

2026 - 2029 Integrated Plan

Lassen County

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans (IPs) for Behavioral Health Services and Outcomes. For related policy information, refer to [3.A. Purpose of the Integrated Plan](#).

General Information

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For related policy information, refer to [3.A. General Information](#).

General Information

County, City, Joint Powers, or Joint Submission

County

Entity Name

Lassen County

Behavioral Health Agency Name

Lassen County Behavioral Health

Behavioral Health Agency Mailing Address

555 Hospital Lane Susanville, CA 96130

Primary Mental Health Contact

Name

Tiffany Armstrong, LCSW

Email

TArmstrong@co.lassen.ca.us

Phone

5302518108

Secondary Mental Health Contact

Name

Leslie Goni, LCSW

Email

LGoni@co.lassen.ca.us

Phone

5302518108

Primary Substance Use Disorder Contact

Name

Tiffany Armstrong, LCSW

Email

TArmstrong@co.lassen.ca.us

Phone

5302518108

Secondary Substance Use Disorder Contact

Name N/A

Email N/A

Phone N/A

Primary Housing Interventions Contact

Name N/A

Email N/A

Phone N/A

Compliance Officer for Specialty Mental Health Services (SMHS)

Name N/A

Email N/A

Compliance Officer for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Name N/A

Email N/A

Behavioral Health Services Act (BHSA) Coordinator

Name	Email address
Andik Hidayat	AHidayat@co.lassen.ca.us

Substance Abuse and Mental Health Services Administration (SAMHSA) liaison

Name	Email address
Tiffany Armstrong, LCSW	TArmstrong@co.lassen.ca.us

Quality Assurance or Quality Improvement (QA/QI) lead

Name	Email address
Tiffany Armstrong, LCSW	TArmstrong@co.lassen.ca.us

Medical Director

Name	Email address
Dr. John Crowley	JCrowley@co.lassen.ca.us

County Behavioral Health System Overview

Please provide the [city/county behavioral health system](#) (inclusive of mental health and substance use disorder) information listed throughout this section. The purpose of this section is to provide a high-level overview of the city/county behavioral health system's populations served, technological infrastructure, and services provided. This information is intended to support city/county planning and transparency for stakeholders. The Department of Health Care Services recognizes that some information provided in this section is subject to change over the course of the Integrated Plan (IP) period. All data should be based on FY preceding the year plan development begins (i.e., for 2026-2029 IP, data from FY 2023-2024 should be used).

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For related policy information, refer to [3.E.2 General Requirements](#).

Populations Served by County Behavioral Health System

Includes individuals that have been served through the county Medi-Cal Behavioral Health Delivery System and individuals served through other county behavioral health programs. Population-level behavioral health measures, including for untreated behavioral health conditions, are covered in the Statewide Behavioral Health Goals section and County Population-Level Behavioral Health Measure Workbook. For related policy information, refer to [2.B.3 Eligible Populations](#) and [3.A.2 Contents of the Integrated Plan](#).

Children and Youth

In the table below, please report [the number of children and youth](#) (under 21) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category.**

Criteria	Number of Children and Youth Under Age 21
Received Medi-Cal Specialty Mental Health Services (SMHS)	260
Received at least one substance use disorder (SUD) individual-level prevention and/or early intervention service	<11*
Received Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) services	<11*
Received mental health (MH) and SUD services from the mental health plan (MHP) and DMC county or DMC-ODS plan	<11*

Criteria	Number of Children and Youth Under Age 21
<p>Accessed the Early Psychosis Intervention Plus Program, pursuant to Welfare and Institutions Code Part 3.4 (commencing with section 5835), Coordinated Specialty Care, or other similar evidence-based practices and community-defined evidence practices for early psychosis and mood disorder detection and intervention programs</p>	<p><11*</p>
<p>Were chronically homeless or experiencing homelessness or at risk of homelessness</p>	<p><11*</p>
<p>Were in the juvenile justice system</p>	<p><11*</p>
<p>Have reentered the community from a youth correctional facility</p>	<p><11*</p>
<p>Were served by the Mental Health Plan and had an open child welfare case</p>	<p>29</p>
<p>Were served by the DMC County or DMC-ODS plan and had an open child welfare case</p>	<p><11*</p>

Criteria	Number of Children and Youth Under Age 21
Have received acute psychiatric care	22

Adults and Older Adults

In the table below, please report the number of adults and older adults (21 and older) served by the county behavioral health system who meet the criteria listed in each row. **Counts may be duplicated as individuals may be included in more than one category.**

Criteria	Number of Adults and Older Adults
Were dual-eligible Medicare and Medicaid members	99
Received Medi-Cal SMHS	622
Received DMC or DMC-ODS services	148
Received MH and SUD services from the MHP and DMC county or DMC-ODS plan	137
Were chronically homeless, or experiencing homelessness, or at risk of homelessness	59

Criteria	Number of Adults and Older Adults
Experienced unsheltered homelessness	44
Moved from unsheltered homelessness to being sheltered (emergency shelter, transitional housing, or permanent housing)	88
Of the total number of those who moved from unsheltered homelessness to being sheltered, how many transitioned into permanent housing	<11*
Were in the justice system (on parole or probation and not currently incarcerated)	<11*
Were incarcerated (including state prison and jail)	45
Reentered the community from state prison or county jail	45
Received acute psychiatric services	<11*

Input the number of persons in designated and approved facilities who were

Admitted or detained for 72-hour evaluation and treatment rate

Admitted for 14-day and 30-day periods of intensive treatment

0

Admitted for 180-day post certification intensive treatment

0

Please report the total population enrolled in Department of State Hospital (DSH) Lanterman-Petris-Short (LPS) Act programs

<11*

Please report the total population enrolled in DSH community solution projects (e.g., community-based restoration and diversion programs)

<11*

Of the data reported in this section, are there any areas where the county would like to provide additional context for DHCS's understanding?

No

Please describe the local data used during the planning process

LCBH uses multiple local data sources to inform the planning process, including data from its Electronic Health Record (EHR) to understand service utilization and client demographics. Lassen County jail booking data is also used to assess needs among justice-involved individuals.

Additional sources include prior Point-in-Time (PIT) Count data to understand homelessness trends, along with SacValley MedShare and Cal MHSA Dashboards for regional and statewide insights. Together, these data help guide data-driven planning and identify service gaps.

If desired, provide documentation on the local data used during the planning process

County Behavioral Health Technical Infrastructure

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to [6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction](#).

Does the county behavioral health system use an Electronic Health Record (EHR)?

Yes

Please select which of the following EHRs the county uses

Qualifacts credible.

County participates in a Qualified Health Information Organization (QHIO)?

Yes

Please select which QHIO the county participates in

SacValley MedShare

Application Programming Interface Information

Counties are required to implement Application Programming Interfaces (API) in accordance with [Behavioral Health Information Notice \(BHIN\) 22-068](#) and federal law.

Please provide the link to the county's API endpoint on the county behavioral health plan's website

<https://www.lassencounty.org/dept/behavioral-health/health-information-systems-access>

Does the county wish to disclose any implementation challenges or concerns with these requirements?

No

Counties are required to meet admission, discharge, and transfer data sharing requirements as outlined in the attachments to BHINs [23-056](#), [23-057](#), and [24-016](#). Does the county wish to disclose any implementation challenges or concerns with these requirements?

No

County Behavioral Health System Service Delivery Landscape

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to [6.C.1 Promoting Access to Care Through Efficient Use of State and County Resources Introduction](#).

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) Grant

Will the county participate in [SAMHSA's PATH Grant](#) during the Integrated Plan period?

No

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Community Mental Health Services Block Grant (MHBG)

Will the county behavioral health system participate in any [MHBG](#) set-asides during the Integrated Plan period?

No

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Will the county behavioral health system participate in any [SUBG](#) set asides during the Integrated Plan period?

No

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Opioid Settlement Funds (OSF)

Will the county behavioral health system have planned expenditures for [OSF](#) during the Integrated Plan period?

No

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Bronzan-McCorquodale Act

The [county behavioral health system](#) is mandated to provide the following community mental health services as described in the [Bronzan-McCorquodale Act](#) (BMA).

- a. Case Management
- b. Comprehensive Evaluation and Assessment
- c. Group Services
- d. Individual Service Plan
- e. Medication Education and Management
- f. Pre-crisis and Crisis Services
- g. Rehabilitation and Support Services
- h. Residential Services
- i. Services for Homeless Persons
- j. Twenty-four-hour Treatment Services
- k. Vocational Rehabilitation

In addition, BMA funds may be used for the specific services identified in the list below.

Select all services that are funded with BMA funds:

Not Applicable

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Public Safety Realignment (2011 Realignment)

The county behavioral health system is required to provide the following services which may be funded under the [Public Safety Realignment \(2011 Realignment\)](#)

- a. Drug Courts

- b. Medi-Cal Specialty Mental Health Services, including Early Periodic Screening Diagnostic Treatment (EPSDT)
- c. Regular and Perinatal Drug Medi-Cal Services
- d. Regular and Perinatal DMC Organized Delivery System Services, including EPSDT
- e. Regular and Perinatal Non-Drug Medi-Cal Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Medi-Cal Specialty Mental Health Services (SMHS)

The county behavioral health system is mandated to provide the following services under [SMHS](#) authority (no action required).

- a. Adult Residential Treatment Services
- b. Crisis Intervention
- c. Crisis Residential Treatment Services
- d. Crisis Stabilization
- e. Day Rehabilitation
- f. Day Treatment Intensive
- g. Mental Health Services
- h. Medication Support Services
- i. Mobile Crisis Services
- j. Psychiatric Health Facility Services
- k. Psychiatric Inpatient Hospital Services
- l. Targeted Case Management
- m. Functional Family Therapy for individuals under the age of 21
- n. High Fidelity Wraparound for individuals under the age of 21
- o. Intensive Care Coordination for individuals under the age of 21
- p. Intensive Home-based Services for individuals under the age of 21
- q. Multisystemic Therapy for individuals under the age of 21
- r. Parent-Child Interaction Therapy for individuals under the age of 21
- s. Therapeutic Behavioral Services for individuals under the age of 21
- t. Therapeutic Foster Care for individuals under the age of 21
- u. All Other [Medically Necessary](#) SMHS for individuals under the age of 21

Has the county behavioral health system opted to provide the specific Medi-Cal SMHS identified in the list below as of June 30, 2026?

CSC for FEP

Enhanced CHW Services

IPS Supported Employment

Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)

Select which of the following services the county behavioral health system participates in [DMC-ODS](#) Program

Drug Medi-Cal Organized Delivery System (DMC-ODS)

The county behavioral health system is mandated to provide the following services as a part of the DMC-ODS Program (DHCS currently follows the guidance set forth in the American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition). (no action required)

- a. Care Coordination Services
- b. Clinician Consultation
- c. Outpatient Treatment Services (ASAM Level 1)
- d. Intensive Outpatient Treatment Services (ASAM Level 2.1)
- e. Medications for Addiction Treatment (MAT), Including Narcotics Treatment Program (NTP) Services
- f. [Mobile Crisis Services](#)
- g. Recovery Services
- h. Residential Treatment services (ASAM Levels 3.1, 3.3., 3.5)
- i. Traditional Healers and Natural Helpers
- j. Withdrawal Management Services
- k. All Other Medically Necessary Services for individuals under age 21 for individuals under age 21
- l. Early Intervention for individuals under age 21

Has the county behavioral health system opted to provide the specific Medi-Cal SUD services identified in the list below as of June 30, 2026?

Peer Support Services

Does the county wish to disclose any implementation challenges or concerns with the requirements under this program?

No

Other Programs and Services

Please list any other programs and services the county behavioral health system provides through other federal grants or other county mental health and SUD programs

Program or service
DHCS - Behavioral Health Bridge Housing (BHBH) Program
Housing - Medical Respite

Care Transitions

Has the county implemented the state-mandated [Transition of Care Tool for Medi-Cal Mental Health Services](#) (Adult and Youth)?

Yes

Does the county's Memorandum of Understanding include a description of the system used to transition a member's care between the member's mental health plan and their managed care plan based upon the member's health condition?

Yes

Statewide Behavioral Health Goals

All fields must be completed unless marked as optional. You don't need to finish everything at once-your progress will be saved automatically as you go. Use "Return to plan" to navigate between sections and track overall progress. For related policy information, refer to, please see [3.E.6 Statewide behavioral health goals](#).

Population-Level Behavioral Health Measures

The [statewide behavioral health goals and associated population-level behavioral health measures](#) must be used in the county Behavioral Health Services Act (BHSA) planning process and should inform resource planning and implementation of targeted interventions to improve outcomes for the fiscal year(s) being addressed in the IP. For more information on the statewide behavioral health goals, please see the [Policy Manual Chapter 2, Section C](#).

Please review your county's status on each population-level behavioral health measure, including the primary measures and supplemental measures for each of the 14 goals. All measures are publicly available, and counties are able to review their status by accessing the measures via DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook.

As part of this review, counties are required to evaluate disparities related to the six priority statewide behavioral health goals. Counties are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Please note that several Phase 1 measures include demographic stratifications – such as race, sex, age, and spoken language – which are included in the prompts below. Counties may also use local data to conduct additional analyses beyond these demographic categories.

For related policy information, refer to [E.6.1 Population-level Behavioral Health Measures](#).

Mark page as complete

Priority statewide behavioral health goals for improvement

Counties are required to address the six priority statewide behavioral health goals in this section. Cities should utilize data that corresponds to the county they are located within. As such, the City of Berkeley should use data from Alameda County and Tri-City should use data from Los Angeles County. For related policy information, refer to [E.6.2 Primary and Supplemental Measures](#).

Access to care: Primary measures

Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults

Above

For children/youth

Above

What disparities did you identify across demographic groups or special populations?

Age

Race or Ethnicity

Spoken Language

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

How does your county status compare to the statewide rate?

For adults/older adults

Above

For children/youth

Below

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Drug Medi-Cal (DMC) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults

Not Applicable

For children/youth

Not Applicable

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2022 - 2023

How does your county status compare to the statewide rate?

For adults/older adults

Below

For children/youth

Not Applicable

What disparities did you identify across demographic groups or special populations?

Age

Race or Ethnicity

Spoken Language

Access to care: Supplemental Measures

Initiation of Substance Use Disorder Treatment (IET-INI) (DHCS), FY 2023

How does your county status compare to the statewide rate?

Below

What disparities did you identify across demographic groups or special populations?

Age

Race or Ethnicity

Spoken Language

Access to care: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

For the previous fiscal year 2024-25, LCBH delivered 12,393 billable services. Those services were provided to 895 unique clients. Of those clients 96% identified as English speaking with the remainder identified as unknown or not reported. This is down 2.78 percentage points from the previous fiscal year. Given that the 2020 Census reports 18% of Lassen County residents speaking languages other than English at home, this finding points to a discrepancy between the MHP population served and the county population.

The majority of services were provided to female-identifying beneficiaries (For adults: 64% of all services were provided to females, 36% to males. For Youth: 48% of all services were provided to females, 52% to males. The degree of the majority stands in contrast with the demographic makeup of the LCBH beneficiary population, where 56% of adult beneficiaries (50.2% of youth beneficiaries) identify as female, 44% adults as male (49.8% of youth). This indicates a higher utilization for female than male beneficiaries. Those identifying as Other represented less than 1% of total services and further analysis cannot be published for reasons of ensuring confidentiality of a population under 15 individuals.

The racial and ethnic makeup of the beneficiary population is fairly representative of the Lassen County population with 78.9% of adult clients identifying (73.1% youth) as white (86.3% of all adult beneficiaries were non-Hispanic, 77.3% youth). The next largest racial minority is that of Native American and Black/African American (Both 3.2% of adult beneficiary population), with next ethnic minority being Mexican American / Chicano at 3.5% of adults and Other Hispanic/Latino at 8.8% of youth. According to 2020 Census data, Lassen County has a population of 20.3% Hispanic, and 1 % Native American. Compared to the beneficiary population it is clear that Native Americans make up of a heightened penetration rate

while the penetration rate is significantly low for the Hispanic population.

Of the beneficiary population by race, The Native American-identifying population overutilized serves most as a percentage of their share of the client base – making up 3.2% of adult clients, but 3.6% of all adult services. This is in stark contrast to those reported as Black/African American who made up the same share of the beneficiary population (3.2%). However, this population only made up 1.2% of all adult services, demonstrating heightened underutilization. Compared with the white population who make up 78.9% of all adult clients, and 82.9% of all adult services.

The majority of beneficiaries served, and services provided, were to individuals aged 30-39 for adults (30% of all adult beneficiaries; 27.9% of all adult services), and aged 12-20 for youth (67.7% of all youth beneficiaries, 62.2% of all youth services). Of their populations, it is noted that the largest discrepancies in utilization can be found with those aged 0-11 and 12-20. Those aged 0-11 make up 32.3% of youth beneficiaries, but 37.8% of all youth services were provided to this population, averaging 19 services per person. This is in contrast with the population of 20-29, who make up 18.5% of all adults served) Those in this cohort make up only 16.5% of all services provided, averaging 10.5 services per person – the least number of services per person than any other age group. This finding indicates that while those aged 0-11 are receiving heightened care (as would be reflective in Intensive Service requirements for youth), those 20-29 are particularly underutilizing services.

What all these findings indicate is a need for LCBH to prioritize diversity and inclusion in practice and in outreach. It will be important to address why male-identifying beneficiaries are underutilizing total services but make up the largest share of Crisis encounters. It is a necessary and continuing goal of LCBH to increase penetration rates among the Hispanic, Asian, and non-English speaking populations through increased and culturally responsive outreach in order to be more reflective of the county population. And additionally, these findings indicate a need to prioritize increasing service utilization, not just increasing penetration rates, for young adults aged 20-29 and Black/African American identifying populations.

Access to care: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes

Lassen County Behavioral Health (LCBH) currently utilizes level of care assessments for youth requiring Specialty Mental Health Services (SMHS) and for all members seeking substance use disorder (SUD) treatment services.

File Upload

Please identify the category or categories of funding that the county is using to address the access to care goal

BHSA Behavioral Health Services and Supports (BHSS)

BHSA Full Services Partnership (FSP)

BHSA Housing Interventions

1991 Realignment

2011 Realignment

State General Fund

Federal Financial Participation (SMHS, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)

Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH)

Community Mental Health Block Grant (MHBG)

Substance Use Block Grant (SUBG)

Homelessness: Primary measures

People Experiencing Homelessness Point-in-Time Count (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

Above

What disparities did you identify across demographic groups or special populations?

Race or Ethnicity

Homeless Student Enrollment by Dwelling Type, California Department of Education (CDE), 2023 - 2024

How does your county status compare to the statewide rate?

Below

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Homelessness: Supplemental Measures

PIT Count Rate of People Experience Homelessness with Severe Mental Illness, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

Above

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

PIT Count Rate of People Experience Homelessness with Chronic Substance Abuse, (Rate per 10,000 people by Continuum of Care Region) (HUD), 2024

How does your county status compare to the PIT Count Rate out of every 10,000 people by Continuum of Care region?

Above

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

Sex

People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC) Rate (BCSH), 2023 (This measure will increase as people access services.)

How does your local CoC's rate compare to the average rate across all CoCs?

Below

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

Homelessness: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Based on the 2025 Point-in-Time Count, Lassen County reported 124 homeless individuals—64.5% sheltered, 35.5% unsheltered. Across the NorCal CoC region, significant disparities were identified: American Indian/Alaska Native individuals are overrepresented by 4.5 times and Black/African American individuals by nearly twice their general population share. Adults ages 35–44 comprise 24.2% of the homeless population but only 12.4% of the general population. Veterans make up 5.3% of homeless adults. Nearly half of unsheltered individuals are chronically homeless, and life expectancy is 20 years lower than housed individuals. While Lassen County’s small homeless population limits statistically reliable subpopulation analysis, these regional disparities inform local priorities.

Homelessness: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county’s level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Lassen County Behavioral Health is allocating BHSA Housing Interventions funds for time limited housing. BHBH-Behavioral Health Bridge Housing, a partnership with Lassen County Housing and Grant Department, will have 5 interim housing units. Unhoused individuals will initially fill the beds, for clients experiencing SMI, severe SUD, or co-occurring disorders.

File Upload

Please identify the category or categories of funding that the county is using to address the homelessness goal

BHSA BHSS

BHSA FSP

BHSA Housing Interventions

Other

Please describe other

BHBH and LICN (CMSP Grant)

Institutionalization

Per 42 CFR 435.1010, an institution is "an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor." Institutional settings are intended for individuals with conditions including, but not limited to, behavioral health conditions.

Care provided in inpatient and residential (i.e., institutional) settings can be clinically appropriate and is part of the care continuum. Here, institutionalization refers to individuals residing in these settings longer than clinically appropriate. Therefore, the goal is not to reduce stays in institutional settings to zero. The focus of this goal is on reducing stays in institutional settings that provide a Level of Care that is not – or is no longer – the least restrictive environment. (no action)

Institutionalization: Primary Measures

Inpatient administrative days (DHCS) rate, FY 2023

How does your county status compare to the statewide rate/average?

For adults/older adults

Not Applicable

For children/youth

Not Applicable

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Institutionalization: Supplemental Measures

Involuntary Detention Rates, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

14-day involuntary detention rates per 10,000

Not Applicable

30-day involuntary detention rates per 10,000

Not Applicable

180-day post-certification involuntary detention rates per 10,000

Not Applicable

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Conservatorships, FY 2021 - 2022

How does your county status compare to the statewide rate/average?

Temporary Conservatorships

Not Applicable

Permanent Conservatorships

Not Applicable

What disparities did you identify across demographic groups or special populations?

Other

Please describe other

Small populations

SMHS Crisis Service Utilization (Crisis Intervention, Crisis Residential Treatment Services, and Crisis Stabilization) (DHCS), FY 2023

Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities

How does your county status compare to the statewide rate/average?

Crisis Intervention

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Crisis Residential Treatment Services

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Crisis Stabilization

For adults/older adults

Not Applicable

For children/youth

Not Applicable

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Institutionalization: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

No Data Available.

Institutionalization: Cross-Measure Questions

What additional local data do you have on the current status of institutionalization in your county? (Example: utilization of Mental Health Rehabilitation Center or Skilled Nursing Facility-Special Treatment Programs)

5150 inpatient

File Upload

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's rate of institutionalization. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., enhancing crisis response services targeting a sub-population in which data demonstrates they have poorer outcomes)

Leveraging HIE to better promote follow up after crisis and reduce decompensation and future hospitalization.

File Upload

Please identify the category or categories of funding that the county is using to address the institutionalization goal

BHSA BHSS

BHSA FSP

1991 Realignment

2011 Realignment

Federal Financial Participation (SMHS, DMC/DMC-ODS)

Justice-Involvement: Primary Measures

Arrests: Adult and Juvenile Rates (Department of Justice), Statistical Year 2023

How does your county status compare to the statewide rate/average?

For adults/older adults

Above

For juveniles

Below

What disparities did you identify across demographic groups or special populations?

Age

Gender

Race or Ethnicity

Sex

Justice-Involvement: Supplemental Measures

Adult Recidivism Conviction Rate (California Department of Corrections and Rehabilitation (CDCR)), FY 2019 - 2020

How does your county status compare to the statewide rate/average?

Above

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Incompetent to Stand Trial (IST) Count (Department of State Hospitals(DSH)), FY 2023

Note: The IST count includes all programs funded by DSH, including, state hospital, Jail Based Competency Treatment (JBCT), waitlist, community inpatient facilities, conditional release, community-based restoration and diversion programs. However, this count excludes county-funded programs. As such, individuals with Felony IST designations who are court-ordered to county-funded programs are not included in this count.

How does your county status compare to the statewide rate/average?

Below

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Justice-Involvement: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

In analyzing the 45 individuals linked to Behavioral Health services and reported as booked in the Lassen County Jail during CY 2025, large disparity was found regarding Age, Sex/Gender, and race. Male identifying individuals accounted for 71% of all of the JI identified BH population – this is in large contrast to the population of services where only approximately 43% of unique clients served, identify as male as recorded in the Electronic Health Record. Approximately 31% of the JI beneficiaries were between the ages of 30-39 – this disparity is reflected in EHR data as this age range is also the most likely to be admitted to inpatient psych facilities (approx. 40% of all 5150 detainments in CY 2025 were for those aged 30-39). Racial disparities were also observed, with Black or Native American population accounted for 16% of the BH JI population – this is in contrast to EHR records where the total population served by BH in CY 2025 was approximately 11% Black or Native American. Data on disparities amongst those experiencing recidivism is available but due to low population size cannot be reported

Justice-Involvement: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county's level of

justice-involvement for those living with significant behavioral health needs. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

The County will strengthen a coordinated, data-driven strategy to reduce justice involvement among individuals with significant behavioral health needs by expanding Full-Service Partnership (FSP) capacity, integrating routine jail booking data, deepening collaboration with the Sheriff's Office and justice partners, and strengthening housing linkages. Local jail booking, emergency department, and crisis utilization data demonstrate that individuals with serious mental illness, co-occurring substance use disorders, and housing instability experience poorer outcomes and higher rates of repeated justice involvement than the general behavioral health population, contributing to County performance below statewide medians in timely post-release treatment engagement and continuity of care. In response, the County will prioritize this sub-population for enhanced FSP enrollment, early identification through regular jail booking list review, and proactive discharge and diversion planning beginning within 24–48 hours of custody entry. LCBH is continuing to participate in the PATH grant, working with the jail and providing 90-day pre-release services to get individuals registered and assessed prior to release and schedule with behavioral health upon release. Multidisciplinary case coordination with the Sheriff's Office, Probation, Courts, and behavioral health providers will support diversion opportunities, treatment engagement, and alternatives to incarceration, while housing navigation and supportive housing partnerships will address homelessness as a primary driver of recidivism. These initiatives are guided by local utilization trends and quality improvement review, and will be monitored through outcomes including jail bookings, length of stay, treatment engagement, housing stability, and re-arrest rates, with continuous refinement to ensure progress toward meeting or exceeding statewide benchmarks and improving long-term recovery-oriented outcomes.

File Upload

Please identify the category or categories of funding that the county is nusing to address the justice-involvement goal

BHSA FSP

BHSA Housing Interventions

Federal Financial Participation (SMHS, DMC/DMC-ODS)

Removal Of Children from Home: Primary Measures

Children in Foster Care (Child Welfare Indicators Project (CWIP)), as of January 2025

How does your county status compare to the statewide rate?

Above

What disparities did you identify across demographic groups or special populations?

Gender

Removal Of Children from Home: Supplemental Measures

Open Child Welfare Cases SMHS Penetration Rates (DHCS), 2022

How does your county status compare to the statewide rate?

Below

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Child Maltreatment Substantiations (CWIP), 2022

How does your county status compare to the statewide rate?

Above

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Removal Of Children from Home: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

The population in foster care, child welfare cases and CWIP in each category is below 15 individuals and disparities data would be subjected to a small sample bias

Removal Of Children from Home: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Improve data tracking for intensive services eligibility and strengthen coordination with our county wraparound program and Family First Prevention Services Act (FFPSA) initiatives. This will enable us to more effectively address hospital care needs and work toward increasing parent participation in the parenting group.

File Upload

Please identify the category or categories of funding that the county is nusing to address the removal of children from home goal

BHSA Housing Interventions

BHSA FSP

Federal Financial Participation (SMHS, DMC/DMC-ODS)

Untreated Behavioral Health Conditions: Primary Measures

Follow-Up After Emergency Department Visits for Substance Use (FUA-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Below

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Follow-Up After Emergency Department Visits for Mental Illness (FUM-30), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Not Applicable

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Untreated Behavioral Health Conditions: Supplemental Measures

Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year(CHIS), 2023

How does your county status compare to the statewide rate?

For the full population measured

Above

What disparities did you identify across demographic groups or special populations?

No Disparities Data Available

Untreated Behavioral Health Conditions: Disparities Analysis

For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

County is unable to provide disparities analysis for FUA and FUM as Numerators and Denominators are too low to report for these measures. For identifying those with untreated BH conditions, the county looks toward those reported to BH who were hospitalized for any BH condition and did not participate in follow-up services or had never entered and been registered with BH. For CY 2025, of all hospitalizations/5150s recorded, <15 individuals had never participated in BH service with LCBH. This number is subject to small sample bias, limiting the validity of any disparities analysis.

Untreated Behavioral Health Conditions: Cross-Measure Questions

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may reduce your county’s level of untreated behavioral health conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships or initiatives the count is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Beginning July 1, 2026, the county plans to strengthen partnerships with the local hospital and enhance coordination with the emergency department to better address untreated behavioral health conditions.

File Upload

Please identify the category or categories of funding that the county is using to address the untreated behavioral health conditions goal

BHSA FSP

BHSA Housing Interventions

Federal Financial Participation (SMHS, DMC/DMC-ODS)

Additional statewide behavioral health goals for improvement

Please review your county’s status on the remaining eight statewide behavioral health goals using the primary measure(s) to compare your county to the statewide status and review the supplemental measure(s) for additional insights in the County Performance Workbook. These measures should inform the overall strategy and where relevant, be incorporated into the planning around the six priority goals.

In the next section, the county will select AT LEAST one goal from below for which your county is performing below the statewide rate/average on the primary measure(s) to improve on as a priority for the county.

For related policy information, refer to [E.6.2 Primary and Supplemental Measures](#).

Care Experience: Primary Measures

Perception of Cultural Appropriateness/Quality Domain Score (Consumer Perception Survey (CPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults

Above

For children/youth

Above

Quality Domain Score (Treatment Perception Survey (TPS)), 2024

How does your county status compare to the statewide rate/average?

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Engagement In School: Primary Measures

Twelfth Graders who Graduated High School on Time (Kids Count), 2022

How does your county status compare to the statewide rate/average?

Above

Engagement In School: Supplemental Measures

Meaningful Participation at School (California Health Kids Survey (CHKS)), 2023

How does your county status compare to the statewide rate/average?

Above

Student Chronic Absenteeism Rate (Data Quest), 2022

How does your county status compare to the statewide rate/average?

Above

Engagement In Work: Primary Measures

Unemployment Rate (California Employment Development Department (CA EDD)), 2023

How does your county status compare to the statewide rate/average?

Above

Engagement In Work: Supplemental Measures

Unable to Work Due to Mental Problems (California Health Interview Survey (CHIS)), 2023

How does your county status compare to the statewide rate/average?

Below

Overdoses: Primary Measures

All Drug-Related Overdose Deaths (California Department of Public Health (CDPH)), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Overdoses: Supplemental Measures

All-Drug Related Overdose Emergency Department Visits (CDPH), 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

For adults/older adults

Not Applicable

For children/youth

Not Applicable

Prevention And Treatment of Co-Occurring Physical Health Conditions: Primary Measures

Adults' Access to Preventive/Ambulatory Health Service & Child and Adolescent Well-Care Visits (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults (specific to Adults' Access to Preventive/Ambulatory Health Service)

Below

For children/youth (specific to Child and Adolescent Well-Care Visits)

Below

Prevention And Treatment of Co-Occurring Physical Health Conditions: Supplemental Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications & Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (DHCS), 2022

How does your county status compare to the statewide rate/average?

For adults/older adults (specific to Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications)

Below

For children/youth (specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing)

Below

Quality Of Life: Primary Measures

Perception of Functioning Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Below

For adults/older adults

Above

For children/youth

Below

Quality Of Life: Supplemental Measures

Poor Mental Health Days Reported (Behavioral Risk Factor Surveillance System (BRFSS)), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Above

Social Connection: Primary Measures

Perception of Social Connectedness Domain Score (CPS), 2024

How does your county status compare to the statewide rate/average?

For the full population measured

Below

For adults/older adults

Above

For children/youth

Above

Social Connection: Supplemental Measures

Caring Adult Relationships at School (CHKS), 2023

How does your county status compare to the statewide rate/average?

Above

Suicides: Primary Measures

Suicide Deaths, 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Not Applicable

Suicides: Supplemental Measures

Non-Fatal Emergency Department Visits Due to Self-Harm, 2022

How does your county status compare to the statewide rate/average?

For the full population measured

Above

For adults/older adults

Not Applicable

For children/youth

Not Applicable

County-selected statewide population behavioral health goals

For related policy information, refer to [3.E.6 Statewide Behavioral Health Goals](#).

Based on your county's performance or inequities identified, select at least one additional goal to improve on as a priority for the county for which your county is performing below the statewide rate/average on the primary measure(s). For each county-selected goal, provide the information requested below.

Overdoses

Overdoses

Please describe why this goal was selected

Based on the survey and the stakeholder meetings, overdoses was selected by the community and there is a need of addressing the issue.

What disparities did you identify across demographic groups or priority populations among the Additional Statewide Behavioral Health Goals? For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis

Black males aged 45-49 disproportionately affected by overdose in Lassen County according to Cal MHSA overdose dashboard.

Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may improve your county's level of Overdoses and refer to any data that was used to make this decision (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

Leveraging our data exchange with MCP to access real time ADT data on individuals seen in the emergency room in SUD crisis and provide timely follow up.

Please identify the category or categories of funding that the county is using to address this goal

Federal Financial Participation (SMHS, DMC/DMC-ODS)

Community Planning Process

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For more information on this section, please see [3.B Community Planning Process](#).

Stakeholder Engagement

For related policy information, refer to [3.B.1 Stakeholder involvement](#)

Please indicate the type of [engagement used to obtain input](#) on the planning process

Training, education, and outreach related to community planning

Survey participation

Include date(s) of stakeholder engagement for each type of engagement

Type of engagement

Training, education, and outreach related to community planning

Date

2/24/2026

Type of engagement

Training, education, and outreach related to community planning

Date

2/26/2026

Type of engagement

Survey participation

Date

3/26/2026

Type of engagement

Training, education, and outreach related to community planning

Date

3/3/2026

Type of engagement

Survey participation

Date

3/3/2026

Type of engagement

Training, education, and outreach related to community planning

Date

3/5/2026

Type of engagement

Survey participation

Date

3/5/2026

Type of engagement

Training, education, and outreach related to community planning

Date

3/18/2026

Type of engagement

Survey participation

Date

3/18/2026

Type of engagement

Survey participation

Date

2/24/2026

Please list specific stakeholder organizations that were engaged in the planning process.**Please do not include specific names of individuals**

Clients, Family members of clients, Community members, Lassen County Public Health, Susanville Indian Rancheria, City of Susanville, Fort Sage Unified School District, Westwood Unified School District, Lassen County Office of Education, and Youth.

What are the five most populous cities in counties with a population greater than 200,000 (Cities submitting IP independently are not required to collaborate with other cities) ([Population and Housing Estimates for Cities, Counties, and the State](#))

	City name
1	
2	
3	
4	
5	

Were you able to engage [all required stakeholders/groups](#) in the planning process?

No

If not, which required stakeholder/groups were you unable to engage in the planning process?

Area agencies on aging

Disability insurers

Health care service plans, including Medi-Cal managed care plans

Independent living centers

Labor representative organizations

Regional centers

Area agencies on aging

Other

Please describe

We sent the invitation through the BHSA Stakeholder Meetings flyer and shared the information on our website, social media, and a local online publication, but unfortunately, they did not attend the meetings.

Disability insurers

Other

Please describe

We sent the invitation through the BHSA Stakeholder Meetings flyer and shared the information on our website, social media, and a local online publication, but unfortunately, they did not attend the meetings.

Health care service plans, including Medi-Cal managed care plans

Other

Please describe

We sent the invitation through the BHSA Stakeholder Meetings flyer and shared the information on our website, social media, and a local online publication, but unfortunately, they did not attend the meetings.

Independent living centers

Other

Please describe

We sent the invitation through the BHSA Stakeholder Meetings flyer and shared the information on our website, social media, and a local online publication, but unfortunately, they did not attend the meetings.

Labor representative organizations

Other

Please describe

We sent the invitation through the BHSA Stakeholder Meetings flyer and shared the information on our website, social media, and a local online publication, but unfortunately, they did not attend the meetings.

Regional centers

Other

Please describe

We sent the invitation through the BHSA Stakeholder Meetings flyer and shared the information on our website, social media, and a local online publication, but unfortunately, they did not attend the meetings.

Please describe and provide documentation (such as meeting minutes) to support how diverse stakeholder viewpoints were incorporated into the development of the Integrated Plan, including any community-identified strengths, needs, and priorities

During the stakeholder meeting, key points regarding community needs and priorities in Lassen County were discussed. Both community members and partner organizations shared their perspectives, which were documented in meeting notes for reference. Additionally, we conducted a community survey to gather broader input. Based on the survey results, the community identified overdoses as an additional priority for the Integrated Plan, highlighting the need for targeted interventions in this area.

Upload File

BHSA Stakeholder Meeting Minutes - 3 3 2026.pdf

Local Health Jurisdiction (LHJ)

Cities submitting their Integrated Plan independently from their counties do not have to complete this section. For related policy information, refer to [B.2 Considerations of Other Local Program Planning Processes](#).

Did the county work with its LHJ on [the development of the LHJ's recent Community Health Assessment \(CHA\) and/or Community Health Improvement Plan \(CHIP\)](#) ? Additional information regarding engagement requirements with other local program planning processes can

be found in [Policy Manual Chapter 3, Section B.2.3.](#)

Yes

Please describe how the [county engaged with LHJs, along with Medi-Cal managed care plans \(MCPs\)](#), across these three areas in developing the CHA and/or CHIP: collaboration, data-sharing, and stakeholder activities

Lassen County Behavioral Health collaborated with Lassen County Public Health and Partnership in developing the Community Health Assessment (CHA). Lassen Public Health hired a contractor, Metopio, to lead the CHA process, which included facilitating community input sessions, focus groups, and convening local collaborators. Lassen County Behavioral Health participated at these sessions, ensuring our perspectives and data needs were incorporated. Through this collaboration, stakeholders were able to share data, provide input, and inform the development of CHA.

Did the county utilize the County-LHJ-MCP Collaboration Tool provided via technical assistance?

No

Collaboration

Please select how the county collaborated with the LHJ

Attended key CHA and CHIP meetings as requested.

Data-Sharing

Data-Sharing to Support the CHA/CHIP

Select Statewide Behavioral Health Goals that were identified for data-sharing to support behavioral health-related focus areas of the CHA and CHIP

Access to Care

Homelessness

Suicides

Was data shared?

Yes

Data-Sharing from MCPS and LHJs to Support IP development

Select Statewide Behavioral Health Goals that were identified for data-sharing to inform IP development

Access to Care

Was data shared?

Yes

Stakeholder Activities

Select which stakeholder activities the county has coordinated for IP development with the LHJ engagement on the CHA/CHIP. Please note that although counties must coordinate stakeholder activities with LHJ CHA/CHIP processes (where feasible), the options below are for illustrative purposes only and are not required forms of stakeholder activity coordination (e.g., counties do not need to conduct each of these activities)

Collaborated on joint surveys, focus groups, and/or interviews that can be used to inform both the IP and CHA/CHIP.

Most Recent Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) or Strategic Plan

Has the county considered either the LHJ's most recent CHA/CHIP or strategic plan in the [development of its IP](#)? Additional information regarding engagement requirements with other local program planning processes can be found in [Policy Manual Chapter 3, Section B.2.3](#)

Yes

Provide a brief description of how the county has considered the LHJ's CHA/CHIP or strategic plan when preparing its IP

Aligning stakeholders identified goals with the planning process of the IP and the Community Health Assessment (CHA).

Medi-Cal Managed Care Plan (MCP) Community Reinvestment

For related policy information, refer to [B.2 Considerations of Other Local Program Planning Processes](#).

Please list the Managed Care Plans (MCP) the county worked with to inform the MCPs' respective community reinvestment planning and decision-making processes

Partnership Health Plan

Which activities in the MCP Community Reinvestment Plan submissions address needs identified through the Behavioral Health Services Act community planning process and collaboration between the county, MCP, and other stakeholders on the county's Integrated Plan?

TBD

Comment Period and Public Hearing

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For related policy information, refer to [B.3 Public Comment and Updates to the Integrated Plan](#).

Comment Period and Public Hearing

For related policy information, refer to [B.3 Public Comment and Updates to the Integrated Plan](#).

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Date the draft Integrated Plan (IP) was released for stakeholder comment

3/31/2026

Date the stakeholder comment period closed

4/29/2026

Date of behavioral health board public hearing on draft IP

5/11/2026

Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality

Link

Please provide the link to the public posting

<https://www.lassencounty.org/dept/behavioral-health/behavioral-health/current-news-and-information>

If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page

File Upload

Please select the process by which the draft plan was circulated to stakeholders

Public posting

Please describe [stakeholder input](#) in the table below. Please add each stakeholder group into their own row in the table

Stakeholder group that provided feedback

TBD

Summarize the substantive revisions recommended this stakeholder during the comment period

TBD

Please describe any substantive recommendations made by the local behavioral health board that are not included in the final Integrated Plan or update. If no substantive revisions were recommended by stakeholders during the comment period, please input N/A.

Substantive recommendations

TBD

County Behavioral Health Services Care Continuum

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress.

County Behavioral Health Services Care Continuum

The Behavioral Health Care Continuum is composed of two distinct frameworks for substance use disorder and mental health services. These frameworks are used for counties to demonstrate planned expenditures across key service categories in their service continuum. Questions on the Behavioral Health Care Continuum are in the Integrated Plan Budget Template.

Mark section as complete

County Provider Monitoring and Oversight

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For related policy information, refer to [6.C.2 Securing Medi-Cal Payment](#).

Medi-Cal Quality Improvement Plans

Cities submitting their Integrated Plan independently from their counties do not have to complete this section or Question 1 under All BHSA Provider Locations.

For Specialty Mental Health Services (SMHS) or for integrated SMHS/Drug Medi-Cal Organized Delivery System (DMC-ODS) contracts under Behavioral Health Administrative Integration, please upload a copy of the county's current Quality Improvement Plan (QIP) for State Fiscal Year (SFY) 2026-2027

Lassen County Quality Improvement Work Plan 2025-26.pdf

Does the county operate a standalone DMC-ODS program (i.e., a DMC-ODS program that is not under an integrated SMHS/DMC-ODS contract)?

Yes

For standalone DMC-ODS, please upload a copy of the county's current QIP for SFY 2026-2027

Lassen County Quality Improvement Work Plan 2025-26.pdf

Contracted BHSA Provider Locations

As of the date this report is submitted, please provide the total number of contracted Behavioral Health Services Act (BHSA) provider locations offering non-Housing services for SFY 2025-26. I.e., BHSA-funded locations that are (i) not owned or operated by the county, and (ii) offer BHSA services other than Housing Interventions services. (A provider location should be counted if it offers both Housing Interventions and mental health (MH) or substance use disorder services (SUD); provider location that contracts with the county to provide both mental health and substance use disorder services should be counted separately.)

Services Provided	Number of contracted BHSA provider locations
Mental Health (MH) services only	0
Substance Use Disorder (SUD) services only	0
Both MH and SUD services	1

Among the county's contracted BHSA provider locations, please identify the number of locations that also participate in the county's Medi-Cal Behavioral Health Delivery System (BHDS) (including SMHS and Drug MC/DMC-ODS) for SFY 2025-26

Services Provided	Number of Contracted BHSA Provider Locations
SMHS only	0
DMC/DMC-ODS only	0
Both SMHS and DMC/DMC-ODS systems	0

All BHSA Provider Locations

For related policy information, refer to [B.2 Considerations of Other Local Program Planning Processes](#).

Among the county's BHSA funded SMHS provider locations (county-operated and contracted) that offer services/Levels of Care that may be covered by Medi-Cal MCPs as non-specialty mental health services (NSMHS), what percentage of BHSA funded SMHS providers contract with at least one MCP in the county for the delivery of NSMHS?

To maximize resource efficiency, counties must, as of July 1, 2027, require their BHSA providers to (subject to certain exceptions)

- a. Check whether an individual seeking services eligible for BHSA funding is enrolled in Medi-Cal and/or a commercial health plan, and if uninsured, refer the individual for eligibility screening
- b. Bill the Medi-Cal Behavioral Health Delivery System for covered services for which the provider receives BHSA funding; and
- c. Make a good faith effort to seek reimbursement from Medi-Cal Managed Care Plans (MCPs) and commercial health plans for covered services for which the provider receives BHSA funding

Does the county wish to describe implementation challenges or concerns with these requirements?

No

Counties must monitor BHSA-funded providers for compliance with applicable requirements under the Policy Manual, the county's BHSA contract with DHCS, and state law and regulations. Effective SFY 2027-2028, counties must (1) adopt a monitoring schedule that includes periodic site visits and (2) preserve monitoring records, including monitoring reports, county-approved provider Corrective Action Plans (CAPs), and confirmations of CAP resolutions. Counties shall supply these records at any time upon DHCS's request. DHCS encourages counties to adopt the same provider monitoring schedule as under Medi-Cal: annual monitoring with a site visit at least once every three years. For providers that participate in multiple counties' BHSA programs, a county may rely on monitoring performed by another county.

Does the county intend to adopt this recommended monitoring schedule for

BHSA-funded providers that:

Also participate in the county's Medi-Cal Behavioral Health Delivery System? (Reminder: Counties may simultaneously monitor for compliance with Medi-Cal and BHSA requirements)

No

If not, please describe how the county will monitor these providers for compliance with BHSA requirements

N/A

Do not participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

Behavioral Health Services Act/Fund Programs

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress.

Behavioral Health Services and Supports (BHSS)

For related policy information, refer to [7.A.1 Behavioral Health Services and Supports Expenditure Guidelines](#).

General

Please select the specific [Behavioral Health Services and Supports \(BHSS\)](#) that are included in your plan

Children's System of Care (non-Full Service Partnership (FSP))

Adult and Older Adult System of Care (non-FSP)

Early Intervention Programs (EIP)

Outreach and Engagement (O&E)

Workforce, Education and Training (WET)

Capital Facilities and Technological Needs (CFTN)

Children's System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service of the county's BHSS funded Children's System of Care (non-FSP) program, provide the following information. If the county provides more than one program or service type, use the “Add” button. For related policy information, refer to [7.A.2 Children's, Adult, and Older Adult Systems of Care](#).

Please select the service types provided under Program

Mental health services

Supportive services

Substance Use Disorder treatment services

Please describe the specific services provided

Outpatient/Therapy/TCM/Medication services/Substance use counseling/Housing assistance/Referral to MAT services/Detox/Residential DMC-ODS/Day Rehab/Day Intensive/TBS/Crisis Stabilization/CFT/IHBS/TFC/ICC.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	260
FY 2027 – 2028	261
FY 2028 – 2029	262

Please describe any data or assumptions your county used to project the number of individuals served through the Children’s System of Care

These projections were assumed based off the last full years of data captured in the current EHR. Identifying unique individuals served by Youth program over each year and calculating the percentage change year-over-year came to an average increase in Youth BH clients of .4% per year.

Adult and Older Adult System of Care (Non-Full Service Partnership (FSP)) Program

For each program or service type that is part of the county’s BHSS funded Adult and Older Adult System of Care (Non-FSP) program, provide the following information. If the county provides more than one program or service type, use the “Add” button. For related policy information, refer to [7.A.2 Children’s, Adult, and Older Adult Systems of Care](#)

Please select the service types provided under Program

- Mental health services
- Supportive services
- Substance Use Disorder (SUD) treatment services

Please describe the specific services provided

Outpatient/Therapy/TCM/Medication services/Substance use counseling/Housing assistance/Referral to MAT services/Detox/Residentials DMC-ODS/Day Rehab/Day Intensive/TBS/Crisis Stabilization.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	589
FY 2027 – 2028	561
FY 2028 – 2029	534

Please describe any data or assumptions the county used to project the number of individuals served through the Adult and Older Adult System of Care

These projections were assumed based off the last full years of data captured in the current EHR. Identifying unique individuals served by Adult program over each year and calculating the percentage change year-over-year came to an average decrease in Adult BH clients of 4.8% per year.

Early Intervention (EI) Programs

For each program or service type that is part of the county’s overall EI program, provide the following information. County EI programs must include all required components outlined in [Policy Manual Chapter 7, Section A.7.3](#), but counties may develop multiple programs/interventions to meet all county EI requirements. If the county provides more than one program or service type, use the “Add” button. For related policy information, refer to [7.A.7 Early Intervention Programs](#).

Program or service name

BHSA Prevention and Early Intervention

Please select which of the three EI components are included as part of the program or service

Outreach

Access and Linkage: Screenings

Access and Linkage: Referrals

Treatment Services and Supports: Services to address first episode psychosis (FEP)

Treatment Services and Supports: Services that prevent, respond to, or treat a behavioral health crisis or decrease the impacts of suicide

Treatment Services and Supports: Services to address co-occurring mental health and substance use issues

Treatment Services and Supports: Other

Please specify “other” type of Treatment Services and Supports

Nurturing parenting group, Mental Health first Aid Training, Suicide Prevention, Group NB – Nurturing/Parenting Group, ABC, Marijuana Group, Co-Occuring, Grief Group, HFW

Please indicate if the program or service includes evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) from the biennial list for EI programs

Yes

Please select the EBPs and CDEPs that apply

Nurturing Parenting Program (NP)

Dialectical Behavior Therapy

Drug counseling (individual and group)

Mobile Crisis, including use of tools such as the Columbia Suicide Severity Rating Scale or the Stanley-Brown Safety Plan

Motivational Enhancement Therapy (MET) / Motivational Interviewing

Seeking Safety (SS)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Please provide the name of the EBPs and CDEPs that apply

EBPs and CDEPs

Friday Night Life (FNL), BOTVIN, Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP).

Please describe intended outcomes of the program or service

Preventing the FNL Youth to not to seek Specialty Mental Health Services.

Please indicate if the county identified additional priority uses of BHSS EI funds beyond those listed in the [Policy Manual Chapter 7, Section A.7.2](#)

No

Please provide the total projected number of individuals served for EI during the plan period by fiscal year (FY)

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	5950
FY 2027 – 2028	5058
FY 2028 – 2029	4299

Please describe any data or assumptions the county used to project the number of individuals served through EI programs

County served approximately 7000 individuals under Prevention and Early Intervention in FY 24-25, the majority of individuals being reached through outreach events and community fairs. Projections are then highly impacted by overall county population trends with most recent projections based off of rates from 2023-24 being a population decrease of approximately 1.5% per year or greater. Projections are then based off of most recent data on FY24-25 individuals served under PEI and applying -1.5% year-over-year.

Coordinated Specialty Care for First Episode Psychosis (CSC) program

For related policy information, refer to [7.A.7.5.1 Coordinated Specialty Care for First Episode Psychosis](#).

Please provide the following information on the county’s Coordinated Specialty Care for First Episode Psychosis (CSC) program

CSC program name

CSC for FEP

CSC program description

The program offers a coordinated, team-based approach that focuses on early identification, engagement, and support to promote recovery and improve long-term outcomes. Services are individualized and may include assessment, clinical treatment, care coordination, and connection to supportive resources, delivered in collaboration with individuals and their families when appropriate.

DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for CSC. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population. These projections are not binding and are for planning purposes. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA CSC requirements

Please review the total estimated number of individuals who may be eligible for CSC (based on the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Evidence Based Practice [\(EBP\) Policy Guide](#) and the [Policy Manual Chapter 7, Section A.7.5](#)). Please input the estimates provided to the county in the table below.

CSC Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	<11*
Number of Uninsured Individuals	0

CSC Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	4
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for BHSS, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide CSC over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	4	4	4
Total Number of Teams	1	1	1

Will the county’s CSC program be supplemented with other (non-BHSA) funding source(s)?

Yes

Please list the other funding source(s)

Behavioral health delivery System, Medi-Cal, DMC-ODS

Outreach and Engagement (O&E) Program

For each program or activity that is part of the county’s standalone O&E programs provide the following information. If the county provides more than one program or activity, use the “Add” button. For

related policy information, refer to [7.A.3 Outreach and Engagement](#).

Program or activity name

Youth O&E

Please describe the program or activity

Collaboration with community partners will strengthen outreach and engagement efforts in outlying and underserved areas. This includes coordination with schools, community-based organizations, healthcare providers, and local leaders to increase awareness of available behavioral health services and resources.

Please provide the projected number of individuals served during the plan period by fiscal year (FY) in the table below

Plan Period by FY	Projected Number of Individuals Served
FY 2026 – 2027	5950
FY 2027 – 2028	5058
FY 2028 – 2029	4299

Please describe any data or assumptions the county used to project the number of individuals served through O&E programs

Data was estimated based of FY 2024/2025 outreach and engagement contact with –1.7% applied year over year to reflect –1.7% population declined from Lassen County from the US Census.

County Workforce, Education, and Training (WET) Program

As described in the Policy Manual, WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible. Responses in this section should address the county’s WET program. Other workforce efforts should be addressed in the Workforce Strategy section of the Integrated Plan (IP).

For each program or activity that is part of the county’s overall WET program, provide the following information. If the county provides more than one program or activity type, use the “Add” button. For related policy information, refer to [7.A.4 Workforce Education and Training](#).

Program or activity name

Lassen County BH Workforce education and Training

Please select which of the following categories the activity falls under

Workforce Recruitment, Development, Training, and Retention

Please describe efforts to address disparities in the Behavioral Health workforce.

Additional information regarding diversity of the behavioral health workforce can found in [Policy Manual Chapter 7, Section A.4.9](#)

Due to inability to fill vacant roles in-house, LCBH contracts many therapy roles and all psychiatric positions with outside entities. Outsourcing therapy and psychiatric services is necessary to ensure timely access to care and maintain continuity of services. Limited local workforce capacity and challenges in recruiting and retaining licensed clinicians have created gaps in service delivery.

Capital Facilities and Technological Needs (CFTN) Program

For each project that is part of the county’s CFTN project, provide the following information. If the county provides more than one project, use the “Add” button. Additional information on CFTN policies can be found in [Policy Manual Chapter 7, Section A.5](#).

Project name

Capital Facilities and Technological Needs (CFTN) Program

Please select the type of project

Technological needs project

If Technological Needs Project, please select the focus area(s) of the project

- Data exchange and interoperability
- Data security and privacy
- Data warehouse
- Electronic health record system

Individual/family access to computing resources
Monitoring
Online information resources for individuals/families
Personal health record system
Resources to support web content and mobile app accessibility
System maintenance costs
Telemedicine
Other

Please describe the other focus area of the project

Billing Software

Please describe the project

Expanding the current Electronic Health Record (EHR) system in partnership with KingsView to meet the requirements set by the Department of Health Care Services (DHCS).

Full Service Partnership Program

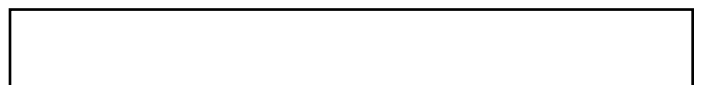
DHCS will provide counties with information to complete the estimated fields for eligible population and practitioners/teams needed for each EBP. The estimated numbers of teams/practitioners reflect the numbers needed to reach the entire eligible population (i.e., achieve a 100 percent penetration rate), and DHCS recognizes that counties will generally not be able to reach the entire eligible population, in consideration of BHSA funding availability. These projections are not binding and are for planning purposes only. In future guidance, DHCS will provide more information on the number of teams counties must implement to demonstrate compliance with BHSA FSP requirements. For related policy information, refer to [7.B.3 Full Service Partnership Program Requirements](#) and [7.B.4 Full Service Partnership Levels of Care](#)

Please review the total estimated number of individuals who may be eligible for each of the following Full Service Partnership (FSP) services (consistent with the Service Criteria in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) [Evidence-Based Practice \(EBP\) Policy Guide](#), the [Policy Manual Chapter 7, Section B](#), and forthcoming High Fidelity Wraparound (HFW) Medi-Cal Guidance): Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Full Service Partnership (FSP) Intensive Case Management (ICM), HFW and Individual Placement and Support (IPS) Model of Supported Employment). Please input the estimates provided to the county in the table below

Total Adult FSP Eligible Population

--

Estimates



Total Adult FSP Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	217
Number of Uninsured Individuals	11
Number of Total FSP Eligible Individuals with Some Justice-System Involvement	25

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population

Please input the estimates provided to the county in the table below

ACT Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	0
Number of Uninsured Individuals	0

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Medi-Cal Enrolled Individuals	0

FACT Eligible Population (ACT with Justice-System Involvement)	Estimates
Number of Uninsured Individuals	0

ACT/FACT Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	0
Number of Teams Needed to Serve Total Eligible Population	0

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and Full-Time Equivalents (FTEs) (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide ACT and FACT over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and Technical Assistance (TA) to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	0	0	0
Total Number of Teams	0	0	0

Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population

Please input the estimates provided to the county in the table below

FSP ICM Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	57
Number of Uninsured Individuals	<11*

FSP ICM Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	5
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTEs) to provide FSP ICM over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	5	5	5

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Teams	1	1	1

High Fidelity Wraparound (HFW) Eligible Population

Please input the estimates provided to the county in the table below

HFW Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	40
Number of Uninsured Individuals	<11*

HFW Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	15
Number of Teams Needed to Serve Total Eligible Population	1

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSA funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide HFW over this Integrated Plan period, by fiscal year. DHCS will provide further guidance and TA to assist counties with completing these fields.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	15	15	15
Total Number of Teams	1	1	1

Individual Placement and Support (IPS) Eligible Population

Please input the estimates provided to the county in the table below

IPS Eligible Population	Estimates
Number of Medi-Cal Enrolled Individuals	102
Number of Uninsured Individuals	11

IPS Practitioners and Teams Needed	Estimates
Number of Practitioners Needed to Serve Total Eligible Population	7
Number of Teams Needed to Serve Total Eligible Population	3

Taking into account the total eligible population estimates, current and projected workforce capacity, and BHSa funding allocation for FSP, please provide the total number of teams and FTEs (county and non-county contracted providers) the county behavioral health system plans to utilize (i.e., current and new FTE) to provide IPS over this Integrated Plan period, by fiscal year.

County Actuals	FY 26-27	FY 27-28	FY 28-29
Total Number of Practitioners	7	7	7
Total Number of Teams	3	3	3

Full Service Partnership (FSP) Program Overview

Please provide the following information about the county's BHSa FSP program

Will any of the estimated number of practitioners the county plans to utilize (provided above) be responsible for providing more than one EBP?

Yes

Please describe how the estimated practitioners will provide more than one EBP

Due to Lassen County's small size and small staff, LCBH does not have the resources to devote dedicated teams. All therapists, prescribers, and case managers will be responsible for providing applicable EBPs for their caseloads, which may contain clients eligible for FSP TCM, HFW, IPS, or CSC.

Please describe how the county is employing a whole-person, trauma-informed approach, in partnership with families or an individual's natural supports

Consistent staff training ensures that trauma-informed principles are integrated into all services.

Please describe the county's efforts to reduce disparities among FSP participants

LCBH works to reduce disparities among FSP participants by using data to identify gaps in access, engagement, and outcomes across populations and adjusting outreach and service delivery as needed. Services are provided based on individual need and include flexible engagement strategies, care coordination, and linkage to housing, medical, and social supports to reduce barriers to participation. LCBH coordinates with partner agencies and community providers to improve access for underserved populations and promote equitable service delivery within available resources.

Select which goals the county is hoping to support based on the county's allocation of FSP funding

Homelessness

Institutionalization

Access to care

Justice involvement

Untreated behavioral health conditions

Please describe what actions or activities the county behavioral health system is doing to provide ongoing engagement services to individuals receiving FSP ICM

LCBH provides ongoing engagement services through consistent, community-based outreach and coordination with local partners. Staff conduct monthly in-person outreach alongside community partners to maintain contact, monitor client needs, and reinforce treatment engagement. These joint visits allow us to build trust, address barriers in real time, and connect clients with essential supports such as housing, medical care, and other community resources. Given our rural geography, this collaborative, mobile approach is critical to ensuring continuous engagement and accessibility of services for individuals in FSP ICM.

Ongoing engagement services is a required component of ACT, FACT, IPS, and HFW.

Please describe any ongoing engagement services the county behavioral health system will provide beyond what is required of the EBP

N/A

Please describe how the county will comply with the required FSP levels of care (e.g., transition FSP ICM teams to ACT, stand up new ACT teams and/or stand up new FSP ICM teams, etc.)

LCBH will maintain compliance with required FSP levels of care by ensuring FSP ICM teams meet intensity standards, transitioning where required, and standing up new FSP ICM teams as needed based on service demand. Team structures, staffing, and service delivery will be monitored to meet BHSA requirements and support participant needs.

Please indicate whether the county FSP program will include any of the following optional and allowable services

N/A

Primary substance use disorder (SUD) FSPs

Yes

If Yes, please describe

LCBH will coordinate with on-site SUD counselors and Managed Care Plan on providing FSP for primary SUD individuals.

Outreach activities related to enrolling individuals living with significant behavioral health needs in an FSP (activities that fall under assertive field-based initiation of substance use disorder treatment services will be captured separately in the next section)

Yes

Please describe the outreach activities the county will engage in to enroll individuals living with significant behavioral health needs into the county's FSP program

LCBH conducts outreach to enroll individuals with significant BH needs into FSP through targeted community engagement, field visits, and coordination with hospitals, shelters, law enforcement, and community partners. Case managers engage individuals in their homes, community locations, and at local events to provide information, assess needs, and connect them to FSP services. Referrals from partners and EHR data are also used to identify eligible individuals and facilitate timely enrollment.

Other recovery-oriented services

No

If there are other services not described above that the county FSP program will include, please list them here. For team-based services, please include number of teams. If no additional FSP services, use “N/A”

N/A

What actions or activities did the county behavioral health system engage in to consider the [unique needs of eligible children and youth](#) in the development of the county’s FSP program (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system

LCBH reviewed data on youth involved or at risk in the JJ system and engaged Probation, juvenile case managers, and community partners to identify barriers and inform FSP service design.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

LCBH analyzed demographic and service data and consulted with local LGBTQ+ organizations and providers to ensure FSP services address unique needs and promote safe, affirming engagement.

In the child welfare system

LCBH reviewed child welfare data and collaborated with Social Services, foster care providers, and clinicians to design FSP services that support stability and meet the needs of system-involved youth.

What actions or activities did the county behavioral health system engage in to consider the [unique needs of eligible adults](#) in the development of the county’s FSP (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults

LCBH reviewed demographic and service data and engaged senior service providers and healthcare partners to inform FSP service design that addresses housing, behavioral health, and social support needs for older adults.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

LCBH analyzed demographic and service data and consulted with local LGBTQ+ organizations and community providers to ensure FSP services are culturally responsive and accessible.

In, or are at risk of being in, the justice system

LCBH is involved in PATH Grant to provide pre-release services to incarcerated individuals and identify barriers to entering behavioral health care.

Assertive Field-Based Substance Use Disorder (SUD) Questions

For related policy information, refer to [7.B.6 Assertive Field-Based Initiation for Substance Use Disorder Treatment Services](#).

Please describe the county behavioral health system's approach and timeline(s) to support and implement assertive field-based initiation for SUD treatment services program requirements by listing the existing and new programs (as applicable) that the county will leverage to support the assertive field-based SUD program requirements and provide the current funding source, BHSa service expansion, and the expected timeline for meeting programmatic requirements to expand existing programs and/or stand up new initiatives before July 1, 2029. Counties should include programs not funded directly or exclusively by BHSa dollars. Additional information regarding assertive field-based initiation for SUD treatment services can be found in the BHSa Policy Manual [Chapter 7, Section B.6](#).

Existing Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

Existing programs

N/A

Program descriptions

N/A

Current funding source

N/A

BHSa changes to existing programs to meet BHSa requirements

Implement Program

Expected timeline of operation

2027

Mobile-field based programs

Existing programs

N/A

Program descriptions

N/A

Current funding source

N/A

BHSA changes to existing programs to meet BHSA requirements

Implement Program

Expected timeline of operation

2027

Open-access clinics

Existing programs

Judy's House

Program descriptions

Peer run Drop-In Center and Warm Line

Current funding source

MHSA

BHSA changes to existing programs to meet BHSA requirements

N/A

Expected timeline of operation

2027

New Programs for Assertive Field-Based SUD Treatment Services

Targeted outreach

New programs

Targeted SUD Outreach

Program descriptions

Community Outreach with SUD Counselor

Planned funding

BHSA

Planned operations

Training Staff

Expected timeline of implementation

2027

Mobile-field based programs

New programs

Mobile SUD Services

Program descriptions

Home/Field Based SUD individual counseling and SUD Mobile Crisis

Planned funding

BHSA

Planned operations

Training staff

Expected timeline of implementation

2027

Open-access clinics

New programs

Judy's House

Program descriptions

Peer Run Drop-In center and Warm Line

Planned funding

BHSA

Planned operations

Training staff

Expected timeline of implementation

2027

Medications for Addiction Treatment (MAT) Details

Please describe the county's approach to enabling access to same-day medications for addiction treatment (MAT) to meet the estimated population needs before July 1, 2029.

Describe how the county will assess the gap between current county MAT resources (including programs and providers) and MAT resources that can meet estimated needs

LCBH monitors MCP provider availability, wait times, and utilization data to identify gaps between existing MAT resources and estimated population needs, and adjusts referral and coordination processes accordingly.

Select the following practices the county will implement to ensure same day access to

MAT

Contract directly with MAT providers in the County

Enter into referral agreements with other MAT providers including providers whose services are covered by Medi-Cal MCPs and/or Fee-For-Service (FFS) Medi-Cal

Leverage telehealth model(s)

Partner with neighboring counties

Please provide the names of the neighboring counties the county will partner with

Probably with Plumas County and/or Shasta County, TBD

What forms of MAT will the county provide utilizing the strategies selected above?

Other

Please specify other forms of MAT

At the discretion of the medical provider.

Housing Interventions

Planning

For related policy information, refer to [7.C.3 Program priorities](#) and [7.C.4 Eligible and priority populations](#).

System Gaps

Please identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county. Please use the following definitions to inform your response: No gap – resources and connectivity available; Small gap – some resources available but limited connectivity; Medium gap – minimal resources and limited connectivity available; Large gap – limited or no resources and connectivity available; Not applicable – county does not have setting and does not consider there to be a gap. Counties should refer to their local [Continuum of Care \(CoC\) Housing Inventory Count \(HIC\)](#) to inform responses to this question.

Supportive housing

Large gap

Apartments, including master-lease apartments

Large gap

Single and multi-family homes

Large gap

Housing in mobile home communities

Medium gap

(Permanent) Single room occupancy units

Large gap

(Interim) Single room occupancy units

Medium gap

Accessory dwelling units, including junior accessory dwelling units

Large gap

(Permanent) Tiny homes

Large gap

Shared housing

Large gap

(Permanent) Recovery/sober living housing, including recovery-oriented housing

Large gap

(Interim) Recovery/sober living housing, including recovery-oriented housing

Medium gap

Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)

Large gap

License-exempt room and board

Large gap

Hotel and Motel stays

Medium gap

Non-congregate interim housing models

Large gap

Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)

Large gap

Recuperative Care

Large gap

Short-Term Post-Hospitalization housing

Large gap

(Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units

Large gap

Peer Respite

Large gap

Permanent rental subsidies

Medium gap

Housing supportive services

Large gap

What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for [BHSA eligible individuals](#)?

Lassen County Behavioral Health will continue to leverage existing non-BHSA resources and interdepartmental partnerships to expand housing access for BHSA-eligible individuals. This includes ongoing collaboration with the Lassen County Community Social Services through programs already

underway, such as the Behavioral Health Bridge Housing (BHBH) Program and the Local Incentive for Medical Respite (LICN) grant, which support interim housing and medical respite options for individuals experiencing homelessness with complex behavioral health and medical needs. The County also coordinates with the local Continuum of Care and Housing Authority to utilize available rental assistance and voucher programs when feasible and available.

At the state and federal level, the County will continue to align behavioral health services with Medi-Cal and CalAIM initiatives, including Enhanced Care Management and applicable Community Supports, as well as HUD-funded homelessness programs. The County will also pursue data-sharing and referral coordination across Behavioral Health, Housing, Social Services, and partner agencies to improve identification, prioritization, and linkage to housing resources. Given the County's rural context and limited housing inventory, these efforts are focused on maximizing existing programs and partnerships while assessing opportunities to incrementally expand access over time.

How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?

BHSA Housing Interventions will be used to complement and strengthen existing housing and homelessness efforts in Lassen County by aligning behavioral health services with housing resources already underway, including the Behavioral Health Bridge Housing (BHBH) Program and the Local Incentive for Medical Respite (LICN) grant. BHSA-funded interventions will support service coordination, housing navigation, and stabilization activities that help individuals move through the housing continuum—from interim and recuperative settings to more stable housing options—while addressing behavioral health needs that may otherwise create barriers to placement or retention. The housing department also utilizes Peers Support.

BHSA Housing Interventions will also intersect with Medi-Cal and CalAIM initiatives, including Enhanced Care Management and applicable Community Supports, to promote continuity of care and reduce duplication across systems. Through coordination and data-sharing among Behavioral Health, Housing, Social Services, and partner agencies, the County will prioritize BHSA-eligible individuals with the highest needs and leverage existing non-BHSA resources to maximize impact. In a rural context with limited housing inventory, BHSA interventions will be strategically applied to fill service gaps, enhance linkage and engagement, and strengthen the overall continuum of housing supports rather than operate as standalone housing programs.

What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?

Lassen County Behavioral Health's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions focuses on community education and reducing permanent housing stigma within the County.

Also, focuses on integrating behavioral health services with housing navigation, care coordination, and stabilization supports to reduce barriers to placement and support housing sustainability. BHSA Housing Interventions will complement existing interim housing resources, including Behavioral Health Bridge Housing and medical respite, by supporting transitions into permanent housing when available and addressing behavioral health needs that impact housing stability. The County will align these efforts with Medi-Cal and CalAIM services, including Enhanced Care Management and applicable Community Supports, to promote continuity of care, strengthen engagement, and support long-term housing retention within the County's limited housing inventory.

What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?

The county behavioral health system engages in several activities to connect BHSA-eligible individuals to permanent supportive housing (PSH) and support their housing stability. These activities include:

- Participation in regional housing efforts: The county is a member of the Lassen County Advisory Board to the NorCal Continuum of Care, collaborating with regional partners to identify housing opportunities and coordinate services for individuals experiencing homelessness or housing instability.
- Outreach and engagement: Behavioral health staff conduct outreach to individuals in need, helping them navigate available resources and connect to housing programs.
- Supportive services: The county provides a range of supportive services to assist individuals in PSH or other permanent housing, including mental health counseling, substance use treatment, and case management.
- Housing referrals: Staff refer clients to existing housing programs and services, helping them access rental assistance, supportive housing projects, or other permanent housing options.
- Funding and resource support: While the county does not directly provide rental subsidies, operating subsidies, or capital development funding for PSH projects, it supports these efforts indirectly through partnerships, referrals, and coordination with regional and local housing programs.

This approach ensures that BHSA-eligible individuals have access to both housing opportunities and the supportive services needed to maintain long-term housing stability.

Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

Lassen County Behavioral Health will ensure that all Housing Interventions settings provide access to clinical and supportive behavioral health care through coordinated service delivery and established referral pathways rather than reliance on on-site service models. BHSA-eligible individuals placed in housing settings will be connected to appropriate behavioral health services, including outpatient treatment, care coordination, and crisis response, based on individual need. Housing providers and partner agencies will have clear points of contact within Behavioral Health to facilitate referrals, information sharing, and timely access to services.

Supportive housing services, including housing navigation, tenancy support, and stabilization services, will be integrated with clinical care through coordination with Medi-Cal and CalAIM services, including Enhanced Care Management and applicable Community Supports. Through ongoing collaboration among Behavioral Health, Housing, Social Services, and community partners, the County will monitor service access, address barriers as they arise, and ensure continuity of care across housing settings within the County's rural service delivery environment.

BH and Housing are currently working to pursue the contract with Partnership regarding the Transitional Rent.

Eligible Populations

Please describe how the county behavioral health system will identify, screen, and refer individuals eligible for BHSA Housing Interventions

Lassen County Behavioral Health will identify and screen all clients for housing needs upon registration and continue to monitor clients housing needs based on continuous tracking in the electronic health record system, outcome measures (LOCUS and DLA-20) and clients self-report. LCBH will also refer clients to Coordinated Entry system to determine the most appropriate housing program.

Will the county behavioral health system provide BHSA-funded Housing Interventions to [individuals living with a substance use disorder \(SUD\) only](#)?

Yes

What actions or activities did the county behavioral health system engage in to consider the [unique needs of eligible children and youth](#) in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:

In, or at-risk of being in, the juvenile justice system

Lassen County Behavioral Health and other community partners (Child and Family Services, Juvenile probation, Public Health, Office of Education, etc.) participate in monthly Service Allocation Teams (SAT) to discuss at risk youth and their family regarding housing needs and concerns. Also, behavioral health staff also participate in Wraparound services which also identifies possible housing needs or concerns.

Lassen County Behavioral Health reviews local data and client-data on youth involved or at risk of involvement in the juvenile justice system. The County considered these data alongside housing instability indicators, behavioral health needs, and evidence-based practices to inform Housing Interventions services. Stakeholder engagement includes consultations with probation officers, juvenile case managers, and providers serving system-involved youth to identify barriers to housing access and supports necessary for stable placements.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)

The County reviewed demographic and service data, including EHR documentation and community assessments, to understand the unique housing and behavioral health needs of LGBTQ+ youth and young adults. Stakeholder engagement includes collaboration with local advocacy groups, community-based providers, and school-based support programs to identify culturally responsive strategies and supports that promote safe, affirming, and stable housing options within Housing Interventions services.

In the child welfare system

Lassen County Behavioral Health and other community partners (Child and Family Services, Juvenile probation, Public Health, Office of Education, etc.) participate in monthly Service Allocation Teams (SAT) to discuss at risk youth and their family regarding housing needs and concerns. Also, behavioral health staff also participate in Wraparound services which also identifies possible housing needs or concerns.

Behavioral Health works to engage with the Child and Family Services, foster care programs, and case management teams to review data on children and youth involved in or transitioning out of the child welfare system. Input from social workers, foster care providers, and behavioral health clinicians inform the development of Housing Interventions services to address housing instability, behavioral health needs, and supportive services that facilitate successful placement and retention in stable housing.

What actions or activities did the county behavioral health system engage in to consider the unique needs of eligible adults in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are

Older adults

Lassen County Behavioral Health and other community partners (Adult Protection Services, Probation, Jail/incarceration, Public Health, Medical Centers, etc.) participate in monthly Adult System of Care (ASOC)

meetings to discuss older adults regarding housing needs and concerns. Also, behavioral health staff participate monthly in Elder Multidisciplinary Teams through Lassen Family Services (LFS) which also identifies possible housing needs or concerns.

Lassen County Behavioral Health reviewed local demographic data, housing needs assessments, and behavioral health service utilization patterns to identify the unique needs of older adults experiencing or at risk of homelessness. The County engages stakeholders including Adult Services, local senior centers, housing providers, and healthcare partners to inform Housing Interventions strategies that support aging in place, access to appropriate behavioral health services, and stable housing placements for older adults.

In, or are at risk of being in, the justice system

Lassen County Behavioral Health and other community partners (Adult Protection Services, Probation, Jail/incarceration, Public Health, Medical Centers, etc.) participate in monthly Adult System of Care (ASOC) meetings to discuss older adults regarding housing needs and concerns. Also, behavioral health staff participate in Cal-Aim 90-day pre-release of anyone coming out of the jail regarding any possible housing needs or concerns prior to release from jail.

The County collaborates with Probation, local law enforcement, the County Court, and community-based reentry providers to review data on justice-involved and at-risk adults, including prior housing instability and behavioral health needs. Stakeholder input informs Housing Interventions development to address barriers to housing access, connect individuals to supportive services, and facilitate stable housing placements as part of successful reintegration into the community.

In underserved communities

Lassen County Behavioral Health has identified communities as underserved and underserved (Bieber, Westwood, Herlong/Doyel/Ravendale/Termo). Currently working with local community partners to create a mobile van to reach out to the underserved communities regarding housing needs.

Behavioral Health reviewed local demographic, social determinant, and service utilization data to identify underserved communities experiencing housing instability and behavioral health needs. Engagement with community-based organizations, culturally specific service providers, and public health partners inform strategies to ensure Housing Interventions services are equitable, accessible, and culturally responsive, including consideration of language, transportation, and other barriers that may affect housing access and retention.

Local Housing System Engagement

How will the county behavioral health system coordinate with the Continuum of Care (CoC) and receive referrals for Housing Interventions services?

Lassen County Behavioral Health is currently a voting member with the Housing Advisory Board which is part of the CoC system. The CoC consists of 7 other Counties and uses the HMIS system for referrals.

Lassen County Behavioral Health will coordinate with the Continuum of Care (CoC) by collaborating closely with the Housing Department and other CoC partners to ensure timely identification and referral of BHSA-eligible individuals. Referrals for Housing Interventions services will be received through the Housing Department (or identified internally and coordinated with Housing) as well as through Lassen Links, the County's coordinated entry system, allowing for streamlined access to housing supports and behavioral health services. Behavioral Health staff will work with partner agencies to assess eligibility, prioritize individuals with the highest needs, and facilitate linkage to appropriate Housing Interventions resources while maintaining ongoing communication across systems.

Please describe the county behavioral health system's approach to collaborating with the local CoC, Public Housing Agencies, Medi-Cal managed care plans (MCPs), Enhanced Care Management (ECM) and Community Supports providers, as well as other housing partners, including existing and prospective PSH developers and providers in your community in the implementation of the county's Housing Interventions

Local CoC

Lassen County Behavioral Health collaborates with the local Continuum of Care (CoC) by participating in planning meetings, sharing data on behavioral health service needs, and coordinating referrals for Housing Interventions. The County works with CoC partners to identify housing opportunities, align interventions with CoC priorities, and ensure BHSA-eligible individuals are connected to available housing resources, including interim and permanent supportive housing options. Nor COC (7 Counties). Formal voting member of the housing Advisory Board.

Public Housing Agency

The Public Housing Authority for Lassen County is located and operated out of Plumas County. At this time the Public Housing Agency is currently not available (the Public Housing list is closed with no timeline of when it will open again).

When the Public Housing Agency opens again, Behavioral Health will coordinate referrals for rental assistance and housing placement for BHSA-eligible individuals. The County leverages Housing Authority programs, including Housing Choice Vouchers and any applicable waitlist prioritization processes, to

support placement into stable housing and integrates behavioral health services to promote retention and tenancy stability.

MCPs

Lassen County Behavioral Health is currently working on a MOU with Partnership managed Care and Lassen County Housing and Grants Department regarding Transitional Rent. The County will collaborate with Medi-Cal MCP (Partnership) to identify individuals eligible for housing interventions, share relevant behavioral health information, coordinate care and transition to appropriate level-of-care. This partnership supports linkage to housing resources, integration of clinical services, and alignment with MCP care management initiatives to ensure that behavioral health needs are addressed alongside housing stability.

ECM and Community Supports Providers

LCBH coordinates with Medi-Cal Managed Care Plan, Partnership HealthPlan, in the implementation of Enhanced Care Management (ECM) while continuing to provide targeted case management for BHSA-eligible individuals. Case managers work directly with Community Supports providers to connect individuals to housing-related Supports, including Housing Transition and Navigation Services, Energy and rental assistance, Housing Tenancy and Sustaining Services, and Recuperative Care when applicable.

Other (e.g., CalWORKS/TANF housing programs, child welfare housing programs, PSH developers and providers, etc.)

In addition to formal partnerships with the CoC, PHAs, and Medi-Cal/ECM providers, the county behavioral health system collaborates with other housing-related programs and providers. Staff refer clients to CalWORKS/TANF programs, such as the Housing Support Program (HSP) through Lassen Works and the Bringing Family Housing (BFH) program through Lassen County Housing and Grants.

How will the county behavioral health system work with Homekey+ and supportive housing sites to provide services, funding, and referrals that support and house BHSA eligible individuals?

Lassen County does not have Homekey+ program, but LCBH will work with Lassen County Housing and Grants on Homekey supportive housing. Currently 15 units are being developed in the community (10 units for 18-24 years old) for individuals experiencing homelessness.

LCBH will coordinate with the Housing and Grants Department, Continuum of Care partners, and Homekey supportive housing sites to facilitate referrals of BHSA-eligible individuals and align behavioral health services with housing placements.

Did the county behavioral health system receive Homeless Housing Assistance and Prevention Grant Program (HHAP) Round 6 funding?

No

BHSA Housing Interventions Implementation

The following questions are specific to BHSA Housing Interventions funding (no action needed).
For more information, please see [7.C.9 Allowable expenditures and related requirements](#).

Rental Subsidies [\(Chapter 7, Section C.9.1\)](#)

The intent of Housing Interventions is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. (no action needed)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

How many individuals does the county behavioral health system expect to serve with rental subsidies under BHSA Housing Interventions on an annual basis?

<30

How many of these individuals will receive rental subsidies for permanent housing on an annual basis?

30

How many of these individuals will receive rental subsidies for interim housing on an annual basis?

30

What is the county’s methodology for estimating total rental subsidies and total number of individuals served in interim and permanent settings on an annual basis?

Based on BHSA allocation and total number of SMI clients. Currently use Fair Market Rent Estimate on how much you will pay on rental subsidies.

For which setting types will the county provide rental subsidies?

- Non-Time-Limited Permanent Settings: Supportive housing
- Non-Time-Limited Permanent Settings: Apartments, including master-lease apartments
- Non-Time-Limited Permanent Settings: Single and multi-family homes
- Non-Time-Limited Permanent Settings: Housing in mobile home communities
- Non-Time-Limited Permanent Settings: Single room occupancy units
- Non-Time-Limited Permanent Settings: Shared housing
- Non-Time-Limited Permanent Settings: Recovery/Sober Living housing, including recovery-oriented housing
- Non-Time-Limited Permanent Settings: Assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care)
- Non-Time-Limited Permanent Settings: License-exempt room and board
- Non-Time-Limited Permanent Settings: Other settings identified under the Transitional Rent benefit

Will this Housing Intervention accommodate family housing?

Yes

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

If housing instability is identified for a BH client, that client will be referred to Housing and worked one-on-one with the Housing department and an assigned Case Manager to navigate the process of applying for and receiving rental assistance.

Will the county behavioral health system provide rental assistance through project-based (tied to a particular unit) or tenant-based (tied to the individual) subsidies?

- Project-based
- Tenant-based

How will the county behavioral health system identify a portfolio of available units for placing BHSA eligible individuals, including in collaboration with other county partners and as applicable, Flex Pools (e.g., Master Leasing)? Please include partnerships and collaborative efforts your county behavioral health system will engage in

Lassen County Housing and Grants provides a current and updated listing of available units. Behavioral

Health participates in referral coordination, care planning, and ongoing communication with Housing and other county partners to match participants to available units and ensure supports are in place once housed.

Total number of units funded with BHSAs Housing Interventions per year

30

Please provide additional details to explain if the county is funding rental subsidies with BHSAs Housing Interventions that are not tied to a specific number of units

Operating Subsidies ([Chapter 7, Section C.9.2](#))

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

25

Please provide a brief description of the intervention, including specific uses of BHSAs Housing Interventions funding

TBD

For which setting types will the county provide operating subsidies?

Time Limited Interim Settings: Hotel and motel stays

Time Limited Interim Settings: Non-congregate interim housing models

Will this be a scattered site initiative?

Yes

Will this Housing Intervention accommodate family housing?

Yes

Total number of units funded with BHSA Housing Interventions per year

30

Please provide additional details to explain if the county is funding operating subsidies with BHSA Housing Interventions that are not tied to a specific number of units

N/A

Landlord Outreach and Mitigation Funds ([Chapter 7, Section C.9.4.1](#))

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

30

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

To be developed in the MOU with Lassen County Housing and Grants.

Total number of units funded with BHSA Housing Interventions per year

30

Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units

N/A

Participant Assistance Funds ([Chapter 7, Section C.9.4.2](#))

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

30

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

To be developed in the MOU with Lassen County Housing and Grants.

Housing Transition Navigation Services and Tenancy Sustaining Services [\(Chapter 7, Section C.9.4.3\)](#)

Pursuant to Welfare and Institutions [\(W&I\) Code section 5830, subdivision \(c\)\(2\)](#), BHSA Housing Interventions may not be used for housing services covered by Medi-Cal MCP. Please select Yes only if the county is providing these services to individuals who are not eligible to receive the services through their Medi-Cal MCP (no action needed)

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

30

Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding

LCBH provides Housing Transition Navigation and Tenancy Sustaining Services to BHSA-eligible individuals, including chronically homeless participants, through coordination with case managers. BHSA funding supports staff time for care coordination, outreach, and connection to behavioral health, housing, and supportive services to promote stable placement and tenancy retention.

Housing Interventions Outreach and Engagement ([Chapter 7, Section C.9.4.4](#))

Is the county providing this intervention?

Yes

Is the county providing this intervention to chronically homeless individuals?

Yes

Anticipated number of individuals served per year

3000

Please provide a brief description of the intervention, including specific uses of BHSA

Housing Interventions funding

LCBH conducts outreach in partnership with the Housing and Grants Department to connect BHSA-eligible individuals, including chronically homeless participants, to housing supports. Outreach activities include engagement in underserved areas, shelters, community events, fairs, school board meetings, and targeted radio and newspaper advertising. BHSA funding supports staff time, coordination, and materials needed to implement these outreach and engagement efforts. Also, engagement of individuals at Peer Run Drop-In-Center (Judy's House).

Capital Development Projects ([Chapter 7, Section C.10](#))

Counties may spend up to 25 percent of BHSA Housing Interventions on capital development projects. Will the county behavioral health system use BHSA Housing Interventions for capital development projects?

No

Please explain why the county is not providing this intervention

Currently expanding BHBH program.

Other Housing Interventions

If the county is providing another type of Housing Interventions not listed above, please describe the intervention

N/A

Is the county providing this intervention to chronically homeless individuals?

Anticipated number of individuals served per year

Continuation of Existing Housing Programs

Please describe if any BHSA Housing Interventions funding will be used to support the continuation of housing programs that are ending (e.g., Behavioral Health Bridge housing)

LCBH will use BHSA Housing Interventions funding to continue existing programs, including BHBH Bridge Housing and LICN medical respite, and to support development of a transitional housing facility for transitional age youth, youth aged out of foster care, and other transitional housing for homeless individuals with SMHS. Funding will support service coordination, case management, and connection to behavioral health and supportive services for individuals placed in these programs.

Relationship to Housing Services Funded by Medi-Cal Managed Care Plans

For more information, please see [7.C.7 Relationship to Medi-Cal Funded Housing Services](#)

Which of the following housing-related Community Supports is the county behavioral health system an MCP-contracted provider of?

Transitional Rent

For which of the following services does the county behavioral health system plan to become an MCP-contracted provider of?

Housing Transition Navigation Services

Undecided

Housing Deposits

Undecided

Housing Tenancy and Sustaining Services

Undecided

Short-Term Post-Hospitalization Housing

Undecided

Recuperative Care

Undecided

Day Habilitation

Undecided

Transitional Rent

Yes

When does the county behavioral health system plan to become an MCP-contracted provider?

7/1/2026

How will the county behavioral health system identify, confirm eligibility, and [refer Medi-Cal members to housing-related Community Supports covered by MCPs \(including Transitional Rent\)](#)?

LCBH will work with Lassen County Housing and Grants and MCP (Partnership) on identifying Medi-Cal members for the most appropriate programs including transitional rent.

LCBH identifies Medi-Cal members eligible for housing-related Community Supports through EHR data, living arrangement documentation, and referrals from BH programs, hospitals, shelters, and community partners. Eligibility is confirmed through coordination with the MCP, and LCBH case managers facilitate referrals to Transitional Rent and other housing-related Community Supports while monitoring service engagement and needs.

Please describe coordination efforts and ongoing processes to ensure the county behavioral health contracted provider network for Housing Interventions is known and shared with MCPs serving your county

LCBH maintains ongoing coordination with MCPs by sharing the Housing Interventions provider network through regular communication, referral protocols, and care coordination meetings. Case managers and program staff ensure MCPs are aware of available housing resources and supports, and updates to the provider network are shared promptly to facilitate timely referrals for BHSA-eligible individuals.

Does the county behavioral health system track which of its contracted housing providers are also contracted by MCPs for housing-related Community Supports (provided in questions #1 and #2 above)?

Yes

Please describe the county behavioral health system's coordination efforts to align network development

LCBH tracks which contracted housing providers are also part of MCP housing-related Community Supports networks. Coordination includes regular communication with MCPs, updating referral lists, and aligning case management efforts to ensure BHSA-eligible individuals are connected to the most appropriate and available housing supports.

What processes does the county behavioral health system have in place to ensure Medi-Cal members living with significant behavioral health conditions do not experience gaps in service once any of the MCP housing services are exhausted, to the extent resources are available?

LCBH monitors MCP housing service use through case managers and EHR data to identify when members are nearing service limits. Case managers coordinate with MCPs, Housing Department, and community partners to connect individuals to alternative BHSA-funded housing supports, community resources, or other available programs to minimize gaps in service and maintain housing stability.

Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") are an effective model to streamline and simplify administering rental assistance and related housing supports. DHCS released the Flex Pools TA Resource Guide that describes this model in more detail linked here: [Flexible Housing Subsidy Pools - Technical Assistance Resource](#). Please reference the TA Resource Guide for descriptions of the Flex Pool model and roles referenced below including the Lead Entity, Operator, and Funder.

For related policy information, refer to [7.C.8 Flexible Housing Subsidy Pools](#).

Is there an operating Flex Pool (or elements of a Flex Pool, which includes (1) coordinating and braiding funding streams, (2) serving as a fiscal intermediary, (3) identifying, securing, and supporting a portfolio of units for participants, and/or (4) coordinating with providers of housing supportive services) in the county (please refer to DHCS' Flex Pools TA Resource Guide)?

No

Is the county behavioral health system involved in planning efforts to launch a Flex Pool in the county?

Yes

What role does the county behavioral health system plan to have in the Flex Pool?

Housing Supportive Services Provider

Have you identified an Operator of the Flex Pool?

No

Does the county plan to administer some or all Housing Interventions funds through or in coordination with the Flex Pool?

No

Please describe any other roles and functions the county behavioral health system plans to take to support the operations or launch and scaling of a Flex Pool in addition to those described above

Unknown

Behavioral Health Services Fund: Innovative Behavioral Health Pilot and Projects

For each innovative program or pilot provide the following information. If the county provides more than one program, use the “Add additional program” button. For related policy information, refer to [7.A.6 Innovative Behavioral Health Pilots and Projects](#).

Does the county’s plan include the development of innovative programs or pilots?

No

Workforce Strategy

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For more information on this section, please see 6.C.2 Securing Medi-Cal Payment.

Maintain an Adequate Network of Qualified and Culturally Responsive Providers

The county must ensure its county-operated and county-contracted behavioral health workforce is well-supported and [culturally and linguistically responsive](#) with the population to be served. Through existing Medi-Cal oversight processes, the Department of Health Care Services (DHCS) will assess whether the county:

[Maintains and monitors](#) a network of providers that is sufficient to provide adequate access to services and supports for individuals with behavioral health needs; and

Meets [federal and state standards](#) for timely access to care and services, considering the urgency of the need for services.

The county must [ensure](#) that Behavioral Health Services Act (BHSA)-funded providers are qualified to deliver services, comply with nondiscrimination requirements, and deliver services in a culturally competent manner. Effective FY 2027-2028, DHCS encourages counties to require their BHSA providers to comply with the same standards as Medi-Cal providers in these areas (i.e. requiring the same standards regardless of whether a given service is reimbursed under BHSA or Medi-Cal), as described in the Policy Manual.

Does the county intend to adopt this recommended approach for BHSA-funded providers that also participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

Does the county intend to adopt this recommended approach for BHS-funded providers that do not participate in the county's Medi-Cal Behavioral Health Delivery System?

Yes

Build Workforce to Address Statewide Behavioral Health Goals

For related policy information, refer to [3.A.2 Contents of Integrated Plan](#) and [7.A.4 Workforce Education and Training](#).

Assess Workforce Gaps

What is the overall vacancy rate for permanent clinical/direct service behavioral health positions in the county (including county-operated providers)?

36

Upload any data source(s) used to determine vacancy rate

BH-SUD Org Chart 2026.xlsx

For county behavioral health (including county-operated providers), please select the [five positions with the greatest vacancy rates](#)

Licensed Professional Clinical Counselor

Licensed Marriage and Family Therapist

Licensed Clinical Social Worker

Substance Use Disorder Counselor

Other qualified provider

Please describe any other key workforce gaps in the county

Lassen County is unable to find full-time in-person therapists and prescribers and has to rely on contracts and telehealth. LCBH also has a Fiscal officer position that has remained vacant since 2024 and has not received any qualified applicants - 1 clinical supervisor position has been unable to be filled, compliance officer, SUD Counselor – all of which the BHP has made great strides to outreach and post jobs for but have received no qualified interest. As a small county, many clinicians see greater opportunity in larger counties unless already living and established in Lassen.

How does the county expect workforce needs to shift over the next three fiscal years given new and forthcoming requirements, including implementation of new evidence-based practices under Behavioral Health Transformation (BHT) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)?

The BHP expects difficulty in staffing over the next 3 fiscal years. Continuing with its difficulty in filling already vacant positions, the BHP foresees this problem to extend into the future. Lassen County as a whole is still seeing expected population decline and less qualified providers seeking residency. As requirements increase, the BHP foresees greater rates of staff burnout, retirements, and increased amount of expensive contracted providers in order to meet the needs in the face of resource drain over the next 3 years.

Address Workforce Gaps

If the county is planning to leverage the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative to address workforce gaps including for FSP and CSC for FEP, such as through applying for and/or encouraging providers to apply for the following BH-CONNECT workforce programs, please specify below.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Scholarship Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the program

The County is reviewing the BH-CONNECT workforce initiative and exploring potential approaches to support workforce needs, including for FSP and CSC for FEP, which may include applying for and/or encouraging provider participation in applicable BH-CONNECT workforce programs. These efforts are currently under review.

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Student Loan Payment Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the program

TBD

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Recruitment and Retention Program?

Yes

Please explain any actions or activities the county is engaging in to leverage the program

TBD

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Community-Based Provider Training Program?

No

Is the county planning to leverage the BH-CONNECT workforce initiative by applying for the Behavioral Health Residency Program?

No

Please describe any other efforts underway or planned in the county to address workforce gaps aside from those already described above under Behavioral Health Services Act Workforce, Education, and Training

TBD

Budget and Prudent Reserve

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For more information on this section, please see [6.B.3 Local Prudent Reserve](#).

Budget and Prudent Reserve

Download and complete the budget template using the button below before starting this section

Please upload the completed [budget](#) template

Integrated Plan Budget Template Version 2 - LCBH.xlsx

Please indicate how the county plans to spend the amount over the maximum allowed prudent reserve limit for each component if the county indicated they would allocate excess prudent reserve funds to a given Behavioral Health Services Act component in Table Nine of the budget template

Behavioral Health Services and Supports (BHSS)

N/A

Full Service Partnership (FSP)

N/A

Housing Interventions

N/A

[Enter date of last prudent reserve assessment](#)

3/3/2026

Please describe how the use of excess prudent reserve funds drawn down from the local prudent reserve aligns with the goals of the Integrated Plan

BHSS

N/A

FSP

N/A

Housing Interventions

N/A

Plan Approval and Compliance

All fields must be completed unless marked as optional. You don't need to finish everything at once—your progress will be saved automatically as you go. Use “Return to plan” to navigate between sections and track overall progress. For more information on this section, please see [3.A.1 Reporting Period](#)

Behavioral health director certification

Download and complete the behavioral health director certification template using the button below before starting this section

Please upload the completed Behavioral health director certification template

BH Director Certification 2026.pdf

County administrator or designee certification

Download and complete the county administrator or designee certification template using the button below before starting this section

Please upload the completed County administrator or designee certification template

County Administrator or Designee Certification.pdf

Board of supervisor certification

For final submission, download and complete the board of supervisor certification template using the button below before starting this section

Please upload the completed Board of supervisor certification template

Confirm that the data is up to date and reflects the correct information for a Draft Plan

Requests

Assertive Community Treatment (ACT)

For counties seeking an exemption to the requirement to include ACT in the county's FSP program

Please select which FSP exemptions criteria the county meets

Limited need (e.g., estimated population with a clinical need for ACT)

Please provide justification for this FSP exemption request

Population under 200,000

<https://www.census.gov/quickfacts/fact/table/lassencountycalifornia/PST045224>

Supporting Data

Please upload supporting data

Lassen County Census.docx

Please select the data source

Other

Please describe

<https://www.census.gov/quickfacts/fact/table/lassencountycalifornia/PST045224>

Forensic Assertive Community Treatment (FACT)

For counties seeking an exemption to the requirement to include FACT in the county's FSP program

Please select which FSP exemptions criteria the county meets

Limited need (e.g., estimated population with a clinical need for ACT)

Please provide justification for this FSP exemption request

Population under 200,000

Supporting Data

Please upload supporting data

Lassen County Census.docx

Please select the data source

Other

Please describe

<https://www.census.gov/quickfacts/fact/table/lassencountycalifornia/PST045224>

Individual Placement and Support (IPS) Supported Employment

For counties seeking an exemption to the requirement to include IPS in the county's FSP program

Please select which FSP exemptions criteria the county meets

Limited need (e.g., estimated population with a clinical need for ACT)

Please provide justification for this FSP exemption request

Population under 200,000

Supporting Data

Please upload supporting data

Lassen County Census.docx

Please select the data source

Other

Please describe

<https://www.census.gov/quickfacts/fact/table/lassencountycalifornia/PST045224>

Data Suppression Notice:

Values marked with "*" have been suppressed per DHCS de-identification standards. Counts between 1–10 are displayed as "<11*"