

County of Mendocino



MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES AND SUPPORTS,
WORKFORCE EDUCATION AND TRAINING,
PREVENTION AND EARLY INTERVENTION,
CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS,
INNOVATION

COMPONENTS PLAN

MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016

JULY 1, 2013

HEALTH AND HUMAN SERVICE AGENCY
MENTAL HEALTH SERVICES BRANCH



County: Mendocino

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said County and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this 3-Year Plan, including stakeholder participation and non-supplantation requirements.

The 3-Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft 3-Year Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The 3-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached 3-Year Plan are true and correct.

Tom Pinizzotto
Local Mental Health Director/Designee

Signature Date

County: Mendocino

Date: _____

County: Mendocino

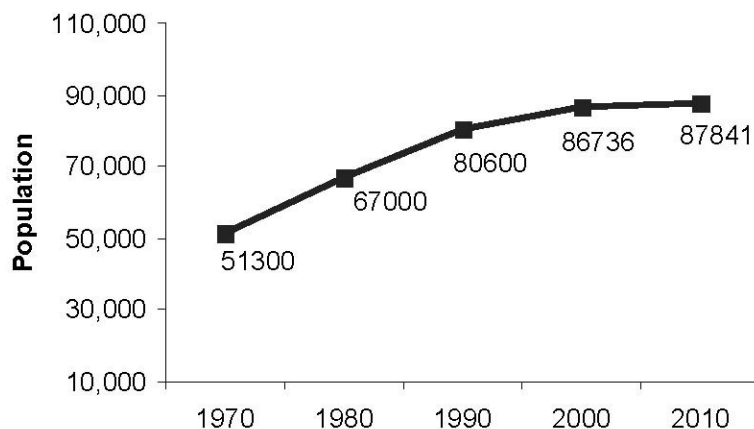
County Demographics

The **US Census of 2010** provides the most current data (called 100% count data) on population trends by age and race/ethnicity for Mendocino County.

Population Growth:

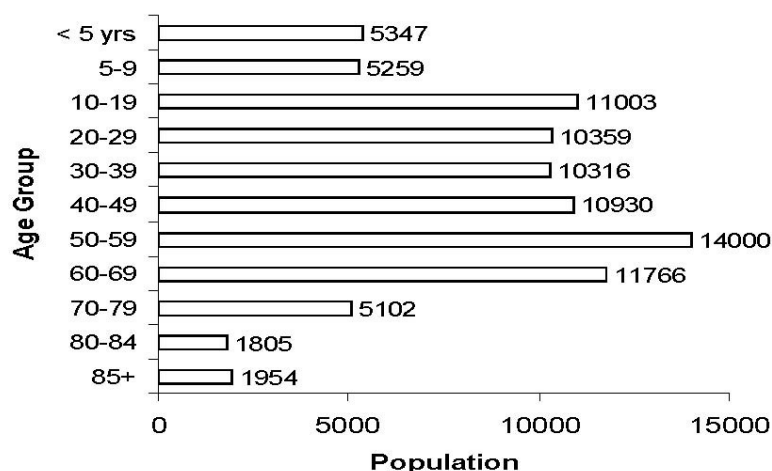
Mendocino County had a population of 87,841 after the Census 2010 count and ranks 38th largest in population out of California's 58 counties. The State of California had a total population of 37,253,956 of which 0.24% (almost one quarter of 1%) live in Mendocino County. The population of Mendocino County increased by only 1.3% in the ten years between 2000 and 2010, whereas the population between 1990 and 2000 increased by 7%. A slowing in the population growth has been noted in the past 20 years.

**Population Growth
Mendocino County 1970-2010**



Age Groups:

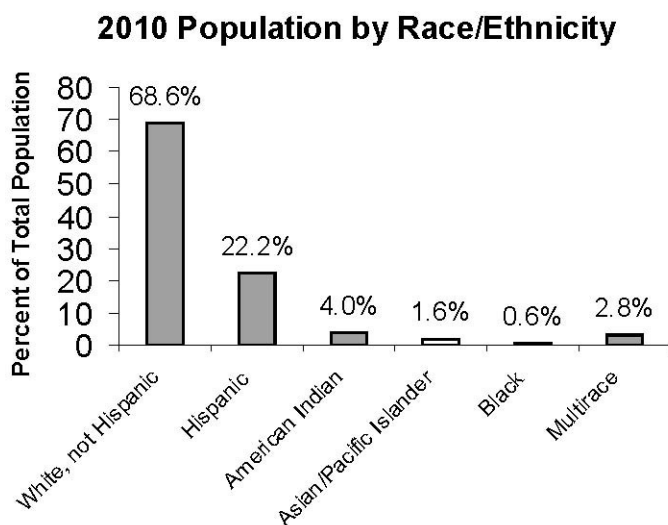
**2010 Population by Age Group
Mendocino County, Population Total=87,841**



For the younger adult population, 23.5% were between ages 20 and 39; for mid-aged adults 28.4% were between 40 and 59. For the older adult population, 23.5% of the population was aged 60 and older; 10.1% was aged 70 and older.

Almost 25% of the population of Mendocino County was between ages 0 and 19. 12.1% were between ages 0 and 9, and 6.1% were less than 5 years old.

Race/Ethnicity Categories:



In 2010, 68.6% of the population was White, not Hispanic; 22.2% was Hispanic; 4.0% was Native American; 2.8% was Multirace.

The percent of Hispanic residents has grown by 2%, where as the percent of American Indian residents has decreased by 2% since the Census in 2000.

The Multirace category has been slowly growing since 2000 when this category was introduced.

The US Census Bureau provides many other indicators of interest in the socio-economic environment through **the American Community Survey (ACS)**, estimated for the 1-year period 2010.

	Mendocino County	State of California
Median Household Income	\$40,536	\$57,708
% of People Living below FPL (*)	20.0%	15.8%
% of Families Living below FPL (*)	12.8%	11.8%
% of Households Living below Self-Sufficiency Standard (**)	39.7%	31.0%
% with Educational Attainment of BA degree or higher	22.2%	30.0%
% Unemployed	13.7%	12.8%
% Female Householder with children under 18	7.6%	7.3%
% Speaking Spanish at home	18.0%	28.9%
% Owner occupied housing	54.8%	56.5%

* Poverty status as measured in the Census 2010 is the percentage of all families and people living below the Federal Poverty Level (FPL) which is established each year by the US Department of Health and Human Services and is used as eligibility guidelines for subsidy programs.

**** According to the report sponsored by United Way of California, *Overlooked and Undercounted 2009, Struggling to make ends meet in California*, the FPL is based only on food costs and significantly undercounts those families "not making ends meet". Therefore, the Self-sufficiency Standard (the Standard) was developed based on all major budget items faced by working adults today. Using the Standard for 2009, Mendocino County had 39.7% of households below the Standard compared to California with 31%.**

Community Program Planning

Briefly describe the Community Program Planning (CPP) Process for development of all components included in the 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016. Include the methods used to obtain stakeholder input.

Local Stakeholder Process

Mendocino County has a continuous Community Planning Process that is on-going year round. Mendocino County's approach to engaging all stakeholders in its process of developing its MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016 has included the following:

1. MHSA forums for Children/Transition Age Youth and Adults/Older Adults.
2. MHSA Stakeholder Committee meetings
3. MHSA Program/Fiscal Management Group meetings
4. Mental Health Board meetings
5. County Mental Health website
6. Public posting of the 3-Year Plan through the 30 day local review process
7. Mental Health Board public hearing on the 3-Year Plan

MHSA Forums

MHSA forums are held bimonthly with one hour focused on children and transitional age youth and one hour for adults and older adults. The forums are held in different locations each time to access remote stakeholders. Service providers are invited to attend and to share their successes and any barriers to working with their target population. The public is encouraged to attend and share their and/or a family member's experience with accessing and receiving services.

MHSA Stakeholder Committee Meetings

The MHSA Stakeholder Committee meets as needed and provides input on the development of the MHSA Annual Updates and MHSA 3-Year Plans. The MHSA Stakeholder Committee is comprised of stakeholder representatives (e.g. consumers, non-governmental providers, County Mental Health staff, and Mental Health Board members).

The Stakeholder Committee meets to review the progress of MHSA activities, gather input from those receiving and providing services, and to discuss methods for integrating the vision and values of the MHSA into the broader Mental Health services provided by the County.

MHSA Program/Fiscal Management Group

The MHSA Program/Fiscal Management group is comprised of Health and Human Services Agency (HHSA) staff that provides oversight to the delivery of MHSA services, the MHSA Coordinator, and fiscal staff. This group meets regularly and is responsible for budget administration, plan development and implementation, and ongoing evaluation of the delivery of MHSA services.

Mental Health Board Meetings

The Mental Health Board meets monthly and receives public comment on agenda and non-agenda items related to general mental health services.

Stakeholder Description

The Planning Process involves consumers, family members, and parents of children affected by mental illness, as well as community-based organizations, service providers and system partners.

- Mendocino County Mental Health Board
- Action Network
- NAMI Mendocino
- Mendocino County Office of Education
- Tapestry Family Services
- Ford Street Project
- Yuki Trails
- Redwood Coast Regional Center
- Mendocino County Sheriffs Department
- Consolidated Tribal Health Project, Inc.
- Raise and Shine Mendocino
- Ukiah Senior Center
- Redwood Children's Service
- Anderson Valley School District
- Safe Passage Family Resource Center
- Arbor on Main
- Manzanita Services, Inc
- North Bay Suicide Prevention
- Hospitality Center
- Community Care/Area Agency on Aging
- Round Valley Indian Health Center
- Pinoleville Band of Pomo Indians
- Redwood Coast Senior Center
- Mendocino Coast Clinic

30-Day Public Comment

The MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016 was posted for 30 days from May 16 - June 14, 2013.

County Mental Health Website

An electronic copy of the 3-Year Plan was posted on the County website with an announcement of the public review and comment period, as well as the public hearing information. The website posting provided contact information to allow for input on the plan in person, by phone, or by mail.

Public posting of the 3-Year Plan throughout the 30 day local review process

Hard copies of the 3-Year Plan were made available for public review at locations across the County, including key service delivery sites and mental health clinics. A hard copy of the 3-Year Plan was distributed to all members of the Mental Health Board, Mental Health and Health and Human Services Leadership Team, MHSA Stakeholder Committee, and community partners.

Public Hearing

Mendocino County held a public hearing to obtain input from interested stakeholders. The public hearing was held during the Mental Health Board/MHSA Stakeholders joint meeting on June 19, 2013.

Public Comments on the Plan Update and Responses

See **Attachment A**, "Mental Health Services Act (MHSA) 3 Year Plan 2013-2016/Public Comments and Answers".

Mendocino County Mental Health Advisory Board Recommendations

See **Attachment B**, "Mendocino County Mental Health Advisory Board Recommendations on the Mendocino County MHSA 3-Year Plan for FY 2013/14 to FY 2015/16"

COST PER CLIENT/CONSUMER*

FULL SERVICE PARTNERSHIPS

Plan Name:	Child - FSP
Unique Clients:	1
Cost:	\$100,941.58
Average Cost:	\$100,941.58

Plan Name:	TAY - FSP
Unique Clients:	26
Cost:	\$341,285.90
Average Cost:	\$13,126.00

Plan Name:	Adult - FSP
Unique Clients:	27
Cost:	\$410,323.42
Average Cost:	\$15,197.00

Plan Name:	Older Adult - FSP
Unique Clients:	8
Cost:	\$96,958.75
Average Cost:	\$12,120.00

FIELD CAPABLE CLINICAL SERVICES

Plan Name:	Child - FCCS
Unique Clients:	0
Cost:	\$0.00
Average Cost:	\$0.00

Plan Name:	TAY - FCCS
Unique Clients:	19
Cost:	\$181,560.00
Average Cost:	\$9,555.79

Plan Name:	Adult - FCCS
Unique Clients:	35
Cost:	\$164,581.00
Average Cost:	\$4,702.31

Plan Name:	Older Adult - FCCS
Unique Clients:	5
Cost:	\$20,647.00
Average Cost:	\$4,129.40

*Actual costs as defined by the Cost Report for FY 11/12. Calculation based on Mode 15 services, inclusive of Federal Financial Participation (FFP) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Not inclusive of community outreach services or client supportive services expenditures.

Mental Health Services Act
Community Services and Supports Plan
FY 13/14 Budget \$3,112,987.00

The implementation of this component, as compared to the prior 3-Year Plan, has improved many services and allowed for the identification of barriers to treatment. These barriers were identified and reviewed to allow for more seamless services over the next three years. Mendocino County has made significant improvements in its ability to provide wraparound services to its Full Service Partnerships. However, the ambitious nature of the prior 3-Year

Plan created difficulties in implementing services and programs that could have helped a larger population of the underserved clientele in the County of Mendocino. To help identify and provide services and programs to the underserved population, County Mental Health plans to implement the use of outcome measures for all clientele. The use of outcome measures should enhance services by allowing evidence-based decision making and a review of services pre, during, and post treatment. With the use of outcome measures there should be an increase in Mental Health Plan providers providing evidence-based treatment and a decrease in stigma around Mental Health services. With that stated, the Department of Mental Health will work to create a methodology throughout the MHSA 3-Year Plan which can help enhance the quality of mental health services to the clientele served, that is meaningful and measurable and provides the best possible pathway to recovery.

The Children and Family Services Program includes services to children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and Native American children as stated in the prior 3-Year Plan. Progress was made towards serving this population with the Parent Partner Program, broad screening and assessment of very young children, family respite services, Full Service Partnerships, and therapeutic services to children and families in tribal and Latino communities. This segment of the CSS program will include the implementation of an outcome measure, for all Mental Health Plan providers, to allow for evidence-based decision making and review of treatment services. In addition, the outcome measure will also allow for identification of areas for improvement.

The Transition Age Youth Program will continue several programs that build resiliency and promote recovery, including the TAY Wellness Program in which Full Service Partners are provided wraparound services. The focus is to provide intensive supportive housing to people identified, by a Mental Health Plan provider, as in need of Mental Health services and housing. The TAY program also provides therapeutic and clinical services for the County's bicultural, bilingual, and remotely-located community through Mental Health Plan providers. This segment of the CSS program will include the implementation of an outcome measure, for all Mental Health Plan providers, to allow for evidence-based decision making and review of treatment services. In addition, the outcome measure will also allow for identification of areas for improvement.

The Adult Services Program focuses on providing services through the Full Service Partnership program to ensure consumers receive an array of services to support their recovery from severe and persistent mental illness (SPMI). These services are provided by a network of Mental Health Plan providers, which includes contractors and County staff. The County serves adult consumers through three wellness and recovery centers located in Ukiah, Willits, and Fort Bragg. These services provide an essential bridge for consumers as the County continues to promote MHSA recovery principles.

For those adult consumers within the criminal justice system or at risk of incarceration, a forensic program is in the early stages of implementation. The Thursday 11 O'clock court calendar has been created to monitor consumers being released from incarceration, at risk of incarceration, homeless or who have the potential of harming themselves or others as identified by a team developed by this program. The current program may require further refinement as the program continues to progress. This program will include participation from multiple departments of the County of Mendocino.

This segment of the CSS program will include the implementation of an outcome measure, for all Mental Health Plan providers, to allow for evidence-based decision making and review of treatment services. In addition, the outcome measure will also allow for identification of areas for improvement.

The Older Adult Services Program will continue to provide services for the improvement of the aging population's quality of life. These services are provided by a network of Mental Health Plan providers, which includes contractors and County staff. Bicultural and bilingual outreach and engagement will be among the highest priorities of services to be provided to older adult consumers. This segment of the CSS program will include the implementation of an outcome measure, for all Mental Health Plan providers, to allow for evidence-based decision making and review of treatment services. In addition, the outcome measure will also allow for identification of areas for improvement.

MHSA Housing Program is in its predevelopment stage. The County will enter into a long-term partnership with a qualified firm to acquire/develop and operate permanent supportive housing for adults with severe and persistent mental illness who are homeless or are at-risk of becoming homeless, or are coming back home to Mendocino County from

higher levels of care (hospitals and out-of-County board and care). A secondary component of the housing program is for provision of Medi-Cal funded supportive services for the tenants. Support services will be provided by a Mental Health Plan provider.

Community Issues Identified through the Community Planning Process

Below is a listing of the major community issues identified through Mendocino County's community planning process. These issues will be the focus of MHSA services listed in the MHSA CSS 3-Year Program and Expenditure Plan. The ways in which Mendocino County will address each community issue will be developed in multiple Program/Fiscal Management group meetings taking into account all suggestions, concerns and information provided by outreach meetings. This is including, but not limited to, MHSA Stakeholder Committee meetings, Mental Health Board meetings, MHSA Forums, and inquiries through multiple available methods. As with the other segments listed in the CSS program above; the implementation of an outcome measure will be used to enhance evidence-based decision making and allow for review of services being provided.

Age Group	Community Issues	MHSA-funded Program Addressing Issues
Children and Families	<ul style="list-style-type: none"> ▪ Peer and family problems ▪ Services for children of mentally ill parents 	Mental Health Plan provider programs in conjunction with county schools are currently in place to provide counseling, outreach, early intervention, and peer counseling. Full Service Partnerships provide wraparound services tailored to individual client needs.
Transition Age Youth	<ul style="list-style-type: none"> ▪ Homelessness ▪ Stigma – youth will not seek help ▪ Inability to manage independence/work 	Mental Health Plan provider programs are currently in place providing services including housing support, counseling, education, suicide prevention and destigmatization, peer counseling, and life skills training through drop-in wellness and recovery centers and community outreach. The County in conjunction with Family Service Agency of Marin is rolling out a suicide prevention program. Full Service Partnerships provide wraparound services tailored to individual client needs.
Adults	<ul style="list-style-type: none"> ▪ Homelessness ▪ Outreach to population resistant to seeking services ▪ Inability to manage independence/work 	Mental Health Plan provider programs are currently in place providing services including housing support, counseling, suicide prevention and destigmatization, peer counseling, patient navigation, and life skills training through wellness and recovery drop-in centers. The County in conjunction with Family Service Agency of Marin is rolling out a suicide prevention program. Full Service Partnerships provide wraparound services tailored to individual client needs.

Older Adults	<ul style="list-style-type: none"> ▪ Inability to manage independence ▪ isolation 	Full Service Partnerships provide wraparound services tailored to individual client needs. Senior Peer Counseling program addresses isolation and provides extra support enabling seniors to receive services in their own home to maintain independence.
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For the MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016, the Children and Family Services Program will continue the inclusion of services to children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and Native American children.

Full Service Partnerships (FSPs)

5 FSPs receive an array of services to support the recovery from serious emotional disturbance (SED). Services include crisis support, linkage to individual/family counseling and other services to support the health, well-being and stability of the client/family. These services are provided by a network of Mental Health Plan providers and reviewed by the County of Mendocino Mental Health administrative team.

Parent Partner Program

Mendocino's Parent Partner Program provides services through Family Resource Centers in rural communities since FY 2010/2011. Bicultural/bilingual parent partners link with our Family Resource Centers and tribal community to provide services to families in remote areas.

Broad Screening and Assessment of Very Young Children (ages 0-5)

In partnership with a Mental Health Plan provider, Mendocino County continues to implement Raise & Shine, a screening and assessment program for all 0-5 year olds. Children referred for mental health services that do not have insurance or private resources may be eligible for MHSA dollars for treatment.

Therapeutic Services to Tribal and Latino Communities

Bilingual and bicultural services to our remote, tribal and Latino communities are provided through Mental Health Plan providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail.

In the MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016, the Transition Age Youth Program will continue several programs to build resiliency and promote recovery.

TAY Wellness Program/Full Service Partnerships (FSPs)

Through Mental Health Plan providers and review by the County of Mendocino Mental Health administrative team, 24 FSP consumers are provided wraparound services to:

- Develop healthy relationships with family, peers, mentors, employers, teachers, and counselors;
- Access employment, education, and career or vocational development;
- Support life skills development and manage finances;
- Obtain housing in supportive, clean, affordable, and productive environments;
- Access mental and physical health care;
- Learn healthy strategies for coping with stress and setbacks; and
- Be in control of their own lives.

Therapeutic and Clinical Services

Services to FSPs, and other designated Mental Health consumers, are provided by Mental Health Plan providers. The County of Mendocino is focused on providing bicultural and bilingual family-based therapeutic services to remote areas of the county through bilingual and bicultural contract providers.

For the MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016, the Adult Services Component of this plan will focus on the provision of services through the following programs:

Full Service Partnerships (FSPs)

38 FSPs receive an array of services to support their recovery from severe and chronic mental illness (SPMI). Services include crisis support, transportation to medical appointments, linkage to counseling, access to temporary housing, food, support for life skills development, education, managing finances, and other appropriate services according to individual client needs. These services are provided by a network of Mental

Health Plan providers and reviewed by the County of Mendocino Mental Health administrative team.

Wellness, Recovery and Primary Care Centers

There are centers currently located in Ukiah, Willits, and Fort Bragg, the major population centers in the County. Through contracts with community-based organizations the centers provide services for Full Service Partners and other adults and older adults with serious mental illness. Services include linkage to counseling, life skills training, meals, financial support, assistance in obtaining resources outside of the mental health system, patient navigation, and the opportunity to participate in other recovery and support programming. Over the next three years, the County of Mendocino will look at expanding Wellness and Recovery Centers in other communities throughout the county, such as Point Arena and Covelo. In addition to the Wellness and Recovery Centers, the County of Mendocino will focus on linking with primary care services, and providing patient navigation services, peer recovery programs, outreach services, and substance abuse services for program consumers. Costs include contracts for an independent program evaluator as well as integrating or developing a record exchange process for the electronic records of the Behavioral Health and Recovery Services (BHRS).

Included in the provision of primary care services, the County of Mendocino will work on the development of an integrated treatment plan that is critical to ensure that the over all needs of the client are known and addressed by all providers. In addition, the County of Mendocino, Mendocino Community Health Clinic, and Mendocino Coast Clinic will have a care manager, per clinic, that links consumers between the services. This is an integral component of the patient centered health home model of care. The County of Mendocino will look at the most effective and efficient resources to develop and maintain the integrated treatment plan and bidirectional referrals. Additionally, we will utilize a consultant to build the appropriate interface and information exchanges between the BHRS record system and the clinic electronic health record system.

Forensic Mental Health Program (Thursday 11 O'clock Court Calendar)

Services are provided to 6 individuals with mental illness who are incarcerated, on supervised release, on parole or probation, or at-risk of incarceration, as well as, being homeless or at risk of becoming homeless. The object of the Thursday 11 O'clock Court

Calendar is to keep eligible individuals with mental illness from moving further into the criminal justice system. Thursday 11 O'clock Court hopes to reduce arrests, the number of days in jail, and the number of days in psychiatric hospitals for the individuals who participate.

For the MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016, the Older Adult Services component of this plan will focus on the provision of services designed to bring improvement to the quality of life for the seriously mentally ill of this aging population:

Full Service Partnerships (FSPs)

14 FSPs receive an array of services to support their recovery from severe and chronic mental illness (SPMI). Services include crisis support, transportation to medical appointments, linkage to counseling, access to temporary housing, food, support for life skills development, managing finances, and other appropriate services according to individual client needs. These services are provided by Mental Health Plan providers dedicated to working with SPMI population and the underserved Native American and Latino communities; helping to bridge some of the gaps identified within these communities.

Bicultural and Bilingual Outreach and Engagement

Mental Health Plan providers conducted outreach and engagement services to the Native American community through contracts with the County.

Senior Peer Counseling

This program will continue to provide training by contracted licensed geriatric specialists to volunteers who make weekly visits to at least 31 OASOC consumers. The program has successfully improved the mental health status of many frail, home-bound older adults by the outreach of the peer counselors. The County of Mendocino is committed to continuing the program and expanding services to Covelo and Point Arena.

Focused Integrated Mental Health Services

The purpose of the Focused Integrated Mental Health Service Model is to better serve consumers with severe mental illness and severe emotional disturbances while addressing significant funding reductions. Instead of separate programs, the restructuring strategies will promote focused system integration of comprehensive services across the Mental Health continuum. The integration of all programs including Community Services and Supports promote long term sustainability and leveraging of existing resources to make the entire system more efficient.

Underpinning the Focused Integrated Mental Health Service Model must be outcomes promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. In partnership with the community stakeholders, Mendocino County will continue to develop a common set of outcome measures, recognizing that they will vary among age groups. These measures will be used to assess program efficiency, quality, and consumer satisfaction.

Goals for the MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016:

- Create a service delivery system that provides a health care home which treats the entire person;
- Integrate primary care with behavioral health;
- Participate in pilot projects through Mental Health Plan providers;
- Reduce stigma surrounding mental health treatment;
- Develop relationships with new partners;
- Position the County to be eligible for new funding opportunities;
- Explore regional opportunities for service delivery;
- Provide outreach, engagement and information about mental health services and access to services to consumers, schools, families with children, remote rural areas and the coast, and County staff and community partners;
- Develop supportive housing.

The Focused Integrated Mental Health Service Model's key elements, based on collaborative and coordinated planning include:

Recovery-oriented Consumer-driven Services

- Closely work with the consumer to address their mental and physical health needs;
- Promote shared decision making and problem solving;
- Maintenance and promotion of linkages to family members (as defined by the consumer) and the community;
- Maintenance and promotion of Drop-in/Wellness Centers to focus on:
 - Wellness and Recovery Services to support return to everyday life;
 - Peer support and mentoring;
 - Patient navigation;
 - Training for consumers to discover their purpose and passion as well as to meet educational and employment goals.

Intensive Care Management

- Decrease out-of-County placements and increase the percentage of mental health consumers living independently within our community;
- Ensure timely follow up of care management within 24 hours post discharge for all Mental Health consumers with acute care discharges (psychiatric and medical);
- Increase access to housing for the most vulnerable consumers.

Integrated Efficient Care

- Fully implement restructured crisis services;
- Fully implement managed access to ensure all consumers enter the system through the mental health branch for standardized triage and assessment. Screen consumers for medical necessity and return consumers to services. Enroll consumers in appropriate levels of care;
- Develop a coordinated, seamless continuum of care for all age groups with an expanded ability to leverage funding;
- Patient navigation through Wellness Centers use “care integration” with medical home.

Quality Improvement

- Ensure that all contracts have scope of services that include outcome measures and efficient standards to drive cost-effectiveness of services;
- Productivity – utilize data reports to monitor and support staff productivity goals;

- Continue the retooling of the Quality Improvement Committee emphasizing data driven solutions to improve access in quality of services;
- Continue the process of moving mental health records to a fully electronic record system;
- Develop a training program for County staff and community partners for best practices (especially for children and geriatric services), customer service, and cultural sensitivity.

Collaboration with Community Partners

- Forensic Treatment – develop collaboration with local law enforcement and parole office to establish forensic services and a re-entry program that reduces the recidivism rate and ensures community re-entry. Through Mental Health Plan providers, coordinate the referral of consumers to a medical facility for assessments and medication support. Refer consumers to treatment services, community services, housing, and other resources. Provide treatment plan, follow-up, transportation, and care management services.

In addition to the Focused Integrated Mental Health Service Model’s key elements listed above, a brief summary of services by Age Group wholly funded by MHSA follows:

Children and Families

- Mental Health Plan providers provide bicultural and bilingual therapeutic counseling and Parent Partner services on the South Coast;
- Mental Health Plan providers provide Respite Care, Ukiah-based Parent Partner program, and clinical services for early intervention with young children;
- Mental Health Plan providers provide Native American bicultural clinical services to Native American reservations, Rancherias and tribes affiliated with Consolidated Tribal Health Project (CTHP). CTHP to provide annual cross cultural training;
- Mental Health Plan providers provide bicultural and bilingual mental health services to the Latino population;
- Full Service Partners services and support necessary to achieve optimal outcomes.

Transition Age Youth

- Mental Health Plan providers provide TAY Wellness and transitional housing;
- Mental Health Plan providers provide rehabilitation services and clinical services for consumers with serious mental illness or emotional disturbance;
- Full Service Partners services and support necessary to achieve optimal outcomes.

Adult and Older Adult

- Wellness and recovery centers in Ukiah, Willits and Fort Bragg based on a model that is consumer-driven, operated and managed by the Mental Health Plan provider;
- Adult and Older Adult Full Service Partners services and support necessary to achieve optimal outcomes.

Summary of Targeted Population Groups

Unserved/underserved males and females of all ages who have a Serious Emotional Disturbance, a Serious Mental Illness, or have acute symptoms, will be served within the MHSA System Transformation. Age groups include Children (ages 0-15), Transition Age Youth (ages 16-25), Adults (ages 26-59), and Older Adults (60 and older). Services will be provided to all race/ethnicities, with an emphasis on reaching out to Latinos and Native Americans in the County. Mental Health Plan providers will utilize bilingual/bicultural individuals to outreach to the Latino and Native American communities. Written documentation is available in English and Spanish, our threshold language. Translation services are available in Spanish for our monolingual consumers and their families.

As stated, the **Focused Integrated Mental Health Services Program: Ages 0-60+** encompass the entire Mental Health system in Mendocino County. The **Focused Integrated Mental Health Services Program** consists of specialty mental health services, including assessments, case management, individual and group therapy, other outpatient services, inpatient treatment, and MHSA programs such as Full Service Partnerships, Systems Development services, and Outreach and Engagement activities.

The Focused Integrated Mental Health Services Program includes the funding of the following positions:

Director, Mental Health Services (1.0 FTE) – This individual plans, organizes, and directs the service programs and activities within the Mental Health branch of the Health & Human

Services Agency. This position performs professional level functions which include planning, organizing and directing administrative support activities; providing internal consultation on financial and management issues; coordinating analytical studies addressing various issues; and overseeing information systems matters.

Deputy Director, Clinical Services (1.0 FTE) – The Deputy Director provides oversight and leadership to Behavioral Health and Recovery Services, attends MHSA planning meetings, stakeholder meetings, and assists in coordination activities with staff and organizational providers.

MHSA Coordinator (1.00 FTE) – This position is responsible for ensuring that mental health services delivered in the MSHA program are focused on individual needs, resulting in independent living and gainful employment. This individual is responsible for coordinating services with Mental Health staff to promote recovery based services. This individual will also coordinate services for all persons enrolled in the Full-Service-Partnership program to ensure that they receive “whatever it takes” to achieve their goals and outcomes.

Medical Director (1.0 FTE) – This position manages and leads the medical functions of the Mental Health Services department. This position provides medical oversight; enforces health statutes and rules; and provides supervision of physicians and other health professionals. This position may also provide psychiatric diagnostic and therapeutic service to all age groups in the mental health clinics and in a jail setting.

Psychiatrist (*Levels to be Evaluated by Contracted Mental Health Provider*) – This position provides psychiatric diagnostic and therapeutic service to all age groups in the mental health clinics. This individual is responsible for the oversight of medication support services for mental health consumers.

Nurse Practitioner (*Levels to be Evaluated by Contracted Mental Health Provider*) – This position provides triage and clinical assessment services to mental health consumers; obtains accurate physical and mental health information from consumers. This position may also provide professional psychiatric nursing care to consumers in a jail setting.

Clinical Supervisors (*Levels to be Evaluated by Contracted Mental Health Provider*) –

These positions provide direct day-to-day supervision to the Children and Adult Services Team members and the satellite clinic programs.

Clinical Managers (*Levels to be Evaluated by Contracted Mental Health Provider*) –

These positions provide first level management oversight of Children and Adult clinics within the Mental Health branch. They plan, organize direct staff, and control the operations and programs of the Children and Adult Services Team.

MH Clinicians I and II (*Levels to be Evaluated by Contracted Mental Health Provider*)

– These positions function as Clinicians responsible for ensuring that crisis and ongoing mental health services delivered to program participants are focused on individual needs. These positions will provide crisis and ongoing service contacts with program participants, family, significant others, and communities (school systems, probation, healthcare, and others). These positions are advocates for consumers and provide assistance to help individuals gain access to needed services. These positions help the service system to be sensitive to, respectful of and responsive to the mental health needs of the program participants and promote wellness and recovery activities to help consumers achieve positive outcomes.

Program Specialists (*Levels to be Evaluated by Contracted Mental Health Provider*) –

These positions provide leadership and support of Mental Health activities and services, giving support to the MHSA Team and coordinates staff to deliver exemplary services. Wellness, recovery, and resiliency skills services are promoted for all consumers and their family members/support system.

Mental Health Rehabilitation Specialists (*Levels to be Evaluated by Contracted Mental Health Provider*) –

These positions function as Case Managers and Personal Service Coordinators. These positions are responsible for providing direct services in a manner that is consistent with the vision and goals of MHSA. In addition, these positions are responsible for the implementation of outreach and engagement activities and individual and group services. These positions are assigned to deliver community-based services in a manner that is integrated with existing activities. These positions also ensure that services are delivered in a manner that embraces the recovery model and promotes client and family voice and choice.

Department Analysts (*Levels to be Evaluated by Contracted Mental Health Provider*)

– These positions provide administrative support to Mental Health service activities, including enrolling consumers in Full Service Partnership (FSP), submitting all MHSA required data and documents to DHCS, and tracking flex funds for FSP consumers. These individuals also manage the fiscal components of Mental Health and help to account for and budget activities, DHCS required cost reports and services.

Department IT Specialist (*Levels to be Evaluated by Contracted Mental Health Provider*) – This individual provides technical application and program support related to the department's computer application system.

Account Specialist Supervisor/Supervising Staff Assistant (*Levels to be Evaluated by Contracted Mental Health Provider*) – These positions are responsible for providing supervision to the Account Specialist and Staff Assistants and other administrative and managerial duties related to the support of County and organizational provider staff in delivering services.

Account Specialists II & III (*Levels to be Evaluated by Contracted Mental Health Provider*) – These positions support Mental Health activities through data entry, Medi-Cal billing activities, accounts payable, accounts receivable, and other administrative functions necessary to support the County and organizational provider staff to deliver services.

Human Services Worker (*Levels to be Evaluated by Contracted Mental Health Provider*) – This position supports the Quality Assurance unit including review of treatment authorization requests, data collection, data entry, and verification of insurance coverage and other duties as assigned.

Quality Assurance Program Administrator/Supervising Clinician/Clinician (*Levels to be Evaluated by Contracted Mental Health Provider*) – These positions provide day-to-day program administration, clinical supervision and services in the quality assurance unit.

Administrative Services Manager (*Levels to be Evaluated by Contracted Mental Health Provider*) – This position is responsible for managing support staff as they perform their administrative and clerical duties.

Support Staff (*Levels to be Evaluated by Contracted Mental Health Provider*) – These positions perform administrative and clinical reception for Mental Health and reconciliation of clinical staff's time reports and service records.

Mental Health Service Act

Workforce Education and Training Plan

FY 13/14 Budget \$236,146.00

The Workforce Education and Training (WET) component plan will be approved with this MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016. This County's Workforce Education and Training component of the 3-Year Program and Expenditure Plan addresses the shortage of qualified individuals who provide services in this County's Public Mental Health System. This includes community based organizations and individuals in solo or small group practices who provide publicly funded mental health services to the degree they comprise this County's Public Mental Health System workforce.

This Workforce Education and Training component is consistent with, and supportive of, the vision, values, mission, goals, objectives of the County's current MHSA Community Services and Supports component. Actions to be funded in this Workforce Education and Training component supplement state administered workforce programs.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This Workforce Education and Training component has been developed with stakeholders and public participation. All input has been considered, with adjustments made as appropriate.

The County of Mendocino continues to support the findings, recommendations and work plan of the prior State approved plan submitted July 6, 2009.

The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

Workforce Education and Training (WET) Coordination and Support

Description:

Funds from this action will provide one 0.50 FTE WET Coordinator position (Senior Program Specialist) to coordinate the planning and development of the WET component, including implementation of Actions in the WET Plan, reporting requirements, and evaluation of impact of workforce Actions on identified needs.

Objectives:

The Workforce Education and Training (WET) component plan will support the expense of the MHSA Coordinator position providing WET Coordination activities as listed below:

- Provide ongoing development and operation of workforce programs;
- Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery system at all levels of service;
- Develop cultural competence of staff throughout the mental health system;
- Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.);
- Improve coordination of training efforts throughout the mental health system;
- Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills;
- Partner with outside community organizations on workforce development opportunities;

- Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements;
- Ensure that consumers, family members, and underserved and underrepresented populations are included as both trainers and participants;
- Incorporate consumer and family member viewpoints and experiences in all training and educational programs;
- Design training interventions to meet the needs of a multidisciplinary workforce;
- Coordinate and disseminate information on federal, state, and local loan forgiveness programs;
- Enhance collaboration with community-based organizations (CBOs);
- Integrate WET Plan with other MHSA components;
- Collaborate with Human Resources staff to recruit and support consumers and family members as employees;
- Oversee all activities of Workforce Development Program and Scholarship program;
- Participate in statewide trainings as required or recommended in relation to carrying out WET activities.

Workforce Development and Collaborative Partnership Training

Description:

The County of Mendocino will continue to provide consultant and training resources to improve the capacity of Mendocino County public mental health staff, consumer and family member partners, and partner agencies to better deliver services consistent with the fundamental principles of the Mental Health Services Act. These include expanding our capacity to provide services that support wellness, recovery, and resilience; that are culturally and linguistically competent; that are client-driven and family-driven; that provide an integrated service experience for consumers and their family members; and that are delivered in a collaborative process with our partners. This action was prompted by our identified need to “grow our own” qualified and diverse staff with the capacity to respond to the community’s service needs.

Objectives:

- Provide education and training for all individuals who provide or support services in the Public Mental Health System;
- Develop and implement a system of cross-training for Mendocino County Mental Health staff, partner agencies, stakeholders, consumers, and family members on topics including:

1) Consumer/Family Member-Driven Services

- Development of peer support programs;
- Accessing training resources through e-Learning website.

2) Cultural Competency and Sensitivity

- Cross-cultural communication (incl. self-awareness);
- Issues related to all special populations (e.g. LGBTQ, rural poor, older adults, TAY, racial/ethnic minorities);
- Spirituality Initiative.

3) Community Partnerships and Collaborations

- First responder training (e.g. Crisis Intervention Team);
- Forensic services and collaboration with criminal justice;
- Suicide prevention/risk identification;
- Tarasoff, confidentiality, and mandated reporting;
- Recognition of early onset mental health behavior in educational. Settings.

4) Wellness, Resiliency, and Recovery

- Tools for effective case management (e.g. Assertive Community Treatment, Person-in-Environment);
- Pre-crisis recognition and intervention training;
- Harm reduction.

5) Evidence-Based Practices

- Interviewing techniques (e.g. motivational interviewing);

- Co-occurring disorders;
- Violence de-escalation training (e.g. Professional Assault Crisis Training);
- Quality assurance support and technical assistance.

Scholarships and Loan Assistance in Support of Education Related to Public Mental Health Services

Description:

Funds from this action will provide scholarships and loan assistance to those willing to make a commitment to work with the public mental health system. Funded coursework must be applicable to a certificate or degree related to the mental health field (e.g. human services, counseling, social work, psychology, etc.) Students receiving scholarships or loan assistance will commit to seeking work with the County Health and Human Service Agency, Consolidated Tribal Health Project, Inc., Round Valley Indian Health Center, Nuestra Casa or with a nonprofit contracted with the County to provide mental health consumer services. Internships required for the degree will be accomplished in one of the settings mentioned above. Anyone from Mendocino County may apply for assistance, with priority given to consumers and family members, persons of Latino or Native American descent, and current employees of the public mental health system. The WET Coordinator will manage the scholarship/loan assistance program, with oversight provided by a Scholarship Committee that includes representatives from each of the three priority populations listed above. Scholarships may be renewed annually until graduation upon committee approval. This action was prompted by our identified need to encourage local people to enter and advance in fields related to public mental health.

Objectives:

- Expand the public mental health system in a manner that supports cultural competency, the involvement of consumers and family members, and the promotion of staff from within the system;

- Establish a scholarship program including procedures for application, selection, payment, follow-up, and tracking the fulfillment of student obligations;
- Provide outreach and publicity about scholarship availability;
- Convene a Scholarship Committee and facilitate regular meetings;
- Provide financial assistance to at least 5 students annually.

Work Group and Subcommittees

WET Coordinator will convene a monthly work group meeting with community stakeholders and parties interested in mental health workforce development. Coordinator will assist with the work group in identifying training priorities. The work group will establish three subcommittees to carry out each of the actions of the WET component plan explained below. The subcommittees organized include:

- **Training for Co-occurring Disorders:**

Subcommittee met to initiate the planning of trainings related to the identified priority of training for the treatment of co-occurring disorders.

- **Scholarship and Loan Assistance:**

Tasks of this subcommittee were to develop application and interview scoring; develop marketing and outreach plan to priority population of consumers/family members, persons of Latin/Native American descent, employees of public mental health system including community partners; recruit screening panel and finalize approval process. Subcommittee initiated these tasks in the last quarter of Fiscal Year 2009/2010.

- **Electronic Resources:**

Tasks of this subcommittee were to evaluate existing effectiveness of the county's MHSA webpage; establish objectives for providing web-based WET information to consumers, community partners and county staff; determine role of Trilogy's Network of Care as an informational hub for the community.

- **Patient Navigator Program:**

Continuation of the WET plan supported training of a Patient Navigator program which is focused on training for Co-occurring Disorders.

<u>COST PER CLIENT/CONSUMER*</u>			
PREVENTION AND EARLY INTERVENTION			
Plan Name:	Child - PEI	Plan Name:	Adult - PEI
Unique Clients:	531	Unique Clients:	109
Cost:	\$72,416.64	Cost:	\$50,885.25
Average Cost:	\$136.38	Average Cost:	\$466.84
Plan Name:	TAY - PEI	Plan Name:	Older Adult - PEI
Unique Clients:	3,272	Unique Clients:	169
Cost:	\$298,195.43	Cost:	\$55,701.70
Average Cost:	\$91.14	Average Cost:	\$329.60
<p>*Actual costs as defined by the Cost Report for FY 11/12. Calculation based on Mode 15 services, inclusive of Federal Financial Participation (FFP) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.</p> <p>Not inclusive of community outreach services or client supportive services expenditures.</p>			

Mental Health Services Act

Prevention and Early Intervention Plan

FY 13/14 Budget \$937,479.00

Mendocino County's PEI MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016 was posted for a 30-day public review and comment period from May 16 - June 14, 2013 and was included with the Community Services and Supports (CSS), Workforce Education and Training (WET), Innovation (INN) plans, and Capital Facilities and Technological Needs (CFTN).

The goal of the PEI project for Transition Age Youth in Mendocino County is to screen for symptoms of early onset of psychosis. The team developed a screening tool to be used as a guide for counselors and other health care providers to recognize prodromal symptoms and make early referrals to psychiatric care. The project funded psycho-educational groups

in schools and trained group facilitators to recognize symptoms and make referrals. The program also funded a Psychiatrist and a Clinical Psychologist working in a local health clinic to provide assessment and psychiatric care for youth who are uninsured or under-insured.

The Older Adult PEI Program through the use of trained Senior Peer Support Counselors works to decrease client risk factors for depression, decrease isolation, decrease psychiatric hospitalizations, and to identify and appropriately respond to client indicators of suicide risk. Currently there are Senior Peer Support Counselors serving Ukiah, Willits, and Fort Bragg area. Clinical supervision is provided by licensed clinicians experienced with the Senior Peer Counseling model who provide training and support. The County of Mendocino would like to expand the Senior Peer Counseling Program in to other communities throughout the county.

North Bay Suicide Prevention Project

Mendocino County is participating in the North Bay Suicide Prevention Project (NBSP), managed through Family Service Agency of Marin. The goal of the project is to actively engage the community to promote mental health, prevent suicide, and reduce stigma. A committee made up of County Mental Health staff and local stakeholders will determine the community's unique needs and subsequently develop action plans tailored to fit the identified needs.

Children and Family Services Program and Transition Age Youth Program

Support Services

Mental Health Plan providers provide outreach and support services for Children, Youth & Families throughout Mendocino County who have been screened using the Brief Screening Survey for Adolescents and Young Adults for symptoms of serious Mental Illness, have been determined to show early signs of serious mental illness, and are in need of Mental Health treatment services but are not eligible for Medi-cal.

Education, Destigmatization, and Peer Support

The Education, Destigmatization, and Peer Support program is a contracted service that provides prevention and early intervention services to students throughout Mendocino County by using Interactive Education Modules and Peer Support Groups. Youth workers deliver the Breaking the Silence education curriculum including Spanish program materials for the middle school levels. Youth who may benefit from receiving additional services are offered the opportunity to participate in an on campus group developed under the direction of a program director, clinical supervisors, school counselors, and the Youth Workers.

Prevention Collaboration

The PEI Groups in Schools is a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health Plan provider and various schools and school districts throughout Mendocino County. The project's goal is the early identification and treatment of young people experiencing the first signs of a serious mental illness.

The PEI Groups in schools are led by Mental Health Plan providers. These groups provide therapy, rehabilitation, and possibly alcohol and other drug treatment and prevention. These groups are designed to meet the particular needs of the students and to fit with the skills of the clinicians, rehabilitation specialists, and prevention specialists. The group leaders use the Brief Screening Survey, which was developed jointly with local pediatric psychiatrists and the MHSA PEI Work group, for the detection of symptoms of psychosis or serious mental illness.

Prevention Collaboration – Point Arena

The Prevention Collaboration is a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health Plan provider and the Point Arena School District (PASD) to provide prevention and early intervention services to students at PASD. Youth workers screen students and utilize the Brief Screening Survey developed by Mendocino County Behavioral Health and Recovery Services. Youth workers provide services to students one-on-one and/or in groups, on campus under the supervision of a Clinical Supervisor through PASD and the Program Director of the Mental Health Plan provider.

Prevention Collaboration – Anderson Valley

The Prevention Collaboration is a project of the Mendocino County Behavioral Health and Recovery Services and Anderson Valley Unified School District (AVUSD) to provide School-Based Screening and Prevention Services, Paraprofessional Services on Campus, Mental Health Clinician Services, and Community-Based Family Support Services.

School Based Screening and Prevention Services: AVUSD provides these services utilizing the Response to Intervention and Student Team/Student Review Meeting process to assess and plan for students who are brought to the teams for any referral or concern by a staff or family member.

Paraprofessional Services on Campus: A Mental Health Paraprofessional works with a Health Corps member to conduct outreach and education, deliver classroom presentations, and provide group intervention for up to 14 referred children each year.

Mental Health Clinician Services: A bilingual Marriage and Family Therapist or Licensed Clinical Social Worker observes the Paraprofessional's work, provides guidance and recommendations.

Community-Based Family Support Services: Assistance is provided by two Family Resource Centers to assist parents with applications for food stamps, Medi-Cal, Healthy Families, or other benefit programs and to provide information on community resources.

Support Services

Provide Outreach and Support Services for Children, Youth & Families throughout Mendocino County who have been screened using the brief screening survey for Adolescents and Young Adults for symptoms of serious Mental Illness, have been determined to show early signs of serious mental illness, and are in need of Mental Health treatment services but are not eligible for Medi-Cal.

Katie A.

The Katie A. Class Action Lawsuit, after over 11 years of negotiations, is being implemented. It mandates Mental Health and Child Welfare Services (CWS) work in collaboration to provide Mental Health services when a child qualifies for services based on

the Katie A. subclass criteria. The County of Mendocino is in a position to redesign, through collaboration with the Social Services Department, the Safety Organized Practices Program. This redesign of the existing service will expand and introduce an up front component in the investigation, assessments, and case plan development of the Foster Care placement program. This is a key component that has been introduced by the Core Practice Model as required by Katie A.

With the introduction of the Katie A. requirements this will allow for the use of established best practices in mitigating a potential traumatic event that can occur through the process of Foster Care placement by implementing the program during the investigative phase of the placement. The ability to provide these intensive services at the investigation phase puts the County of Mendocino in a better position to offer help to the family rather than risking the family feeling intimidated as a result of our traditional more adversarial approach.

The benefits of implementation of the Core Practice Model of the Katie A. program will introduce clinical assessments and therapeutic approaches to the Foster Care Emergency Response system and throughout the life of the cases as they progress in the foster care system.

Through the Core Practice Model (CPM) the Katie A. subprogram will:

- ☐ Expand use of Child and Family Teams (CFT)
- ☐ Intensive Care Coordination (ICC)
- ☐ Treatment Foster Care (TFC)
- ☐ Intensive Home-Based Services (IHBS)
- ☐ Outcome Focused with Accountability

With a more positive engagement and the potential for real change, we have a better chance to avoid Court and other aggressive tactics available in the Foster Care system that can have a better chance to establish genuine engagement with family to improve the probability for real change and mitigate potential needs for Mental Health services in the future.

Older Adult Services Program

Senior Peer Counseling

Senior Peer Counseling program is a project of the Mendocino County Behavioral Health and Recovery Services and two contracted providers, one inland and one on the coast. Clinical supervision is provided by licensed clinicians experienced with the Senior Peer Counseling model who provide training and support to at least 20 Senior Peer support Counselors to recognize signs of self-neglect, elder abuse, substance abuse, medication misuse/non-use, suicide risk, depression, anxiety, and other mental illness. The goals of the program are to decrease client risk factors for depression, decrease isolation, decrease psychiatric hospitalizations, and to identify and appropriately respond to client indicators of suicide risk through training and clinical supervision.

Mental Health Services Act

Innovation Plan

FY 13/14 Budget \$506,522.00

Over the next three years the County of Mendocino will work with the community to create and implement an Innovation Plan. During Fiscal Year 2013-2014, the County will hold Community Planning meetings to identify the mental health needs of the community. Once the top need is identified, the County will create an Innovation Plan. The Community Planning meetings will be held in Ukiah, Willits, Fort Bragg, Point Arena, and Covelo. For Fiscal Year 2014-2015 to Fiscal Year 2015-2016, the County and Mental Health Plan providers will implement, provide, and evaluate the Innovation Plan.

Mental Health Services Act

Capital Facilities and Technological Needs Plan

FY 13/14 Budget \$925,900.00

Capital Facilities and Technological Needs Component Proposal is designed to increase the County infrastructure to support the goals of the MHSA and the provision of MHSA services. It is also available to produce long term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural

competence, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups.

This component proposal will provide an overview in the current technological needs of the Mental Health Program that will be required to meet Meaningful Use standards as set by the Goals of California HIT Executive Order.

There is a need for system redevelopment to include an overhaul of the current billing system of the County of Mendocino. This will require an assessment of the entire billing and reporting system to ensure that meaningful use standards are met and that a system is chosen for its ability to provide reports and statistics in the future.

Budget Narrative

Mendocino County's Capital Facilities and Technological Needs (CFTN) MHSA 3-Year Plan for Fiscal Year 2013-2014 to Fiscal Year 2015-2016 was posted for a 30-day public review and comment period from May 16 – June 14, 2013 and was included with the Community Services and Supports (CSS) Plan, Workforce Education and Training (WET) Plan, Prevention and Early Intervention (PEI) Plan and Innovation Plan.

The Goal of the Capital Facilities and Technological Needs (CFTN) plan is to assess the needs and issues facing the County of Mendocino Behavioral Health and Recovery Services (BHRS) Program. Allowing for all contingencies, for operating under the foreseeable future, this plan will relate to service provision and accommodating the potential awarded State Mental Health Plan provider contracts or potential County of Mendocino MHP buildup due to unsuccessful negotiations with the Request for Proposal (RFP) Awarded Parties.

The County of Mendocino BHRS Program has had extensive experience collecting and inputting information into the current Netsmart Technologies system known as Avatar.

However, the need may arise to change the system and transition another certified Electronic Health Record (EHR) System. This evaluation will occur at the management level in determining the most proper fit in informational system transformation that will meet

all proper Meaningful Use standards set by the ONC-ATCB in certification of the new system.

Current exclusion of Federal incentives for the EHR requirements has led to BHRS to rely on the progress of the Meaningful Use standards to be completed by our current billing system, Avatar. The current Avatar system has made great strides in meeting all Stage 1 compliance standards and has ONC-ATCB Certification.

Although the Avatar billing system currently meets all ONC-ATCB Certification standards, BHRS has not yet implemented the system requirements of these programs due to cost. However, BHRS, through the Avatar billing system, is poised to make great strides in meeting all Meaningful Use standards.

Progress to meeting all Meaningful Use standards will require the BHRS model to implement the current 2010 version of the Avatar system this will give the BHRS Agency the tools to satisfy the following American Recovery and Reinvestment Act (ARRA) requirements:

- Record Demographics
- Record Smoking Status
- Patient Clinical Summaries of Visit
- Patient Electronic copy of EHR- Authorization of disclosures of EHR
- Summary of Care at Transitions of Care
- Active Medication Allergy List
- Lab Test Results
- Medication Reconciliation
- Patient Specific Education
- Problem List
- Record Vital Signs
- Patient Lists
- Exchange Clinical Information
- Clinical Patient Summary
- CMS Quality Measures
- Patient Reminder List
- Record Vital Signs

- E Prescribing

Needs and Assessments: The County of Mendocino currently runs Avatar with RADplus 2006 and Clinical Work Station Model 2004 under a refurbished server.

This project will either change the system over to a viable candidate after management review or upgrade the system to RADplus 2011 / "myAvatar and Cache' 2010".

Intersystems Cache' Multi Server License for 64 Bit OS and hardware platform is provided via virtual server through the County of Mendocino IS Department. Upon completion of the project the County of Mendocino will be able to implement all ARRA requirements.

**FY 2013/14
MHSA FUNDING SUMMARY**

County: Mendocino Date: 4/23/2013

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$819,789	\$330,479	\$925,900	\$1,092,968	\$715,760	
2. Estimated New FY 2013/14 Funding	\$2,563,900			\$640,975	\$160,311	
3. Transfer in FY 2013/14 ^a	\$0	\$0	\$0			\$0
4. Access Local Prudent Reserve in FY 2013/14	\$0			\$0		\$0
5. Estimated Available Funding for FY 2013/14	\$3,383,689	\$330,479	\$925,900	\$1,733,943	\$876,071	
B. Estimated FY 2013/14 Expenditures						
C. Estimated FY 2013/14 Contingency Funding	\$3,383,689	\$330,479	\$925,900	\$1,733,943	\$876,071	

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

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	\$1,857,850
2. Contributions to the Local Prudent Reserve in FY 2013/14	\$436,829
3. Distributions from Local Prudent Reserve in FY 2013/14	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	\$2,294,679

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