2021

North Tahoe-Truckee Behavioral Health Landscape and Roadmap

An Assessment of the Behavioral Landscape, Needs, and Potential Strategies and Solutions

CommunityCollaborative TahoeTruckee

TAHOE TRUCKEE COMMUNITY FOUNDATION

The Community Collaborative of Tahoe Truckee (CCTT), a program of the Tahoe Truckee Community Foundation produced this Behavioral Health Landscape report. This document is accessible online at (website location forthcoming).

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Executive Summary

To address long standing behavioral health challenges in the community, The Community Collaborative of Tahoe Truckee (CCTT), a program of the Tahoe Truckee Community Foundation (TTCF), partnered with the Katz Amsterdam Charitable Trust (KACT) to create a Behavioral Health Roadmap to describe the region's behavioral health challenges and resources, and highlight future strategies for improvement.

Phase One Research

As a part of this process, Ellis Planning Associates Inc. was contracted to assist with this effort. A mixed-methods approach was used to collect data on the existing behavioral health landscape in two phases. Phase One included three elements: 1) review of secondary data summarized in a Data Map; 2) administration of an online Behavioral Health Provider Survey; and 3) key informant interviews. We applied a systems framework for this research, which was used to evaluate the behavioral health landscape. In addition to assessing the current community context, we chose four elements from the systems framework to define the behavioral health system: 1) political and cultural context; 2) programs and services; 3) connections and linkages; and 4) scale and comprehensiveness. The key findings from Phase One of our research include:

Phase One: Community Context Findings

- **Adult and youth substance use is a significant issue**

  Primary data indicate that contributing factors for substance use are 'party-culture' and tourist town variables, high levels of depression, social isolation, tough winters, and economic stress. Less significant factors include insufficient law enforcement, normalization of substance use, trauma or PTSD, and COVID-19 variables. The level of concern among key informants about substance use was very high. Secondary data show that excessive drinking and the negative impacts of substance abuse are considerably higher in the region when compared to state benchmarks. Also, there are substance use outcome disparities among those who identify as White or non-Hispanic, younger adults ages 18 to 39, and those who are middle to higher income. Among youth, there is a higher risk of substance use among all TTUSD students as compared to state benchmarks, but especially among non-traditional students.

- **Adult and youth anxiety, depression and suicidal ideation are significant issues**

  Primary data show that the reasons for high levels of poor mental health outcomes are nearly identical to those indicated for substance use above. The level of concern among key informants about mental health was high, but slightly lower than for substance use. Secondary data demonstrate that poor mental health days are higher in the region when compared to state benchmark data. Women, those who have very low or low income, younger adults ages 18 to 39, and residents who identify as non-Hispanic 'other' are particularly vulnerable when it comes to both poor mental health days, as well as loneliness. Among youth, non-traditional TTUSD students are particularly vulnerable to depression and alcohol and other drug use.

- **Economic stress and strain are significant issues**

  Primary data pointed to economic stress and strain and unmet basic needs as drivers of poor behavioral health outcomes. The high cost of living in the region, lower wages, food insecurity and housing insecurity are serious concerns especially for more under-resourced groups like the Latinx community, those experiencing severe symptoms and/or those who are homeless. Secondary data corroborate deep economic disparities among the Latinx population in the region.

Phase One: Systems Initiative Framework Findings

- **Political and Cultural Context**

  The high cost of insurance, inability to qualify for Medi-Cal, high out-of-pocket costs, lack of providers who accept private insurance, lack of providers who offer sliding scale and lack of accountability for managed care plans to offer services were deemed significant barriers by key informants. Over half of the providers who responded to the Behavioral Health Provider Survey said they do not accept private insurance, yet many also indicated they would like to accept it but are dealing with barriers that make it difficult for them to be able to do so (e.g., burdensome paperwork, difficulty getting reimbursed, panel closed to new providers, or reimbursement rates too low). Key informants spoke of the desire for more and/or flexible funding to improve the behavioral health system.

Social stigma came up in the primary data as a barrier to seeking out and receiving services. The stigma most impacted the following groups: teens and young adults, those with severe mental illness and/or substance use disorder, and the Latinx community.

- **Programs and Services**

  The region's network of community-based organizations and County programs and their new or creative programming and planning efforts were highlighted in the primary data as bright spots within the behavioral health system. Key informants pointed to the desire for mobile behavioral health services and the need to enhance substance use treatment options. Half of the key informants brought up the desire to have some form of mobile crisis services to better serve the community and to limit law enforcement involvement unless necessary.

- **Connections and Linkages**

  Collaborative partnerships were highlighted by nearly all the key informants as a positive aspect of behavioral health in the region. Key informants articulated their desire for more education and training for system partners and the community, more strategic collaboration, and more cost-sharing among partners.

- **Scale and Comprehensiveness**

  All the key informants noted gaps in service and the absence of a comprehensive system. More behavioral health providers are needed, particularly more bilingual and bicultural providers. Another sub-theme was around the lack of providers resulting in long wait times, especially for providers offering sliding scale services to those with lower incomes.

  Primary data indicate that the Latinx community, low-income or uninsured residents, children (including those under 5 years old), teens, young adults, those experiencing a psychiatric emergency, and perinatal women need additional services. The Latinx population has specific needs for culturally responsive services which are not currently being met.

Phase Two Research

Phase Two of the project included: 1) stakeholder engagement via five virtual 'data parties'; and 2) case study research to enhance knowledge about specific topics. Content analysis was

conducted on data gathered from the five data parties, where participants were engaged in reviewing Phase One findings to identify categories and key themes related to the behavioral health landscape. This was then used in tandem with prior data collected to identify the top ten prioritized behavioral health needs, potential strategies and solutions, and factors to consider for improving the behavioral health system in the region.

Once we developed the top ten prioritized behavioral health needs, we organized them according to the systems initiative framework. The system framework elements and associated needs are intended to guide the Tahoe-Truckee community forward in collectively addressing the needs and gaps that were identified. These are the four system initiative framework elements and the top ten prioritized behavioral health needs that make up the Roadmap:

Behavioral Health Roadmap

1. Political and Cultural Context
    - 1.1 Address financial and insurance barriers
    - 1.2 Harness more and/or flexible funding
    - 1.3 Address behavioral health social stigma
2. Programs and Services
    - 2.1 Enhance substance use disorder treatment options
    - 2.2 Explore mobile behavioral health services and mobile crisis services to determine level of need
    - 2.3 Enhance prevention and early intervention services
3. Connections and Linkages
    - 3.1 More strategic collaboration to create a regional behavioral health system
    - 3.2 Address root causes that negatively impact behavioral health
4. Scale and Comprehensiveness
    - 4.1 Improve behavioral health provider recruitment, retention, and staff development processes
    - 4.2 Enhance community modalities to reach specific populations

Taking action to meet these needs can lead to comprehensive and meaningful change within the Tahoe-Truckee behavioral health system. The Roadmap is designed to function as an

independent framework, as well as to fit in within a cohesive, collective impact approach to behavioral health and wellness in the Tahoe-Truckee region. This Roadmap can serve as a framework to guide future policy, funding, and prioritization of behavioral health resources.

Background and Introduction

The Community Collaborative of Tahoe Truckee (CCTT), a program of the Tahoe Truckee Community Foundation (TTCF), is comprised of 45 health, education, and social service agencies, and seven coalitions who work together to address the fundamental needs of children and families in the North Tahoe-Truckee region. CCTT partners have long struggled to effectively meet the mental health and substance use disorder needs of North Tahoe-Truckee residents.

To address well-established behavioral health challenges in the community, CCTT and TTCF have partnered with the Katz Amsterdam Charitable Trust (KACT) to create a Behavioral Health Landscape and Roadmap. The Landscape and Roadmap will describe the region's behavioral health challenges and resources and highlight future strategies for improvement. As a part of this process, Ellis Planning Associates Inc. (EPAI) was contracted to assist with this effort. They reviewed secondary data sources and collected primary data from community stakeholders on the assets, resources, and needs in the regional behavioral health service network to better understand the behavioral health landscape and shape a planning process for a more comprehensive system.

Methods

A mixed-methods approach was used to collect data for the behavioral health in two phases. Phase One included: 1) a review of secondary data for a Data Map; 2) an online Behavioral Health Provider Survey; and 3) key informant interviews. Phase Two included: 1) stakeholder engagement via virtual 'data parties'; and 2) case study research. Appendices A – D contain detailed information about the first three components from Phase One.

Secondary Data Review

EPAI reviewed secondary data available from local, state, and online sources to construct a Data Map (see Appendix A. Secondary Data Review - Data Map and Appendix B. Existing Services and Supports). The Data Map and the Existing Services and Supports are tools to

understand the behavioral health landscape in the North Tahoe-Truckee region. The Data Map includes indicators related to both behavioral health outcomes, as well as existing services and supports. The secondary data sources and year of the source are listed here alphabetically:

- ACES Data from Placer North Lake Tahoe Outpatient program, 2020
- California Healthy Kids Survey, 2017-2018
- Community Collaborative of Tahoe Truckee Issue Brief, 2019
- Feeding America: Map the Meal Gap, 2018
- Mountain Housing Council of Tahoe Truckee, 2020
- Nevada County MHSA data, 2017-2018
- North Tahoe-Truckee Community Engagement and Health Survey, 2020
- Placer County MHSA data, 2017-2018
- Tahoe Forest Hospital Community Needs Assessment, 2018
- Tahoe Forest Hospital Provider Directory, 2020
- Truckee North Tahoe Youth Health Initiative, 2015
- Tahoe Truckee Unified School District Socio-economic data, 2020

CCTT Behavioral Health Provider Survey

In August and September 2020, EPAI, in collaboration with CCTT staff and partners, developed a survey to identify existing behavioral health services and supports. The survey was designed to be completed by behavioral health providers who provide services to clients/consumers in the North Tahoe-Truckee region. Many of the survey questions were modeled after behavioral health surveys designed and implemented by the Katz Amsterdam Foundation in other rural mountain communities.

The survey included 36 questions in the following areas:

1. Service Provider Information

2. Treatment or Intervention Services Offered
3. Tele-therapy Services
4. Provider Capacity and Payment Options
5. Crisis Services
6. Behavioral Health Program Funding

The survey was available online via SurveyMonkey and collected for approximately six weeks during August and September 2020. Survey distribution was done by CCTT and Tahoe Forest Hospital staff. Analysis was completed by EPAI.

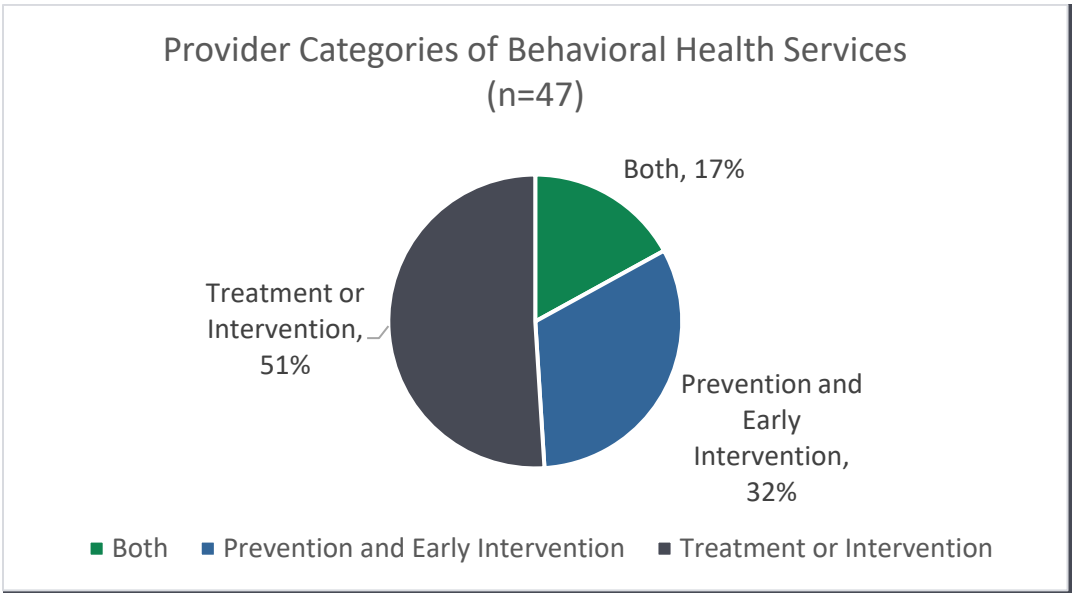
In total, there were 46 survey respondents representing various service sectors (see Table 1 below). In some cases, more than one survey was completed on behalf of the same service provider organization. Multiple surveys from the same service provider were not combined in the analysis, because each survey contained unique responses. Surveys from the same provider organization may have been completed by distinct divisions or service areas. Also, not all respondents answered all questions, due to the skip-logic embedded into the survey. Treatment and Intervention service providers answered all questions. Prevention and Early Intervention service providers answered only 13 questions. See Figure 1 for a breakdown of provider categories. A detailed analysis of the questions and the survey tool can be found in Appendix C. Behavioral Health Provider Survey: Raw and Aggregated Data.

Table 1: CCTT Behavioral Health Provider Survey (question 5): What category best describes the purpose of your organization (check all that apply)? (n=47)

Provider Survey Categories	% of Total	Number of respondents
Behavioral health provider/clinic	51%	24
Mental health care provider	51%	24
Youth service provider	28%	13
Substance use disorder program	19%	9
Community Based Organization	17%	8
Health care provider/clinic	13%	6

Provider Survey Categories	% of Total	Number of respondents
Other: Education, Social Services for specific groups	13%	6
Family support center	9%	4
Hospital	6%	3

Figure 1: Provider categories for behavioral health services provided



Source: CCTT Behavioral Health Provider Survey (n=47)

Key Informant Interviews

A total of twelve telephone interviews were conducted by EPAI between August and October 2020. The respondents were a sample of twelve stakeholders that included four stakeholder categories: consumers, decision makers, direct service providers/community members, and law enforcement (see Table 2). The mean number of years involved in behavioral health by the key informants was 12 years.

EPAI used a qualitative survey instrument adapted from previous MHSA funded planning projects, developed in collaboration with CCTT staff. The survey consisted of sixteen questions designed to assess the existing assets, resources, opportunities, needs, service gaps, and challenges in the local behavioral health landscape and service network in the

North Tahoe-Truckee region. Raw data was collected from each interview, and a content analysis was conducted to identify key themes from all interviews related to the behavioral health service environment. A detailed analysis of the questions can be found in Appendix D. Key Informant Interview Questions and Detailed Analysis.

Table 2: Key Informant Interview stakeholder categories, agency, or role (n=12)

Stakeholder Category	Agency or Role
Consumer/Clients (n=2)	• Family member of behavioral health consumer • Formerly homeless behavioral health consumer
Decision-makers (n=4)	• Nevada County Behavioral Health • Placer County Behavioral Health (n=2) • Tahoe Forest Hospital District
Direct service providers and/or community members (n=4)	• Gateway Mountain Center • Latinx Community Member • Truckee High School Senior Student • Tahoe-Truckee Unified School District
Law Enforcement (n=2)	• Placer County Sheriff • Truckee Police Department

Stakeholder Engagement via Data Parties

Ellis Planning Associates Inc. presented the behavioral health landscape findings from the Data Map, Behavioral Health Provider Survey, and Key Informant Interviews to five different stakeholder groups in November and December 2020 via what we called 'data parties'. The five groups were 1) Tahoe Truckee Perinatal Outreach Team and the Youth Health Initiative; 2) Community Collaborative of Tahoe Truckee Leadership Council; 3) Behavioral Health Providers; 4) Tahoe Truckee Community Foundation staff and Tahoe Truckee Crisis Meeting Members; and 5) Mental Health Task Force. Between these five groups, a total of 57 stakeholders were engaged in virtual facilitated group discussions via an online platform, Adobe Connect. To harness the expertise and perspectives about the behavioral health landscape in the region, stakeholders were asked the following questions after reviewing the Phase One research findings:

1. What are some of the driving forces that will help us get to a successful Behavioral Health Roadmap? *Driving forces are the strengths we have as a collaborative and trends in the environment that support our goals.*
2. What restraining forces might hinder us? *Restraining forces are our internal weaknesses/gaps within the CCTT and external social, political, economic factors that we need to overcome.*
3. What broad, bold actions would overcome the restraining forces and leverage the driving forces to achieve a stronger behavioral health system?

Stakeholders gave individual written input to each of these questions via chat pods, then engaged in group discussion to clarify concepts and ask questions of one another. Each group noted common themes and key take-aways from their conversations, which was captured by facilitators. The data from all five data parties was then combined, and content analysis was conducted to identify categories and key themes related to the behavioral health landscape.

Behavioral Health Roadmap

To develop strategic priorities for improving the behavioral health system, the research team took a comprehensive look at the primary data from Phase One and Phase Two of the research process. To accomplish this task, the thematic analysis from all five data parties was combined with the thematic analysis from the key informant interviews and the qualitative answers to question number 36 (open-ended) in the Behavioral Health Provider Survey. We looked at the categories and key themes from these data sets holistically to identify patterns and connections. Ultimately the top ten behavioral health needs emerged out of the key themes that had the most frequent commentary by all 86 stakeholders (12 key informant interviews, 17 behavioral health providers who answered the open-ended question, and 57 data party participants).

A draft of the top ten behavioral health needs and potential solutions was presented to the Mental Health Taskforce team in January 2021. The stakeholders reviewed and provided feedback and input on the needs, as well as provided potential strategies and solutions which were integrated into the final document.

The design team chose to model the presentation of the Behavioral Health Roadmap from a roadmap of a county of similar size (Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness, 2015). This allowed for the presentation of the top behavioral

health needs, as well as highlighting *factors to consider*, *potential strategies and solutions*, and *best practices*. The factors to consider and potential strategies and solutions were garnered from the themes and commentary from the primary data (key informants, Behavioral Health Provider Survey, and data parties). The best practices that are included came from stakeholders in the data parties, the CCTT Mental Health Taskforce, or research done by EPAI staff.

Case Study Research

Ellis Planning Associates conducted case study research based on feedback from the CCTT team and other subject matter experts. Key content areas were identified that regional behavioral health leaders wanted to know more about, such as enhancing strategic partnership in rural regions with smaller populations or multi-jurisdictional challenges, enhancing or expanding mobile behavioral health services, addressing behavioral health provider shortages, and effectively reaching hard to reach populations such as the Latinx community. Case study interviews were conducted in December 2020 with behavioral health staff in Humboldt County, Napa County and Sonoma County and are highlighted in the Roadmap section of this report.

Systems Initiative Framework

The North Tahoe-Truckee behavioral health system has many moving parts. Some parts are distinct programs and services, and others are more focused on the linkages and interactions within the system. To effectively reach all the populations in need, we took a 'systems thinking' approach. This is an approach to a problem that considers how components within the larger structure operate and interact over the lifecycle of the system and how to optimize the design, implementation, and evaluation of that system. We used a systems initiative framework (Coffman, 2007) to evaluate the behavioral health landscape in the North Tahoe-Truckee region, which helped us to develop the Behavioral Health Roadmap. In alignment with this framework, we chose four elements to define the behavioral health system: 1) political and cultural context; 2) programs and services; 3) connections and linkages; and 4) scale and comprehensiveness.

The top ten prioritized behavioral health needs we identified were organized according to the systems initiative framework. The system framework elements and associated needs are intended to guide the Tahoe-Truckee community forward in comprehensively addressing the needs and gaps that were identified.

Key Findings

Community Context

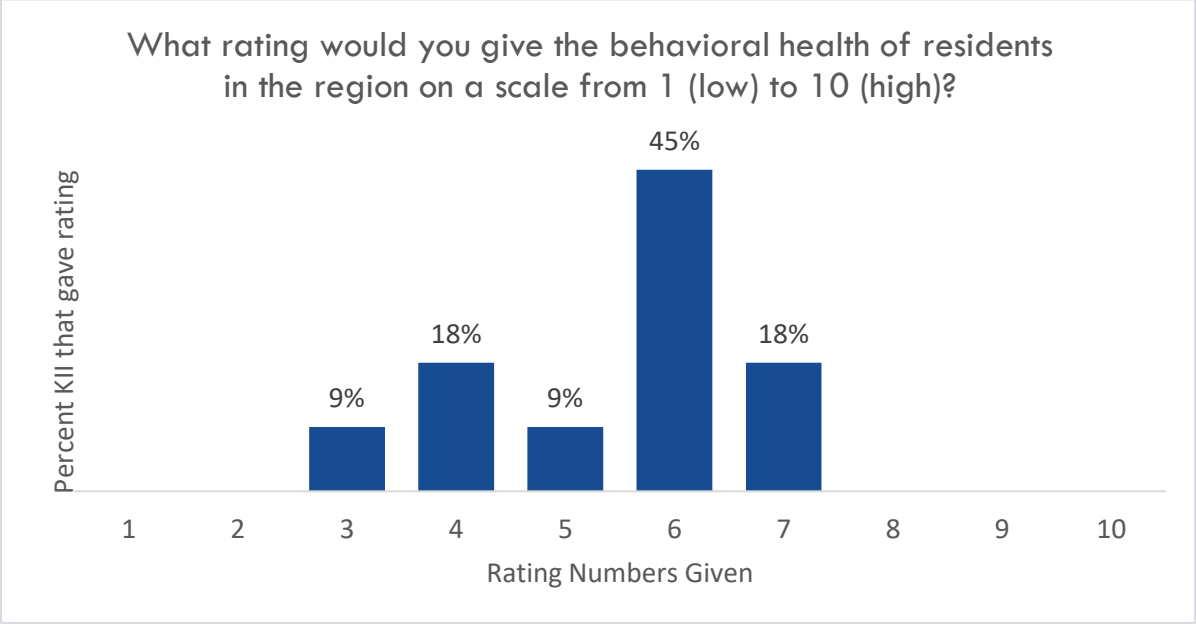
Significant Behavioral Health Issues and Factors

Key informant stakeholders were asked to rate the overall behavioral health of residents of North Tahoe-Truckee on a scale from one (low) to ten (high). Figure 2 shows the distribution (between three and seven) among the interviewees who answered the question. The mean rating was a six, with 45% (or 5 interviewees) giving this score. When all participants were asked about their rationale for their rating, many spoke about North Tahoe-Truckee as a beautiful place to live with healthy, active, and resilient people. Reasons given by interviewees for less-than-perfect ratings were due to one or more of the following reasons:

> *"It's pretty easy to slip into a crazy bad depression during the winter here."*
>
> Community Member, 2020

- Exacerbating symptoms from COVID-19
- High substance use rates
- Winter declines in mental health
- Limited number of providers, especially those who are bilingual-bicultural
- Limited provider access due to economic factors

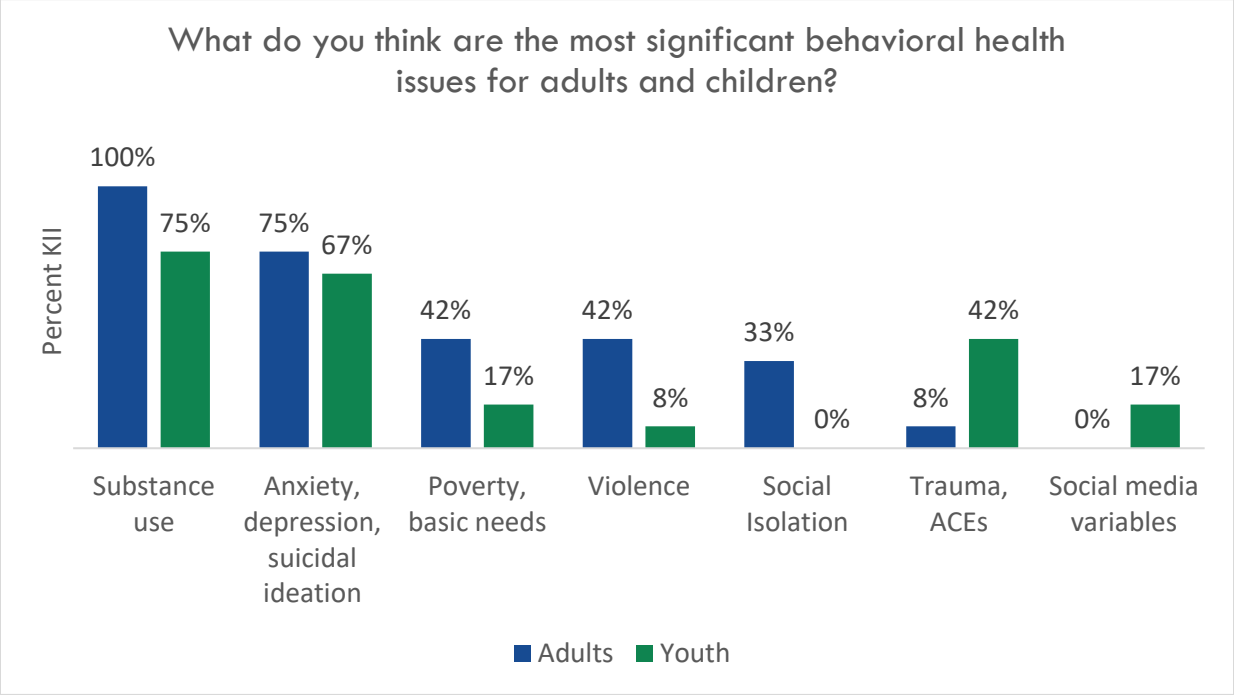
Figure 2: Behavioral Health Ratings Given by Key Informants



Source: CCTT Key Informant Interviews (n=12)

Key informant stakeholders were then asked what they believed were significant behavioral health issues for both adults and youth. Figure 3 describes the issues identified. Substance use was identified as the top issue for both adults (100%) and youth (75%). Most interviewees also cited anxiety, depression, and suicide ideation as core issues for both adults (75%) and youth (67%).

Figure 3: Significant Behavioral Health Issues Reported by Key Informants



Source: Key Informant Interviews (n=12)

Key informants were asked to comment on the factors they believe contribute to the high rates of substance use and depression among residents in the region. The top themes and the corresponding percent of respondents that commented (out of 12 interviewees) are as follows:

- 75% Tourist town/party culture
- 67% Link between substance use and depression
- 58% Difficult winters and/or social isolation
- 50% Economic stress and/or low wages

> *"It's a tourist destination, so people are here drinking, having fun and partying. And it just becomes a sad lifestyle if that becomes what you frequently do and can obviously lead to depressive symptoms too."*
>
> Decision-maker, 2020

- 17% Insufficient law enforcement to adequately address SUD
- 17% Normalization of substance use
- 17% COVID-19 exacerbating symptoms
- 17% Trauma or PTSD as contributing factors

Adult Substance Use and Mental Health

The Key Informant Interview data around the prevalence of substance use and anxiety and depression are corroborated in the secondary data, most notably the 2020 North Tahoe-Truckee Community Engagement and Behavioral Health Survey.

Table 3 provides North Tahoe data for two substance use indicators, excessive drinking and being negatively affected by substance abuse. The data are disaggregated by race, sex, income, and age. For both indicators, the rate in North Tahoe is considerably higher than the benchmark, most notably excessive drinking (43% in North Tahoe compared to nearly 18% in the US). In both indicators, it appears alcohol and being negatively affected by substance use are higher among younger adults, people who identify as white and those who have a middle to high income. Excessive drinking is also more common among men.

Table 3. Percent of North Tahoe adult residents who report excessive drinking and being negatively affected by substance abuse disaggregated by race, sex, income, and age (n=1,397)

Substance Use Indicators	Regional and Benchmarks	Race	Sex	Income	Age
Excessive drinking (those who report either heavy drinking or	43.3% N. Tahoe 17.6% CA 18% US	46.7% White* 31.2%	49.2% Men 35.5%	45.3% Mid/High 41.3% Low	52.5% 18 to 39 39.3% 40 to

Substance Use Indicators	Regional and Benchmarks	Race	Sex	Income	Age
binge drinking in the past 30 days)		Hispanic 32.5% Other	Women	34.7% Very low	64 32.9% 65+
Life has been negatively affected by substance abuse (by self or someone else)	66.9% N. Tahoe 37.3% US	68.7% White 57.3% Hispanic	68.1% Women 65.9% Men	71.4% Low 67.9% Mid/High 61.5% Very low	68.9% 18 to 39 67.8% 40 to 64 58.2% 65+

*Values in red text are those that fall above the desired direction in comparison to the overall regional benchmark. Source: 2020 PRC Community Engagement & Behavioral Health Survey; PRC, Inc. (n=1,397)

Table 4 shows data on two mental health indicators: poor mental health days and loneliness. Poor mental health days are considerably higher in North Tahoe as compared to the state and national levels. They also appear to be strongly correlated with younger age and are higher among adults living at lower income levels, women and those who identify as non-Hispanic. Loneliness is most prevalent among those in lower-income households, communities of color, young adults, and women.

Table 4. Percent of North Tahoe adult residents who report poor mental health days, and loneliness disaggregated by race, sex, income, and age (n=1,397)

Mental Health Indicators	Regional and Benchmarks	Race	Sex	Income	Age
Three or more days of poor mental health in the past month	41.9% N. Tahoe 27.6% CA 27.6% US	42.1% White* 39.5% Hispanic 50.1% Other	48.5% Women 36.4% Men	51.0% Very low 51.8% Low income 40.7% Mid/High	56.8% 18 to 39 37.5% 40 to 64 17.6% 65+

Mental Health Indicators	Regional and Benchmarks	Race	Sex	Income	Age
Loneliness (feeling left out, isolated from others, or lacking companionship)	29.3% N. Tahoe N/A CA N/A US	33.8% Hispanic 28.0% White 43.5% Other	32.3% Women 27.0% Men	45.6% Very low 39.1% Low 26.5% Mid/High	40.9% 18-39 24.1% 40 to 64 16.4% 65+

*Values in red text are those that fall above the desired direction in comparison to the overall regional benchmark. Source: 2020 PRC Community Engagement & Behavioral Health Survey; PRC, Inc. (n=1,397)

Youth Substance Use and Mental Health

The 2018-2019 California Healthy Kids Survey reports that for students in the Tahoe Truckee Unified School District, alcohol and other drug use is of concern (see Table 5). Most key informants, 75%, brought up concerns around juvenile substance use, especially related to alcohol and other drugs (marijuana and fentanyl, most notably). Three key informants, 25%, noted the power of parental influence and modeling when it comes to using or not using substances.

> *"They're depressed and anxious…I think that there's a lot of pressure on our kids to be the best, that we put on them as parents and that they put on themselves."*
>
> Direct Services Provider, 2020

Table 5: TTUSD Youth Mental Health and Substance Use Indicators

Youth Indicators	Experienced Chronic Sadness or hopelessness (past 12 months)	Considered Suicide (past 12 months)	Current alcohol or drug use	Been drunk or high at school (past 30 days)
Elementary students (grade 5)	NA	NA	28%* (in lifetime) 16% CA	NA
Secondary students (grades 7,9, and 11)	30%	13.5%	17% (past 30 days)	9.7%

Non-traditional students	55%	24%	47% (past 30 days)	31%
CA	33%	16%	13%	9.5%

*Values in red text are those that fall above the CA benchmark. Source: CHKS Survey, 2018-2019; Grade 5 (n=238), Grade 7,9,11 and non-traditional (n=811)

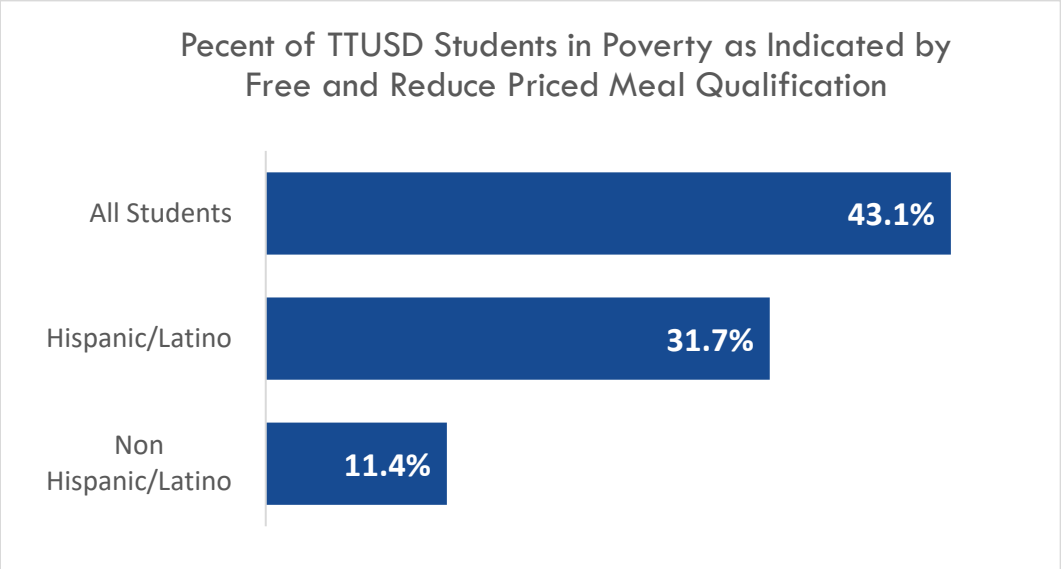
Key informants spoke about youth anxiety and depression as a significant issue. They talked about academic and parental pressure on children and teens, the stigma that teens experience and must overcome even if they have on-campus services, and the fact that depression screenings are becoming more important, even in children as young as 12. In addition, three key informants, 25%, talked about the link between anxiety and depression and other factors such as sleep deprivation, social media use, and cyber bullying. Suicidal ideation and mortality were also brought up as an ongoing concern by several interviewees. In the CCTT Behavioral Health Provider Survey, one provider used the open-ended response at the end of the survey to point to multiple upstream factors in terms of explaining the region's difficulty with youth substance use and mental health, with the solution being early intervention.

> *"Youth and teens use substances to cope with anxiety or depression. We determined in our assessment that toxic stress, trauma, racism, poverty, family stress, and difficulty with caregivers meeting basic needs was the main driver for early onset of teen drug and alcohol use. Providing behavioral health for parents of families who are struggling and early interventions in K-5th grade are the keys to children growing up mentally healthy."*

Poverty and Basic Needs

The upstream factors of poverty and lack of basic needs being met are incredibly important drivers of poor behavioral health outcomes. 2020 data from Truckee Unified School District show that 43% of children under 18 live in poverty, as indicated by qualification for free and reduced priced meals (see Figure 4). When disaggregated the data show that children of Hispanic origin are much more likely to be living in poverty (31%) than their white counterparts (11%).

Figure 4: Percent of TTUSD students living in poverty as indicated by percent of students qualifying for free/reduced priced meals.



Source: Tahoe Truckee Unified School District Socio-Economic Data, 2020 (n=4,157)

Five of the 12 key informants, 42%, brought up poverty as a significant issue related to behavioral health. Sub-themes included the high cost of living in the region, low wages, homelessness, and food insecurity. Table 6 shows the rate of food insecurity for both children and adults in the three regional counties. The rate of food insecurity among children in Nevada County falls above the state and national benchmark.

Table 6: Food Insecurity Rates for Adults and Children

County	Adult Food Insecurity	Child Food Insecurity
El Dorado	9.1%	13.4%
Nevada	10.7%	15.9%
Placer	8.3%	11.6%
CA	10.8%	15.2%
US	11.5%	15.2%

Source: Feeding America's Map the Meal Gap

"That's why people get involved with meth, because it's relatively inexpensive as is alcohol and it gives you the energy you need without having to figure out what to eat."

Consumer, 2020

In the CCTT Behavioral Health Provider Survey, when asked about barriers to receiving services, 15 out of 47 respondents (34%) said clients could not access care due to lack of transportation (a proxy for poverty), while 13 respondents (30%) cited cost barriers.

The lack of affordable housing is also a significant need in the region. Five key informants (42%) spoke about the lack of affordable housing or supportive housing services for behavioral health consumers with severe symptoms. According to the Mountain Housing Council, rising home prices are squeezing locals out of long-term rentals and homeownership. A family of four earning 100% of the area median income (in Nevada County) could afford a $350,196 priced home, but this is nowhere near the median home price in Truckee of $702,000. The median for-sale single-family home price is double what a household earning the median area income can afford. In addition, the Truckee North Tahoe Regional Workforce Housing Study from 2016, showed that 67% of full-time residents pay more than 30% of their income on housing. According to the 2017 Eastern Placer County Workforce Housing Needs Assessment, incomes are stagnant when compared to rising housing costs, creating subsequent economic stress.

Key Findings with System Initiative Framework Lens

As mentioned previously, we used a systems initiative framework to evaluate the behavioral health landscape in the North Tahoe-Truckee region, which will ultimately help to develop the Roadmap for moving forward. The framework will provide the lens for describing the key needs and gaps in our behavioral healthcare system. The framework will also provide an assessment of today's system that will help frame the decisions required for moving forward. In alignment with this framework, we have chosen four elements (out of five) to evaluate the behavioral health system in the region: 1) political and cultural context; 2) programs and services; 3) connections and linkages; and 4) scale and comprehensiveness.

Element 1: Political and Cultural Context

Programs and services do not operate in a vacuum. Therefore, the political and cultural contexts are critical in designing a comprehensive approach to improving the local behavioral health system. The political and cultural contexts might include the presence of adequate funding, community wide policies that support the system, and changing cultural norms related to behavioral health. Key informants provided rich information about the various political and cultural contexts that are affecting the behavioral health system.

Table 7: Political and Cultural Context Themes

Political and Cultural Context Themes	Key Informants	Percent	Quote
Financial and insurance barriers	9	75%	*"It's just too expensive to see somebody, especially if it's on a continual basis."* (Direct Services Provider) *"The lack of any providers accepting insurance is very difficult. Having providers in the area accept private insurance would make access so much more available to so many more people."* (Consumer)
Stigma barriers	6	50%	*"I definitely think there's still a big problem of stigma around mental health in high school. It's just so common it doesn't seem like people are seeking the help that they need. They'll have a depressive episode for a week and then come back to school like nothing happened."* (Community Member)
Lack of Behavioral Health inpatient hospitalization beds	6	50%	*"And there is a lack of inpatient hospitalization beds throughout the state of California."* (Decision-maker)
More and/or flexible funding needed	5	42%	*"Having an infusion of a truly flexible, not tied to some of our rules, funding source so you can go in there and meet those community needs would be ideal, but I don't know where that money is going to drop from the sky or who should manage that."* (Decision-maker)

Financial and Insurance Barriers

Most key informants, 75%, spoke about financial and/or insurance barriers in relation to behavioral health services. Sub-themes from these conversations are as follows:

Sub-Themes from Key Informants

- Inability of middle- and low-income individuals to qualify for Medi-Cal, afford private insurance, or pay out of pocket
- Inability of very low-income individuals to pay for either insurance or services
- Lack of providers who accept private insurance
- Lack of providers who offer a sliding-scale payment option
- Lack of accountability for managed care plans to offer services for mild-to-moderate population

The providers in the CCTT Behavioral Health Provider Survey also identified insurance and financial barriers as significant. A total of 57% percent identified one of the following as a barrier: "client insurance not being accepted" (41%), "cost" (30%), and "lack of insurance" (18%).

> *"The number one roadblock to therapy is the price. People say it costs so much money or my insurance doesn't cover it."*
>
> Direct Services Provider, 2020

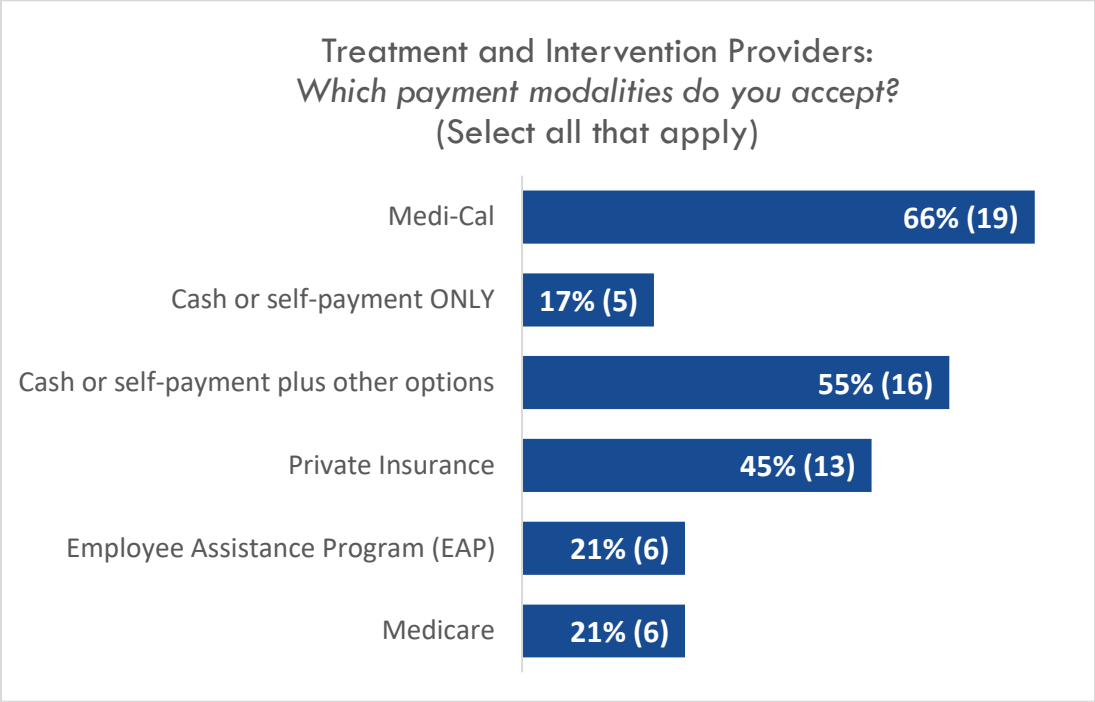
The CCTT Behavioral Health Provider Survey also asked, "*Which payment modality do you accept?*" Figure 5 shows that 45%, 13 providers out of the 29 who responded to this question, indicate that they accept private insurance, which means that 55% do not accept private insurance. When asked why they do not accept private insurance, 11 respondents gave specific reasons with the top one being that the paperwork is burdensome (see Table 8). One behavioral health provider went a step further and provided a potential solution in the open-ended comments at the end of the survey:

> *"I would love to see clients who have insurance but doing the medical billing is very overwhelming. I wonder if it would be possible to "contract" with the hospital or Tahoe Forest Health to see clients through their system so that the billing/admin was all done. I would happily accept a lower payment if I had access to a referral source as well as to some of the benefits of working in connection with the hospital/overall health system such as group consultation, access to lawyers if needed, ability to refer to programs for medication or addiction and trainings."*

Consistent with data from the 2015 Truckee North Tahoe Youth Health Initiative, the CCTT Behavioral Health Provider Survey found that of the 13 providers accepting private

insurance, none indicated that they offer Spanish speaking mental health services, which points to an ongoing gap.

Figure 5: Payment Modalities Accepted by Treatment Providers



Source: CCTT Behavioral Health Provider Survey (n=29)

Table 8: Treatment and Intervention Providers Reasons for Not Accepting Insurance

Treatment and Intervention Providers: If you do not accept insurance, could you explain why? (Open Ended response)	Number of responses
Paperwork burdensome and time consuming, no training or staff capacity to do paperwork	5
Difficult to get reimbursed (insurance often denies people)	3
Not on panel, panel closed to new providers or wait time too long	3
In process of trying to get on panel	2
Reimbursement rates too low	2

Source: CCTT Behavioral Health Provider Survey (n=11)

The CCTT Behavioral Health Provider Survey data shows that of the treatment and intervention providers who took the survey, 68%, 15 providers, offer a sliding scale based on the ability to pay (see Table 9). However, one key informant noted during the interview that sliding scales are not always enough to overcome financial barriers to access services.

Table 9: Treatment Providers Offering Sliding Scale

Treatment and Intervention Providers: If you accept cash payment, do you offer sliding scale?	
Yes	No
68% (15)	32% (7)

Source: CCTT Behavioral Health Provider Survey (n=22)

> *"I think they do everything they can to allow people to get access by sliding scale. However, some people think I can't pay anything so I can't go get services."*
>
> Law Enforcement, 2020

There was also a fair bit of dialogue among several key informants about the managed care plans and the lack of accountability. One decision-maker said the managed care plans need "*to get activated and actually do their part to serve the mild-to-moderate population*", while another decision-maker said, "*For the private system, nobody is held accountable. The managed care plans aren't offering services and parity doesn't really exist even though the law says otherwise.*"

Stigma Barriers

Fifty percent of key informants said stigma was a significant barrier to receiving services. The conversations entailed:

- Stigma around students accessing school based mental wellness services which are perceived as being only for students who are mentally unwell
- Fears of community perception by family members of clients with severe mental illness or drug addiction struggling to get appropriate help
- Fear of being negatively judged for seeking care , especially by younger adults and particularly in a small community
- Specific stigma around talking about substance use disorder and related mortalities

> *"We had a kid die from bad drugs and we're not talking about it, like it got swept under the rug."*
>
> Direct Services Provider, 2020

- Stigma that prevents Latinx community members from seeking services.

In the CCTT Behavioral Health Provider Survey 30%, 13 respondents out of 47, cited stigma as a barrier to receiving services. This response came from a mix of prevention and early intervention (PEI) providers, as well as those who provide treatment and intervention services.

Hospitalization Beds and Crisis Services

Half of the key informants spoke about the frustration and difficulty to secure inpatient hospitalization beds for those experiencing a psychiatric crisis, yet most noted that this is a systemic issue across the state. In this regard, solutions most likely lie at the statewide policy level. One key informant spoke about the need to change or transform the state level payment methodology, which is one of the goals of the CalAIM initiative.

More and/or Flexible Funding Needed

Over forty-percent of key informants pointed to the need for either more and/or flexible funding for behavioral health programs and services. Discussions included challenging the status quo idea that there is simply no more money in the budget, being strategic about targeting the funds to the populations most in need (e.g., Latinx residents, those experiencing psychiatric emergencies or in need of case management services), and how to find and best use flexible funding sources to meet community needs.

> *"I'd love to see a sobering center, Crisis Stabilization Unit, and wellness center all in one. And that is hard to credential and create without a flexible funding source."*
>
> Decision-maker, 2020

This theme is linked to the 'creative solutions' theme in positive aspects of programs and services. The region is oriented towards using creative solutions to challenges, and one way to ensure continued innovation is through intentional conversations around how flexible funds can be garnered and managed.

Additional Political and Cultural Themes

A handful of other political and cultural context themes were also brought up by fewer key informants.

- 33% Culture of care and compassion is helpful (4 key informants)

- 33% Address equity and fairness of behavioral health resource distribution (4 key informants)
- 25% Address Tahoe Forest Hospital practices, policies, and role (3 key informants)
- 25% Address tourism or growth to improve the behavioral health system (3 key informants)
- 17% Address substance use issues more forcefully and directly (2 key informants)

Element 2: Programs and Services

This element is related to establishing high-performance programs and services within the system that produce results for system beneficiaries. This might include new system programs or services, expanded program reach or coverage, improved program quality, and increased operational efficiency.

Key Informant stakeholders had a lot to say about the quality of behavioral health programs and services and ways to improve them. The top themes for positive aspects and desired improvements are listed in the following two tables.

Table 10: Positive Aspects of Programs and Services

Positive Aspect Themes	Key Informants	Percent	Quote
Community based organizations programs	8	67%	*"The Community House and Gateway…these are incredibly important programs and we're all on this huge team that have to work together and support each other."* (Decision-maker)
Creative solutions and approaches	7	58%	*"We've had a long history of having promotoras that are hired by different organizations and then embedding them within our programs, which a fairly unique design."* (Decision-maker)
Tahoe Forest Hospital programs	4	33%	*"The hospital is enhancing behavioral health services and is a key part of the system for those who don't meet criteria."* (Decision-maker)

Positive Aspect Themes	Key Informants	Percent	Quote
Support groups (NAMI, AA, informal)	4	33%	*"I cried every day and stayed in the house…but once I got into NAMI, I learned some tools."* (Consumer)
County Behavioral Health programs	3	25%	*"People in Nevada County with severe symptoms eventually get on Medi-Cal. They can get the services through Nevada County Behavioral Health."* (Consumer)
School-based programs	3	25%	*"So, during the school day, if you are having anxiety or something you can go to the wellness center…"* (Community Member)

Community Based Organization Programs and Creative Solutions

Key informants spoke about the importance of Community Based Organizations (CBO), such as Granite Wellness, Sierra Community House, Gateway Mountain Center, Victor Community Support Services, and Sierra Mental Wellness Group, being able to provide robust behavioral health services to the community. The CCTT Provider Survey had a question about referral options for clients in a crisis. 24% of providers said they refer to one or more community-based organization (see Table 13 below).

There was also conversation about creative programming and planning efforts that have or are beginning to show good returns, such as Tahoe Forest Hospital's new effort to integrate behavioral health into primary care and their Medication Assisted Treatment (MAT) program, as well as county behavioral health departments using a peer-to-peer *Promotora de Salud* model.

> *"They don't view the world with funding streams so they're really creative."*
>
> Decision-maker, 2020

Table 11: Improvements Desired for Programs and Services

Programs Improvements Themes	Key Informants	Percent	Quote
Mobile behavioral health crisis services	6	50%	*"A mobile crisis team would be very valuable to people who are in crisis up here and really shouldn't be dealing directly with law enforcement."* (Law Enforcement)
More substance use treatment options	5	42%	*"We need a residential facility for substance use disorder."* (Decision-maker) *"We've had five or six fentanyl related deaths since the beginning of COVID, and they are highest in the underserved communities, the Hispanic communities."* (Law Enforcement)

Mobile Crisis Services

Half of the key informants brought up the desire to have some form of mobile crisis services to better serve the community and to limit law enforcement involvement unless necessary. Law enforcement stakeholders spoke about how confusing or stigmatizing it can be for consumers in psychiatric crisis to have law enforcement officers or deputies interacting with them. Law enforcement interviewees also brought up mobile crisis programs that are working in other regions as possible models to emulate. However, several key informants said that economy of scale issues would need to be addressed to pursue any type of mobile behavioral health services.

The CCTT Behavioral Health Provider Survey also asked about crisis services. Table 12 shows that 31% of the 42 respondents do not provide any crisis services, while the rest provide them to new and/or current clients. When asked if they ever refer clients elsewhere

for crisis services, 90% indicated yes, while 10% said no. Table 13 shows where providers refer clients in crisis, with the most popular response being Tahoe Forest Hospital (TFH) or the Emergency Room (ER) followed by the County Behavioral Health Departments and CBOs.

Table 12: Behavioral Health Providers and crisis services

If you provide crisis services, do you provide them for new clients, current clients, or both?	Providers	Percent
Both new and current	15	36%
We do not provide crisis services	13	31%
Current clients	14	33%
New clients	0	0%

Source: CCTT Behavioral Health Provider Survey (n=42)

Table 13: Behavioral Health Providers crisis referrals

If you refer clients elsewhere for crisis services, where do you send them? (open ended response)	Providers	Percent
Tahoe Forest Hospital or Emergency Room	22	53%
County Behavioral Health Departments	11	26%
Community Based Organizations (Sierra Community House, Gateway, Sierra Mental Wellness Group)	10	24%
Depends on various factors	7	17%
Private practitioners	5	12%
Suicide or crisis hotline	3	7%
911	3	7%
TTUSD school psychologists, What's Up Wellness	2	5%

Source: CCTT Behavioral Health Provider Survey (n=42)

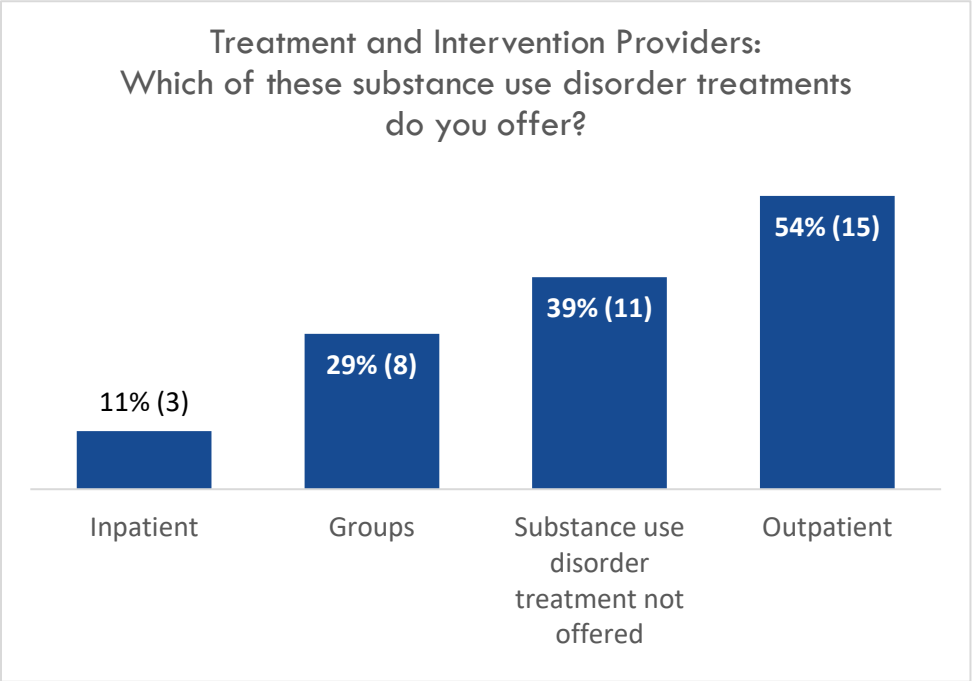
More Substance Use Treatment Options

> *"If this is where you work and live, you don't have the time or money or energy to go down to Grass Valley to get your medication if you are trying to get off heroin."*
>
> Consumer, 2020

Five key informants (42%) said there are not enough substance use disorder treatment options to meet the need. One direct services provider said that the gap is most urgent among services for adolescents. A consumer pointed to the gap being among low-income people who cannot afford to travel out of the area for mediation assisted treatment services. Three interviewees were not familiar with what substance use treatment options are available for residents, indicating there is an opportunity for education among partners and better marketing to the community.

The CCTT Provider Survey also asked treatment and intervention providers if they offer any substance use disorder treatment. Figure 6 shows that 15 respondents, 54%, provide outpatient services, while 11 respondents, 39%, said they do not offer any substance use disorder treatment. Only 11%, or 3 providers from two different agencies, offer inpatient services.

Figure 6: Behavioral Health Providers substance use treatments



Source: CCTT Behavioral Health Provider Survey (n=38)

Additional Program and Services Themes

There were several smaller themes that came up with key informants in relation to program and services improvements:

- 33% Expand school-based programs (4 key informants)
- 25% Crisis Stabilization Unit desired (3 key informants)
- 17% Comprehensive psychiatric emergency services desired (2 key informants)
- 17% Drop-in multi-purpose behavioral health wellness center desired (2 key informants)
- 17% Full-Service Partnership desired (2 key informants)
- 17% More group therapy options desired (2 key informants)
- 17% More case managers desired (2 key informants)
- 17% Behavioral health clinic at Tahoe Forest Hospital desired (2 key informants)
- 17% More peer-to-peer programs desired (2 key informants)

Element 3: Connections and Linkages

This element is about creating strong and effective linkages across system components that further improve results for system beneficiaries. The top themes provided by key informants relative to positive aspects of connections, as well as desired improvements are shared below.

Table 14: Positive Aspects of Connections and Linkages

Positive Aspects of Connection Themes	Key Informants	Percent	Quote
Collaboration between system partners	9	75%	*"I think that collaboration and coming together with behavioral health and community members is so important. Any way we can continue to foster relationships between different agencies is huge."* (Direct Services Provider)

Referrals (formal and informal)	4	33%	*"In our health system, they have finally caught on, we're getting eight to 10 referrals every day for the program."* (Decision-maker)

Collaboration Among Partners

When asked about the positive aspects of behavioral health in the region, or what is going well, 75% of the key informants said something straight away about collaborative partnerships. They talked about the importance of continuing to have regular meetings to foster open communication and build relationships. Several key informants also mentioned that collaboration and creativity should continue to be favored over competition, especially in a context where funding is limited.

Table 15: Improvements Desired for Connections and Linkages

Connection Improvements Themes	Key Informants	Percent	Quote
More education and training for partners and community	6	50%	*We need continued education on the dangers of substance use for our children and for our community."* (Decision-maker)
More strategic collaboration needed among partners	6	50%	*"I think there needs to be an ability to work even better together to service a region that spans three different counties and two states. And we need to have more conversations about how that can look differently and work better."* (Decision-maker)
More cost-sharing among behavioral health system partners	4	33%	*"We have a shared manager in the region which has been helpful in terms of shared governance. I would like to be able to share a clinical supervisor for all behavioral health services as well."* (Decision-maker)
More social support for those with severe symptoms	3	25%	*"It's tough if you don't have a family member that can navigate it. That's why there are so many homeless on the streets*

Connection Improvements Themes	Key Informants	Percent	Quote
			because their family members are not there, or they've given up on them." (Consumer)

Education Among Partners and Community

Half of the key informants spoke positively about the education that has occurred, either among system partners or within the community. The following workshops or trainings were specifically mentioned as being valuable by key informants: Sierra Community House workshops at local schools, health classes at Truckee High, Crisis Intervention Trainings for law enforcement, trauma informed substance use disorder training for Tahoe Forest Hospital District staff, behavioral health training for primary care providers at Tahoe Forest Hospital, and education provided by the Truckee Tahoe Future without Drug Dependence. One stakeholder felt there needs to be more cultural competency training for providers, specifically to serve the Latinx community in a more culturally sensitive manner. One provider in the CCTT Behavioral Health Provider Survey brought-up that the key to a mentally healthy population is to provide early interventions with families and children at the K-5th level.

More Strategic Collaboration

Fifty percent of key informants talked about the need for more strategic collaboration and coordination to solve challenging problems. The nature of this theme involved having more intentional conversations among decision-makers about how to structure and fund services across jurisdictions so that it works even better. Several stakeholders talked about how the current approach is "piecemeal" or "hodgepodge" and that a more regional, strategic approach is needed to close service gaps and make the system more comprehensive. Underlying these comments was the acknowledgement by several stakeholders that there is still the economy of scale issue to address.

More Cost-Sharing Among Partners

> *"We have a shared manager in the region which has been helpful in terms of shared governance. I would like to be able to share a clinical supervisor for all behavioral health services as well, which might assist to create an internship pipeline from local universities."*
>
> Decision-maker, 2020

Just over a third, 33%, of key informants identified cost-sharing as a potential solution to some of the behavioral health service gaps. Stakeholders were interested in cost-sharing measures between jurisdictions or system partners, particularly for personnel (e.g., sharing a manager, licensed clinicians). There was the idea among several that being able to flexibly use FTEs is ideal and helps overcome the economy of scale issues. The logistics must be coordinated among partners carefully, otherwise it is not economically viable or can become confusing. One partner brought up the idea of sharing a clinical supervisor as a way of pulling in more providers into the system.

Element 4: Scale and Comprehensiveness

This element pertains to ensuring that a comprehensive system that produces broad and inclusive results for system beneficiaries is available to as many people as possible. Table 16 outlines the top themes related to improvements for this element.

Table 16: Improvements Desired of Scale and Comprehensiveness

Scale and Comprehensiveness Improvements Themes	Key Informants	Percent	Quote
Not comprehensive, there are gaps in service	12	100%	*"Right now, we're just trying to plug the gap, it's a hodgepodge effort. We need an organization to have mental health as their core function, we need a provider in the mix."* (Decision-maker)
More behavioral health providers needed	7	58%	*"The limited resources, limited doctors, limited therapists, the limited resources to go to."* (Consumer)
More bilingual and bicultural behavioral	5	42%	*"We don't have many bilingual speaking and bicultural speaking providers…I wish we*

Scale and Comprehensiveness Improvements Themes	Key Informants	Percent	Quote
health providers needed			*could get a training program that was geared specifically to the Latinx population."* (Decision-maker)
More knowledge about services	5	50%	*"The program is so far working. But as far as communities knowing, I have no idea. My guess would be its word of mouth and it'll be great to get some sort of marketing information out there."* (Decision-maker)
Address economy of scale issues	4	33%	*"Due to the needs for services and the economy of scale, the only way to effectively gain providers in the region that can remain economically viable is to combine county services, and potentially even with the Reno area."* (Decision-maker)
One provider dedicated to multiple behavioral health aspects desired	3	25%	*"We need one entity that represents mental health needs (either existing or something new) to plug this big hole. We need a champion that wants to start a non-profit unless the hospital steps up. It's a solvable need."* (Decision-maker)
Expand qualification criteria for behavioral health programs	3	25%	*"If you're over income, then you basically don't qualify for Medi-Cal to get any mental health services. So, I feel like the income guidelines need to be revisited because of how expensive it is to live here."* (Direct Services Provider)

Not a Comprehensive System

One of the questions asked of key informants was, "*Do you feel we have a comprehensive behavioral health system available to as many people as possible in the region*?" All

stakeholders, 100%, said either a direct, "*No*" or alluded to the fact that there are not enough resources to meet the need or gaps for certain populations. When asked the follow-up question, "*If not, which groups are most in need of additional services?",* the following five groups emerged as sub-themes: Latinx, youth, everyone (but especially those with low-income), those in psychiatric crisis, and perinatal women.

Table 17: Specific Populations in Need of Additional Services

Specific Populations in Need	Key Informants	Percent	Quote
Latinx population	7	58%	*"The Latinx community has specific mental health needs that aren't being met. Many are immigrants or children of immigrants who have a lot of trauma and lack of support networks."* (Decision-maker)
Majority of population, especially low-income or uninsured groups	7	58%	*"I don't think we have a comprehensive system for anyone, frankly."* (Decision-maker) *"I would say the low wage earners and people without insurance."* (Law Enforcement)
Children, teens, young adults	6	50%	*"I would say the young adult population are definitely not getting the care that they need because they're trying to pay their own bills, they most likely don't have insurance, even if they're eligible and the stigma around it."* (Consumer)
Those experiencing a psychiatric emergency	2	17%	*"The more comprehensive emergency services for psychiatric emergencies is where we're lacking."* (Law Enforcement)
Perinatal women	1	8%	*"Perinatal mood and anxiety disorder, there is a huge lack of support in that realm."* (Direct Services Provider)

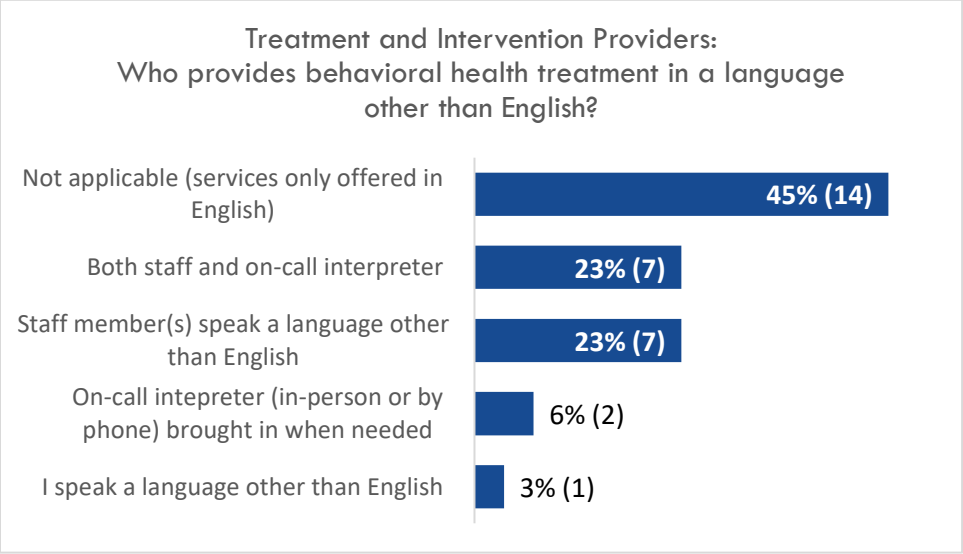
Latinx Population Service Gaps

> *"We need more bilingual resources and services for individuals that are not fluent in English, because we have a large Latinx community here in Tahoe."*
>
> Direct Services Provider, 2020

The gaps specific to the Latinx population were brought up frequently by key informants. As noted in Table 16, 42% of key informants said there were not enough bilingual and bicultural providers to meet the need. Data from the 2011-2015 American Community Survey shows that Latinos comprised 16.9% of the population, while data from the 2017-2018 California Healthy Kids Survey showed that 27% of TTUSD students speak Spanish at home. The Latinx community is more likely to experience disparities pertaining to income level, educational attainment, and access to healthcare, making them more vulnerable and in need of culturally competent outreach and services.

The CCTT Behavioral Health Provider Survey asked about language provision. One question was, "*Do you provide behavioral health treatment services in a language other than English?*" Of the 31 treatment and intervention providers who responded, 58%, or 18, said they only offer services in English, while 42%, or 13, said they offer services in Spanish, while one provider said they can get a translator for whatever language is needed. However, when asked the follow-up question, "*Who provides treatment in a language other than English?*", only one provider (see Figure 7) indicated that they speak Spanish.

Figure 7: Treatment Providers Language Services and Capacity



Source: CCTT Behavioral Health Provider Survey (n=31)

More Behavioral Health Providers Needed

Seven key informants, 58%, indicated that more behavioral health providers are needed to have a comprehensive system. This theme was threaded throughout many of the interviews and brought up repeatedly. One strong sub-theme, identified by 42% of key informants was that more bilingual and bicultural providers are especially needed. Another sub-theme brought up by several stakeholders was that provider recruitment and retention are ongoing challenges, particularly for those who serve the severe mentally ill population.

> *"It's hard to find people with appropriate licenses, they are in high demand. It's even harder to fill the positions with a lot of documentation requirements."*
>
> Decision-maker, 2020

Another sub-theme from 33% of key informants was around the lack of providers resulting in long wait times, especially for providers offering sliding scale services to those with lower incomes. Long wait times can be frustrating for clients, especially when they are longer than a few weeks or if important medications are required as part of treatment. The CCTT Behavioral Health Provider Survey asked treatment and intervention providers two questions about wait times, shown in the Table 18 and Table 19.

Table 18: Average wait time between client reaching out and first date of treatment

What is the average wait time between when a client first reaches out for services and their first date of treatment (excluding intake/screening?	Providers	Percent
More than one month	2	7%
3-4 weeks	2	7%
2 weeks	6	21%
1 week	17	59%
Do not know	1	3%
There is no wait	0	0%

Source: CCTT Behavioral Health Provider Survey (n=29)

Table 19: Number of individuals placed on a waiting list

Typically, how many individuals who seek services at your agency are placed on a waiting list each month?	Providers	Percent
No one	15	50%
Between 1 and 20	10	33%
Do not know	3	10%

Source: CCTT Behavioral Health Provider Survey (n=30)

Behavioral Health Roadmap

Using data from the key informant interviews, the Behavioral Health Provider Survey and the five data parties with regional stakeholders, the Community Collaborative of Tahoe-Truckee design team identified and prioritized ten behavioral health needs that will serve as a responsive and efficient way to advance and improve the behavioral health system. In addition, case studies were conducted in three other regions with similarities to enhance knowledge around specific topical areas. The prioritized needs and case studies were combined and presented in what we are calling the 'Behavioral Health Roadmap'. The methods for developing the Roadmap components can be found in the Methods section of this report.

The design team chose to model the presentation of the Behavioral Health Roadmap from a roadmap of a county of similar size (Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness, 2015). In addition to presenting the behavioral health needs and case studies, we also included the following sections in the Roadmap: factors to consider, potential strategies and solutions, and best practice examples. The factors to consider and potential strategies and solutions were garnered from themes and excerpts from the primary data (key informants, Behavioral Health Provider Survey, and data parties). The best practice examples were provided by stakeholders in the data parties, the CCTT Mental Health Taskforce, or research done by EPAI staff.

Systems Initiative Framework

The North Tahoe-Truckee behavioral health system has many moving parts. Some parts are distinct programs and services, and others are more focused on the linkages and interactions

within the system. To effectively reach all the populations in need, we took a 'systems thinking' approach. This is an approach to a problem that considers how components within the larger structure operate and interact over the lifecycle of the system and how to optimize the design, implementation, and evaluation of that system. We used a systems initiative framework, (Coffman, 2007) to evaluate the behavioral health landscape in the North Tahoe-Truckee region, which helped us to develop the Behavioral Health Roadmap. In alignment with this framework, we chose four elements to define the behavioral health system: 1) political and cultural context; 2) programs and services; 3) connections and linkages; and 4) scale and comprehensiveness.

Once we developed the top ten prioritized behavioral health needs, we organized them according to the systems initiative framework. The system framework elements and associated needs are intended to guide the Tahoe-Truckee community forward in collectively addressing the needs and gaps that were identified. These are the four system initiative framework elements and the top ten needs:

1. Political and Cultural Context
    - 1.1 Address financial and insurance barriers
    - 1.2 Harness more and/or flexible funding
    - 1.3 Address behavioral health social stigma
2. Programs and Services
    - 2.1 Enhance substance use disorder treatment options
    - 2.2 Explore mobile behavioral health services and mobile crisis services to determine level of need
    - 2.3 Enhance prevention and early intervention services
3. Connections and Linkages
    - 3.1 More strategic collaboration to create a regional behavioral health system
    - 3.2 Address root causes that negatively impact behavioral health
4. Scale and Comprehensiveness
    - 4.1 Improve behavioral health provider recruitment, retention, and staff development processes
    - 4.2 Enhance community modalities to reach specific populations

1. Political and Cultural Context

Programs and services do not operate in isolation. Therefore, the political and cultural contexts are critical in designing a comprehensive approach to improving the local behavioral health system. The political and cultural contexts might include the presence of adequate funding, community wide policies that support the system, and changing cultural norms related to behavioral health. Data collected from the primary data (key informants, Behavioral Health Provider Survey, and data parties) provided rich information about the various political and cultural contexts that are affecting the behavioral health system. The following three needs were identified:

Need 1.1 Address financial and insurance barriers

Need 1.2 Harness more and/or flexible funding

Need 1.3 Address behavioral health social stigma

Need 1.1 Address financial and insurance barriers	
System Element: *Political and Cultural Context*	
Factors to Consider	**Potential Strategies and Solutions**
☐ There is a lack of mental health providers able to accept local insurance (e.g., Anthem Blue Cross not open to new providers). ☐ Providers struggle with navigating insurance reimbursement "red tape." A lack of clarity about differing reimbursement processes results in a disproportionate amount of time spent on administrative tasks (especially in the era of COVID-19). ☐ The COVID-19 pandemic has created more virtual and telehealth options for accessing resources for more people, easing some of the financial barriers.	☐ Offer technical assistance to providers for navigating insurance billing processes. ☐ Develop g a shared funding model to incentivize hiring a Tahoe Forest Health System or Managed Care Plan therapist (who has relationships with insurance companies) that would work on site in Tahoe Truckee Unified School District and be able to bill different insurance types. Leverage the upcoming ACEs grant planning process to develop the conversation. ☐ Continue to hold managed care plans accountable to offer services for those with mild and moderate symptoms

☐ The California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by Department of Health Care Services to improve the quality of life and health outcomes of our population by implementing a broad delivery system, program, and payment reform across the Medi-Cal program. https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx	☐ Push for payment/waiver reform via the California Advancing and Innovating Medi-Cal (CalAIM) initiative. ☐ Leverage growing acceptance of telehealth; explore the possibility of offering stipends to community members who want to access telehealth but do not have insurance. Partner with insurance companies that have behavioral health telehealth services available to non-members at a low rate per visit.

Need 1.2 Harness more and/or flexible funding	
System Element: *Political and Cultural Context*	
Factors to Consider	**Potential Strategies and Solutions**
☐ Reductions in statewide funding (i.e., MHSA and First 5) are expected over the next couple of years. ☐ Consider COVID-19 response funding to support the planning and launch of mobile crisis response that then becomes sustainable through other financial models. ☐ A new "911" for mental health is coming to California, most likely in 2023. The service would be funded like how 911 services are funded by phone and mobile phone surcharges. AB 988 would create a new fund, the 988 State Mental Health and Crisis Services Special Fund that will be dispersed to fund county 988 crisis centers.	☐ Leverage the growing awareness of behavioral health and need for services, especially considering the COVID-19 pandemic. ☐ Collaborate to harness more and/or non-restrictive funding for behavioral health programs. Plan for fiscal year 2022 – 2023 to help offset any potential declines in revenue. ☐ Explore creative funding options such as diverting Transit Occupancy Tax (TOT) or other sources to bolster behavioral health program funds and/or cost of living challenges. ☐ Understand and map the flow of public and private funding into the regional behavioral health system to best

Need 1.2 Harness more and/or flexible funding	
System Element: *Political and Cultural Context*	
☐ There has been an increase in national philanthropy and public funding to address significant behavioral health disparities and gaps.	understand where additional support is needed. ☐ Advocate for funding for prevention to reduce costs associated with crisis management.

Need 1.3. Address behavioral health social stigma	
System Element: *Political and Cultural Context*	
Factors to Consider	**Potential Strategies and Solutions**
☐ Negative attitudes and beliefs (often referred to as "stigma") regarding mental illness creates a barrier for people that need mental health services. Teens are especially vulnerable to stigma. ☐ There is increased awareness of mental health needs because of the COVID-19 pandemic and decreasing stigma in relation to communication about the need for resources. ☐ There is a lack of community-wide dialogue regarding substance use overdose. ☐ The Community Collaborative in partnership with Katz Amsterdam Foundation and other mountain communities launched a social media stigma reduction campaign with images of local wildlife. ☐ Nevada County's "Let's Talk" is a resiliency building campaign that links residents to services and resources.	☐ Leverage past stigma reduction campaigns that were implemented in the region. Analyze successes and challenges to determine how to move forward and reach a broader audience. ☐ Consider building upon campaigns that are already being done and repurpose them to fit regional needs, especially for teens, younger adults, those with severe mental illness and/or substance use disorder, and Latinx community members. ☐ Expand successful school-based services to decrease stigma experienced by youth and their families. ☐ Expand bilingual peer-based services via community health workers (*Promotores de Salud*) to destigmatize mental health among Latinx community members (see Case Study E).

Need 1.3. Address behavioral health social stigma
System Element: *Political and Cultural Context*
Best Practice Examples: ☐ The Captain Awesome campaign in Shasta County is a stigma reduction and suicide prevention campaign for working aged men. https://www.co.shasta.ca.us/captain-awesome ☐ Los Angeles County's "Why We Rise" is an ongoing stigma reduction campaign. Early evidence found that the campaign was linked to positive outcomes. https://whywerise.la/

2. Programs and Services

This element is related to establishing high quality and high-performance programs, services, and interventions within the system that produce results for system beneficiaries. While a system is made up of interconnected parts, sometimes the issue is not that it lacks connections but that it lacks the required parts to connect in the first place. In this regard, it is critical to ensure there is a sufficient and comprehensive supply of quality and affordable programs. Addressing this element could include establishing new system programs or services, expanding program reach or coverage, improving program quality, and increasing operational efficiency. Data collected from the primary data (key informants, Behavioral Health Provider Survey, and data parties) provided information about the array of programs and services that are affecting the behavioral health system or ones that are needed. The top three needs are listed below:

Need 2.1 Enhance substance use disorder treatment options

Need 2.2 Explore mobile behavioral health services and mobile crisis services to determine level of need

Need 2.3. Enhance prevention and early intervention services

Need 2.1. Enhance substance use disorder treatment options	
System Element: *Programs and Services*	
Factors to Consider	**Potential Strategies and Solutions**
☐ There is unhealthy alcohol use that is modeled by older generations and taught to younger generations. ☐ High substance use disorder rates are happening in a society/culture where alcohol and other drug use is accepted. ☐ High rates of alcohol and other drugs (AOD) within youth are seen in non-traditional school settings. ☐ Nevada County is piloting a part-time temporary Substance Use Disorder (SUD) Navigator position. Initial success is attributed to the one-to-one approach to educate and link clients to services, the field-based nature of the services, and the close collaboration with the hospital.	☐ Collaborate to retain or hire additional Substance Use Disorder (SUD) Navigators to provide individualized education and linkage to services. ☐ Explore ways to change business models to be able to bill more services to Drug Medi-Cal Organized Delivery System (ODS). ☐ Explore flexible funding mechanisms to support a capital project (i.e., brick and mortar) for a local SUD residential inpatient facility. ☐ Establish more support group options (in English and Spanish) for people in recovery. ☐ Develop strategies for primary care providers to assess for SUD and refer to Medication Assisted Treatment (MAT) and SUD programs. ☐ Explore data from MAT programs to determine use rates and if there is a need for more education and linkage.

Need 2.2. Explore mobile behavioral health services and mobile crisis services to determine level of need	
System Element: *Programs and Services*	
Factors to Consider	**Potential Strategies and Solutions**
☐ Law enforcement can be perceived as threatening by consumers experiencing a behavioral health crisis, especially for teens or Latinx community members. ☐ Tahoe Truckee Unified School District has proactively implemented a crisis warning alert system on student issued Chromebooks for any searches related to death, suicide, or substances. School staff have been learning the processes for mitigating these threats in partnership with behavioral health staff and law enforcement. ☐ Using Mental Health Services Oversight and Accountability Commission (MHSAOAC) funding, Placer County is piloting a mobile crisis triage team for children, youth, and families experiencing a mental health crisis in the Roseville community. Behavioral health staff are co-located with the Roseville police department. Lessons are being learned through this initial pilot phase about the true level of need (i.e., 5150 events vs. family stress and strain calls).	☐ Clarify the differences between mobile behavioral health services and mobile crisis services to determine which part of the continuum is most in need of enhancement. ☐ Clarify and explore the need for mobile crisis services as opposed to an enhancement of crisis services. Explore models used in other rural regions (See Case Studies A and B). ☐ Continue to explore how to better utilize mobile crisis and other types of systems within the crisis field via technical assistance and resources from Crisis Now (see best practice example below). ☐ Collaborate (school district, law enforcement, County Behavioral Health, and Community Based Organizations) to explore how to best respond to youth crises. Consider establishing a "District Crisis Team" and offer training and technical assistance to school staff. ☐ Explore ways to enhance and bolster ongoing Crisis Intervention Training (CIT) for law enforcement, especially in relation to working with youth. ☐ Explore utilization rates of the Crisis Stabilization Units (CSU) and ways to create better linkage with people experiencing a behavioral health crisis.

Best Practice Examples:

- ☐ Crisis Now provides tools, best practice examples, resources, and technical assistance to transform crisis services. https://crisisnow.com/
- ☐ Crisis Intervention Training International provides facilitate understanding, development, and implementation of Crisis Intervention Team (CIT) programs throughout the U.S. and worldwide. A best practice guide is available: https://www.citinternational.org/bestpracticeguide

Case Study A: *Humboldt County enhancing the crisis Continuum of Care through multiple mobile behavioral health programs*

Humboldt County's Department of Health and Human Services (DHHS) Behavioral Health (BH) has implemented multiple mobile programs to enhance their crisis Continuum of Care: The Mobile Response Team (MRT) and the Mobile Intervention Services Team (MIST).

The MRT team launched in 2018 with funds from SB 82 Triage Crisis Services program under the Mental Health Services Oversight and Accountability Commission (MHSOAC). The funding has allowed DHHS BH to hire two additional clinicians, a case manager and two peer coaches. The goal is to be able to provide more upstream crisis assessments in the field, in co-response with law enforcement or other community partners, such as health clinics, or even in people's homes. DHHS BH staff determine if a person needs psychiatric hospitalization, and if not, connects them with a peer coach and a case manager to link them with services in their community. Due to the COVID-19 pandemic, the MRT team has had to shift their focus from doing field-based response to assessing behavioral health patients that are in the Emergency Departments using remote video assessments. DHHS BH bills Medi-Cal for crisis assessments and is exploring ways to capture some of the billable services by case managers and peer coaches by opening an outpatient episode. A recent internal policy was established to help harness these billable services.

The peer coaches hired by DHHS BH are an important component of the MRT as they have valuable lived experience that clients can relate to. Peer coaches go through a two-week interactive Certified Peer Support Specialist training (CPSS) offered by RI Consulting and free to DHHS. *"The training really helps them establish skills and boundaries for an entry level position. They're not educated in behavioral health so they can't do the same things that clinicians can do, but they can do a lot of relationship building and connection to services."*

The MRT serves all parts of the county, including the more rural parts of Humboldt County,

albeit at a slower pace. Due to staffing capacity, DHHS BH and the Sheriff's office will sometimes schedule a joint response to address a situation that may need intervention but is not imminent. Situations in remote areas that need real-time response more often fall to the responsibility of the Sheriff's office. However, DHHS BH staff are optimistic about the eventual possibility of incorporating more remote assessments since it has worked so well in the Emergency Department context and has saved them countless hours of driving time.

The Mobile Intervention Services Team (MIST) was implemented from 2015 to 2020 to work with people who are homeless and need help stabilizing their mental illness and securing the services and assistance they need to avoid further problems. A DHHS mental health clinician was teamed with Eureka Police Department officers in the field to make initial contact with individuals in the target population and provide assistance. A case manager also worked with clients to provide follow up care, connecting them to necessary services such as outpatient mental health counseling, medication support, alcohol and other drug services, housing or shelter, and linkage to medical and nutrition services. *"The goal is to intervene before a client actually needs to go to the hospital. We want to decrease the number of people, not only in our psychiatric health facility, but in the hospital emergency departments waiting for placement in a psychiatric health facility."*

MIST was funded for five years using MHSA dollars and ended in June 2020. To continue the work, DHHS BH has applied for more funding from the Department of State Hospital's Diversion Program. The focus of the work will shift slightly in that clinicians will take referrals directly from the court for people who have committed crimes that were due to their mental illness. In this regard, it will not be the same kind of co-response that DHHS did with law enforcement previously with MIST. However, the City of Arcata has chosen to use their CARES Act dollars to recreate the co-response program with law enforcement using the MIST model. This funding will allow DHHS BH to allocate one clinician to do co-response with law enforcement eight hours a day for four days a week in the City of Arcata.

DHHS BH also coordinates the Crisis Intervention Team (CIT), which primarily provides training for law enforcement around de-escalation for people experiencing a mental health crisis through a community-based collaborative approach. DHHS BH, law enforcement agencies, community providers and the hospitals meet monthly to brainstorm and proactively problem solve response to people in crisis situations. *"Having a dedicated person that understands the whole continuum of care and is responsive has really gone a long way because the partners, especially law enforcement, want somebody that's going to answer the phone and have ideas about how to resolve the issues."* DHHS BH has developed a particularly strong allyship with the undersheriff who looks within his department to identify and

encourage deputies to collaborate with clinicians. These efforts are contributing to a slow cultural shift in stakeholder's understanding of behavioral health and how to respond to people experiencing crises.

DHHS BH recommends the following tips for establishing mobile behavioral health services: start small and build on your successes, appoint a dedicated behavioral health liaison to establish trust and build relationships with other partners, use resources from CIT International, and look for collaborative dollars that are not just available to behavioral health departments but to law enforcement or criminal justice agencies as well.

Case Study B: *Napa County's successful place-based behavioral health outreach and mobile services with law enforcement using a shared-funding model*

Napa County Health and Human Service (HHS) Mental Health Division conducts outreach for behavioral health services in a variety of ways. One core method is by embedding mental health staff into other county divisions, such as Self-Sufficiency Services (Public Assistance), Probation, and Public Defender. They also have a Full-Service Partnership (FSP) unit, established over 10 years ago, in which outreach activities are embedded into the culture of daily operations. The Adult FSP unit consists of licensed clinicians, case managers, system navigators, a mental health worker, and a peer, several of who are bilingual and bicultural. There is also an Older Adult FSP unit with licensed clinicians who conduct outreach.

"All of those folks do outreach in the field, whether it's a homeless encampment, shelter, medical facility, or somebody's house or wherever -- they'll do place-based services. The idea behind it is whatever it takes to provide resources and connect folks." The clinicians in the FSP units have a reduced caseload, 10 to 12 people maximum to be able to accommodate place-based services. The goal is to support individuals diagnosed with severe mental illness to connect to behavioral health services and other necessary resources (e.g., social security, Medi-Cal, CalFresh, primary care, etc.)

The Adult Case Management Unit also provides two clinicians who provide population specific outreach services at two different nonprofit agencies in Napa County: Puertas Abiertas, which serves Latinx community members, and Voices, which serves the LGBTQ community. The clinicians will facilitate short-term counseling sessions, conduct evaluations, and connect people to longer-term therapy or services as needed. All the outreach and place-based services are paid for with a combination of Mental Health Services Act (MHSA) and Substance Abuse and Mental Health Services (SAMHSA) Mental Health Block Grant funding.

Napa County also uses field-based mobile behavioral health services in conjunction with law enforcement. For eight years Napa HHS had one mental health clinician embedded into the police and sheriff departments to be able to go out on calls when mental health expertise was needed. Local leaders realized that having only one mental health staff available to go out on these calls with law enforcement was not meeting capacity as "she couldn't be everywhere at once", so in 2019, they added another mental health clinician. The clinicians do ride-alongs with police officers and sheriff deputies as needed, but also have offices within the Mental Health division. In a sense, they 'straddle both worlds' which helps to maintain an ongoing flow of communication between the agencies. Both positions were hired collaboratively by the HHS Mental Health division and law enforcement but technically they are employed by HHS. The positions are paid for by AB109 funding and a Community Corrections Partnership consortium consisting of partners from Napa Police Department, Napa County Sheriff, Corrections, and Probation. HHSA, Education, Courts, District Attorney and Public Defender decide how to utilize those funds.

Napa County HHS advises other regions looking to establish field-based services to go slow and continually assess the outcomes and barriers, which leads to incremental success. They also suggest increasing the amount of education to the public about the nature of mobile behavioral health services. This helps to manage the expectations of the community and prevent misunderstanding of what is or is not possible.

Need 2.3 Enhance prevention and early intervention services	
System Element: *Programs and Services*	
Factors to Consider	**Potential Strategies and Solutions**
☐ Sometimes there is a lack of consistency with prevention and early intervention (PEI) programs. ☐ The trauma and Adverse Childhood Experiences (ACEs) that are currently happening from the COVID-19 pandemic will most likely impact youth long into the future.	☐ Promote the ACEs Aware Campaign being implemented at Tahoe Forest Hospital. ☐ Enhance and sustain prevention and early intervention (PEI) programming, especially for elementary aged children and their parents. ☐ Incorporate more trauma-informed approach (TIA) treatment options, including screening for ACEs within

	healthcare settings. Develop a referral process for kids with high ACEs scores. ☐ Collaborate with law enforcement to ensure there are timely and shared substance use disorder prevention efforts, including linkage to service and Narcan (Naloxone).
Best Practice Examples: ☐ ACEs Aware Campaign, an initiative led by the Office of the California Surgeon General and the Department of Health Care Services give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. https://www.acesaware.org/	

3. Connections and Linkages

This element is about creating strong and effective linkages across system components that further improve results for system beneficiaries. The focus in on the integration and alignment between the parts of the system. These connections could include sharing professional development, staffing, facilities, technology and communication, data collection, or funding. On an administrative level, these linkages may be around aligned eligibility requirements and enrollment processes, streamlined reporting procedures, coordinated case management, or established protocols and memoranda of understanding for referrals across the system. Data from primary sources (key informants, Behavioral Health Provider Survey, and data parties) indicated the following two needs related to connections and linkages in the region:

Need 3.1 More strategic collaboration to create a regional behavioral health system

Need 3.2 Address root causes that negatively impact behavioral health

Need 3.1 More strategic collaboration to create a regional behavioral health system
System Element: *Connections and Linkages*

Factors to Consider	Potential Strategies and Solutions
☐ There is strong collaboration, connectivity, and partnership among a tight knit community of dedicated providers and organizations in the region. ☐ There is increased awareness of mental health needs due to the COVID-19 pandemic and an increased call to action to come together to support struggling and isolated individuals. ☐ There is a growing awareness across mountain communities that our behavioral health numbers are worse than national levels and there is interest in collaborating between mountain communities. ☐ There are significant 'economy of scale' barriers (e.g., smaller populations make it more challenging to develop and sustain programs and maintain critical caseload) can prevent behavioral health services from being established in the region. ☐ Placer and Nevada County have successfully collaborated around MHSA funding to the region by issuing a joint RFP for MHSA Prevention and Early Intervention (PEI) funding using a blended funding model and aligning data collection and reporting processes. Placer invested in a full-time MHSA coordinator which helped with staffing capacity. ☐ Tahoe Forest Hospital produces a regional provider inventory that is regularly updated, including type of payment accepted:	☐ Continue to leverage the culture of collaboration, creativity, flexibility, and the diversity of community-based organizations and agencies addressing behavioral health to create a more comprehensive "regional" system. (See Case Study C) ☐ Continue to identify ways to strategically partner to overcome multi-jurisdictional and 'economy of scale' barriers by sharing costs, resources, and personnel (especially bilingual staff) to distribute limited resources equitably and to meet regional needs. ☐ Collaborate to develop a strategy to establish a regional nonprofit that is widely accessible and will link services and programs across county lines. ☐ Continue to convene the Mental Health Taskforce on a regular basis to work with these complex issues. ☐ Invite new partners to the table to collaborate (e.g., probation and criminal justice partners).

https://www.tfhd.com/services/mental-health-providers ☐ There is a lot of complexity with the different players in the public, private, and philanthropic space, or community organizations. There are a lot of different partners to coordinate to get a true 'regional strategy'; sometimes there is a lack of communication between agencies. ☐ Staff have limited bandwidth to execute new or creative solutions due to overwhelm, overwork, and burn-out, especially in the COVID-19 era.	

Case Study C: *Napa County's success in using strategic collaboration to address their crisis Continuum of Care (CoC)*

Working collaboratively via quarterly meetings with law enforcement, the local emergency room, and the Crisis Stabilization Unit (CSU), Nevada Health and Human Services (HHS) realized that there was a gap in crisis continuum care as far as being able to stabilize individuals in the field to help prevent admittance to the CSU or to inpatient facilities. Through a collaborative effort between Napa County HHS Mental Health division, Probation, and Child Welfare Services, Nevada HHS is building out their mobile crisis team in 2021 to meet this need and to reach individuals living in the most rural and northern parts of the county. For these individuals, it could take up to two hours to reach the CSU, located in South Napa., The Mobile Crisis team will support individuals in the community of all ages, not just children and youth (as the state Family Urgent Response Services (FURS) mandates).The mobile crisis team will be funded with a combination of MHSA, Family Urgent Response System (FURS) funding, Medi-Cal Administrative Activities, Utilization Review Activities, and some grant funding.

Need 3.2 Address root causes that negatively impact behavioral health

System Element: *Connections and linkages*

Factors to Consider	Potential Strategies and Solutions
☐ A high cost of living means lower income earners take on multiple jobs to meet basic needs. The increased stress and strain lead to a higher likelihood of behavioral health issues within the family. ☐ There is a lack of affordable housing in the region. Many people commute from outside the area leading to longer workdays and less family time. ☐ COVID-19 has created huge economic impacts on the region including long term under-employment and unemployment. ☐ Virtual meetings in the age of COVID-19 have allowed people to access behavioral health services without leaving their home. These opportunities can help a mountain community in which transportation is a barrier.	☐ Strategically partner with key entities (e.g., family resource centers, probation, health and human services, and safety net services) to address and mitigate toxic stress, family stress and strain.

4. Scale and Comprehensiveness

This element pertains to ensuring that a comprehensive system that produces broad and inclusive results for system beneficiaries is available to as many people as possible. Traditional definitions of scale generally refer to a system's *spread* or increasing the number of programs or people served. But this definition can overlook how scaling up affects the quality of services that people receive. The idea of scaling up the system should go beyond just "upping the numbers" to also include the spread of the ideas, beliefs, values, and principles that allow the system to scale up (Coburn, 2003). Data from primary sources (key informants, Behavioral Health Provider Survey, and data parties) indicated the following two needs related to scale in the region:

Need 4.1 Improve behavioral health provider recruitment, retention, and staff development processes

Need 4.2 Enhance community modalities to reach specific populations

Need 4.1 Improve behavioral health provider recruitment, retention, and staff development processes	
System Element: *Scale and Comprehensiveness*	
Factors to Consider	**Potential Strategies and Solutions**
☐ The high cost of living and lack of affordable housing can make it challenging for nonprofits to pay service providers what constitutes a "living wage" in the area. ☐ The lack of providers means there is an extra burden on those who are in the area. There is a capacity issue and burn-out. ☐ The lack of providers means there can be long wait-times. ☐ Placer County has a MHSA Workforce Education and Training (WET) Advisory Committee that aims to recruit, retain, and strengthen the mental health workforce. Placer County is in the process of developing a regional workforce and education training plan that could be tied into Tahoe Truckee's efforts.	☐ Explore strategies to effectively recruit and retain difficult to fill Licensed Practitioner of the Healing Arts (LPHA) positions, especially within Community Based Organizations (e.g., psychiatrists, psychiatric nurse practitioners, substance use disorder counselors, case managers for those with severe mental illness and bilingual/bicultural providers). ☐ Explore incentive payments (e.g., stipend or hiring bonus, loan repayment) to fill vacant positions. ☐ Strategically partner with managed care plans to hire and offer incentive payments for staff who can serve those who have a serious mental illness (SMI) and those with mild to moderate symptoms. ☐ Make a concerted effort to create pathways for professional development for young adults in the behavioral health field. Consider a "grow your own" approach via a partnership with the University of Nevada, Reno to utilize Marriage Family Therapists/Master of Social Work interns who would receive support and training from area practitioners. (See Case Study D) ☐ Consider opportunities to expand peer-based counseling services as a cost-

	effective way to grow the network of services. ☐ Provide regional cross-training and professional development opportunities to behavioral health providers and partners on relevant topics, including cultural humility and competency.

Case Study D: ***Napa County's success with "growing their own" staff via their student internship program***

Established over 10 years ago, Napa County Health and Human Services (HHS) runs a successful student internship program from August through May, in accordance with an academic year. The internship program is open to first- or second-year Master Social Work (MSW) and Marriage and Family Therapist (MFT) graduate students. Contracts have been established with a variety of schools and relationships are maintained with school administrators, which has helped to sustain the program over the years. In the beginning it required a lot of effort to recruit students to the program, but over time, the schools began to refer their students to the program. Currently HHS has the capacity to accept five interns, who receive a $5,000 annual stipend paid for with MHSA funds.

HHS has intentionally designed the program to be centralized and overseen by one Intern Coordinator, who is a bilingual and bicultural Licensed Clinical Social Worker (LCSW). Half of this staff member's job is to coordinate the internship program, while the other half is to supervise the Adult Therapy Unit and coordinate Outreach Services for Latinx community members. The Intern Coordinator cultivates relationships with all the schools; recruits, interviews, and selects applicants; assesses Spanish fluency if appropriate; places students; and acts as the formal clinical supervisor for all the interns throughout the year. This person is also responsible for crafting the learning agreements and evaluations, as well as doing any training, documentation or discipline as needed. HHS believes it is cost-effective to assign only one person to this role, as many of the tasks are administrative and cyclical or repetitive in nature, making it easier and faster for one person to perform the tasks.

The interns, many of whom are bilingual and bicultural, are placed in one of three units within the mental health division: Children, Adult, or the Forensics Unit. The interns are given direction and work assignments from their unit supervisor and meet on a weekly basis with the Intern Coordinator (Clinical Supervisor) who gives more explicit feedback and documents

progress, thereby alleviating unit supervisors from these duties and preventing stress and burnout.

The interns shadow master's levels clinicians and eventually see clients on their own when it is determined they are ready. Clients in the HHS mental health division have severe mental illness, so there is a high degree of supervision, teaching and guidance needed to develop interns' capacity. The Intern Coordinator cautioned that this process often takes time, "*Think of this as community service, rather than a money saver. Don't bring in interns just to alleviate caseloads, as this is when the quality of services can suffer. If you need to alleviate caseloads, hire more clinicians."*

Napa County also encourages and supports their own staff to pursue a master's degree and licensure. In most years of the internship program, there has been one or two staff members who have taken advantage of this offer and who have been able to complete their internship hours within the Mental Health division while getting paid their normal salary. In this way, the internship program is a way to retain and develop their own staff, and to essentially "grow their own" workforce.

Many of the interns find behavioral health jobs locally, whether at a nonprofit agency, the state hospital, the medical hospital, or occasionally within HHS, which they have been prepared for. "*We try to give them a rigorous but supportive experience. We also want to give them a good understanding of county government."* An additional aspiration of the Intern Coordinator is to create a post-internship job classification, thereby making it easier for newly licensed or registered clinicians to find immediate work within the behavioral health field.

Need 4.2 Enhance community modalities to reach specific populations

System Element: *Scale and Comprehensiveness*

Factors to Consider	Potential Strategies and Solutions
☐ The public needs to be better informed about the types of services available and how to effectively access those services. ☐ There is a lack of bilingual and bicultural services for Latinx community members. Undocumented citizens may be hesitant to seek out services due to fear and racism	☐ Enhance utilization of current substance use disorder and mental health group treatment models at Granite Wellness Gateway Mountain Center, and Tahoe Forest Hospital. Use outreach and marketing materials to increase the public's knowledge about available

Need 4.2 Enhance community modalities to reach specific populations	
System Element: *Scale and Comprehensiveness*	
towards the immigrant community. ☐ There is a need for more services for children and youth. There are a lot of early intervention initiatives within Tahoe Truckee Unified School District (TTUSD) however it is difficult to find the bandwidth, resources, and funding for more, even though they are needed. Teachers are maxed out, especially in COVID-19 era. ☐ There is a good support system for early learning intervention through the school district but those younger than three need additional support. ☐ There is a need to reconsider treatment approaches for youth with serious emotional disturbance (SED) and complex trauma (see best practice examples below). ☐ There is a need for more support for perinatal mood and anxiety disorder. ☐ People with disabilities and their families have been hit particularly hard by changes to education and employment due to COVID-19.	services. ☐ Expand bilingual peer-based counseling services via community health workers (*Promotores de Salud*) to act as ambassadors and effectively support Latinx community members. (See Case Study E) ☐ Consider expanding upon successful school-based services to effectively reach more young children, teens, and their family members. ☐ Explore and promote telehealth options for culturally responsive bilingual and bicultural behavioral health services by partnering with agencies providing telehealth services outside of the region. Support *Promotores* to assist Latinx community members to navigate telehealth options.
Best Practice Examples: ☐ The Trauma Research Foundation integrates research with clinical practice, clinical development, training, and education: https://www.traumaresearchfoundation.org/ ☐ The Child Trauma Academy (CTA) is a community of practice working to improve the lives of high-risk children through education, research, and the dissemination of innovation. https://www.childtrauma.org/	

Case Study E: *Sonoma County's Youth Mental Health Promotores program to effectively reach the Latinx community*

Latino Service Providers, a nonprofit based in Sonoma County, trains Latinx transitional age youth, ages 16-25 years, to be mental health *Youth Promotores* via a structured paid internship program and gives them ample support and opportunities to present mental health education and resources to the Latinx community. *Youth Promotores* engage the Latinx community, offer information in Spanish and English, and are culturally responsive mental health ambassadors. The intent of the program is to successfully build mental health knowledge, reduce stigma, and inspire young Latinx leaders to pursue mental health career paths.

Participating *Youth Promotores* receive training in the following areas: health Inequities, emergency preparedness, careers in mental health, LGBTQ best practices, artistic expressions, teen dating violence, intimate partner violence, and substance abuse. They also earn certification from the following courses: Introductory Community Health Work, Question, Persuade, Refer (QPR) Suicide Prevention, and Mental Health First Aid for Youth.

Between 2017 and 2020, 122 *Youth Promotores* participated in the internship, completing over 5,000 hours of training and service in over 300 community events and meetings. The program has a profound impact on youth's ability to seek mental health services: 49% reported that they actively helped someone else (family member or friend) seek mental health services, while 14% reported that they sought and received mental health services for the first time because of the program. Outcome data also shows that the program successfully builds youth cultural connectedness and belonging, a protective factor for mental health and well-being. For example, before the internship, 86% of the participants agreed that their culture gave them strength, whereas 93% agreed after the internship. The program also demonstrates very strong gains in building youth confidence and workforce skills (i.e., communication, presentation skills, time management, etc.)

The *Youth Promotores* program is funded through the California Reducing Disparities Project (CRDP), a statewide prevention and early intervention project founded in 2009 with the goal of achieving mental health equity for five priority populations in California—the African American, Latino/x, Native American, Asian and Pacific Islander, and LGBTQ+ communities. The CRDP is funded by the Mental Health Services Act and administered by the California Department of Public Health's Office of Health Equity. Latino Service Providers also supplements funding for the program from other sources including Kaiser Permanente, the American Red Cross, the Center for Disaster Philanthropy, and the United Way.

Conclusions

The process of selecting behavioral health systems change priorities for the road ahead was guided mainly by examining existing behavioral health status indicators in the region, inventorying existing resources, and tapping into local stakeholder wisdom to examine the driving and restraining forces that would need to be addressed. These steps made up a planned approach to identifying priority needs and the strategic actions to address them.

The Data Map contains secondary data from 12 data sources and helped reveal disparities between different populations in the domains of mental health, substance use, and economic indicators. We took these disparities into account later in the process when identifying the priority behavioral health needs.

A variety of behavioral health system challenges and successes were uncovered by key informant interviews with 12 regional stakeholders (decision-makers, consumers/clients, direct service providers, and law enforcement). Key themes around ongoing substance use, depression and anxiety, and economic stress and strain added more context to the disparities previously identified in the secondary data. Stakeholders also provided rich and varied insight about how to improve the behavioral health system, which we categorized into four different system framework elements: 1) political and cultural context; 2) programs and services; 3) connections and linkages; and 4) scale and comprehensiveness.

Data from the 46 providers who responded to the Behavioral Health Provider Survey gave us important insight into why few payment options are accepted and the various reasons for not accepting insurance. Financial and insurance barriers were a key theme identified in the key informant interviews, so this data from the survey provided additional context. The data on crisis services revealed that about a third of respondents do not provide crisis services and instead refer elsewhere, with over half referring to Tahoe Forest Hospital or the Emergency Room. This insight was consistent with the desire among many key informants for enhancement to crisis and/or mobile behavioral health services. Data from the final open-ended survey question proved useful in getting provider thoughts on what is needed to improve the behavioral health system. The top theme to emerge was more services needed for specific populations (e.g., low-income, Spanish speakers, young people, and those with severe symptoms), which was aligned with key informants' ideas of which groups need additional services. Additional data is needed from providers about how their programs are funded, since the response rate to that question was very low at only 8%.

Findings from the Data Map, key informant interviews, and Behavioral Health Provider Survey were presented to a total of 57 stakeholders in five different 'data parties', where they also provided input about restraining and driving forces. Ultimately, the top ten behavioral health needs emerged out of the key themes that had the most frequent commentary by all 86 stakeholders (key informants, behavioral health providers, data party participants) and are presented in this report as the Behavioral Health Roadmap. Five case studies are also woven into the Roadmap to provide examples from other regions that are successfully implementing some of the presented strategies.

The Behavioral Health Roadmap suggests actions that address priority needs based on the local cultural and political context, existing programs and services, the connections and linkages among them, and ensuring scale and comprehensiveness. Taking action to meet these needs can lead to comprehensive and meaningful change within the Tahoe-Truckee behavioral health system. The Roadmap is designed to function as an independent framework, as well as to fit in within a cohesive, collective impact approach to behavioral health and wellness in the Tahoe-Truckee region. This Roadmap can serve as a framework to guide future policy, funding, and prioritization of behavioral health resources.

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Through the course of the assessment, many organizations and individuals contributed input on the behavioral health issues and conditions impacting their communities or the communities they serve. We gratefully acknowledge the contributions of these participants, many of whom shared deeply personal challenges and experiences with us. We hope that the contents of this report serve to accurately represent their voices. This report would not have been possible without feedback and input from the following agencies:

AMI Housing
Big Brothers Big Sisters
Boys and Girls Club of North Lake Tahoe
Department of Vocational Rehabilitation
Excellence in Education
Gateway Mountain Center

Granite Wellness Center
KidZone Museum
Nevada County Health and Human Services Agency
North Tahoe Truckee Homeless Services
Placer County Health and Human Services
Placer County Probation
Placer County Reentry Program
Placer County Sheriff
Sierra College
Sierra Community House
Sierra Mental Wellness Group
Tahoe Forest Health System
Tahoe Truckee Community Foundation
Tahoe Truckee Future without Drug Dependence
Tahoe Truckee Suicide Prevention Coalition
Truckee North Tahoe Transportation Management Association
Tahoe Truckee Unified School District
Truckee Police Department
Victor Community Support Services

Appendices

Appendix A. Secondary Data Review - Data Map

Data Map

This Data Map is a tool to understand the behavioral health landscape in the North Tahoe-Truckee region. It is made up of available data from local, state, and online sources (sources cited below). The Data Map includes indicators related to both behavioral health outcomes, as well as existing services and supports. This data will be synthesized in a North Tahoe-Truckee Behavioral Health Roadmap that incorporates information about regional behavioral health challenges and resources, as well as recommendations to develop a more comprehensive behavioral health system in the region.

Data Sources

Name	Year	Data source(s) included	Web link (if available)
California Healthy Kids Survey	2017-2018 school year	-Grade 5 students (n = 238) -Secondary school students (Grades 7, 9, 11, & Non-Traditional (NT); n = 811)	https://www.ttusd.org/Page/201
Tahoe Forest Hospital Community Needs Assessment	2018	– Robert Wood Johnson Foundation County Health Rankings – Community Health Needs Assessment (uses questions from the Behavioral Risk Factor Surveillance Survey) – Nevada Department of Public Health	https://www.tfhd.com/wellness-neighborhood/reports

Name	Year	Data source(s) included	Web link (if available)
		– UCLA California Health Interview Survey – CDC BRFSS Prevalence and Trends Data – Washoe County NV Health Department	
Tahoe Forest Hospital Provider Directory	2020 Annual Update		https://www.tfhd.com/services/mental-health-providers
Nevada County MHSA data	2017-2018 Annual report		https://www.mynevadacounty.com/473/Mental-Health-Services-Act
Placer County MHSA data	2017-2018 Annual report		https://www.placer.ca.gov/2179/Mental-Health-Services-Act
Truckee North Tahoe Youth Health Initiative	2015		PDF version
North Tahoe-Truckee Community Engagement and Behavioral Health Survey	2020	– N = 1,397 randomly sampled community members	PDF version
CCTT Issue Brief	2019		PDF version
Feeding America: Map the Meal Gap	2018	- Feeding America's 2020 study (using 2018 data) to improve food insecurity in the US. Data collected at the county level	Excel sheet
TTUSD Socio-economic data	2020		Excel sheet

Name	Year	Data source(s) included	Web link (if available)
ACES Data	2020	– Placer N Lake Tahoe Outpatient (youth) and was collected between April 1, 2019 and October 1, 2020 (n = 27)	Excel sheet
Mountain Housing Council of Tahoe Truckee	2020		https://www.mountainhousingcouncil.org/affordability-gap/

Community Profile Data (including Social Determinants of Health indicators)

Indicators	Regional Data	Source(s)
Population – Total – Children (0-18)	– North Tahoe Truckee population: 28,059 (as of 2017) – 2,097	CCTT Issue Brief (2019) (Source: U.S. Census 2010 Demographic Profile Data, 2006-2010 ACS 5-year estimates, and 2013-2017 ACS 5-year estimates) Truckee North Tahoe Youth Health Initiative (2015) (Source: 2009-2013 American Community Survey)
Race/Ethnicity – White (non-Hispanic) – Hispanic or Latino – Asian – American Indian/Alaska Native – Black or African American – Pacific Islander	– 78.3% – 16.9% – 1.6% – .3% – .9% – unknown – .9%	North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020) (Source: U.S. Census Bureau, 2011-2015 American Community Survey) CCTT Issue Brief (2019) (Source: U.S. Census 2010) Note: Population data for Asian, American Indian/Alaska Native, Black, Pacific Islander, and Mixed-Race race/ethnicity comes from survey sample characteristics but closely reflects population data)

Indicators	Regional Data	Source(s)
– Mixed-Race		
Number/percent of people living in poverty – Total – Children (under 18 years) – White alone – Hispanic/Latino origin	– 11.1% – 42.6% – 10.9% – 31.4%	CCTT Issue Brief (2019) (Source: U.S. Census 2012-2016 ACS 5-year estimates) Truckee North Tahoe Youth Health Initiative (2015) (Source: 2009-2013 American Community Survey) TTUSD Socio-economic data (2020) *as indicated by % of students qualifying ither free or reduced lunch of TTUSD students
Sexual orientation/gender identification – Female – Male – Other	– 44.7% – 54.8% – 0.5%	North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020) (Note: Data comes from survey sample characteristics but closely reflects population data for gender, age, race/ethnicity, and income level)
Educational attainment ***Note: NT refers to "nontraditional" schooling.**	**TTUSD Enrollment** – 3,962 students enrolled in 2018-2019 school year ○ 31% "Ever English Learners" ○ 39% Socioeconomically Disadvantaged (SED) ○ 37% Hispanic **TTUSD Graduation Rate** – 90% (All TTUSD)	CCTT Issue Brief (2019) (Source: Tahoe-Truckee Unified School District) CCTT Issue Brief (2019) (Source: California Department of Education data) California Healthy Kids Survey (2017-2018)

Indicators	Regional Data	Source(s)
	– 82% (SED TTUSD) – 80% (Hispanic TTUSD) **Highest Education of Parents:** **Did not finish high school** – 13.33% – 29% (NT) **Graduated from high school** – 12.33% – 23% (NT) **Attended college but did not complete a 4-year degree** – 8.33% – 13% (NT) **Graduated from college** – 54.67% – 19% (NT) **Don't know** – 11.67% – 15% (NT)	

Indicators	Regional Data	Source(s)
Income level	**Household poverty status** – 72.9% (200% of FPL/Above) – 17.7% (100% to 199% FPL) – 9.3% (Below poverty) **By race/ethnicity** – 2017 Median Household income: $74830 – 2017 Median Household income for Hispanic households: $48,654	North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020) CCTT Issue Brief (2019) (Source: U.S. Census 2010 Demographic Profile Data, 2006-2010 ACS 5-year estimates, and 2013-2017 ACS 5-year estimates)
Living situation/housing quality	**% of income spent on housing** – In 2016, 26% of North Tahoe-Truckee residents send more than half their income on housing – 67% of full-time residents pay more than 30% of income on housing **Homelessness** – Number of people who experienced homelessness in 2019: ○ 32 in Nevada County ○ 11 in Placer County	CCTT Issue Brief (2019) CCTT Issue Brief (2019) (Source: Truckee North Tahoe Workforce Housing Study) CCTT Issue Brief (2019) (Source: 2019 HUD Point-in-Time Count)

Indicators	Regional Data	Source(s)
Language spoken at home –	**English** – 71.67% – 46% (NT) **Spanish** – 27% – 50% (NT) **Taiwanese** – 2% (NT) **Korean** – 2% (NT) **Other** – 1% (Grade 9)	California Healthy Kids Survey (2017-2018)
English language proficiency	**All students:** – Proficient: o 81.67% o 80% (NT) – Not proficient: o 18.33% o 20% (NT)	California Healthy Kids Survey (2017-2018)

Indicators	Regional Data	Source(s)

	Students speaking a language other than English at home
	– Proficient:
	  ○ 55%
	  ○ 64% (NT)
	– Not proficient:
	  ○ 45%
	  ○ 36% (NT)	

Employment status	**Employed: 1 job** – 49.7% **Employed 2+ jobs** – 16.3% **Self-employed** – 16.2% **Out of work: > 1 year** – 0.5% **Out of work: < 1 year** – 1.8% **Homemaker** – 2.6% **Student**	North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)

Indicators	Regional Data	Source(s)
	– 2.3% **Retired** – 10.6%	
Food Insecurity	**Students receiving free or reduced-price lunches at school** – 52.67%; 19% (NT) **Were you unable to purchase food in the past year because you couldn't afford it?** – 2% **2018 Adult Food Insecurity Rate (by county)** – 9.1% (El Dorado County) – 10.7% (Nevada County) – 8.3% (Placer County) – 10.8% CA **2018 Child Food Insecurity Rate (by county)** – 13.4% (El Dorado County) – 15.9% (Nevada County) – 11.6% (Placer County) – 15.2% CA	California Healthy Kids Survey (2017-2018) Tahoe Forest Hospital Community Needs Assessment (2018) Feeding America: Map the Meal Gap (2018)

Indicators	Regional Data	Source(s)
Housing Insecurity	– Median home price in Truckee: $702,000 – Family of four in Nevada County earning 100% of the area median income can afford a $350,196 priced home – 67% of full-time residents pay greater than 30% of income on housing	Mountain Housing Council of Tahoe Truckee (2020)
Adverse childhood experiences – ACES	– In a sample of 27 children in Eastern Placer County receiving County services, 59% reported 4 or more Adverse Childhood Experiences	Uplift Family Services, Outpatient Services in Placer North Lake Tahoe region (2019-2020)
Social and emotional support – Percent reporting 'very much true' for 'Caring adults at school'	– 25.33% – 59% (NT)	California Healthy Kids Survey (2017-2018)

Behavioral Health Outcomes (Adults)

Indicators	Regional Data	Source(s)
Substance use	**Reported use (any)** – 34%	Tahoe Forest Hospital Community Needs Assessment (2018)

Indicators	Regional Data	Source(s)
–	**Illegal drug use (past year)** – 3.4% **Binge drinking behavior** – 28.3% (TFCNA); 37.4% (NTTCEHS) **Current smokers** – 9.9% **Use of e-cigarette or vaping products** – 6.3% (use is higher for adults under age 40, lower income residents, and communities of color) **Received alcohol/drug treatment (past year)** – 1.9% (Prevalence is higher among low-income residents and Hispanics) **Impact of substance abuse (life has been negatively affected by substance abuse—by self or someone else)** – 66.9% Overall (US 37.3%) o 68.7% White o 57.3% Hispanic o 78.1% Other o 52.5% 18 to 39 years o 39.3% 20 to 64 o 32.9% 65+	North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)

Indicators	Regional Data	Source(s)

	Excessive drinking (those who report either heavy drinking or binge drinking in the past 30 days)
	– 43.3% Overall (CA 17.6%, US 18%)
	  ○ 46.7% White
	  ○ 31.2% Hispanic
	  ○ 32.5% Other	

Poor mental health days
 	
– One or more days with depressive symptoms in past two weeks
– At least one day mental health was not good in past month
– Three or more days per month on which their mental health was not good
	
	– 57%
	– 34%
	– 41.9% Overall (27.6% CA, 27.6% US)
	  ○ 56.8% 18 to 39 years
	  ○ 37.5% 40 to 64 years
	  ○ 17.6% 65+
	  ○ 48.5% Women
	  ○ 36.4% Men
	  ○ 51.0% Very low income
	  ○ 51.8% Low income
	  ○ 40.7% Middle/High income
		Tahoe Forest Hospital Community Needs Assessment (2018)
		
		North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)

Indicators	Regional Data	Source(s)
Mental health assessments (a mental health assessment occurs when an adult or youth is at risk for hurting themselves or others and goes to the hospital for an emergency mental health evaluation)	164	CCTT Issue Brief (2019) (Source: Tahoe Forest Hospital)
Reported behavioral health disorders – Anxiety – Depression	**Ever told has anxiety** - 10.4% **Ever told has a depressive disorder** – 13.4% **PHQ-8: current depression** – 4.5% **Diagnosed depression** – 21.9% Overall (% CA, % US) o 23.5% White o 17.7% Hispanic o 15.9% Other	Tahoe Forest Hospital Community Needs Assessment (2018) North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)

Behavioral Health Outcomes (Children 0-18)

Indicators	Regional Data	Source(s)
Substance use	**Reported use (AOD)** – Elementary (lifetime use): 28% (Grade 5) – Secondary (past 30 days): 17%; 47% (NT) **Reported use (Cigarettes)** – 1.75%; 25% (NT) **Reported use (E-cigarettes/vapes)** – 12%; 47% (NT) **Substance use disorders (Binge drinking, past 30 days)** – 6.67%; 24% (NT) **Substance use disorders (Been drunk/high 7 or more times)** – 10.33%; 28% (NT)	California Healthy Kids Survey (2017-2018)
Depression risk – Chronic sadness/hopelessness – Contemplating suicide	– 30%; 55% (NT), 33% CA – 13.5% 24% (NT), 16% CA	California Healthy Kids Survey (2017-2018)

Indicators	Regional Data	Source(s)
Poor mental health days	Not measured in CHKS	
Mental health assessments (a mental health assessment occurs when an adult or youth is at risk for hurting themselves or others and goes to the hospital for an emergency mental health evaluation)	– 40	CCTT Issue Brief (2019) (Source: Tahoe Forest Hospital)

Access to behavioral health services

Indicators	Regional Data	Source(s)
Health coverage	**% of population without coverage (age 65 & under):** - 4.8% **No health insurance any time during past year (ages 18-64)**: - 9.2% **Lack health insurance**: - 15.1% (overall) **By Income** ○ 31.6% (very low income) ○ 34.9% (low income) ○ 6.9% (mid/high income)	Tahoe Forest Hospital Community Needs Assessment (2018) North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)

Indicators	Regional Data	Source(s)
	By race ○ 8.4% (White) ○ 40.2% (Hispanic) ○ 13.2% (Other) **Type of insurance** – **No insurance:** 15.1% – **VA/Other:** 0.4% – **Medicaid/Medicare:** 12.7% – **Private insurance**: 69.8%	
Has a primary care provider	71.1%	Tahoe Forest Hospital Community Needs Assessment (2018)
Cultural competency of providers	**Spanish speaking mental health services** – Currently zero Spanish-speaking mental health providers who accept private insurance (Additional info from THTYHI: There are three bilingual, adolescent, mental health professionals in the region that accept Private Pay. In addition to these providers, Sierra Mental Wellness accepts MediCal, MediCal Managed Care Anthem and sliding scale for payment, Nevada County Behavioral Health accepts MediCal and possible services to uninsured individuals through grant funding, and EMQ Families First accepts MediCal).	Truckee North Tahoe Youth Health Initiative (2015)

Indicators	Regional Data	Source(s)
	How confident do you feel when leaving the doctor's office that you understand what the doctor has told you? – Extremely confident: 59% – Quite a bit: 31% – Somewhat: 6% – A little bit: 3% – Not at all confident: 1% – Don't know: 1% **How often do you have someone help you read materials you receive from your doctor or hospital?** – Always: 2% – Often: 5% – Sometimes: 3% – Occasionally: 6% – Never: 83%	Tahoe Forest Hospital Community Needs Assessment (2018)
Availability of services – Behavioral Health Providers – In-patient Facilities – Out-patient Facilities	– 38 (private practitioners operating at various capacities with various specialties) – 2 (in-patient based in Grass Valley -- Granite Wellness, Nevada, and Placer County Crisis Stabilization Unit in Grass Valley)	Tahoe Forest Hospital Provider Directory (2020) CCTT Partner List (2020)

Indicators	Regional Data	Source(s)
– Additional Behavioral Health Providers	– 3 (out-patient, Nevada, and Placer County behavioral health facilities and Granite Wellness in Truckee) – See Existing Services and Supports section below	
Limited access to care	**Did not receive health care in past year because of cost** – 4.4% **Unable to get to a healthcare appointment because of lack of transportation** – 5% **Have wanted to but not sought help for mental health because of *inability to afford care*** – 15.7% of adult Hispanics – 7.6% of Non-Hispanics, **Have wanted to but not sought help for mental health because of *lack of insurance coverage*** – 11.0% of adult Hispanics – 3.6% of Non-Hispanics, and **Have wanted to but not sought help for mental health because of *lack of transportation***	Tahoe Forest Hospital Community Needs Assessment (2018) Truckee North Tahoe Youth Health Initiative (2015) North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)

Indicators	Regional Data	Source(s)
	– 12.2% of adult Hispanics – 1.9% of Non- Hispanics **Not able to able to get the mental health services needed (variety of reasons included)** – 43.3%	
Awareness of mental health services – Aware of local mental health resources	– 54.8% (lower among men, young adults, residents living at lower incomes, part-time residents, and those who have lived in the area for less time)	North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)
Likelihood to seek mental health services if needed	**Likelihood of using local resources** – 13.2% (Not at all likely) – 44.0% (Somewhat likely) – 42.8% (Very likely) – Likelihood increases with age but is lower among men, adults living at higher incomes, and non-Hispanics **Likelihood of using teletherapy resources** – 27.3% (Not at all likely) – 39.8% (Somewhat likely) – 32.9% (Very likely) – Likelihood is lower among men and adults over 65	North Tahoe-Truckee Community Engagement and Behavioral Health Survey (2020)

Existing Services and Supports and Continuum of Care

Methods

In August and September 2020, EPAI, in collaboration with CCTT staff and partners, developed a Behavioral Health Provider Survey to identify existing behavioral health services and supports. The survey was completed by behavioral health providers who offer services to clients or consumers in the North Tahoe-Truckee region. From the survey, CCTT and EPAI staff pulled out data to populate a 'Existing Services and Supports' table (see Table 2). This is a point in time survey of behavioral health services and is a living document.

CCTT staff and partners chose to map the Existing Services and Supports along a Continuum of Care model. This model addresses strategies for the entire population, those at risk of behavioral health issues and those with behavioral health issues. The continuum includes promotion and prevention strategies for the general population or specific groups, as well as recovery and behavioral health treatment options (e.g. interventions, medications, and/or supports) to assist people who are diagnosed with behavioral health disorders so that they can live and function successfully in the community. CCTT contracted Maureen Bauman Consulting, who has expertise from 35 years of experience in the behavioral health field, to determine the precise elements and definitions in the Continuum of Care model (see Table 1). The continuum was developed after a review of various maps depicting existing and ideal continuums of care, with the efforts of the Virginia Department of Behavioral Health having the most influence on our design.

Table 1. Continuum of Care Categories and Definitions

Continuum of Care Categories	Definition (and sub-categories if applicable)
Promotion	*Messages and information to the entire community about behavioral health issues*
Prevention	*Messages designed to prevent or delay behavioral health issues targeting specific groups at potential risk or with higher risk*
Recovery	*Non-clinical support services often provided by persons who have lived experience*
Behavioral Health Treatment	***Outpatient Treatment Private***: *Outpatient Clinical and psychiatric services provided by the private sector for persons who function well in the community* ***Community Mental Health and Substance Use Disorder Rehab Services***: *Outpatient Clinical and psychiatric services provided by the public sector for persons who do not function well in the community and may need case management* ***Crisis Services:*** *Immediate, short-term help to individuals who are experiencing an event that is producing emotional, mental, physical, and behavioral distress putting them at risk of hurting themselves or others and/or being unable to care for themselves or function* ***Community Living Support:*** *Non-clinical but supportive living environments for persons who cannot be successful in the community without support* ***Residential:*** *Services for persons who are unable to live safely in the community* ***Hospitalization:*** *Acute and brief services to stabilize a person who is in a behavioral health crisis*

Table 2. Existing Services and Supports

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
Adventure Risk Challenge	Prevention		Community leadership program at Tahoe Truckee High Schools	No	No	
Behavioral Health Private Practitioners	Prevention Treatment Crisis Services	Community Mental Health and Substance Use Disorder Rehab Services	Private practice	Depends on individual therapist	No	
Behavioral Health: El Dorado County	Prevention Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Adult System of Care (ASOC) moderate to severe (psychiatry, therapy, and case management)	Only Medi-Cal Accepted	Yes	
	Prevention Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Children System of Care (CSOC) moderate to severe (psychiatry, therapy, and case management) Wrap Around contracted to Sierra Child and Family Services	Only Medi-Cal Accepted	Yes	

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
Behavioral Health: Nevada County	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Children's Behavioral Health Children's Wrap Around contracted to Victor Community Support Services	Only Medi-Cal Accepted	Yes	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Bilingual Therapist	Yes	Yes	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Adult Behavioral Health moderate to severe (psychiatry, therapy, and case management)	Only Medi-Cal Accepted	Yes	
Behavioral Health: Placer County	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Adult System of Care (ASOC) moderate to severe (psychiatry, therapy, and case management)	Only Medi-Cal Accepted	Yes	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Children System of Care (CSOC) moderate to severe (psychiatry, therapy, and case management)	Only Medi-Cal Accepted (except for Wrap-around, which is	Yes	

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
			Children's Wrap Around contracted to Uplift Family Services	MHSA supported)		
	Promotion		Public Health Substance Abuse Prevention	NA	No	
	Prevention		Public Health Maternal and Adolescent Health	Only Medi-Cal Accepted	No	
Big Brothers Big Sisters of Northern Sierra	Prevention		Youth Mentoring	No	Yes	
Boys and Girls Club of North Lake Tahoe	Prevention		Positive Action Program	No	Yes	
California Department of Vocational Rehabilitation	Recovery		Various under Employment Services and Community Living Services	No	No	
Gateway Mountain Center	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Whole Hearts Minds & Bodies Program (Therapeutic Mentorship Program)	Only Medi-Cal Accepted	Yes (limited to Community Support Services (CSSS),	$350,000

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
					blended with Medical billing)	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Mindfulness Based Substance Abuse Treatment	No	No	$50,000
	Prevention		Latinx Leadership Program (peer-based development program)	No	Yes	
	Prevention		COVID-19 specific program to support distance learning	No	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Outpatient mental health program (beginning stages)	No	No	
Granite Wellness	Treatment	Residential	Inpatient Services in Western Nevada and Placer counties	Yes	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Outpatient Services	Yes	No	
	Treatment	Community Living Support	Tea House for Women and Children in recovery	Yes	No	

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
	Recovery		DUI classes (for a fee)	No	No	
	Recovery		Batterers Intervention Program (English and Spanish classes)	No	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Student Assistance Program (not operating 2020-2021)	No	No	
Sierra College	Prevention Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Counseling Services	No	No	$100,000
Sierra Community House	Prevention Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Homeless Outreach Program	No	Yes (Nev and Placer Counties)	
	Promotion		Suicide Prevention Coalition	No	Yes (Nev and Placer Counties)	
	Promotion Prevention		Family Support and Parenting Classes	No	Yes	

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
	Prevention		Latino Community Outreach Program	No	Yes	
	Promotion		Mental Health Stigma Reduction	No	Yes	
	Prevention		Licensed Clinician for Child Witness/Abuse	No	No	
	Prevention Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Sexual Assault and Crisis Intervention Services and Hotline	No	No	
Sierra Mental Wellness Group	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Bilingual Therapist for Placer residents only	Yes	Yes	
	Treatment	Crisis Services	Crisis Evaluation in Emergency Department (Tahoe Forest Hospital)	Yes	No	
Tahoe Forest Hospital District	Treatment	Community Mental Health and Substance Use Disorder Rehab Services Outpatient Treatment Private	Medication Assisted Treatment Program	Yes	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Psychiatry	Yes	No	

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
		Outpatient Treatment Private				
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services Outpatient Treatment Private	Behavioral Health Intensivist embedded in Primary Care	Yes	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services Outpatient Treatment Private	Behavioral Health Therapists	Yes	No	
	Promotion Prevention		Pre-natal maternal health specific programs	Yes	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services Outpatient Treatment Private	Behavioral Health Navigators (youth, psychiatric)	Yes	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services Outpatient Treatment Private	Cancer Center	Yes	No	

Agency	Continuum of Care Categories	Continuum of Care Treatment Subcategories	Program(s)	Medi-Cal Accepted	MHSA Funding	Annual Cost
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services Outpatient Treatment Private	Grief support group geared towards Hospice	Yes	No	
Tahoe Truckee Unified School District	Promotion Prevention		Wellness Center at 3 high schools	No	Yes	$230,000
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	School Counselors (school-based services)	No	No	
	Treatment	Community Mental Health and Substance Use Disorder Rehab Services	Contracted therapists to students with Individual Education Plans (IEP)	No	No	
What's Up Wellness	Promotion		Depression Screenings for Teens	No	Yes	

Provider Survey: Raw and Aggregated Data

Methods

In August and September 2020, EPAI, in collaboration with CCTT staff and partners, developed a survey to identify existing behavioral health services and supports. The survey was designed to be completed by behavioral health providers who provide services to clients or consumers in the North Tahoe-Truckee region. Many of the survey questions were modeled after behavioral health surveys designed and implemented by the Katz Amsterdam Foundation in other rural mountain communities.

The survey included 36 questions broken down into 6 areas.

1. Service Provider Information
2. Treatment or Intervention Services Offered
3. Tele-therapy Services
4. Provider Capacity and Payment Options
5. Crisis Services
6. Behavioral Health Program Funding

All respondents did not answer all questions, due to the skip-logic built into the survey beginning at question 9, "Which modality of behavioral health services do you provide in the North Tahoe-Truckee region?" Respondents who answered "Treatment and Intervention" or "Both" were prompted to answer all 36 questions in the survey. Respondents who answered "Prevention and Early Intervention" were only asked 13 questions about service provider information, crisis services, and program funding, since the other questions revolved around treatment and were not relevant for them.

The survey was available online via SurveyMonkey and collected for approximately six weeks during August and September 2020. Survey distribution was done by CCTT and Tahoe Forest Hospital staff. Analysis was completed by EPAI.

In total, there were 46 survey respondents representing various service sectors. The raw and aggregated survey results of the survey responses were analyzed using descriptive statistics, which are included in the summary findings below. In addition, qualitative data analysis was conducted to identify key themes from the survey respondents for the open-ended responses about their additional thoughts about behavioral health.

In some cases, more than one survey was completed on behalf of the same service provider organization (see Question 1 below). Multiple surveys from the same service provider were not combined in the analysis, because each survey contained unique responses. Surveys from the same provider organization may have been completed by distinct divisions or service areas.

Summary Findings

Part I: Service Provider Information

Agency or Practice

Q1. What is the name of your agency or practice? (n=46)	Number	Percent
Private Practice Providers	12	26%
Tahoe Forest Hospital District	7	15%
No response	5	11%
Gateway Mountain Center	3	7%
Sierra Community House	3	7%
Granite Wellness Centers	2	4%
Nevada County Behavioral Health	2	4%
Placer County Public Health	2	4%
Tahoe Truckee Unified School District	2	4%
Adventure Risk Challenge	1	2%
Boys and Girls Club of North Lake Tahoe	1	2%
Big Brothers Big Sisters of Northern Sierra	1	2%

Q1. What is the name of your agency or practice? (n=46)	Number	Percent
Sierra College	1	2%
Sierra Senior Services	1	2%
State of CA, Dept. of Vocational Rehabilitation	1	2%
Uplift Family Services	1	2%
Victor Community Support Services	1	2%

Location of Services

Q2. Which county(ies) does your agency or practice serve? (check all that apply) (n=46)	Number	Percent
Nevada	41	89%
Placer	38	83%
El Dorado	23	50%
Washoe	19	41%
Sierra	17	37%
Other	3	7%

Other (please specify) responses:

- Northern California/ Western Nevada
- Merced, Fresno
- We are not county specific
- Plumas County
- Alpine County

Services for Adults

Q3. Which ADULT groups receive behavioral health services at your agency or practice? Select all that apply. (n=44)	Number	Percent
Older adults/seniors	25	59%
Clients/consumers with private insurance	23	55%

Individuals with substance use disorders	23	52%
LGTBQ+ community	23	52%
Latinx community	21	48%
Other ethnic minority groups	20	45%
Clients/consumers with Medi-Cal (severe or acute symptoms)	18	41%
Women experiencing prenatal or postnatal depression	17	39%
Clients/consumers with Medi-Cal (mild to moderate symptoms)	15	34%
Individuals experiencing homelessness	15	34%
Individuals involved in the criminal justice system	15	34%
Veterans	15	34%
Other	12	27%
NA/Adults do not receive services at this organization	6	14%

Other (please specify) responses:

- Oncology patients and caregivers
- The adult program is new with Uplift so I am unsure of the authorization criteria. I serve child exclusively.
- All our above answers refer to transitional age youth 18-24
- Just to specify, we serve people with Mild-Moderate MH symptoms and Mild-Moderate-Severe-Acute SUD. I checked LGBTQ and Older Adults, although we don't have specific programming for these populations, we are supportive if these groups are accessing services. As the only DUI provider and primary SUD provider, we work to welcome all groups.
- I don't do direct mental health service so I'll let them share what they do. I work with school staff and parents
- The checked categories represent the groups who most commonly receive therapy or peer support through Sierra Community House, either from staff or contracted providers.
- People with physical disabilities. Adults transitioning or questioning gender reassignment. Family members of people suffering with mental health issues.
- Patients who are chronic or terminally ill
- Adult men, couples. Private pay
- Community at large

- I see adults with mild to moderate mental health concerns who can pay privately.
- Eligibility is based on documented disability(s) that are significant in their impact an individual's functioning in relationship to work.

Services for Children or Youth

Q4. Which CHILDREN/YOUTH groups receive behavioral health services at your agency or practice? Select all that apply. (n=43)	Number	Percent
High school students	32	74%
Adolescents (ages 13-18)	31	72%
Transitional Age Youth (ages 18-25)	31	72%
Middle school students	27	63%
LGBTQ+ youth	27	63%
Elementary school students	24	56%
Latinx youth	24	56%
Children (ages 0-12)	23	53%
Other ethnic minority youth	22	51%
Children/Youth in the foster care system	19	44%
Children/Youth with Medi-Cal (severe or acute symptoms)	16	37%
Children/Youth with private insurance	16	37%
Children/Youth with Medi-Cal (mild to moderate symptoms)	14	33%
Other	6	14%
NA/Children and youth do not receive services at this organization	4	9%

Other (please specify) responses:

- My role is not in behavioral health
- Youth transitioning or questioning gender reassignment.
- Uninsured youth with moderate symptoms funded through TTUSD
- All children with behavioral health needs are served by their PCP or are referred to other agencies for therapy or psychiatry.
- Community at large
- Children 5-and up, I do not specialize in working with LGBTQ or any specific ethnic group but have seen children from a range of backgrounds and who identify as LGBTQ

Organizational Purpose

Q5. Please select the categories that best describe the purpose of your organization. Select all that apply. (n=46)	Number	Percent
Behavioral health provider/clinic	24	52%
Mental health care provider	23	50%
Other	17	37%
Youth service provider	13	28%
Social services (homeless, violence prevention, older adults)	10	22%
Substance use disorder program	9	19%
Community Based Organizations	8	17%
Health care provider/clinic	6	13%
Education (early-care, K-12, higher ed.)	6	13%
Family support center	4	9%
Hospital	3	6%

Other (please specify) responses:

- Suicide Prevention
- Prevention of Substance Use
- Parent training
- Public Health Case Management Home Visiting
- Integrative psychiatry
- Rehabilitation serves adults with disabilities and youth in transition from high school with disabilities

Behavioral Health Services Offered

Q6. Please select the types of behavioral health services that are provided at your organization. Select all that apply. (n=46)	Number	Percent
Individual therapy or counseling	33	72%
Trauma informed services	23	51%
Suicide prevention	20	43%
Case management	19	41%
Family support (services to family members of mental health clients/consumers)	18	39%
Referral services	18	39%

Q6. Please select the types of behavioral health services that are provided at your organization. Select all that apply. (n=46)	Number	Percent
School-based services	17	38%
Education services	17	38%
Emergency and crisis services (including after hours or emergencies)	14	30%
Integrated services for mental illness and substance abuse	14	30%
Prevention and screening	14	30%
Substance use disorder services	14	30%
Socialization/recreation	13	28%
Assistance to non-English speaking individuals	12	26%
Home-based services	10	22%
Homeless services (outreach to ensure access to care, etc.)	7	15%
Wrap-around services (for children and their families)	7	15%
Other	5	11%
Alternatives to hospitalization (i.e., crisis beds)	4	9%
Employment opportunity and development	4	9%
Primary health care	4	9%
Housing	3	7%

Other (please specify) responses:

- Youth mentoring services
- Prevention services. Others work on behavioral health at our agency
- Supervision
- Mentoring and a Social Emotional Learning and Life Skills
- Family therapy
- None - we provide Meals on Wheels

Number of Individuals Served

Q7. In total, approximately how many individuals are served at your organization each month? (n=46)	Number	Percent
Less than 50	15	33%

50-100 individuals	11	24%
100-500 individuals	8	17%
500 or more	3	7%
Don't know	5	11%
Other	5	11%

Other (please specify) responses:

- Uplift serves thousands of families in CA, but in the North Tahoe region, approximately 20-50 between adult and youth
- 500 or more organizationally; 100-500 at Truckee and Kings Beach sites
- We have multiple providers that each see 4 to 10 patients a day
- No mental health services offered. Meals on Wheels individuals assisted with food is about 3,500 per month

Barriers to Receiving Services

Q8. Which barriers to receiving services do mental health clients/consumers in the North Tahoe-Truckee region experience at your organization? Select all that apply. (n=44)	Number	Percent
Client insurance is not accepted	18	41%
Lack of knowledge of available services	16	36%
Lack of transportation	15	34%
Cost	13	30%
Stigma for seeking care	13	30%
Individuals do not meet behavioral criteria for the program	11	25%
Limited hours of operation	11	25%
Lack of childcare	9	20%
Long waiting lists	9	20%
Lack of insurance	8	18%
Language/cultural/sexual orientation barriers	7	16%
Lack of outreach to people in the criminal justice system	5	11%
Lack of appropriately trained staff	4	9%
None of the above	3	7%

Q8. Which barriers to receiving services do mental health clients/consumers in the North Tahoe-Truckee region experience at your organization? Select all that apply. (n=44)	Number	Percent
Other	3	7%
High staff turnover	2	5%
Lack of outreach to homeless population	2	5%
Refusal of clients with Medi-Cal due to low reimbursement rates	2	5%

Other (please specify) responses:

- Lack of Perinatal Mood and Anxiety Disorder services (PMAD)
- Lack of referral
- They no show

Modality of Services

Q9. Which modality of behavioral health services do you provide in the North Tahoe-Truckee region? (n=46)	Number	Percent
Treatment or Intervention	24	52%
Prevention and Early Intervention	14	30%
Both	8	17%

Part II: Treatment or Intervention Services Offered

Treatment Specialization

Q10. Please select the areas of treatment specialization you provide. Select all that apply. (n=31)	Number	Percent
Anxiety Disorders	27	87%
Depression	27	87%
Behavioral	23	74%
Trauma/Abuse	23	74%
PTSD	21	68%
Bi-polar Disorder	19	61%
Families	17	55%

Substance Use Disorder	16	52%
Co-occurring mental health and substance use disorders (excluding obesity and diabetes)	16	52%
OCD	14	45%
Personality Disorders	14	45%
Relationship Counseling	13	42%
Psychotic Disorder	12	39%
Eating-Food Disorders	12	39%
LGBTQ General	12	39%
Families (LGBTQ)	10	32%
Psychosocial Rehabilitation	9	29%
Couples	8	26%
Geriatric Counseling	6	19%
Couples (LGBTQ)	6	19%
Alzheimer's/Dementia	3	10%
Respite Service	3	10%
Other	2	6%
Faith-Based Counseling	1	3%

Other (please specify) responses:

- Energetic Medicine Intuitive support
- Traumatic Brain Injury

Mental Health Treatment Approaches

Q11. Which of these mental health treatment approaches do you offer? Please check all that apply. (n=30)	Number	Percent
Individual psychotherapy	28	93%
Cognitive behavioral therapy	23	77%
Behavior modification	16	53%
Trauma therapy	16	53%
Telemedicine therapy	16	53%
Couples/family therapy	13	43%
Group therapy	10	33%

Dialectical behavioral therapy	9	30%
Other	8	27%
Activity therapy	7	23%
Psychotropic medication	7	23%
Integrated dual disorders treatment	3	10%

Other (please specify) responses:

- Acceptance and commitment therapy
- Eco-therapy, expressive arts therapy
- Peer support
- Art Therapy
- Somatic based psychotherapy
- Since Covid19 I have been doing Walk and Talk sessions on the trail at Donner Lake for individuals, adolescents, and school age children
- Play Therapy
- Family therapy

Substance Use Disorder Treatment Approaches

Q12. Which of these substance use disorder treatments do you offer? Please check all that apply. (n=28)	Number	Percent
Outpatient	15	54%
Substance use disorder treatment not offered	11	39%
Groups	8	29%
Inpatient	3	11%

Languages Spoken for Services

Q13. Do you provide behavioral health treatment services in a language other than English? (n=31)	Number	Percent
English only	18	58%
Spanish	13	42%

Other (please specify) responses:

- Translator used for needed language
- IPAD Spanish and utilization of a health promotora

Bilingual Staff

Q14. Who provides behavioral health treatment in a language other than English? (n=31)	Number	Percent
Not applicable (services only offered in English)	14	45%
Staff member(s) speak a language other than English	7	23%
Both staff and on-call interpreter	7	23%
On-call interpreter (in-person or by phone) brought in when needed	2	6%
I speak a language other than English	1	3%

Part III: Remote Behavioral Health Services

Remote Services Offered

Q15. Are you offering behavioral health services remotely (not face-to-face)? (n=31)	Number	Percent
Yes	31	100%
No	0	0%

Modality of Remote Services

Q16. How are you offering remote behavioral health services? Check all that apply. (n=31)	Number	Percent
Telephone	27	87%
Secure video platform	25	81%
Not applicable, we don't offer remote services	0	0%
Other (please specify)	0	0%

Remote Services post COVID-19

Q17. Do you plan to continue offering remote behavioral health services post COVID-19? (n=31)	Number	Percent
Yes	22	71%
Don't Know	9	29%
No	0	0%

Part IV: Provider Capacity and Payment Options

Weekly Capacity for Services

Q18. How many sessions/hours do you currently provide for consumers/clients on a weekly basis? (n=27)	Number	Percent
1 to 5	5	19%
6 to 10	3	11%
11 to 20	6	22%
21 to 30	4	15%
31 to 50	2	7%
Over 50	3	11%
Depends or is variable	4	15%

Acceptance of New Clients

Q19. Are you accepting new clients at this time? (n=30)	Number	Percent
Yes	27	90%
No	3	10%

Waiting List Placement

Q20. Typically, how many individuals who seek services at your agency or practice are placed on a waiting list each month? (n=30)	Number	Percent
No one	15	50%
1 to 20	10	33%
21 to 40	0	0%
Over 40	0	0%
Don't know	3	10%
Other	2	7%
No one	15	50%

Wait Time for First Treatment

Q21. What is the average time between when a new client first reaches out for services (e.g., phone call, online appointment request) and their first date of receiving treatment (excluding intake or screening?)? (n=29)	Number	Percent
1 week	17	59%
2 weeks	6	21%
3-4 weeks	2	7%
More than one month	2	7%
Don't know	1	3%
Other	1	3%

Other (please specify) responses:

- Depends on if I have openings. If I do, typically within a week, if I don't it can be months

Frequency of Services

Q22. On average, how frequently are clients usually seen after an intake? (n=29)	Number	Percent
Once a week	16	55%
Every other week	11	38%
Every 3 weeks	2	7%
Once a month	0	0%
Less than once a month	0	0%

Payment Options Accepted

Q23. Which of the following types of client payments, insurance, or funding are accepted by your agency or practice for behavioral health services? Select all that apply. (n=29)	Number	Percent
Medi-Cal	19	66%
Cash or self-payment, plus other options	16	55%
Private Insurance	13	45%

Medicare	6	21%
Employee Assistance Program (EAP)	6	21%
Cash or self-payment ONLY	5	17%

Sliding Scale Payment Acceptance

Q24. For cash or self-payment, do you offer a sliding scale based on ability to pay? (n=22)	Number	Percent
Yes	15	68%
No	7	32%

Reason for not Accepting Insurance

Q25. If you do not accept insurance, could you explain why? (n=11)	Number	Percent
Paperwork burdensome and time consuming, don't have training or staff capacity	5	45%
Difficult to actually get reimbursed (insurance often denies people)	3	27%
Not on panel, panel closed to new providers or wait time too long	3	27%
In process of trying to get on panel	2	18%
Reimbursement rates too low	2	18%

Open ended responses:

- We are in process with Anthem and Blue Shield
- We are in the process of being able to accept private insurances
- Too time-consuming to do the paperwork (billing)
- Reimbursement rates are low, and it often takes a LONG time to get paid by insurance companies.
- I do not have the administrative staff to do the billing. My practice is very small at this time as I am coming out of retirement to provide services.
  I will provide clients with the paperwork to submit to the insurance company but am not on any panels and require payment at time of service because of the difficulty I have getting reimbursed.
- Insurance often denies and patients are not able to pay out of pocket. It's time consuming and ultimately often wasted hours in attempting to get paid and unpaid sessions.
- I don't have the training to do the medical billing in a timely manner, I am not on insurance panels either.

- I offer a superbill for client to get reimbursed. I am not on any provider panels.
- Anthem insurance panel in CLOSED to new providers. Medi-Cal process is long wait time (6 months +)
- I do not have staff to do billing and reimbursements are too low.
- Anthem Medi-Cal is accepted, not county Medi-Cal

Part V: Crisis Services

Type of Crisis Services Provided

Q26. We are interested in learning what types of crisis services you provide, if any. Please check all that apply. (n=43)	Number	Percent
Therapeutic intervention with an established client	23	53%
N/A, we don't provide any crisis services	14	33%
Crisis hotline for anyone	7	16%
5150 evaluations and/or holds	5	12%

Modality of Crisis Services

Q27. How do you provide crisis services? Please check all that apply. (n=42)	Number	Percent
N/A, we don't provide crisis services	13	31%
On-call services	11	26%
After-hours services	10	24%
Other (please specify)	10	24%
Reserved or last-minute slots	8	19%

Open ended responses:

- We reach out to other agencies when we have a student or parent that is in crisis
- I provide crisis appointments as needed for established clients.
- RN is on-call and will defer to SW if needed.
- If I am available, I will refer to a crisis service.
- Emergency Department and County Crisis Workers
- Only provide for current and past clients.
- Case by case. Can be reached by telephone
- We respond to the needs of existing clients and provide information to community members

- Hospital ED is contracted to provide 24/7 crisis care
- Clients are referred to Tahoe Forest Hospital Emergency Department

Clients Receiving Crisis Services

Q28. If you do provide any type of crisis services, do you provide them for new clients, current clients, or both? (n=42)	Number	Percent
Both new and current clients	15	36%
Current clients only	14	33%
N/A we don't provide crisis services	12	29%
New clients only	0	0%

Referrals for Crisis Services

Q29a. Do you ever refer clients elsewhere for crisis services? (n=42)	Number	Percent
Yes	38	90%
No	4	10%

Referrals for Crisis Services

Q29b. If yes, where do you send them? (n=38)	Number	Percent
Tahoe Forest Hospital or Emergency Room	22	58%
County Behavioral Health Departments	11	29%
Community Based Organizations (Sierra Community House, Gateway, Tahoe Safe Alliance)	11	29%
Depends	7	18%
Private practitioners	5	13%
Suicide or Crisis hotline	3	8%
911	3	8%
TTUSD psychologists or What's Up Wellness	2	5%
County CPS	1	3%
CSU	1	3%

Suicide Prevention Services

Q30. What is your level of comfort providing basic suicide prevention services? (n=42)	Number	Percent
Extremely comfortable	7	19%
Very comfortable	16	38%
Moderately comfortable	13	31%
Slightly comfortable	3	7%
Not at all comfortable	2	5%

Part VI: Behavioral Health Program Funding

Programs with Annual Budget

Q31. Does your agency or practice run any behavioral health programs in the North Tahoe-Truckee region that have an annual budget? (n=42)	Number	Percent
No	25	60%
Yes	9	21%
Don't Know	8	19%

Program Budget

Q32. – Q34. (n=4)

Agency or Practice	Name of Program	Cost of Program on Annual Basis	Committed Funding for '20-'21
Gateway Mountain Center	Whole Hearts Minds & Bodies	350,000	300,000
Gateway Mountain Center	Mindfulness Based Substance Abuse Treatment	50,000	50,000
Tahoe Truckee Unified School District	TTUSD Wellness Program	230,000	212,000
Sierra College	Counseling Services	100,000	Unknown

Availability of Evaluation Data

Q35. Does your agency or practice have any publicly available evaluation data on the program(s) that you operate? (n=26)	Number	Percent
No	19	73%
Yes	7	27%

If yes, please list where to access that data:

- I am not sure how it is recorded
- Our website or will soon!
- https://www.granitewellness.org/outcomes/
- TTUSD Healthy Kids Survey Data on TTUSD website
- Email SOS Staff directly
- Through the director and team
- Hospital Board

Part VII: Additional Thoughts

Additional Thoughts about Behavioral Health (Qualitative)

Are there any other thoughts you'd like to share about behavioral health services in the North Tahoe-Truckee region?	
Themes	Quotes
More behavioral health services are needed, especially for specific populations (n=6)	• *More are needed!* • *More services for children and adults needed.* • *I am disturbed by the lack of services for low income and hope to be able to provide this someday.* • *We are lacking non-English speaking services. Primarily for Spanish speaking.* • *More alternatives to "medical model" of behavioral healthcare are always needed. More traditional therapy and more psychiatric access are also needed but are limited in effectiveness for the highest need youth.* • *There is a dramatic need for case management services. Our agency provides funding and support for vocational training and employment (getting and keeping a job)*

Are there any other thoughts you'd like to share about behavioral health services in the North Tahoe-Truckee region?	
Themes	Quotes
	services. We do not do treatment and it is always beneficial to have a case manager on the team to coordinate and respond to the client's medical needs.
Insurance or qualification barriers (n=3)	• *I would love to see clients who have insurance but doing the medical billing is very overwhelming.* • *More providers would potentially take insurance if the panels were open and easier to apply.* • *A number of our students are experiencing early mental health challenges and symptoms, but they do not meet the county requirement of moderate to severe, so they are not eligible for services. Also, many students have insurance but can't afford the co-payment to see therapists and/or the therapists have a waiting list.*
COVID-19 has increased need for services (n=2)	• *Since Covid19, I have expanded my practice to include Tele-therapy/electronic records on a secure and stable platform, a new office across from Truckee High, SELS and Truckee Elementary. I have also added 'Walk and Talk' Sessions (hiking therapy) on a trail at Donner Lake for those who prefer safe in-person sessions to tele-therapy. Having these options helps bring mental health services to more people and families in these difficult times.* • *Families, couples, children, and teens are in dire need at this time of the pandemic.*
Compounding factors that negatively impact behavioral health (n=2)	• *There are also cultural issues, e.g., stigma of treatment and a culture that normalizes use of substances.* • *We determined in our assessment that toxic stress, trauma, racism, poverty, family stress, and difficulty with caregivers meeting basic needs was the main driver for early onset of teen drug and alcohol use. Early onset use is associated with increased risk of substance abuse. Teens experiencing depression report a much stronger likelihood of using substances and poly-substance use in the norm. Substance use with teens is not due to lack of*

Are there any other thoughts you'd like to share about behavioral health services in the North Tahoe-Truckee region?	
Themes	Quotes
	perceived harm or easy access as much as it is a coping mechanism, a way to bond or find relief, support with a peer group. It is also related to social anxiety and lack of strong pro social skills.
Challenges with recruitment and retention of staff (n=1)	• *An ongoing challenge seems to be workforce issues (i.e., being able to recruit and retain competent staff)*
Prevention and Early Intervention (PEI) needed (n=1)	• *Providing behavioral health for parents of families who are struggling and early behavioral health interventions in K-5th grade are key to children growing up mentally healthy.*
Funding challenges (n=1)	• *Despite working with many youth each year who struggle with depression, anxiety, suicidal ideation, and other mental illnesses, the local government agencies have not wanted to categorize our programs as behavioral health or mental health programs…if a new source of funding becomes available, and we can agree that we fit without a stretch, then of course we would be open to pursuing that funding.*

Key Informant Interview Questions and Analysis

Background

The Community Collaborative of Tahoe Truckee (CCTT), a program of the Tahoe Truckee Community Foundation (TTCF), is comprised of 45 health, education, and social service agencies, and 7 coalitions who work together to address the fundamental needs of children and families in the North Tahoe-Truckee region. CCTT partners have long struggled to effectively meet the mental health and substance use disorder needs of North Tahoe-Truckee residents.

To address long standing behavioral health challenges in the community, CCTT and TTCF have partnered with the Katz Amsterdam Charitable Trust (KACT) to create a Behavioral Health Roadmap and Ellis Planning Associates were hired as consultants. The Roadmap will describe the region's behavioral health challenges and resources and highlight future strategies for improvement. As a part of this process, Ellis Planning Associates collected perspectives from community stakeholders on the assets, resources, and needs in the regional behavioral health service network to better understand the behavioral health landscape and shape a planning process for a more comprehensive system.

Methods

A total of twelve telephone interviews were conducted by EPAI between August 3 and October 8, 2019. The respondents were a sample of twelve stakeholders that included representatives from the Latinx community, law enforcement agencies, local non-profit leadership, Nevada and Placer County Behavioral Health, Tahoe Forest Hospital District, and Tahoe-Truckee Unified School District, including a high school student.

EPAI used a qualitative survey instrument adapted from previous MHSA funded planning projects and in collaboration with CCTT staff. The survey consisted of sixteen questions designed to assess the existing assets, resources, opportunities, needs, service gaps and challenges in the local behavioral health landscape and service network in the North Tahoe-Truckee region. Raw data was collected from each interview, and a content analysis was

conducted to identify key themes from all interviews related to the behavioral health service environment.

Key Informant Interview Questions

1. Tell me about your involvement with behavioral health services in the North Tahoe-Truckee region?
2. For how many years have you been involved in behavioral health services in the region?
3. From your knowledge and experience of the community, how would you rate the overall behavioral health of residents in the North Tahoe-Truckee region on a scale of 1 to 10, with 10 being the healthiest rating? Please explain why.
4. What in your view are the two or three most positive aspects of behavioral health services currently available in the North Tahoe-Truckee region? In your experience, what's working well?
5. To start, let's consider those experiencing mild to moderate symptoms. Mild to moderate symptoms can be defined as depression, anxiety, trouble with relationships, concentration/attention, or employment/school, or not enjoying the things you did before. From your perspective, are there aspects of behavioral health services in the region that could be improved to serve those with mild to moderate symptoms? For this question, we're interested in knowing about broader factors in regional behavioral health services, not specific programs.
6. Now let's consider those experiencing severe symptoms. Severe symptoms can be defined as major depression, paranoia, delusions, aggression or harming oneself, or homelessness/incarceration/ER visits due to a mental health condition. From your perspective, are there aspects of behavioral health services in the region that could be improved to serve those with severe symptoms? As before, we're interested in knowing about broader factors in regional behavioral health services, not specific programs.
7. What do you think are the most significant behavioral health issues in the region for adults? [Reminder, this includes both mental health issues and substance use disorders.]
8. What do you think are the most significant behavioral health issues in the region for children and youth? [Reminder, this includes both mental health issues and substance use disorders.]

9. Among those who need mental health services in the region, are they able to access those services? Why or why not?
10. Do you feel we have a comprehensive behavioral health system available to as many people as possible in the North Tahoe-Truckee region? If not, which population groups are most in need of additional services?
11. Recent reports show that residents in the North Tahoe-Truckee region experience higher than average numbers of poor mental health days and diagnosed depressive disorders as compared to state and national levels. Which conditions in the local behavioral health landscape or community might contribute to this issue?
12. Recent reports also suggest that substance abuse is a significant issue in the region – both in terms of rates of excessive drinking and the impact of substance abuse on individuals. Which conditions in the local behavioral health landscape or community might contribute to this issue?
13. Are there any new behavioral health programs or expansion of existing behavioral health programs that you think would benefit the North Tahoe-Truckee region?
14. Are there any political priorities or cultural shifts that you would support to contribute to improved behavioral health services for residents of the North Tahoe-Truckee region?
15. Are there any improvements to the way behavioral health system stakeholders connect that you think would improve services for residents of the North Tahoe-Truckee region?
16. Are there any infrastructure improvements you would suggest to improve behavioral health services for residents of the North Tahoe-Truckee region?

Key Informant Interview Analysis

Question 1) Tell me about your involvement with behavioral health services in the North Tahoe-Truckee region?

Stakeholder category	Agency/Role and Responsibilities

Consumers/Clients (n=2)	• **Family member of behavioral health consumer**
	  ○ Provides logistical/emotional support to family member
	• **Formerly homeless behavioral health consumer**
	  ○ Supports clients at the emergency warming center

Stakeholder category	Agency/Role and Responsibilities

Decision-makers (n=4)	• **Nevada County Behavioral Health**
	  ○ Oversees behavioral health services
	• **Placer County Behavioral Health (n=2)**
	  ○ Oversees adult system of care
	  ○ Oversees children's system of care
	• **Tahoe Forest Hospital District**
	  ○ Oversees behavioral health programs, including medication assisted treatment

Direct service providers and community members (n=4)	• **Gateway Mountain Center**
	  ○ Provides behavioral health services
	• **Latinx Community Member**
	  ○ Provides social services in Nevada County
	• **Truckee High School**
	  ○ Senior student
	• **Tahoe-Truckee Unified School District**
	  ○ Oversees early care and education programs

Law Enforcement (n=2)	• **Placer County Sheriff**
	  ○ Oversees field operations and supervise patrol
	• **Truckee Police Department**
	  ○ Oversees patrol division and officers; provide crisis intervention training for officers

Question 2) For how many years have you been involved in behavioral health services in the region?

Number of Years Involved in Behavioral Health	Percent
1-5 years	**25%** (n=3)
6-10 years	**8%** (n=1)
11-15 years	**33%** (n=4)
16 or more years	**33%** (n=4)

Question 3) From your knowledge and experience of the community, how would you rate the overall behavioral health of residents in the North Tahoe-Truckee region on a scale of 1 to 10, with 10 being the healthiest rating? Please explain why.

Rating	Percent	Quotes
3	**9%** (n=1)	*"There's a huge problem with substance use disorder"* (Decision-maker)
4	**18%** (n=2)	*"I'd rate it a four, because of the lack of access. The limited resources, limited doctors, limited therapists, the limited resources to go to."* (Consumer) *"If we're speaking for the Latinx community, it's lower because there's a lack of bilingual services and overall stigma to even get those services.* (Direct Services Provider)
5	**9%** *(n=1)*	*"I think based on COVID, we're probably I'd say a five or six and that's being optimistic. It looks like we're averaging a couple of psychiatric emergencies a week…and the domestic violence and child abuse reporting is up. I mean, everything that we touch right now seems to have a mental health component that is somehow situationally related to people being cooped up and socially isolating. I think this region lends more to that than most because of the remoteness."* (Law enforcement)
6	**45%** (n=5)	*"…with high schoolers I feel like it's fairly common. I'm never shocked if I hear someone talking about a personal behavioral health problem, so I think a six."* (Community Member) *"Given COVID it has significantly declined. I mean, myself included, people are juggling homeschooling, daycare, trying to work, trying to take care or manage a household and being stressed financially."* (Direct Services Provider) *"The Medi-Cal and the service-oriented population and the undocumented population, those are the types of populations who would be on the lower end of the scale."* (Decision-maker) *"I think that the area is probably a little healthier in the mental health arena as opposed to the substance use arena."* (Decision-maker)
7	**18%** (n=2)	*"I'd give it a seven because I think there's a prevalence of severe mental illness in the population and situational stressors in the region*." (Decision-maker)

Question 4) What in your view are the two or three most positive aspects of behavioral health services currently available in the North Tahoe-Truckee region? In your experience, what's working well?

Themes	Percent	Quotes
Community Based Organizations programs	**67%** (n=8)	*"The Community House and Gateway…these are incredibly important programs and we're all on this huge team that have to work together and support each other."* (Decision-maker) *"The Sierra Community House is our crisis intervention. I primarily mean things like domestic violence, sexual violence…they don't turn anybody away. The Sierra Community House programs are really great community resources for people."* (Law Enforcement)
Collaboration between system partners	**67%** (n=8)	*"We have a strong collaborative, which not too many communities have. And we're talking about it, we're trying to come up with solutions or ideas on how to better serve the whole community."* (Direct Services Provider) *I would say that the professional relationships that we have in this community with the community stakeholders, including the fire department, the taskforce, the hospital, I'm sure I'm missing a view. Communication channels are always open…people have amazing working relationships and the ability to interface and problem solve."* (Law Enforcement)
Creative solutions (programs/planning)	**58%** (n=7)	*"We copied a collaborative model; it's called integrated behavioral health into primary care. We hired a behavioral health intensivist who is a licensed clinical social worker, and all roads lead to that person. So, every single referral for any kind of mental health goes to her." (*Decision-maker) *"They don't view the world with funding streams, but who has a legislative authority over that particular problem. They just try to see the community as their community. So, they're really creative."* (Decision-maker) *"We've had a long history of having promotoras that are hired by LLC and different organizations and then embedding them within our wrap-around programs. And, we have promotoras that help us at the front end of our child welfare services, which is probably a fairly unique design."* (Decision-maker)

Themes	Percent	Quotes
		"They've got some housing going in, it's called artist loft and it's for artists and writers and apparently homeless people. What kind of creations that is going to create? It was called a homeless experiment in Truckee." (Consumer)
Education, prevention, and stigma reduction	**42%** (n=5)	*"Tahoe Safe Alliance is coming in and doing presentations and the education it's fairly good. I think most high school students, especially after taking health can see the signs of someone with mental illness, can point it out where it's seen."* (Community Member) "*We sent the clinical psychologist to Washington to learn about a trauma informed substance use disorder model to help get patients more stable".* (Decision-maker) *"We all have CIT training, so we've all been through crisis intervention training. And of course, some people can talk and de-escalate people better than others, that's just human nature. But they all have that training, which I think certainly helps in the long run."* (Law Enforcement) *"Sometimes they do some sort of workshops and I feel like that's one of the positives that has been implemented over the years. I see other community members talking openly about the services and getting those services not be so stigmatized."* (Direct Services Provider)
Tahoe Forest Hospital programs	**33%** (n=4)	*"The hospital is enhancing behavioral health services and is a key part of the system for those who don't meet criteria."* (Decision-maker) *"There's the medication assisted treatment program at the hospital."* (Direct Services Provider) *"The ED Bridge program was eventually built through a state grant to provide buprenorphine for patients who do not have financial means to buy the drugs, to get them off opioids that include heroin and other drugs. And we're hoping to utilize the same model to begin an alcohol program this fall for alcohol use disorders. We've had over a hundred patients go through that program and many have been very successful."* (Decision-maker)

Themes	Percent	Quotes
Support groups (NAMI, AA, etc.)	**33%** (n=4)	*"I'm pretty involved with NAMI and when my son first got sick it really saved me for the first 18 months. I cried every day and stayed in the house and watched him basically. Once I got into NAMI, I learned some tools."* (Consumer) *"There's a lot of groups. There's a mom's group in the area and it's like, okay, I'm struggling with X, Y, and Z. You can write an anonymous post and then people write in and give suggestions. So, I think that that's certainly opened open the doors to for people to access mental health."* (Direct Services Provider)
Referrals happening formally and informally	**33%** (n=4)	*"So, I think in our own health system, they have finally caught on, we're getting eight to 10 referrals every day for the program. And so, it's working."* (Decision-maker) *"Word of mouth often happens, like hey, have you heard of this therapist? Or have you heard of any sort of substance abuse treatment, that type of thing."* (Direct Services Provider)
Culture of care and compassion in community	**33%** (n=4)	*"I realized that I had absolutely no money for food. And they said, don't worry, come live with us. Don't worry about it. We'd love you."* (Consumer) *"The fact that we are a smaller community. And I think that it allows for people to know each other and are supportive of each other and willing to kind of watch out for each other."* (Direct Services Provider)
School-based behavioral health programs	**25%** (n=3)	*"We do what we are doing on school campus, so that it's very normal…the more we can embed any of these services in very neutralizing community locations, that's what would be the best thing for us to do."* (Decision-maker) *"I'm also involved with Athletes Committed, related to substance abuse…I'm an athlete and I think that program works really well."* (Community Member)
County Behavioral Health programs	**25%** (n=3)	*"People in Nevada County with severe symptoms the majority, I believe eventually get on Medi-Cal. And so, they can get the services through Nevada County behavioral health."* (Consumer) *"So severe symptoms that manifest themselves in children, we do have onsite wraparound service providers in the Tahoe region and have had that for years…those sorts of activities we*

Themes	Percent	Quotes
		do have that onsite county operated in the Tahoe region for the children. And we have most of the time been able to serve all of that in terms of capacity." (Decision-maker)
Resources available despite small population	**17%** (n=2)	*"There are resources out there in our community. I think that given the size of our community we do have a lot of resources."* (Direct Services Provider) *"So definitely the community has a strong voice and is a very strong advocate for themselves. So as a result, they do have resources."* (Decision-maker)

Question 5) Are there aspects of behavioral health services in the region that could be improved to serve those with mild to moderate symptoms?

Themes	Percent	Quotes
Lack of providers	**33%** (n=4)	*"We've done everything here that we can in terms of our network providers that we know are up there to try to get them on the panels. So, we feel like we've done a bunch of stuff that, you know, for our whole County, including North Tahoe, but it, it, you know, there's just that dearth of people."* (Decision-maker) *"So, during school day, if you are having anxiety or something you can go to the wellness center, but chances are they are either with another student or they're working on one of their outreach programs."* (Community Member) *"Unless the hospital steps in there are not enough providers."* (Decision-maker)
Financial barriers	**25%** (n=3)	*"If there were low-cost options for people that are middle class because it seems like there's this huge gap in services. These types of services are pricey, and I think that out of pocket for many people, it gets very expensive. So, I think that more people would be interested in service or be willing to move forward with services, let's say individual therapy or family therapy, if services were less costly."* (Direct Services Provider) *"We have a lot of service workers up here. We have a lot of people who work an hourly wage. We have a lot of people up here who perhaps don't have health insurance. And so, they're not getting the access that they need because they're paying out*

Themes	Percent	Quotes
		of pocket and perhaps can't afford it. So, you may have someone who's having some mild symptoms and wants to talk to someone before they develop into something more severe, yet they really don't have that access." (Law Enforcement)
Importance of education, prevention, and referrals	**25%** (n=3)	*"I think that if people knew it was okay, like it's okay that we all feel like this sometimes and I don't know if normalized is the right word, but that it's okay that we feel like this."* (Direct Services Provider) *"I think that we could be more proactive in getting involved in contacting families, contacting parents and working with our partners to find out why they're having difficulties in school, in employment or relationships, that the police have to get called for a domestic violence situation to make sure that we're referring to proper resources."* (Law Enforcement) *"If you don't build that support system then it's really hard for you to pick out somebody to find you help. I feel it is important as an individual to create those strong support systems so that you can actually go to it."* (Community Member)
Providers don't accept insurance (cash-pay only)	**25%** (n=3)	*"Most providers in the region offer cash pay only because of low reimbursement rates, overwhelming paperwork and there are people who will pay cash so can do it."* (Decision-maker) *"…try to pressure the managed care plans to get signed up as well. We've done everything here that we can in terms of our network providers that we know are up there to try to get them on the panels."* (Decision-maker) *"We need to continue to push on the health plans to do their part."* (Decision-maker)
County inappropriately paying for services	**17%** (n=2)	*"And so, we did get at least one and a half clinicians up there that we based out of the schools that's been hugely challenging too, because of course then they're kind of trapped in the school environment and seeing all ranges of manners for school, as opposed to what our mandate really is, which is the severe population that has that account."* (Decision-maker) *"I mean, if we just kind of plug the hole with a different funding source that we're not letting the system work as intended and we*

Themes	Percent	Quotes
		really need to push on to keep that particular system work for the region." (Decision-maker)
Culture of normalization of mild/moderate symptoms	**8%** (n=1)	*"I definitely think there's still a big problem of stigma around mental health in high school. It's just so common it doesn't seem like people are seeking the help that they need. They'll have a depressive episode for a week and then come back to school like nothing happened. Everyone kind of minimizes it. I think anxiety is the most minimized mental illness in all high schools because it's just kind of like, oh everyone is nervous for the test. Everybody is stressed about how much homework they have. Nobody gets enough sleep. It just seems so common that no one realizes how much of an issue there is."* (Community Member)
Embed behavioral health intensivist into primary care	**8%** (n=1)	*"To address the mild to moderate symptoms, we are currently developing a behavioral health integration program and primary care with utilizing behavioral health intensivist as an LCSW."* (Decision-maker)

Question 6) Are there aspects of behavioral health services in the region that could be improved to serve those with severe symptoms?

Themes	Percent	Quotes
Importance of social support system	**25%** (n=3)	*"It's tough if you don't have a family member that can navigate it. That's why there are so many homeless on the streets because their family members are not there, or they've given up on them. Honestly, we've been to the point, like we can't do this anymore, it's killing us. And the worry is what happens when we perish? When my husband and I are gone, what's going to happen to him?"* (Consumer) "*If they have a support system or somebody that can identify those risk behaviors and at least give them support because not necessarily all the time people that have severe symptoms tend to reach out."* (Direct Services Provider)
Clients leave region for services, beds, or holds	**25%** (n=3)	*"…but the drive back and forth to Fairfield got to be too much. Again, it was because of the lack of availability here in Truckee town areas to get a psychiatrist for him that was on our*

Themes	Percent	Quotes
		insurance. They took our insurance, so we didn't have to pay out of pocket. Anybody locally, we couldn't afford it." (Consumer) *"In both counties the volume of scale for services isn't big enough so people with severe mental illness end up leaving the area to get services."* (Decision-maker)
Need more of a regional solution	**17%** (n=2)	*"Severe mental illness so often is really intensive therapeutic services that we cannot and do not provide. And so, it would be helping to develop those resources somehow. And I don't know regionally how we would do that."* (Decision-maker)
Substance use and mental health connection	**17%** (n=2)	*"Originally I thought that the drugs were causing a lot of his delusions and paranoia. And he was self-medicating those symptoms. I never really realized how sick he was, because you don't know when there's drugs and alcohol involved."* (Consumer)

Question 7) What do you think are the most significant behavioral health issues in the region for adults?

Themes	Percent	Quotes
Substance use disorder	**100%** (n=12)	*"The alcohol and methamphetamine, also tobacco and marijuana. They're all relatively inexpensive."* (Consumer) *"I think we've had five or six fentanyl related deaths, including juveniles since the beginning of beginning of COVID. Some of them were maybe even regular users. Others, I think were people who thought they were taking something else that was disguised to look like another type of narcotic that was actually fentanyl."* (Law Enforcement) *"You name it, you can get it. I think meth that is very huge here. Probably heroin is huge here. Cocaine, for sure."* (Consumer) *"I know a lot of teens who start extending their parent's substance abuse in high school. It seems kind of odd because they come from a good family but it's pretty normalized for them to come home to see their parents completely drunk or under the influence."* (Community Member)

Themes	Percent	Quotes
Anxiety, Depression, and Suicidal ideation	**75%** (n=9)	*"I also think that the level of depression for people thinking they just want to end their lives is common. Whether or not that's really true, they just make that statement. I think those are the two things that we really see most of here."* (Law Enforcement) *"Depression and anxiety are the two big ones."* (Decision-maker)
Domestic violence, community violence	**42%** (n=5)	*"There are people that come through the town that are harder and rougher than the people that we hang out with. And if they pull a weapon, like one guy pulled a knife one day and the next time that guy showed up all five of the other ones chased this other guy away and he has not come back."* (Consumer) *"The domestic violence and child abuse reporting is up for us."* (Law Enforcement)
Poverty, basic needs	**42%** (n=5)	*"I would give myself a bath in the employee bathroom at Safeway. I spent all of my time staying clean, staying warm and staying fed."* (Consumer) *"There is chronic poverty stress among many."* (Decision-maker)
Homelessness	**42%** (n=5)	*"And I would say homelessness, which I think is up here is truly associated with mental health issues."* (Law Enforcement) *"My son used to visit the homeless camps because that's where the drugs were."* (Consumer) *"You know, people who don't have a home, they need a safe place to stash their stuff."* (Consumer)
Food Insecurity	**8%** (n=1)	*"I think that when a person's life gets to a certain place that just can't get out of it and so you just might as well have a drink and enjoy it. And boy that was better than any food. I feel pretty good now. And I think that's why out on the street, people get involved in methamphetamine because it's relatively inexpensive, as is alcohol. It's pretty easy to get. And it gives you the energy that you need without having to figure out what to eat."* (Consumer)

Themes	Percent	Quotes
		"I never got busted for stealing their string beans or their power bars. And if you don't think a couple of them went in my pocket think again. They did. Because that's what hunger does to you, it makes you steal food." (Consumer)
Social Isolation	**33%** (n=4)	*"I pay the rent, but it's not very much, it's only $300. I can actually afford it but there's no money left over for food or for gasoline, so I can't go anywhere."* (Consumer) *"I feel like there's a lot of really healthy and resilient people here, but I also feel like sometimes people come here to hide because they don't have to have a lot of contact if they don't want it."* (Law Enforcement) *"Loneliness is an issue up here."* (Consumer)
Trauma and PTSD	**8%** (n=1)	"There's people who ended up with drug addiction or alcohol but well, maybe they went to Vietnam and they have 13 entities that are attached to them and maybe the beer puts the entities to sleep." (Consumer)

Question 8) What do you think are the most significant behavioral health issues in the region for children and youth?

Themes	Percent	Quotes
Substance use disorder	**75%** (n=9)	*"Marijuana is very popular and Adderall for high school students. Xanax is popular as well, but I don't see it as much."* (Community Member) *"I think they see a lot of drug use by parents, alcohol use by parents."* (Law Enforcement) *"And so, you have a kid who dies from a fentanyl overdose or bad drugs and we don't talk about that. So why are we not? Why do we let it be okay that kids can talk about suicide, but they can't talk about drugs?"* (Direct Services Provider) *"And for the youth population tremendously scary high, at early ages trying marijuana and daily use of marijuana."* (Decision-maker)

Themes	Percent	Quotes
Depression, anxiety, and suicidal ideation	**67%** (n=8)	*"They're depressed. They're anxious…I think that there's a lot of pressure on our kids to be the best, that we put on them as parents and that they put on themselves." (Direct Services Provider)* *"A Truckee High school student committed suicide just this past year."* (Community Member) *"I think there's a lot of suicidal ideation, depression, anxiety. I think that those are big ones."* (Law Enforcement) *"We have positive depression screens in children age 12, I mean I already know we have 200 to 300 of them."* (Decision-maker)
Adverse Childhood Experiences (ACEs)/Trauma	**42%** (n=5)	*"When kids get taken out of the home because or CPS, we know that if they get pulled out, they lose all that community support. Their school, their teachers, all their friends because there's no foster families in our community. They get placed off the hill."* (Direct Services Provider) *"They see drug use by parents, alcohol use by parents, domestic violence by parents. I certainly don't want to make it sound like every kid up here is experiencing this, but the small amount that do these are the things that lead to having mental health issues."* (Law Enforcement)
Poverty/lack of basic needs being met	**17%** (n=2)	*"Poor living conditions sometimes there's no heat, and its cold in the winter. So, I think that is significant if they don't have those basic needs of food, shelter and water and a place to play, it's pretty hard to thrive in that condition."* (Decision-maker)
Social media variables	**17%** (n=2)	*"The media bullying, cyber bullying. You have to be so cautious of what you post what you say or what people are recording of you because it can be uploaded in an instant and everybody can see it within minutes because even if it's removed within like 10 minutes, like all these people might've saved it to their phones"* (Direct Services Provider)

Themes	Percent	Quotes
		"I think it's linked to social media. I think over time, I mean when you see the things daily it just builds up and probably leads to some mental problems." (Community Member)
Sleep deprivation	**8%** (n=1)	*"I wouldn't get home till nine or ten. And then obviously, I would have to make up for all that school that I missed during that day, as well as the homework. And so, I would probably go to bed at two and then wake up again at five to go to school. It's really bad, especially with athletes."* (Community Member)
Teen pregnancy	**8%** (n=1)	*"I will just say adolescent Latino males, we leave them behind. We don't have anybody bridging them across to manhood….like you have a baby, who's showing you how to be a good dad?"* (Direct Services Provider)
Teen violence	**8%** (n=1)	*"One kid got stabbed this year…"* (Direct Services Provider)

Question 9) Among those who need mental health services in the region, are they able to access those services? Why or why not?

Themes	Percent	Quotes
County systems (Medi-Cal) facilitates access	**67%** (n=8)	*"So severe symptoms that manifest themselves in children, we do have onsite wraparound service providers in the Tahoe region and have had that for years."* (Decision-maker) *"I decided to try Nevada County behavioral health…at that time he was Medi-Cal eligible because at that time he wasn't working and he had gotten on SSI, so I did all that."* (Consumer) *"With the public system that is mandated, we do reasonably well."* (Decision-maker)
COVID-19 worsening symptoms and barriers	**67%** (n=8)	*"This is really situationally related to people being cooped up and socially isolating. And I think this region lends more to that than most because of the remoteness. And I think we're just seeing a lot of that right now, and it's really taxing our*

Themes	Percent	Quotes
		resources and I know it's taxing Tahoe Forest Hospital." (Law Enforcement) *"But then there's this whole like, woohoo we're on vacation and to hell with everybody that lives there. And so, people are on the edge, it's kind of scary. Like people are standing in the roundabouts in Tahoe telling people to go home."* (Direct Services Provider) *"We see a lot of psychiatric emergency type situations or substance abuse situations with those 20 somethings, especially during COVID."* (Law Enforcement) *"And since COVID, the group is not meeting anymore because we were meeting in person."* (Consumer) *"They had mild to moderate symptoms but they're moderate to severe now because of COVID so we are seeing is, is an exacerbation of their symptoms."* (Decision-maker)
Lack of providers	**58%** (n=7)	*"Just increase the number of providers and being able to have those sliding scales."* (Direct Services Provider) *"So, we hired 2 psychiatric nurse practitioners, one works in Incline Village, and the other one works in Truckee. The poor guy is already three weeks out, eight to ten patients a day. So, he's already booked, and he started about a month ago."* (Decision-maker) *"And the two psychiatrists that are in Truckee would not treat the more severe cases."* (Consumer) *"Children's therapist. That is certainly lacking in our community. A lot of people go to Reno."* (Direct Services Provider)
Knowledge barriers	**50%** (n=6)	*"We have a system, I believe that the system is there for them to be able to access but whether the communities that need to know about it do, I honestly don't know the answer to that."* (Decision-maker) *"There is a definite divide between socio-economic status in Tahoe with the "have's" not being as aware of, or in need of, services as they can access in other places, vs. our service*

Themes	Percent	Quotes
		sector folks particularly in the Latino/Latino/Latinx community." (Decision-maker) *"I think there's a very small group that don't even recognize they need help"* (Law Enforcement) *"Not many of them have media. Not that many of them have phones. When I hit bottom, I couldn't even get my mail because you have to have an address to get your mail."* (Consumer)
Stigma barriers	**50%** (n=6)	*"In my freshman year there was a big stigma about going into the wellness center and it was only for mentally ill students, so I think that's changing. Just this past year it's been a more common thing to just go to the wellness center if you are having a bad day or if you need to talk."* (Community Member) *"Our son was running around Truckee, a psychotic kid. He was addicted to alcohol and drugs as well. And so, we did not want to go near Tahoe Forest Hospital because of my husband's position, and because they knew him there. So, we drove down to Sacramento and took him to the Sutter emergency room and talked him into thinking that his back was hurting for snowboarding. And they didn't admit him. They said, he's a drug addict. He's going to be homeless and gave us homeless information and we had to bring him back home."* (Consumer) *"It's that granularity of having such a small community, people know what you're doing. It's not like there's not the capacity sometimes to do the services, but sometimes there's a perceived lack of access because people will know what's happening and will know that the youth is seeking services."* (Decision-maker)
Financial barriers	**42%** (n=5)	*"The number one roadblock to get in therapy is the price. People would say, I won't go there and see a therapist that costs so much money, or my insurance doesn't cover this. Maybe initially I would have said like the stigma of seeing a therapist, but I really believe that that price point is a bigger deterrent."* (Direct Services Provider) *"I think that they do everything they can to allow as many people as possible to access services based on a sliding*

Themes	Percent	Quotes
		scale. However, I think some people think: I can't pay anything, I don't have any money, so I can't go get services." (Law Enforcement) *"It's just too expensive to see somebody , especially if it's on a continual basis like twice a week or once a week."* (Direct Services Provider) *"Most children have private insurance and are not Medi-Cal eligible if they need services. And so those families can't afford to pay private therapists or private psychiatrists. They're trying to raise their families and they just can't do it."* (Consumer)
Lack of insurance, managed care plan barriers	**42%** (n=5)	*"The lack of any providers accepting insurance is very difficult. Having providers in the area accept insurance, private insurance would make access so much more available to so many more people."* (Consumer) *"I feel like a barrier is always like insurance. Well, that kid can't qualify for that cause they're not on Medi-Cal. And it's like, that shouldn't be a barrier. There shouldn't be any barriers based on if you need to talk to somebody or not."* (Direct Services Provider) *"But for the private system, nobody is held accountable. The managed care plans aren't offering services, and parity doesn't really exist even though the law says otherwise."* (Decision-maker)
Wait time barriers	**33%** (n=4)	*"And a common complaint is that they're unable to access mental health services. And some of the reason is because I have no insurance, or I have to wait five or six weeks to see a counselor and I need them now."* (Law Enforcement) *"I called on Monday and said my son is very sick, he can't come in tomorrow. And they're like, well then, our next appointment is five weeks later. And we couldn't wait that long, he needs his medications. And I was like, well fine then I'll bring him in sick. I was mad."* (Consumer)
Transportation, winter conditions barriers	**25%** (n=3)	*"So, if you live in Nevada County and you end up having to be discharged, like sent down for a hold, they're going to send you down the hill to Nevada City or Grass Valley or Auburn.*

Themes	Percent	Quotes
		And let's throw in that you are socio-economically disadvantaged, and you have no transportation, or your family has no transportation. And then let's throw in a snowstorm. There's all those barriers." (Direct Services Provider) *"I think transportation, particularly for some of our Latinx workers, is really difficult particularly for the parents and adults who might want to seek services."* (Decision-maker)
Multi-jurisdictional issues or barriers	**17%** (n=2)	*"…the baby is born at Tahoe Forest hospital and let's just say it has to be in the NICU because it's premature. They will transport that baby to UC Davis in Sacramento, which is roughly two hours. Washoe County is 40 minutes down the hill from us…going down to Reno is closer, but because of Medi-Cal they're going to send you there because Nevada* is not California, so there's a lot of barriers for families." (Direct Services Provider)
Lack of service provider stability (recruitment/retention)	**17%** (n=2)	*"So, it's been challenging, definitely on the substance use services side to actually keep somebody up there and functioning."* (Decision-maker) *"It's hard to find people with appropriate licenses and they are in high demand. And the severely, mentally ill has the most documentation requirements…So it's harder to fill the positions with a lot of documentation requirements, so that makes it even more challenging.* (Decision-maker) *"It's tough because everybody's trying to hire the same five people. If six organizations are trying to hire the same five people, one person's always going to not have their spot filled."* (Decision-maker)
Lack of primary care barrier (leads to lack of behavioral health care)	**8%** (n=1)	*"There's a lot of people that going to the doctor for a regular check-up or primary care doesn't really happen. So, for you to determine if you're lacking emotional stability or substance abuse or anything, sometimes you have to get a referral from a doctor. So not having that consistency with the regular routine check-up being done is an issue."* (Direct Services Provider)

Question 10) Do you feel we have a comprehensive behavioral health system available to as many people as possible in the North Tahoe-Truckee region? If not, which population groups are most in need of additional services?

Themes	Percent	Quotes
Latinx population	**58%** (n=7)	*"Our fentanyl deaths have been in the in the underserved communities, like some of our Hispanic communities in the region."* (Law Enforcement) *"We need more bilingual resources and services for individuals that are not fluent in English, because we have a high number of Latinx community members here in Tahoe."* (Direct Services Provider) *"The Latinx community has specific mental health needs that aren't being met. Many are immigrants or children of immigrants who have a lot of trauma or pain and lack of support networks."* (Decision-maker)
Children, teens, young adults	**50%** (n=6)	*"Children's therapists. That is certainly lacking in our community. A lot of people go to Reno. The therapist in Nevada county is fantastic, but they only take Medi-Cal…so I think that we are very much lacking that."* (Direct Services Provider) *"I don't feel like they there's enough culturally relevant psychologists or psychiatrists that are out there that can relate to adolescents."* (Direct Services Provider) *"I would say the young adult population are definitely not getting the care that they need because they're trying to pay their own bills, they most likely don't have insurance, even if they're eligible…and the stigma around it. You know, you don't want to say, well yeah, I need to go see a psychiatrist. They, especially when they first get sick are not seeing that there's something wrong with themselves."* (Consumer) *"The gap is no behavioral health intensivist with pediatric experience and no pediatric psychiatric nurse practitioner that can practice at this point."* (Decision-maker)
Majority of population (especially low-income)	**50%** (n=6)	*"I don't think we have a comprehensive system for anyone, frankly."* (Decision-maker) *"More people can't get services than can."* (Decision-maker)

Themes	Percent	Quotes
		"I would say the low wage earners and people without insurance." (Law Enforcement)
Those with psychiatric emergencies	**17%** (n=2)	*"But I think that the more comprehensive emergency services for psychiatric emergencies is where we're lacking."* (Law Enforcement) *"It's a pretty high dollar amount to actually put somebody into a psychiatric facility in another jurisdiction. But there've been times when those beds aren't available and now we've got a real problem with someone who's a real danger to themselves or others because of threats they've made or access to guns or violence. And they're in crisis and we have no place to put them. And it's a problem." (*Law Enforcement)
Perinatal women	**8%** (n=1)	*"Perinatal mood and anxiety disorder, there is a huge lack of support in that realm."* (Direct Services Provider)

Question 11) Recent reports show that residents in the North Tahoe-Truckee region experience higher than average numbers of poor mental health days and diagnosed depressive disorders as compared to state and national levels. Which conditions in the local behavioral health landscape or community might contribute to this issue?

Themes	Percent	Quotes
High substance use rate (connected to depression)	**67%** (n=8)	*"I think it goes hand in hand. Alcohol is the number one depressant, so if you're taking a glass of wine or two glasses every night, thinking that you're helping your depression while you're making it worse."* (Decision-maker) *"There is a higher incidence of drug and alcohol utilization, which can coexist with depression."* (Decision-maker)
Difficult winters	**58%** (n=7)	*"I've definitely seen mental health decline generally in the wintertime. People love being here because of the winter, but it's also very challenging to live here in during the winter."* (Direct Services Provider) *"You end up with snow and rain and the ability to not move around physically and the environment sometimes contributes to seasonal affective disorder or something like that."* (Decision-maker)

Themes	Percent	Quotes
		"If you're not a skier or snowboarder, you really have no reason to go outside at all. So, it's pretty easy to just slip into a crazy bad depression during the winter." (Community Member)
Social isolation	**58%** (n=7)	*"In the winter it's hard to go anywhere. So, then you get more social isolation."* (Decision-maker) *"People experience more isolation here than they would somewhere else in a bigger community."* (Law Enforcement)
Low wages, economic stress	**50%** (n=6)	*"If you have a job as a housekeeper or a daycare job, or even a carpenter or construction worker, you're barely making enough wages to make it in Truckee. And food is more expensive. Housing is way more expensive. And so, they just can't seem to get ahead. So, there's a lot of reasons for depression."* (Decision-maker) *"A lot of people have businesses and trying to make it work here is challenging as far as making a living, it's very unpredictable. Again, it sorta depends on like the snow in the wintertime and the tourists coming. And I think that there's a lot of stress."* (Direct Services Provider)
High rate of income inequality	**42%** (n=5)	*"The divide between the haves and have-nots is glaring and can affect the perceptions of happiness."* (Decision-maker) *"There's really low-income people watching everyone come up there and have fun while you're not in an area where it's known for that can probably be pretty depressing, you know?"* (Decision-maker)
Tourist town, party culture variables	**42%** (n=5)	*"It's a tourist destination, so people are here and they're drinking having fun and partying. And it just becomes a sad lifestyle if that becomes what you do frequently, and I think that that can obviously lead to depressive symptoms too."* (Decision-maker) *"I also think during the summer it's got to be extraordinarily depressing to have all of the tourists that are coming in there and overtaking the town..."* (Decision-maker)
Small town stigma is a barrier to seeking care	**8%** (n=1)	*"…it's tiny and you live in a fishbowl and everybody's watching what you do. And then you don't really feel like there's anywhere you can go to have that mental health treatment or behavioral*

Themes	Percent	Quotes
		health treatment because people are already there and they're always watching." (Decision-maker)

Question 12) Recent reports also suggest that substance abuse is a significant issue in the region – both in terms of rates of excessive drinking and the impact of substance abuse on individuals. Which conditions in the local behavioral health landscape or community might contribute to this issue?

Themes	Percent	Quotes
Tourist town, party culture variables	**75%** (n=9)	*"We have a big tourist economy. We have a big service industry, people working nights and stuff. So, there's a lot of, a lot of alcohol abuse. And there's drugs and people don't talk about it. Cocaine, other substances, but coke is big in the restaurant industry from what I've seen, and our young people work in the restaurants and that's how I know where they're getting it."* (Direct Services Provider) *"Our DUIs go up anytime there's a holiday weekend or a party weekend. And I'd say a majority of those calls we go to are laden with alcohol and substances."* (Law Enforcement) *"When my son was younger, he could find a party to go to every night of the week from here over to the lake. If you want to find a party any day of the week, you can find one."* (Consumer)
Low wages, economic stress	**42%** (n=5)	*"Because of financial struggles, the work life balance in general. There are so many factors that can contribute to substance abuse, but primarily maybe financial struggle."* (Direct Services Provider) *"Why wouldn't a kid be like it's easier for me to go sell drugs to some people and make quick cash, than to show up at the restaurant and bus tables and then go work at the ski resort on the weekend? And I'm watching my parents work really, really hard and we're not moving forward ever. So, if I just do this, I'm going to make money fast and that's going to help out my family and that's going to help me out and I'm going to get that money quicker."* (Direct Services Provider)

Themes	Percent	Quotes
Difficult winters	**42%** (n=5)	*"Alcohol abuse, substance abuse calls go way up in the winter, in the winter, it's kind of cyclical, honestly."* (Law Enforcement) *"I think that there's a lot of substance abuse that takes place in the winter."* (Direct Services Provider)
Social isolation	**42%** (n=5)	*"I would say it's a little bit more isolated, like you're sitting there by yourself for long periods of time. If they don't have a social community, a place to connect then that increases the likelihood of substance use."* (Decision-maker)
High depression rate (connected to SUD)	**33%** (n=4)	*"I think there's depression, but then they're masking it with substances. Right, it all goes hand in hand."* (Direct Services Provider)
Lack of adequate law enforcement to deal with SUD	**17%** (n=2)	*"The lack of police enforcement, I mean, why isn't there a big sting operation to take down these drug dealers, especially because everybody knows? Why isn't there more enforcement in the bars, why are they allowed to over-serve? Kings Beach is a notorious drug area, and I just don't understand why the Placer County sheriff can't get ahold of that."* (Consumer)
Normalization of substance use in community	**17%** (n=2)	*"My parents were just hell bent on that I do happy hour with them, even if I didn't want to drink, they would say come out and have some soda water instead, you have to do this ceremony."* (Consumer) *"We normalize the drinking. And I think that that normalizing some of the substance behaviors, like I'd rather my kid drink at my house than go out and drink. It's like, no drinking is illegal…and you shouldn't be buying your kids alcohol and having a party at your house."* (Direct Services Provider)
COVID-19 pandemic causing additional SUD	**17%** (n=2)	*"It's because of the pandemic and the childcare and just the life situation being so stressed."* (Direct Services Provider) *"We've had five or six fentanyl related deaths, including juveniles since the beginning of beginning of COVID."* (Law Enforcement)
Trauma/PTSD	**17%** (n=2)	*"He's got internal baggage that depresses him, and alcohol then keeps him there."* (Consumer)

Themes	Percent	Quotes
		"In addition, the Latinx culture may have the same type of outcomes but how they got there may be related to trauma and pain from recent immigration or lack of family support networks." (Decision-maker)
Criminal record leads to lack of employment (and subsequent SUD)	**8%** (n=1)	*"He wants to get away from it, but he can't get away from it. And one of the reasons he can't get away from it is because if you spent hard prison time and go try to get a job anywhere, somebody else is always going to get the job before them. They don't want somebody that has that kind of a criminal record."* (Consumer)
Gambling (co-exists with SUD)	**8%** (n=1)	*"It's not very far from South Shore. People gambling goes along with substance use often times."* (Decision-maker)
Stigma leads to lack of dialogue in community	**8%** (n=1)	*"We had a kid die from bad drugs and we're not talking about it, like it got swept under the rug."* (Direct Services Provider)

Question 13) Are there any new behavioral health programs or expansion of existing behavioral health programs that you think would benefit the North Tahoe-Truckee region?

Themes	Percent	Quotes
More behavioral health providers overall	**58%** (n=7)	*"The limited resources, limited doctors, limited therapists, the limited resources to go to."* (Consumer) *"I would probably say just more staffing and more people that are there specifically just for the purpose of listening to a student."* (Community Member) *"We've had difficulties getting an organizational provider to do all the types of services that they need to through mental health and substance use services. We did have somebody on the substance use service side that had been up there for quite a number of years and then a few years ago they were like, oh, we don't want to do youth intensive outpatient or outpatient services anymore."* (Decision-maker)
Mobile behavioral health services	**50%** (n=6)	*"I feel like reforming it is the answer and hiring people to go out on calls that are social workers versus law enforcement. That's a*

Themes	Percent	Quotes
		great idea, but I don't think they have enough people or resources to be able to do that." (Direct Services Provider) *"The mobile crisis team, that's a unit that's available down the hill. Now, if there were something developed up in this area that perhaps could be utilized by both Nevada County and Placer County, I think that's something that would definitely be a positive step."* (Law Enforcement) *"Mobile crisis would be nice."* (Decision-maker)
More bilingual/bicultural therapists	**42%** (n=5)	*"We don't have as many bilingual speaking and bicultural speaking folks…I wish we could get a training program that was geared specifically to the Latinx population started in the Reno area and started down here at UC Davis and different places like that to really create a pipeline of folks."* (Decision-maker) *"Being culturally relevant, I think is something that gets lost as well because we're so hell bent on finding somebody who's bilingual. We tend to leave out that cultural relevancy piece."* (Direct Services Provider) *"Just having that conversation in Spanish, because right now it's limited here in town and the ones we do have are probably over booked."* (Direct Services Provider)
More SUD treatment options	**42%** (n=5)	*"There's not a lot of options here and not really for teenagers either."* (Direct Services Provider) *"There really aren't any alcohol or drug programs in this area that I'm familiar with."* (Law Enforcement) *"if this is where you work and live, you don't have the time or money or energy to go down to Grass Valley to get your medication if you are trying to get off of heroin."* (Consumer) *"We need a residential facility for substance use disorder."* (Decision-maker)
More supportive housing services	**45%** (n=5)	*"But without a place that is secure to keep your stuff, you can't really do anything. If you were going to keep yourself clean, the right temperature and fit, you're going to be spending most of your time doing that, which is probably why everybody ends up so dirty and stinky because maybe they wanted to do something that day."* (Consumer)

Themes	Percent	Quotes
		"The housing is only available down in Grass Valley or Nevada City. There is no housing available up here through behavioral health, which is a sore point for me." (Consumer)
Crisis Stabilization Unit (CSC)	**33%** (n=3)	*"I'd love to see a crisis stabilization unit."* (Decision-maker) *"I would love to see at very minimum us getting something like Western Nevada County has. They have a facility based out of Sierra Nevada Memorial hospital that is an on-campus facility, but it's basically run by the County."* (Law Enforcement)
Expand school-based programs	**33%** (n=4)	*"You've probably heard of Gateway, maybe like beefing up some of their programs and helping support what they're doing."* (Direct Services Provider) *"I definitely think that we could have our school resource officer involved in more contact with kids and parents who might be experiencing these issues through the Tahoe Truckee Unified School District, working with their counselors."* (Law Enforcement) *"The teen wellness centers, make sure that those are as functional as we can."* (Decision-maker)
More Behavioral Health County Personnel (flexible FTEs)	**25%** (n=3)	*"Unless everyone's working together and they're using that same person that's so great at billing multiple sources. Which by the way, you need a unicorn staff member to be able to be that good at knowing how to do the different documentation standards for each of those funding sources. That would be ideal, but is it possible?"* (Decision-maker) *"I know that they have been trying to hire with Placer and Nevada County, they were gonna go together and get a case manager up here and that they were trying to do that for at least a year. And it just didn't pan out."* (Consumer)
Expand behavioral health education or training opportunities for community	**25%** (n=3)	*"I think that Tahoe Safe Alliance does a good job. They've always done good presentations, giving out good resources. If we did that on a bigger scale, like an assembly, I think that would be helpful."* (Community Member) *"But the thing with the health class is that you can take it at any year of high school that you choose, so there are from freshmen*

Themes	Percent	Quotes
		to seniors in class with you. And I feel like there's information in there that should be, I think it should be a freshman required class bottom line. I don't think you should go through high school without the knowledge of that class and wait until senior year to do it." (Community Member) *"Even though we do have the Truckee Tahoe Future Without Drug Dependence, they're losing their funding at this point. And so, we need a lot more because there's never enough education. We need continued education on the dangers of substance use for our children and for our community."* (Decision-maker) *"Provide more ongoing training to community members and partner agencies to be able to support individuals. Because what if they are at their local food bank and they feel comfortable with that individual? Then having that individual be able to recognize those symptoms or those thoughts and be able to give a warm hand off to somebody else that can help them."* (Direct Services Provider)
Expand qualification criteria for behavioral health programs	**25%** (n=3)	*"So, the warming center has criteria with a snowfall and temperature, and they are only open on nights and it's for homeless that want to come in and get out of the weather. But I think that the restrictions with temperature and snow are too strict. I think that it should be open, especially in the winter months, every night."* (Consumer) *"If you're over income, then you basically don't qualify for Medi-Cal to get any mental health services. So, I feel like the income guidelines need to be revisited because of how expensive it is to live here."* (Direct Services Provider) *"The subsidized housing that they have available, I don't know how many they have in Grass Valley, but they have a lot. But you must be chronically homeless, which means you must be homeless for at least a year before you can access any of the subsidized housing. So would let your, to your child or spouse go live in the streets for a year?"* (Consumer)
One provider dedicated to	**25%** (n=3)	*"This last year or so probably two years now we have been trying to get one service provider that has been jointly funded through Placer County and Nevada County to try to expand their*

Themes	Percent	Quotes
multiple aspects of behavioral health		*ability to have a fiscally viable program there because it's really an economy of scale."* (Decision-maker) *"It needed to be like a Jack of all trades kind of organization that could flexibly use their FTEs that could flexibly use their workforce to do what the community needs and go in with multiple funding streams to be able to maximize that revenue. So, we did a big RFP to try to make that happen and it didn't work for a lot of reasons."* (Decision-maker) *"We need one entity that represents mental health needs (either existing or something new) to plug this big hole. We need a champion that wants to start a non-profit unless the hospital steps up. It's a solvable need." (*Decision-maker)
Better marketing strategy to promote programs/services	**17%** (n=2)	*"So, the program is so far working. But as far as communities knowing, I have no idea. My guess would be its word of mouth and it'll be great to get some sort of marketing information out there."* (Decision-maker) *"We have 211 but I don't think...like they are just rolling it out. So, I feel like maybe if that was beefed up, more people would know about it."* (Direct Services Provider)
Drop-in multi-purpose behavioral health community wellness center	**17%** (n=2)	*"I wouldn't do a crisis stabilization unit. I would do a center where people who normally would go there could come to this place because the CSU is a specific designation with all these rules attached to it with when you can come, how you can come, how it needs to be staffed. And that would be too restrictive and what that community would need is something non-restrictive. Where basically if you have a mental health crisis, if you have a substance use crisis, if you just want to come and connect, if you want to learn about gardening or you wanna take a class in nutrition or whatever, like it needs to be multipurpose."* (Decision-maker)
Full-Service Partnership (FSP)	**17%** (n=2)	*"The Full-Service Partnership program. I think they have some legitimate feelings of getting more of like the FSP level."* (Decision-maker)

Themes	Percent	Quotes
Expand or create more group therapy options	**17%** (n=2)	*"There's no support groups at all for anybody up here that I'm aware of for depression or a bipolar support group. All of the support groups are down the mountain."* (Consumer) *"I would love it if we had some groups therapy programs that we could refer to locally."* (Decision-maker)
Healthy spaces for Youth	**17%** (n=2)	*"I feel like our region doesn't do a good enough job of having indoor outlets and activities during the winter."* (Community Member) *"I think as adults, we're always like, Oh, there's nothing to do, we need to create these things for kids to do. I think it's more than that. There's not a lot of healthy things to do, is may be what we need to see."* (Direct Services Provider)
More Case Managers for SMI clients	**17%** (n=2)	*"Case management services would be helpful for the acute clients. I wonder if that might be helpful just to help those folks get to appointments and like make sure their meds are refilled, it's like those little tasks are really challenging."* (Direct Services Provider) *"I would love for him to have a case manager that maybe once a week they could come and take him for a hike or take him for a walk or take him for a swim, some kind of services available."* (Consumer)
Peer-to-Peer behavioral health model	**17%** (n=2)	*"Maybe not necessarily therapists, maybe we have more trained peer to peer helpers or something like that…like maybe I don't want to necessarily go seek out a therapist and maybe I just need to talk to somebody. Maybe if there was more training or if there was something like that people could get access."* (Direct Services Provider)
Behavioral health clinic co-located at Tahoe Forest Hospital	**17%** (n=2)	*"They [TFH] take people with Medi-Cal and private insurance and are starting to form a behavioral health department, but it would be great if they had a mental health clinic with therapists, psychiatrists, that patients could see."* (Decision-maker) *"Maybe a TFH based facility that all the regional players could be involved in, that might be a solution too."* (Law Enforcement)

Themes	Percent	Quotes
Cultural competency training for behavioral health providers	**8%** (n=1)	*"Just like having that cultural competence. I guess there's always room for improvement. And I feel like they have done a good job, but there's some areas that we can all grow, and I feel like it would be nice to continue that education piece on a regular basis."* (Direct Services Provider)
Explore other models/solutions outside of region	**8%** (n=1)	*"I know one of the best models nationally is in Eugene, Oregon, the cahoots model…but there's some other models out there too. Alameda County down in the Bay area, John George medical facility is probably the most comprehensive psychiatric emergency services facility, maybe on the West coast. There's a been a lot of studying and modeling of that place."* (Law Enforcement)
Neighborhood based behavioral health services	**8%** (n=1)	*"I think ideally it would be nice to have service sectors embedded, like a neighborhood-based strategy. And maybe that's possible with the community centers and different things, if you've got somebody in each of those locations."* (Decision-maker)
Use MFT or LCSW interns to fill in provider gaps	**8%** (n=1)	*"I think the other place that might be super useful is trying to get more training of psychologists, psychiatrists, probably your LCSW MFT folks that are in school, particularly from the University of Nevada in Reno. I think that that is an area that could potentially be utilized more particularly for the mild to moderate population."* (Decision-maker)

Question 14) Are there any political priorities or cultural shifts that you would support to contribute to improved behavioral health services for residents of the North Tahoe-Truckee region?

Themes	Percent	Quotes
Address lack of overall behavioral health resources to meet the need	**67%** (n=8)	*"Right now, we're just trying to plug the gap, it's a hodgepodge effort. We need an organization to have mental health as their core function, we need a provider in the mix."* (Decision-maker) *"I can't imagine they're only making two appointments a day over there at the clinic. Those people are probably working all day long yet there's still people who say I must wait six*

Themes	Percent	Quotes
		weeks. So, to me, from a layman's perspective, that is an access and a resource issue." (Law Enforcement) *"I think the system could be a little bit larger to meet the need."* (Direct Services Provider)
Address issues with insurance (managed care plans)	**42%** (n=5)	*"We have the two, Anthem and California Health and Wellness, and it has taken us down the hill four years or so to get them actually to start delivering any services to the mild to moderate population. There are concerted efforts on our part, on the part of people complaining, on the parts of them trying to get clinicians and other people established. That is a huge need in the North Tahoe area."* (Decision-maker) *"The state pays the managed care companies, regardless of whether they deliver services or not. So, there's also a disincentive in some ways for them to deliver those services, whereas we're incentivized to deliver them because we don't get any dollars unless we deliver services because we have to go through the Medi-Cal Medicaid service. Like a geographic managed care company, you get paid for the bodies and the lives, but if you never deliver the services, well, you still get your money and it's not like that on the MHP side."* (Decision-maker) *"We need to continue to push on the health plans to do their part."* (Decision-maker)
Address equity/fairness of behavioral health resource distribution	**33%** (n=4)	*"I'm always cautious about creating a bunch of new things when there's a bunch of things that like are barely holding on pitted against one another to get the little funding that there is."* (Direct Services Provider) *"I know Tahoe feels like they have been neglected a lot of the time and they feel like they're neglected from the rest of the County."* (Decision-maker) *"I wonder if they're funding the homeless shelters in the Grass Valley area. Again, it seems like the money stays down there and doesn't trickle up to the East County."* (Consumer)

Themes	Percent	Quotes
		"I'm going to be frank, by percentage of population they get way more, significantly more funding per person than we do down here. So sometimes there's resentment about that." (Decision-maker)
Address lack of behavioral health inpatient hospitalization beds	**33%** (n=4)	*"We don't have any beds to put anybody. I've dealt with students that went to the ER because of 5150 and let's just say they are 18. It's very easy for them to be okay I'm good now I'm okay. Even though they were having a total episode…and then the ER lets them go because there's really no place like unless, you send them down the hill, there's no place to hold them or to be able to monitor them."* (Direct Services Provider) *"I think that the County actually has a couple of beds on let's just call it retainer so that if they need one, they can pay, but it's a pretty high dollar amount to actually put somebody into a psychiatric facility in another jurisdiction. But there've been times when those beds aren't available and now we've got a real problem with someone who's a real danger to themselves or others because of threats they've made or access to guns or violence."* (Law Enforcement) *"But then the overflow of the patients that are sitting in our emergency room and costing us an absolute fortune because we have no place to put them. So not only is it expensive, but it also takes up important space."* (Decision-maker) *"And there is a lack of inpatient hospitalization beds throughout the state of California."* (Decision-maker)
Address Tahoe Forest Hospital practices, policies, role in behavioral system	**25%** (n=3)	*"We've had situations where, and because we have the hospital in our town, where other agencies, and I'm not pointing fingers at anybody, have dropped people off at the hospital…where they've had a psychiatric emergency detention. They drop them off at TFH and because they have this no lockdown policy, these people have walked away. And then next thing, you know, 30 minutes later we're getting a 911 call at Safeway because, this is a true call, someone's in the fruit and vegetable section wearing a hospital gown throwing fruit at people."* (Law Enforcement)

Themes	Percent	Quotes
		"But typically, they call us three, four hours after the fact saying, Hey, we released this person from soft restraints and now they're going crazy in our ER. And we want to administer medications to them because they're a danger to staff. And it's like, well, you created this situation. And I can tell you, like when we had this in the Bay Area, like when they had real psychiatric emergency services facilities, we never got a call from the hospital saying, hey, we have a person we can't control. It creates a number of issues, one is the liability issue for the police department, two the image issue for the police department." (Law Enforcement) *"We take them to the hospital; they're evaluated, and they are then let go either with a contract not to harm themselves and that's frustrating for some of our deputies who respond to individuals time and time again for the same issue."* (Law Enforcement) *"Placer and Nevada counties cross collaborate to buy more programming so to speak, but the hospital can also play a key role. They can tend to be a solo operator."* (Decision-maker)
Address tourism and growth issues to improve behavioral health	**25%** (n=3)	*"The media coverage of Tahoe as "everything is wonderful" likely is very good for tourism, not for reality and the community. This would extend to the tourism department in the city and the county as well. That would require political and BOS alignment. Tourism is extremely important to the Tahoe region in terms of revenue, but this stance of "nothing is wrong with Tahoe – everything is wonderful here, impacts behavioral health services, community needs, the environment, etc."* (Decision-maker) *"What are we asking when somebody wants to come in and develop in our community? Are we asking them to put in money for law enforcement to be able to bring in more mental health? I don't have the answers and I don't know how all that works, but what are we asking of our community?"* (Direct Services Provider)
Address economy/volume of	**25%** (n=3)	*"Like mobile services. We've tried in the past and the volume is just not there. So, it's cost prohibitive because somebody's just sitting there not going out on a call. Mobile*

Themes	Percent	Quotes
scale issues (population or referrals)		*services are very costly. But when you take into a fact that the population is so low, the calls that they're being on call to go out, it's not very cost effective."* (Decision-maker) *"In both counties the volume of scale for services isn't big enough so people with severe mental illness end up leaving the area to get services."* (Decision-maker) *"And they basically kind of look at us and say, well, until we get over a hundred thousand population in this region or in this County, they're not required by state law to maintain a psychiatric emergency services, mental hospital. They're allowed to contract those beds out to Placer or Yolo or Sacramento or other regional resources."* (Law Enforcement) *"So, it's hard to justify an 80 hour pay period type position for three or four calls that are considered at that crisis level."* (Law Enforcement)
Address gap in psychiatric emergency services	**17%** (n=2)	*"A mobile crisis team would be very valuable to people who are in crisis up here and really shouldn't be dealing directly with law enforcement."* (Law Enforcement) *"There've been times here where we had multiple officers tied up on psychiatric emergencies here. And we tried to, we were literally, our entire staff is at the hospital for extended hours, and we have no one to respond to emergency 911 calls and we've had to call people in from off time so that we had additional staffing so that we could support our main purpose, which is protecting public safety."* (Law Enforcement) *"There should be more County resources put into psychiatric emergency services in this County. And I just don't see it. And I've been with the County long enough to kind of understand their argument always is, there's just no money for that. But I just think that that's not the right answer, quite frankly."* (Law Enforcement) *"Having some kind of comprehensive mental health facility in Nevada County shared with Placer County, including bed space for psychiatric emergency services would be a huge impact for us."* (Law Enforcement)

Themes	Percent	Quotes
Address culture of blame, us-against-them mentality	**17%** (n=2)	*"People in the Tahoe region sometimes are a little reactive, they believe rumors and they get all upset and someone's always the bad guy…that's the reason there's problems. And then if they shift and then now it's that other person who's the bad guy or this group or this entity. And I wish that would stop."* (Decision-maker) *"We live in a tourism-based economy, town wise, but we forget that it's that whole us and them thing. We all need each other to be able to make this a great community. We need second homeowners just like they need full timers to live here. But it always gets in this back and forth about us against them."* (Direct Services Provider)
Address culture of competition and materialism	**17%** (n=2)	*"There's a mindset of being held to much higher standards just because of the environment that we live in and that there's so much to do. I think a lot of people feel like they always have to be doing something or they're not as good as everyone else."* (Community Member) *"And we live in a very competitive society, we live in a society where you want to keep up, everybody wants the latest and greatest iPhone, right? That materialism of things and a fix it, maybe that's also masking other things that are going on."* (Direct Services Provider)
Address SUD issue more forcefully/directly	**17%** (n=2)	*"And then you have a kid who dies from a fentanyl overdose or bad drugs and we don't talk about that. So why are we not?"* (Direct Services Provider) *"I think that the lack of enforcement in the area from the police, you know, if I know that the drugs are just rampant in Kings Beach, they know it too. There are two dive bars in Truckee that completely overserve, and you give them your card and they do not cut you off. They let you drink as much as you want."* (Consumer)
Address lack of federal leadership and political divisions in society	**8%** n=1)	*"At the federal level I feel like we have a very big disconnect and very big lack of leadership in our nation right now. And I feel like as a society, we need to get back to where it's okay to agree to disagree…It would be nice if we could have*

Themes	Percent	Quotes
		some civility come back into the world and compromise." (Direct Services Provider)
Address flawed "one-size-fits-all" approach	**8%** n=1)	*"There's all kinds of reasons why everybody's got their stuff and is not the same. You can't put everybody in the same box. And we have a kind of a situation, you know, where we have large amounts of people and we're going to do a thing so of course one size fits all, right?"* (Consumer)
Address state-level payment methodologies	**8%** (n=1)	*"There is a whole initiative, CalAIM…I think there's some huge value to trying to change payment methodology because then it frees up the service delivery and remove some of the barriers."* (Decision-maker)

Question 15) Are there any improvements to the way behavioral health system stakeholders connect that you think would improve services for residents of the North Tahoe-Truckee region?

Themes	Percent	Quotes
Continue to foster collaboration and partnerships	***67%*** *(n=9)*	*"Supporting the referral process and making it even stronger and just keep on building those community partnerships." (Direct Services Provider)* *"I would say make efforts on a monthly, if not bi-monthly basis to meet and discuss these issues."* (Law Enforcement) *"I think that collaboration and coming together with behavioral health and community members is so important. So, I think any way we can continue to foster relationships between different agencies is huge."* (Direct Services Provider) *Not like creating or competing, but like collaborating. We want to do parenting, let's not create another parenting thing. Let's tap into where we know parents are at."* (Direct Services Provider)
More strategic county collaboration and coordination efforts	**50%** (n=6)	*"You know, we'd have to bring all the main players together to talk about what would this look like and who's going to pay for what and how could we make this happen?"* (Law Enforcement)

Themes	Percent	Quotes
		"Due to the needs for services and the economy of scale, the only way to effectively gain providers in the region that can remain economically viable is to combine county services, and potentially even with the Reno area." (Decision-maker) *"I think there needs to be an ability to work even better together to service a region that not only spans three different counties, but also two different states. And we need to have more conversations about how that can look differently and work better."* (Decision-maker) *"I think so right now we're kind of piecemealing it together doing something that we know isn't bad for the long-term, but like I said, we did that RFP with the intention of providing things. I think what would best is if there was a single organization that was contracted with both Nevada County and Placer County and had a contract with a managed care plan that was able to use their FTE flexibly."* (Decision-maker)
More cost-sharing for behavioral health services and personnel	**33%** (n=4)	*"If there was a model where we could maybe co-partner with Placer County Sheriff's department and Placer County Health and Human Services and Nevada County Health and Human Services, and the Truckee Police Department, I think it's a much more palatable situation in terms of having somebody who could be an on-call type therapist to come and show up when we have these kinds of emergencies. I mean that to me seems like a possible good model. I know it's a lot of coordination and a lot of agencies, but we have talked about it."* (Law Enforcement) *"We have a shared manager in the region which has been helpful in terms of shared governance. I would like to be able to share a clinical supervisor for all behavioral health services as well, which might assist to create an internship pipeline from local universities such as Reno, Nevada."* (Decision-maker) *"So, if you get someone, that rare golden person with a license who loves to work, a good worker, then let's all share that so they can be busy, and we can fill them up and maximize revenue sources."* (Decision-maker)

Themes	Percent	Quotes
Address communication issues among partners	**17%** (n=2)	*"Maybe not pitting counties against each other, sometimes that happens."* (Decision-maker) *"What I see a lot of is a small group of like three people will talk a lot and be pretty sure they know what the region needs. And then they work to try to convince all the other partners and that's ok sometimes, but that shouldn't be the main way that we communicate. The main way should be more open where everyone's at the table and everyone brings up what their concerns are and people brainstorm together as a group for solutions, instead of feeling like they're being talked into solutions…just making sure stakeholders are there and we're all open and communicating."* (Decision-maker) *"We could do team building. Just a day of laughter and just being and not worrying about funding or people or whatever. I think we need to figure how to do that…and I don't want to put one more thing on people, but how could we support one another?"* (Direct Services Provider)
Offer cross-system training for providers across counties	**8%** (n=1)	*"Cross-system training of providers to be comfortable with treating adults, children/youth and families would be ideal for the Tahoe community."* (Decision-maker)
More check-ins during COVID to maintain morale	**8%** (n=1)	*"Whether it be small, I hate this word pod, but like small pods of collaborative members…like there's groups of five and there's a lead and we just do a quick 35-minute check-in on Google meet or zoom to just say, Hey, I'm thinking about you. I got you. I see the work you're doing. I appreciate you."* (Direct Services Provider)
More involvement from criminal justice/probation	**8%** (n=1)	*"I never see probation or criminal justice partners in those meetings. Like why aren't they invited? There's gotta be crossover."* (Decision-maker)

Question 16) Are there any infrastructure improvements you would suggest to improve behavioral health services for residents of the North Tahoe-Truckee region?

Themes	Percent	Quotes
Flexible funding	**50%** (n=6)	*"Maybe more public funding to be able to expand those programs that are larger and to be able to target and implement and to have more outreach"* (Direct Services Provider) *"I think having an infusion of a truly flexible, not tied to some of our rules, funding source so you can go in there and do what you want and meet those community needs would be ideal, but I don't know where that money is going to drop from the sky or who should manage that."* (Decision-maker) *"Like a sobering center/CSU/wellness center, all in one. And that is hard to credential and create without a flexible funding source, like if you're trying to draw upon the federal dollars for those services. They don't mix those all in one spot very well."* (Decision-maker)
Affordable housing	**42%** (n=5)	*"The lack of housing, affordable housing in the area is non-existent especially through County funding."* (Consumer) *"We need housing, like actual housing for residents."* (Decision-maker) *"It's not affordable here. Like some of us that still live here, we live here because it bought her houses a long time ago and that's changing cause of COVID too, it's getting worse because people are coming up buying houses."* (Direct Services Provider)
County building for better cross-collaboration among departments	**8%** (n=1)	*"I do think having a building where multiple systems like across the County could be together, being all in the same building instead of spread out, maybe even have some embedded probation in there and promote cross collaboration in a bigger, more integrated building."* (Decision-maker)

References

Coburn, C. (2003). Rethinking scale: Moving beyond the numbers to deep and lasting change. *Educational Researcher, 32(6), 3-12.*

Coffman, J. (2007). *A Framework for Evaluating Systems Initiatives.*

Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness. Santa Cruz: Services, Agency of Santa Cruz County Mental Health and Substance Abuse (2015).

North Tahoe-Truckee
Behavioral Health Landscape and Roadmap

2021

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