RDA – “If you were to wave a magical wand, what would you want?”

Group-3

- Vouchers for low income housing
- Expand availability
- Target certain populations
- Reduce stigma around homelessness
- Provide more outreach for those with lived experiences
- Changes to existing wraparound services
- Engage with law enforcement
- Library with resources

RDA – “If you were to wave a magical wand, what would you want?”

Group-4

- More cross training
- Cultural competency at all levels
- Go into the schools/student needs
- Church and youth groups
- Peer Support Center expansion of hours beyond 9am-5:00pm
- Recreation, peer groups, build peer networks and social supports

Upcoming Meetings:

- **Next MHSA Quarterly February 20, 2020**

Minutes Prepared by:

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****Some info taken from PP slides****

Lake County MHSa FY2020-23 Three Year Program Plan: Community Program Planning Meeting Notes – January 31, 2020

Service Access and Engagement

Increase Awareness of Existing Behavioral Health Services

- **Services:**
 - Create a hotline number the public can use to learn about existing services/resources and get connected to the appropriate services
 - Maintain LCBHS website with most up-to-date services and resources
- **Outreach/Education activities:**
 - Advertise resources and events on TV, radio, and flyers
 - Consider utilizing QR codes that advertise resources
 - Share behavioral health services and resources at libraries
 - Host biannual or ongoing interagency events or fairs to raise awareness of services
 - Promote pre-release and re-entry planning behavioral health services for the criminal justice involved population
 - Provide resources in Spanish as well as English

Increase Access to and Engagement in Behavioral Health Services

- **Peer Support and Wellness Services:**
 - Extend peer support center hours, including weeknights and weekends
 - Increase funding for services focused on wellness and socialization, such as the Movie Group at Big Oak
 - Use technology budget to introduce a mental health self-help phone app
- **Navigation Services:**
 - Provide more peer support and navigation services at clinics
 - Extend navigation services to follow consumers across different systems and levels of care (e.g., from mild/moderate to SMI services)
- **Clinical Services:**
 - Provide clinical behavioral health services and assessments at other community-based sites, including shelters/warming centers, health clinics, senior centers, schools, etc.
 - Expand use of DBT, CBT, and WRAP groups
 - Expand tele-psychiatry treatment, including:
 - Create mobile tele-psychiatry that meets people in the community
 - Expand tele-psychiatry to all, regardless of insurance type/status
 - Provide specialized tele-psychiatry (e.g., Spanish speakers, children/youth, seniors, maternal)
 - Create a Healthcare Worker Cohort that performs community outreach and provides wellness checks, medication management, and case management in the field
 - Particularly for senior, homebound, homeless, or other high-risk populations that may be unlikely to access services

- **Clinical environment:**
 - Provide stipends for cozier furniture and décor to create a more welcoming environment
 - Create designated play areas or spaces for children so families feel more welcome
 - Offer water or a beverage to consumers and families when they arrive
 - Identify more spaces/offices for therapy and clinical services
- **Populations:**
 - Establish county-wide, school-based child and family mental health services (collaborate with LCOE Healthy Start Network)
 - Expand services in Clearlake
- **Training:**
 - Train all levels of staff on trauma-informed care, stigma reduction, cultural competence, and sensitivity

Increase Treatment Options for Individuals with Co-Occurring Substance Use Disorders

- **Services:**
 - Create a treatment center specific to individuals with co-occurring substance use and mental health disorders
- **Training and Co-Learning:**
 - Establish a space for providers to have conversations about the relationship between substance use and mental health and how to best treat co-occurring disorders
 - Provide cross-training in mental health and substance use disorders for behavioral health providers

Expand Crisis Services and First Responder Training

- **Services:**
 - Create a Mental Health Urgent Care
 - Place mental health first responders in schools and youth centers
 - Expand mental health first aid and suicide prevention trainings
 - Establish mobile crisis teams that work with law enforcement/first responders
 - Establish a non-suicidal or non-emergency crisis line for individuals with sub-acute needs, but who still need support
- **First Responder Training and Engagement:**
 - Offer mental health training, cultural competence, and sensitivity trainings to prepare law enforcement and other first responders to recognize and respond to individuals experiencing a mental health crisis or who have mental health needs
 - Provide more targeted outreach to law enforcement and first responders to participate in community meetings to raise awareness of community needs

Expand Transportation Services and Support

- **Services:**
 - Provide transportation to the warming shelter and other services
 - Offer students transportation at night to access afterschool services
 - Partner with Lake County Transit Authority to provide free transportation vouchers

- **Workforce:**
 - Hire peers to provide transportation as an entry-level position

Housing and Homelessness Services

Increase Support for People who are Unhoused/Homeless and at Risk of Mental Health Issues

- **Housing/Shelters:**
 - Offer a safe, sober-living environment for people experiencing homelessness
 - Develop affordable housing with some units designated for mental health clients
- **Services:**
 - Develop a navigation center (similar to Building Bridges in Ukiah)
 - Offer behavioral health services and service navigation at the warming center
 - Offer on-site mental health and case management services in supportive housing facilities
 - Provide training on jobs/employment, budgeting, and other life skills
 - Provide linkages to social services to help individuals enroll in benefits
 - More targeted efforts to outreach to and engage homeless population in FSP services
- **Populations:**
 - Offer a safe, sober-living environment specific to Native Americans experiencing homelessness
 - Increase funding for drop-in centers for homeless youth
 - Develop a program that supports TAY to apply for and secure housing while providing case management, mental health services, and transportation (similar to Stepping Stones)
- **Training:**
 - Train providers on homelessness issues and stigma reduction

Reduce Barriers to Apply For Low-Income Housing

- **Applications:**
 - Offer vouchers and/or waivers for application fees and credit checks
- **Housing:**
 - Offer rent subsidies
 - Designate more rent-controlled units
- **Populations:**
 - Develop affordable housing options for people outside of traditional target populations: Men, childless adults, college students, large families

Workforce Education and Training

Address the Provider Shortage and Improve Staff Retention

- **Workforce:**
 - Contract with private psychologists/psychiatrists/LCSWs to expand clinical service capacity

- Hire more peer providers that reflect the target populations
- Engage older adults to provide peer support
- Recruit/train more specialized providers (e.g., children and family focus) and bilingual, Spanish-speaking providers
- **Wages and Incentives:**
 - Reallocate funds to improve wages and create incentives
 - Engage in dedicated staff engagement and satisfaction activities
 - Offer quality of life benefits (e.g. flex time, wellness incentives, PTO, other perks)
 - Partner with homeowners and landlords to temporarily house relocated providers at affordable rents
 - Provide stipends for peer support specialists
 - Offer student loan repayment as an alternative to a 401k
 - Identify alternative funding streams (such as SAMHSA grants) to supplement funding
- **Education/Pipeline:**
 - Support community members to complete their degrees
 - Connect staff to higher education opportunities through distance learning
 - Promote educational grants and scholarships to increase financial feasibility
 - Provide regular and ongoing training for existing staff
- **Outreach:**
 - Have LCBHS reps at career fairs to introduce community members to possible careers in behavioral health
 - Promote statewide WET programs

Collaboration and Care Coordination

Address Service Gaps through Interagency Collaboration

- **Meetings:**
 - Re-establish regular closed loop referral system case conferencing
 - Establish an interagency group that meets regularly to identify and address care coordination gaps and challenges
- **Navigation and Integrated Services:**
 - Establish navigation services that follow consumers across different systems and levels of care
 - Establish interagency drop-in or navigation centers that serve as “one-stop shops”
- **Policies and Agreements:**
 - Adopt a “no wrong door” approach across agencies to help consumers access care
 - Draft a joint powers agreement to develop more coordinated systems of care
 - Develop a universal ROI that can be used to facilitate referrals, care coordination, and case management across providers/agencies



Frequent Recommendations:

Service Awareness:

- Create a hotline or service access line that people can call to learn about and get connected to the appropriate behavioral health services
- Create or update resource hub/website with existing County and CBO behavioral health services
- Conduct regular community outreach and education events and distribute outreach materials about behavioral health services and career pathways

Service Access and Coordination:

- Extend behavioral health clinic and peer support center hours to evenings and weekends
- Expand wellness, socialization, and self-sufficiency/life skills activities and groups
- Expand peer navigation and case management services to help consumers access/navigate different service systems, and stay with consumers when transitioning to different levels of care (e.g., transition from mild/moderate to SMI services)
- Provide more integrated and co-located services for high-risk groups by providing behavioral health services and assessments at existing sites (e.g., warming shelters, housing facilities, senior centers, family resource centers, health clinics, etc.) and creating interagency navigation or drop-in centers that serve as a “one-stop shop”
- Develop infrastructure—including agreements, policies, and procedures—to support and streamline care coordination

Workforce and Training:

- Provide regular and ongoing training for all levels of behavioral health staff—particularly related to trauma-informed care, stigma reduction, cultural competence, and sensitivity training
- Provide mental health training for law enforcement, first responders, and other individuals likely to encounter individuals with mental health needs (e.g., school teachers, health providers)
- Develop and raise awareness of job opportunities/career pathways for peer-support and non-clinical positions