



# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING AND MENTAL HEALTH SERVICES ACT THREE- YEAR PLAN ANNUAL UPDATE 2018/2019 PUBLIC HEARING AGENDA

February 20, 2019  
10:00 a.m. to 2:00 p.m.

Consolidated Tribal Health Conference Room,  
6991 N. State Street, Redwood Valley

**Chairperson**  
Jan McGourty

**Vice Chair**  
Emily Strachan

**Secretary**  
Dina Ortiz

**Treasurer**  
Flinda Behringer

**BOS Supervisor**  
Carre Brown

**1<sup>ST</sup> DISTRICT:**

DENISE GORNY  
JAN MCGOURTY  
LOIS LOCKART

**2<sup>ND</sup> DISTRICT:**

DINA ORTIZ  
MICHELLE RICH  
VACANT

**3<sup>RD</sup> DISTRICT:**

MEEKA FERRETTA  
AMY BUCKINGHAM  
RICHARD TOWLE

**4<sup>TH</sup> DISTRICT:**

EMILY STRACHAN  
TAMMY LOWE  
LYNN FINLEY

**5<sup>TH</sup> DISTRICT:**

PATRICK PEKIN  
MARTIN MARTINEZ  
FLINDA BEHRINGER

**OUR MISSION:** *"To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."*

Item	Agenda Item / Description	Action
<b>1.</b> 5 minutes	<b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda:</b>	Board Action:
<b>2.</b> 10 minutes	<b>A. Minutes of January 16, 2019 BHAB Regular Meeting:</b> <i>Review and possible board action</i>  <b>B. Minutes of January 31, 2019 BHAB Special Meeting:</b> <i>Review and possible board action</i>	Board Action:
<b>3.</b> 15 minutes (Maximum)	<b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i>	
<b>4.</b> 40 minutes	<b>BHAB Reports:</b> <i>Discussion and possible board action.</i> A. BOS Report - Supervisor Brown B. Chair <b>I. Measure B</b> <b>II. Stepping Up</b> <b>III. Letters of Appreciation</b> <b>IV. Dual Diagnosis Committee Report - Discussion and possible action</b> <b>V. California Association of Local Behavioral Health Board and Commissions (CALBHBC) Training and Meetings:</b> <i>Discussion and possible action regarding</i>	Board Action:

	<i>members attending meetings/training</i> <b>VI. California Behavioral Health Planning Council - Data Notebook</b> - <i>discussion and possible action by members</i> C. Secretary D. Treasurer	
<b>5.</b> 10 minutes	<b>Membership:</b> <i>Discussion and possible action</i> A. BHAB Member Handbook - <i>Need updates</i> B. Membership Applicant - <i>Discussion and possible action</i>	Board Action:
<b>6.</b> 15 minutes	<b>RQMC Report:</b>	Board Action:
<b>LUNCH BREAK</b> <b>11:45 to 12:15</b>		
<b>7.</b> 60 minutes	<b>BHAB / Mental Health Overview of BOS Presentation:</b> <i>Presentation by Tammy Moss Chandler, HHSA Director and Jenine Miller, BHRS Director</i>	
<b>8.</b> 15 minutes	<b>Mendocino County Report:</b> <i>Jenine Miller, BHRS Director</i> A. Crisis Intervention Team (CIT) Training B. Willow Terrace - <i>Discussion and Clarification of Applicant Process - Acting Deputy Director Karen Lovato</i>	Board Action:
<b>9.</b> 25 minutes	<b>Mental Health Services Act (MHSA) Three-Year Annual Update FY 2018/2019 Public Hearing:</b> <i>Discussion and possible action</i>	Board Action:
<b>10.</b> 5 minutes	<b>Adjournment:</b>  <b>Next meeting:</b> March 20, 2019 in Ukiah live video conferencing to Fort Bragg	

#### AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

**BHAB CONTACT INFORMATION:** PHONE: (707) 472-2355 FAX: (707) 472-2788  
EMAIL THE BOARD: [mhboard@mendocinocounty.org](mailto:mhboard@mendocinocounty.org) WEBSITE: [www.mendocinocounty.org/bhab](http://www.mendocinocounty.org/bhab)



# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## REGULAR MEETING MINUTES

**January 16, 2019  
10:00 a.m. to 2:00 p.m.**

**Atlantic Conference Room, 472 E. Valley St., Willits and by live  
video conferencing  
Fort Bragg Library, 499 E. Laurel St., Fort Bragg**

**Chairperson**  
Jan McGourty

**Vice Chair**  
Emily Strachan

**Secretary**  
Dina Ortiz

**Treasurer**  
Flinda Behringer

**BOS Supervisor**  
Carre Brown  
Alternate  
John Haschak

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Item	Agenda Item / Description	Action
<b>1.</b> 5 minutes	<b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda</b> <ul style="list-style-type: none"> <li>Meeting called to order at 10:19 a.m. by Chair McGourty</li> <li>Roll Call by Member Martinez</li> <li>Quorum met</li> <li>Agenda approved unanimously</li> <li>Members present: Ferretta, Lockart, Lowe, Martinez, McGourty, Ortiz, Pekin, Rich, Strachan, Towle, and Supervisor Haschak.</li> </ul>	<b>Board Action:</b> Motion made by Member Lockart, seconded by Secretary Ortiz to approve the January 16, 2019 agenda as written. Vote passed unanimously.
<b>2.</b> 10 minutes	<b>Minutes of December 19, 2018 BHAB Regular Meeting:</b> <i>Review and possible board action.</i> <ul style="list-style-type: none"> <li>Minutes for the December 19, 2018 approved as written.</li> </ul>	<b>Board Action:</b> Motion made by Member Ferretta, seconded by Vice Chair Strachan to approve the December 19, 2018 minutes as written. Vote passed unanimously.
<b>3.</b> 15 minutes (Maximum)	<b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i> <p>A. Richard Matens, CEO Consolidated Tribal Health, announced the Annual Consolidated Tribal Health meeting will be January 26, 2019 from 10 a.m. to 2 p.m. Mr. Matens invited everyone to attend.</p> <p>I. Jo Bradley from Fort Bragg expressed her frustration with the way the County incarcerates the mentally ill.</p>	

	<p>She stated she has a family member in jail and is not getting mental health services and since they are an adult she can't find out what is going on with them.</p> <p>II. Ms. Bradley wants to see the BHAB members get more active in making changes to how the mentally ill is being treated in Mendocino County. She thinks the laws need to be changed.</p> <p>III. BHRS Director Miller commented that Dan Anderson from Redwood Community Services (RCS) meets with the jail Commander Capt. Tim Pearce monthly to discuss inmates that are mentally ill and any issues that may have come up. Mr. Anderson might be able to help Ms. Bradley.</p> <p>a. BHRS Director Miller commented the jail has a new contracted provider NaphCare, they provide all the physical and mental health care for inmates.</p> <p>b. BHRS doesn't provide direct mental health services at the jail. MOPS may check in on inmates that the MOPS unit has been working with and BHRS has Substance Use Disorder Treatment (SUDT) counselors providing some counseling services.</p> <p>IV. Mr. Anderson commented he was available for Ms. Bradley to call him. Mr. Anderson will try to help Ms. Bradley.</p>	
<p><b>4.</b> 30 minutes</p>	<p><b>BHAB Reports:</b> <i>Discussion and possible board action.</i></p> <p>A. BOS Report - <i>Supervisor Haschak</i></p> <p>I. Supervisor John Haschak was introduced; he will be the Alternate BOS representative for BHAB.</p> <p>II. Supervisor Haschak had questions about the recommendations BHAB made to BOS regarding the Kemper Report (Measure B).</p> <p>a. See item 9 for the details of the discussion regarding the recommendations.</p> <p>B. Chair</p> <p>I. Measure B</p> <p>a. See item 9 for the details of the discussion regarding Measure B recommendations.</p> <p>II. Stepping Up</p> <p>a. There is a Stepping Up meeting scheduled for January 24, 2019.</p> <p>b. Chair McGourty recommends BHRS sent reminder notices to the Stepping Up team for the meeting.</p> <p>III. CALBHBC Training - <i>discussion and possible vote on members attending</i></p> <p>a. Discussion of the upcoming trainings.</p> <p>i. Member Ferretta will attend the CALBHBC training March 16<sup>th</sup> in Oakland.</p> <p>ii. Secretary Ortiz will attend the All State</p>	<p><b>Board Action:</b> Motion made by Member Martinez, seconded by Member Towle to fund up to three members to attend</p>

	<p>Meeting and Training April 9<sup>th</sup> in Sacramento. Chair McGourty and Member Rich are interested but need to check their schedule.</p> <p>iii. The board decided to fund up to 3 people to attend meetings.</p> <p>IV. Letter of Appreciation</p> <p>a. Chair McGourty presented two versions of a Letter of Appreciation and a Certification of Appreciation for the members to vote on which to use.</p> <p>b. The board had voted in a previous meeting to send a letter/certificate to mental health staff to show the board appreciates all the hard work they do for the mentally ill in the county.</p> <p>c. Version A states;</p> <p>i. “It gives us immense pleasure to address this letter to the Mendocino County mental health employees and show our appreciation for the work you do. We thank you for all the services you provide to one of the most marginal groups of people in our communities. We feel extremely grateful for all that you do and particularly appreciate your time, energy, skill, and heartfelt caring. In addition, we thank you for your generous, polite, and respectable interactions with our mental health consumers. We sincerely hope that you realize how much you are appreciated. With loving thanks, Mendocino County Behavioral Health Board”</p> <p>d. Version B states:</p> <p>i. “This certificate goes to {Name}, For the dedication and support that you provide to the individuals in Mendocino County with mental health conditions. Your service and care is greatly appreciated, and you are making our community a better place.”</p> <p>e. Discussion of how many mental health staff there is working in the community. There are over 700 individuals combining the County staff and Provider’s staff.</p> <p>i. The board by consensus chose to send version A to the provider agencies to include all their staff. Version B to County to individual staff.</p> <p>C. Secretary - nothing at this time D. Treasurer - nothing at this time</p>	<p>the CALBHBC meetings and trainings in March and April. Vote passed unanimously.</p>
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<p><b>5.</b> 20 minutes</p>	<p><b>Membership: Discussion and possible action</b></p> <p>A. Re-Appointment of BHAB members with expired terms:</p> <p>I. Patrick Pekin, Lois Lockart, and Michelle Rich</p> <p>a. BHRS Director Miller commented she has notified the Clerk of the Board (COB) that all the members that had their term expire wants to continue. The COB will let the BOS know.</p> <p>i. She commented there is a different process with Member Pekin as he lives in a different district than he was appointed to and there is a new Supervisor who needs to approve his appointment.</p> <p>b. Members voted to have notification sent to the COB that their recommendation to BOS is to re-appoint all the members with expired terms; Members Pekin, Lockart, and Rich.</p> <p>c. BHRS Director Miller and Admin. Secretary Peckham will follow up with the Clerk of the Board regarding the recommendation to BOS to re-appoint members Pekin, Lockart, and Rich.</p> <p>B. BHAB Member Handbook - <i>Need updates</i></p> <p>I. All members need to bring their BHAB Board Member Handbook to the February 20, 2019 meeting so it can be updated with current information.</p>	<p><b>Board Action:</b> Motion made by Member Martinez, seconded by Secretary Ortiz to recommend to BOS to re-appoint Members Rich, Pekin, and Lockart to BHAB. Vote passed unanimously.</p>
<p><b>6.</b> 20 minutes</p>	<p><b>Mendocino County Report: (Dr. Jenine Miller)</b></p> <p>A. External Quality Review Organization (EQRO) Summery Report - FY 2018/2019 Final – <i>Discussion</i></p> <p>I. BHRS Director commented that the EQRO report was a good report. The auditors are always looking for a way the County can improve the quality of care for mental health clients.</p> <p>II. The EQRO audit is an annual audit. The auditors meet with consumers and all levels of staff individually.</p> <p>III. BHRS Director Miller reviewed and explained the finding in the report.</p> <p>a. There was discussion on the auditors being a little confused with the way hospitalized client information was presented.</p> <p>b. The only part of the audit the County sort of got marked down on was the Non-Clinical Performance Improvement Project (PIP). The County is required to have a Non-Clinical PIP and a Clinical PIP. PIP's are a statistical analysis of a particular subject. The Non-Clinical PIP subject was "Consumer/Family Member Participation in Quality Improvement Committee Meetings". The Clinical PIP is in the second of a two year study of, "Diagnosis of and Coordination of Co-occurring</p>	<p>Board Action:</p>

	<p>Disorders and Services”.</p> <p>IV. BHRS Director mentioned the mental health clinicians had training on diagnosing co-occurring disorders.</p> <ol style="list-style-type: none"> <li>Member Lockart asked about the increased opioid addictions and why are so many people getting prescriptions for it.</li> <li>BHRS Director Miller commented that it is being prescribed more by doctors and there are people that go from one doctor to another to get multiple prescriptions. She stated there are measures being put in place to help keep the opioid prescriptions from being duplicated or over prescribed.</li> </ol> <p>V. BHRS Director Miller commented on the Mental Health Services Act (MHSA) Three-Year Plan. The plan was reviewed and approved by the BHAB. Before the Plan was sent to BOS for approval, the County had a new MHSA audit. The MHSA Plan was pulled from going to BOS due to some minor changes the auditors recommended.</p> <ol style="list-style-type: none"> <li>Members have been given a red lined copy of the plan so they can see what changes have been made, most are additional information, no funding amounts have been changed, and no agency/project has been removed.</li> <li>BHRS Director Miller asked the members to review the plan, a Special Meeting will most likely be needed so members can vote on whether they approve the changes or not. The plan then needs to go to BOS for their approval. When the BOS approves the plan it will be sent to the State.</li> </ol> <p>VI. BHRS Director Miller commented regarding the recent Triennial Audit. The auditors were at the County January 9 and 10, 2019. The County will have the results in sixty (60) days. Once the report is received the County will have fifteen (15) days to appeal any findings they disagree with.</p> <p>VII. Chair McGourty asked about the need for psychiatrists in the County. She had looked for job postings for psychiatrists, but didn’t find any, and was wondering why.</p> <ol style="list-style-type: none"> <li>BHRS Director Miller commented, since the County doesn’t provide direct services to clients, the County doesn’t need to hire a psychiatrist. She commented that it was up to RQMC to provide psychiatrists for clients.</li> </ol> <p>VIII. Member Ferretta asked about the Crisis Intervention Training (CIT) scheduled in February, is it the same as Stepping Up?</p> <ol style="list-style-type: none"> <li>BHRS Director Miller commented that CIT is not the same as Stepping Up</li> </ol>	
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	Data Dashboard and explained the numbers.	
<b>9.</b> 15 minutes	<p><b>Kemper Report Recommendations to BOS: Discussion</b></p> <p>A. Supervisor Haschak had some questions regarding the Kemper Report Recommendations to BOS that was submitted. He looked it over and said that all the recommendations were what Kemper had recommended in the report.</p> <p>I. Chair McGourty explained how the board came up with the recommendations. The board felt the recommendations that were in the Kemper Report were somewhat vague, the board wanted to have more details in the recommendation.</p> <p>II. Discussion of funding all the recommendations, Supervisor Haschak wanted to know what the priority recommendations were if there wasn't enough funding for all of them.</p> <p>a. Chair McGourty explained the board felt that it was up to BOS to decide which recommendations were implemented.</p> <p>III. Member Martinez commented that "wellness" isn't explained in the Kemper Report and there is nothing regarding cultural differences.</p> <p>a. Member Lockart commented on cultural differences and it needs to be addressed. The lack of mention of cultural differences bothers both Member Martinez and her.</p> <p>IV. Supervisor Haschak commented on the recommendation to expand MOPS outreach hours and distance covered. He asked if the board if that was the highest priority recommendation from BHAB.</p> <p>a. Discussion of what the current MOPS teams cover and the fact that there is no coverage on the weekends.</p> <p>b. BHRS Director Miller reported that there are supposed to be three (3) teams, but there is really only one (1). There is only one (1) Sheriff Services Tech at this time; those positions have never been fully covered. Two of the teams work Monday through Thursday the other team is Tuesday through Friday.</p> <p>c. Member Ferretta stated she talked to staff at Hospitality Center and they are very happy with the MOPS team, but they don't get to use MOPS very much as they are on the South Coast most of the time.</p> <p>d. BHRS Director Miller stated the MOPS teams were not set up to serve in areas where there is already services available, but will help wherever they are</p>	Board Action:

	<p>needed. The program was designed to serve the outlying areas.</p> <p>e. Discussion of where any additional MOPS teams would serve.</p> <p>V. Supervisor Haschak commented that regarding funding that he wanted to make sure that BOS wasn't setting themselves up for problems later.</p> <p>a. Discussion of the hope that before Measure B funds are used there is close review of the recommendations of the Kemper Report and what is really the best use of the funds and if the County can sustain support of the facilities and/or programs.</p> <p>b. Richard Matens from Consolidated Tribal Health stated he thinks there should be someone from the outside come in and put everything together.</p> <p>VI. BHRM Director Miller explained the way Medi-Cal and Medicare pays regarding age of the client and the facility size.</p> <p>a. Supervisor Haschak commented on the amended contract just approved by the BOS for an additional \$14,000 in addition to the already approved over \$300,000.</p> <p>b. BHRM Director Miller explained why the additional funding was needed. She explained what realignment funds are, how Medi-Cal payments work, and that there is no County general funds provided for Mental Health. She also commented on the MHSA funds, how Mental Health gets it, and how it has to be used. She explained the cost for out of county care, 24/7 psychiatric hospitals cost about 1 million a year, board and care facilities cost about 2.3 million a year.</p> <p>VII. Member Lockart commented that Mendocino County needs to move forward and work together and realize that no-one can do it on their own, everyone needs to work together.</p> <p>VIII. Member Ortiz commented that she attended a Measure B meeting and noticed there are a lot of people that seem uneducated on mental health information. She feels people need to have help, not just hospitalization, which she thinks that's all the Sheriff seems to want.</p> <p>IX. Member Rich commented that everyone needs to keep in mind that the Kemper Report is not on the full continuum of care from prevention to follow up.</p>	
<p><b>10.</b> 25 minutes</p>	<p><b>California Behavioral Health Planning Council - Data Notebook</b> - <i>discussion and possible action by members - held over from December meeting</i></p> <p>A. Chair McGourty stated that there needs to be a committee</p>	<p>Board Action:</p>

	<p>created to work on the Data Notebook. She asked members who would like to be on the committee.</p> <p>I. The members of the committee will be Member Rich, Secretary Ortiz, and Chair McGourty.</p>	
<p><b>11.</b> 25 minutes</p>	<p><b>BHAB Annual Report: Discussion and possible action</b></p> <p>A. Discussion of some additions/changes that will be made to the BHAB Annual Report.</p> <p>I. Chair McGourty commented she will add to a couple of entries how well BHAB works with BHRS.</p> <p>II. Will add Appreciation Committee and Nominating Committee to list of committees.</p> <p>III. On page three (3) of the report in the list of members, the category column will be deleted and the number of years members have served on the board will be entered.</p> <p>IV. Add information regarding the executive officers.</p> <p>V. Discussion of changes regarding the wording in the presentation, should mention the support BHAB receives from BHRS.</p> <p>VI. Add new Member Handbook binders were created.</p> <p>VII. Member Pekin commented again on the Kemper Report Recommendations to BOS. Discussion of changing page four (4), #5 to, “Plan for future sustainability and address the budget short falls within to plan for continuous sustainability of funding in the future”.</p> <p>VIII. Add an attachment regarding dual diagnosis that Secretary Ortiz will write.</p> <p>B. BHRS Director Miller and her staff will make some adjustments and additions to the Willits Flow Chart. There will be contact information on the back of the page regarding all the providers listed in the flow chart.</p>	<p><b>Board Action:</b></p> <p>Motion made by Member Meeka, seconded by Secretary Ortiz to amend the Kemper Report Recommendations: page four, # 5 to, “Plan for future sustainability and address the budget short falls within to plan for continuous sustainability of funding in the future”. Vote passed unanimously.</p> <p>BHRS will have the Willits Flow Chart completed within two (2) weeks.</p>
<p><b>11.</b> 5 minutes</p>	<p><b>Adjournment:</b></p> <p>Next meeting: February 20, 2019 in Redwood Valley</p> <p>Meeting adjourned 1:58</p>	

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# MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

## SPECIAL MEETING MINUTES

**January 31, 2019  
10:00 a.m. to 11:00 a.m.**

**Conference Room 1, 1120 S. Dora St., Ukiah  
and by live video conferencing  
Seaside Room, 788 S. Franklin St., Fort Bragg**

**Chairperson**  
Jan McGourty

**Vice Chair**  
Emily Strachan

**Secretary**  
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Item	Agenda Item / Description	Action
<b>1.</b> 5 minutes	<b>Call to Order, Roll Call &amp; Quorum Notice, Approve Agenda:</b> <ul style="list-style-type: none"> <li>Meeting called to order by Chair McGourty at 10:00</li> <li>Roll called by Vice Chair Strachan</li> <li>Quorum met</li> <li>Agenda for the January 31, 2019 meeting approved</li> <li>Members present: Behringer, Ferretta, Finley, Lockart, Lowe, Martinez, McGourty, Strachan, Towle and Supervisor Brown</li> </ul>	<b>Board Action:</b> Motion made by Member Ferretta, seconded by Member Towle to approve the agenda as written. Motion passed unanimously.
<b>2.</b> 10 minutes (Maximum)	<b>Public Comments:</b> <i>Members of the public wishing to make comments to the BHAB will be recognized at this time.</i> <ul style="list-style-type: none"> <li>There was no one wanting to make a public comment.</li> </ul>	<b>Board Action:</b>
<b>3.</b> 20 minutes	<b>Mental Health Services Act (MHSA) Three-Year Plan:</b> <i>Review, Discussion, and vote on the changes/adjustments to the plan</i> <p>A. Acting Deputy Director Lovato explained why the MHSA Three-Year Plan Annual Up Date for FY 2018/2019 is being brought back before the board to be reviewed again.</p> <p>I. After the board reviewed and approved the Plan in July 2018, MHSA was audited by the State before the plan went to BOS. The auditors reviewed the plan and had some recommendations for changes in the way the plan was written and arranged, so MHSA put the plan on</p>	<b>Board Action:</b> Motion made by Member Martinez, seconded by Member Ferretta to approve the draft MHSA Three-Year Plan Annual Up Date for FY 18/19 with the changes/additions as listed. Motion passed unanimously.

	<p>hold.</p> <p>a. BHRS Director Miller stated that BHRS held the plan hoping to get the findings back from the State before moving forward. At this time BHRS has not received the findings. So are moving forward with getting the plan approved by BHAB and BOS so it can be sent into the State.</p> <p>B. When asked if this would count as the FY 2019/2020 Annual Up Date BHRS Director Miller stated no.</p> <p>C. Member Ferretta asked how MHSA came up with the number of clients etc.</p> <p>I. Acting Deputy Director Lovato explained the numbers they used were based off of the averages from last year.</p> <p>D. Vice Chair Stachan asked if MHSA will be able to go back to the projected numbers if audited again. BHRS Director Miller stated yes.</p> <p>E. Chair McGourty asked who pays for the Assisted Outpatient Treatment (AOT) housing.</p> <p>I. Acting Deputy Director Lovato stated MHSA pays for the AOT housing.</p> <p>F. Chair McGourty asked about if BHRS was following the legislation on the peer support issue.</p> <p>I. Acting Deputy Director Lovato stated the bill for peer support was pulled so didn't pass. There are several peer support groups working on revising it and getting it back on the list for approval.</p> <p>II. BHRS Director Miller commented there is a new bill in legislation now. She will report back to BHAB what happens with the bill.</p> <p>III. Chair McGourty asked if it would help if BHAB wrote a letter in support of the peer support bill.</p> <p>IV. Supervisor Brown stated BOS has a legislative platform that they could list peer support as a priority for November. If she got the information she could bring it to her committee.</p> <p>a. BHRS Director Miller will send the current information on the legislation to Supervisor Brown.</p> <p>G. Chair McGourty asked why the Senior Peer Support programs are not listed by location.</p> <p>I. Acting Deputy Director Lovato stated the auditors said it didn't need to be broken down by location.</p> <p>H. Member Lockart commented on the Appendix A: Public Comments as she didn't think the statement regarding CIT training was correct as there is no mention of Stepping Up and funding by WET.</p> <p>I. Acting Deputy Director Lovato commented that Stepping Up and CIT training are not the same thing. The information regarding WET funding of CIT training is mentioned in detail in the MHSA Reversion Plan. CIT</p>	
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	<p>training is not a funded program by MHSA, the WET program stepped up to partially fund the CIT training. She commented that she could add more detail regarding MHSA is partnering up with Stepping Up to fund CIT training.</p> <p>I. The MHSA Reversion Plan and the MHSA Three-Year Plan will be merged for the FY 2020 Annual Up Date.</p> <p>J. Discussion of the budget/financial information. The total dollar amounts for programs did not change; there was clarification of the categories. The MHSA team added in the narrative the three categories as defined by the State.</p> <p>K. There was a motion to approve the MHSA Three-Year Plan Annual Up Date for FY 18/19 with clarification of Stepping Up and CIT added. Motion passed unanimously.</p>	
<p><b>4.</b> 20 minutes</p>	<p><b>BHAB Annual Report:</b> <i>Review, Discussion, and vote on Report</i></p> <p>A. Chair McGourty made the adjustments/corrections to the BHAB Annual Report to the BOS as listed at the January 16, 2019 BHAB meeting.</p> <p>B. Chair McGourty asked the board if they had any other changes/adjustments to the Report as it needed to go to the County to be added to the agenda summary to get on the agenda for BOS meeting February 26, 2019.</p> <p>I. Discussion of adding BHAB approved the MHSA Reversion Plan in a timely fashion, under the Accomplishments section.</p> <p>II. Chair McGourty left in the report that the board had issues with membership renewals.</p> <p>a. Discussion of the issues of changing the term dates and term expiration dates.</p> <p>b. The BHAB By-Laws state one third of the board terms will expire each year.</p> <p>c. BHRS Director Miller stated that she and Administrative Secretary Peckham will meet with Deputy Clerk of the Board Karla Van Hagen to work out the membership process so it doesn't get so confusing.</p> <p>d. Supervisor Brown commented that it would be best if BHRS works with the Clerk of the Board (COB). She would like to attend the meeting if she is available.</p> <p>e. BHRS Director Miller will review the BHAB By-laws and include Supervisor Brown in the meeting.</p> <p>C. Under the Status of the Board section, Chair McGourty included all the committees that were previously missed.</p> <p>D. Treasurer Behringer commented that her name was misspelled several times and Chair McGourty's name was also miss spelled. Chair McGourty will make the</p>	<p><b>Board Action:</b></p> <p>Motion was made by Member Finley, seconded by Vice Chair Strachan to add to the Annual Report the Flow Chart Committee will continue and work with County Staff to finalize the Flow Chart. Motion passed unanimously.</p> <p>Motion was made by Member Lowe, seconded by Vice Chair Strachan to approve the BHAB Annual Report to BOS with the changes as discussed to be submitted to BOS. Motion passed Unanimously.</p>

	<p>corrections.</p> <p>E. Discussion of the Willits Obtaining Mental Health Services Flow Chart(s).</p> <ol style="list-style-type: none"> <li>I. Vice Chair Strachan feels the flow chart Dustin Thompson, BHRS Acting Staff Services Administrator made was to “busy” and complicated, she wants a simpler chart that is easy to follow.</li> <li>II. Discussion of the parts the board likes and dislikes and what is needed on the chart and how it should be set up and the titles.</li> <li>III. BHRS Director Miller stated she would like to make the chart flow in a way that clients won’t get to a facility and be told they are in the wrong place and get frustrated a not being able to get the services they need. She stated that she doesn’t have a problem changing the chart to simplify it but maintain accurate information.</li> <li>IV. Chair McGourty will add to the Annual Report, the Flow Chart Committee will continue and will work with County Staff to create a simple information flow chart. <ol style="list-style-type: none"> <li>a. A motion was made to have the Flow Chart Committee continue.</li> </ol> </li> <li>V. Chair McGourty will mark both Flow Charts “Draft” and include them in the Annual Report. Motion passed.</li> </ol> <p>F. Member Ferretta commented she doesn’t like the statement on page six, last paragraph and doesn’t feel it’s quite true. She stated there has been some communication between BHAB and BOS.</p> <ol style="list-style-type: none"> <li>I. Member Lockart commented that in her personal experience, there is a lack of respect for the person making presentations at the BOS meetings. As for the paragraph in question she thinks there has to be a way to say the same thing without being controversial. She stated the leaders of the community need to understand that when people serve on these boards they are not doing it to have fun, they are doing it to help. She doesn’t think people are showing enough love and respect.</li> <li>II. Several members of the board think the paragraph is too negative. Member Lowe commented she totally agrees with Chair McGourty’s statement in the paragraph.</li> <li>III. Discussion of how to reword the paragraph. Chair McGourty will reword the paragraph based on the input from the board.</li> </ol> <p>G. The final version of the Annual Report to BOS will be sent today (January 31, 2019) to be added to the BOS agenda for the February 26, 2019 meeting.</p> <p>H. Supervisor Brown commented the BOS has removed Fire Recovery and Updates on Cannabis from the agenda. She also noted they have added additional meetings. She is</p>	
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	<p>hoping that this will help with shortening the time it takes to get on the agenda. She is hoping to have more workshops with boards as they are more informal.</p> <p>I. Supervisor Brown advised the BHAB board that it might be a good time when Chair McGourty makes her presentation to BOS to mention possibly setting up a workshop between the BHAB and BOS. Since the workshops are less formal the two boards would be able to discuss issues in more detail.</p> <p>I. Member Ferretta commented on how complicated the mental health system is and it's difficult to explain.</p> <p>J. Discussion regarding Secretary Ortiz's report on Dual Diagnosis that was added to the Annual Report. The report will be marked as a draft and will be placed on the next BHAB agenda for discussion.</p> <p>K. Motion to approve the BHAB Annual Report to BOS with the changes as discussed.</p> <p>L. Supervisor Brown announced the recommendations from BHAB regarding the Measure B, Kemper report will be part of the BOS agenda for the meeting February 5, 2019.</p>	
<p><b>5.</b> 5 minutes</p>	<p><b>Adjournment: 11:13</b> Next meeting: February 20, 2019 in Redwood Valley</p>	

#### AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government code Section 54953.2) Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Mental Health's Administrative Office by calling (707) 472-2310 at least five days prior to the meeting.

**BHAB CONTACT INFORMATION: PHONE: (707) 472-2310 FAX: (707) 472-2788**  
**EMAIL THE BOARD: [mhboard@mendocinocounty.org](mailto:mhboard@mendocinocounty.org) WEBSITE: [www.mendocinocounty.org/bhab](http://www.mendocinocounty.org/bhab)**



# **Mendocino County Behavioral Health Advisory Board**



## **2018 Annual Report**

Prepared by Jan McGourty, MPA, Board Chairman

# Mendocino County Behavioral Health Advisory Board 2018 Annual Report

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## Mendocino County Behavioral Health Advisory Board 2018 Annual Report

December 2018

### Executive Summary

2018 has been a year of refocus and learning. The passage of Measure B marked a new era for Mendocino County Mental Health and, as members of the Behavioral Health Advisory Board (BHAB), we have worked hard to understand its implications and promote positive effective change. During regular meetings and one special meeting, we spent considerable time studying the report prepared by the Kemper Consulting Group *Mendocino County Behavioral Health System Program Gap Analysis & Recommendations for Allocation of Measure B Revenues*. Our findings and recommendations are included in the addendum.

As chair, I have had the honor and responsibility of representing our board at Measure B Committee meetings and Stepping-Up work. I attended two meetings in Sacramento of the MHSA Oversight and Accountability Commission (OAC) this year and spoke publicly on the work and concerns of our county. I also spoke to the Board of Supervisors twice, at our board's request, to share our recommendations and concerns. Some of our members have attended regional meetings of the California Association of Local Behavioral Health Boards & Commissions (CALBHBC) for training and information. Reporting back from participating in these meetings broadens our Board's knowledge and understanding of mental health issues. In addition, we often hear the first-hand life experiences of people suffering from mental illness. These stories of friends and family are what keep us engaged in this challenging work.

Our meetings are held all over the county. Not one regular meeting in 2018 was cancelled due to a lack of a quorum this year, primarily because every other meeting was conducted by video conference. Video conference has greatly helped ease meeting accessibility. However, there is continuous confusion in appointing and retaining board members. Finding volunteers with the time and resources to attend our meetings and work on committees is challenging. Many of our members are retired and aging; others work full-time. Currently there are three outstanding renewal requests, yet we will start 2019 without them due to glitches in the county process.

Overall I feel the BHAB has made much progress in our relationship with the Mendocino County staff and governing body. District 1 representatives meet regularly with Supervisor Brown and I, as chair, meet regularly with Mental Health Director Dr. Jenine Miller. We look forward to serving Mendocino County to make life better for those suffering from mental illnesses and co-occurring disorders, and helping educate the community on the work that needs to be done. In addition, we are seeking ways to appreciate and support the Mendocino County Mental Health employees who serve one of the most marginal groups of people in our communities.

Submitted by Jan McGourty, MPA  
BHAB Chairperson 2018

## Status of the Behavioral Health Advisory Board

### Meetings:

Regular BHAB meetings were held the 3<sup>rd</sup> Wednesday of each month and board members traveled from Point Arena to Covelo. Notice of all meetings were made public, and agendas and minutes are available on the County website. One Special Meeting was held to study the Kemper Report in depth.

As our Supervisors are probably aware, distance and aging are always a challenge for individuals who have the time to serve. Our board is the only one that consistently travels throughout the county which makes it extra challenging for several of our board members who have full-time jobs. In order to make our meetings more convenient for members, this year we instituted a policy of video conference between the north coast and inland every other month. This has helped increase participation and eliminated the need to cancel any 2018 regular meetings. What we learned in December, however, is that the success of a video conference is staff-dependent. It requires a tech-savvy attendant who can solve glitches immediately or the whole meeting quickly deteriorates.

### Chair:

Jan McGourty has filled the role of BHAB Chair for the second year and has agreed to step forward to serve in that capacity again in 2019

### Membership:

At the beginning of 2018 there were twelve members on the BHAB, i.e. three vacancies. We have worked hard to get to a full complement of board members. Unfortunately, there seems to be continuous confusion with the County Administrative Office and the process of appointing and renewing board members. At the end of 2018 we had one vacancy and three pending applications for renewal.

An ad hoc committee of the BHAB is in place to interview potential candidates and submit recommendation to our board. Potential members must be appointed by the appropriate supervisor and then approved by the BOS. There were several glitches in this process at the beginning of 2018, but we worked through it and there are three new board members joining us: Amy Buckingham, Richard Towle, and Lynn Finley. The challenge still remains with term limits issues. The terms of two newly appointed board members were due to expire only a month after being sworn in, and another after having served less than two years. Reappointing several existing board members was also been delayed, because once again the county rules seem to have changed. This could have jeopardized the quorum of our January meeting.

One individual resigned during 2018 due to work conflict. Working for the County, she ran out of vacation time to attend meetings. For this reason, the BHAB is recommending to the BOS that they consider allowing county employees to participate in advisory boards such as ours as part of their job duty so they are not penalized by being willing to serve.

For current board members, see the following table.

Board Member	District	Member Since	Term Ends
Jan McGourty	1	April 2013	12/31/19
Denise Gorny	1	January 2012	12/31/20
Lois Lockart	1	October 2015	12/31/18
Dina Ortiz	2	February 2013	12/31/19
Michelle Rich	2	March 2018	12/31/18
Amy Buckingham	3	July 2018	12/31/20
Richard Towle	3	October 2018	12/31/18*
Meeka Ferretta	3	October 2017	12/31/19
Emily Strachan	4	May 2015	12/31/20
Tammy Lowe Bagley	4	April 2013	12/31/19
Lynn Finley	4	October 2018	12/31/18*
Patrick Pekin	5	October 2016	12/31/18*
Martin Martinez	5	July 2017	12/31/19
Flinda Behringer	5	July 2017	12/31/20
OPEN	2		12/31/20

\* Highlighted dates indicated previous term limits. This was randomly changed for two to be 2020.

## 2018 Committees

There were four committees created at the beginning of the year, and a couple added in the months following. Not all committee work was completed because of intense study of the Kemper report. The 2018 committees were:

### 1) By-Laws Committee - SUDT: *(Members Martinez, Ferretta)*

Several years the Mental Health Board was changed to include substance abuse and it became the Behavioral Health Board. This committee was created to add substance use duties the BHAB.

### 2) Flow Chart Committee: *(Members Strachan & Pekin)*

The goal of the Flow Chart Committee was to create a visual diagram outlining the path of obtaining mental health services. Anecdotal experience has declared this to be a formidable challenge, and creating a visual only confirmed it.

**3) Project Follow-up Committee:** *(Members Behringer & Gorny)*

This committee was created to try and sort out the different projects, particularly involving housing, that are brought before out board. Often the same project will be referred to by different names, which made it very confusing. A solution was to give one name to one project. Dr. Jenine Miller has consequently been very helpful by providing updates on these in her monthly department report.

**4) Dual Diagnosis Committee:** *(Members Lowe & Ortiz)*

Another obstacle is helping people with mental illness obtain services is the quandary of dual diagnosis. Many individuals who suffer from mental illness may “self-medicate” with drugs or alcohol, particularly if they are undiagnosed. Generally the term “Dual Diagnosis” is understood to be substance abuse/mental illness, but the term can also be when other behavioral disorders are present in addition to mental illness such as autism, etc. A problem arises when one is in crisis, and the agencies responsible for providing service exclude an individual because of a diagnosis they do not address. Their agendas operate within silos that do not allow collaboration or discourage service for funding purposes. This is a problem at the state and national level so it was quite an ambition for our board members to try and make sense of it.

Two other committees were appointed during 2018. They were:

**Appreciation Committee:** *(Members Martinez, Ortiz, & McGourty)*

There was concern expressed by board members that the job of looking after people with mental illness is very stressful and can lead to burnout. One idea that took fruit was expressing the board’s appreciation of the work with a letter. A letter was drafted with much thought and will be implemented in the coming months.

**Nominating Committee:** *(Members Ortiz & Behringer)*

In October, as is standard practice, a nominating committee was appointed to select the next year’s board officers. There were two members interested in the Treasurer’s position, but no one was particularly interested in the other positions. Fortunately this year’s officers agreed to carry on and the 2019 officers shall be Jan McGourty, Chair; Emily Stachan; Vice Chair, Dina Ortiz, Secretary; and Flinda Behringer, Treasurer

**Site Visits**

In addition, it was advised that each board member visit the site of a mental health facility during the year.

## Accomplishments

**By-laws Committee : Waiting on Board of Supervisors approval for the By-Laws amendment.**

**Flow Chart Committee : Goal in progress.**

Members Pekin and Strachan have worked hard on creating a flow chart for mental health services. The first draft is complete and the work continues with the help of County staff to create a simple visual that is easy to follow. (See Addendum)

**Site Visits: Goal partially met.**

Some sites were visited during the year, but not necessarily mental health facilities. A tour of the old Howard Hospital was scheduled to coincide with the May BHAB meeting in Willits, and several board members were able to view that site. It has been presented as a potential mental health facility by the Howard Hospital Foundation. Also, some board members were able to tour the proposed respite quarters at the Round Valley Indian Health Center after the April BHAB meeting in Covelo. This is the result of the MHSA Innovation Plan we worked so hard on. Members Strachan and McGourty toured the Ukiah Manzanita offices, and members Towle and McGourty attended the opening of the NAMI Mendocino office.

**Data Notebook: Completed.**

The Data Notebook is a tool developed by the California Mental Health Planning Council (CMHPC) to gather, compile, and communicate information among the counties/local jurisdictions to the state of California. In 2018 the topic chosen was “types of services and needs in the behavioral health systems of care for children, adults, and older adults.” Dina Ortiz completed the Data Notebook with the help of staff and contracted service providers.

**Crisis Intervention Training - Still in Progress**

For several years the BHAB has been concerned about the Crisis Intervention Training (CIT) for Law Enforcement in the County. CIT teaches conflict resolution and de-escalation techniques for potentially dangerous situations and is highly regarded in reducing stigma and decreasing needles injuries including death. In March of 2018 a formal recommendation was made to the BOS stating specifically that the model best suited for our Mendocino County would be to train local trainers who could then be contracted for service as required by agencies within Mendocino County. Mental Health Director Dr. Jenine Miller and Chair McGourty identified some qualified individuals, but their appointments were not acceptable to the Sheriff's Office, which took on the coordination effort. Thankfully, 2019 will finally be the year some CIT training is accomplished, and the first round is scheduled for February. Unfortunately, the training has been contracted out of county, and local people will not subsequently be available for followup trainings.

### **Stepping-Up Initiative: Keeping it Alive**

The Stepping-Up Initiative began in 2015, and Mendocino County was the first county in California to pass a resolution supporting it. A Mendocino County contingent attended the California Summit held in 2017, but subsequent efforts to take local action were dropped because of County personnel issues. The BHAB has not lost sight of the objective, which is to prevent mentally-ill people from being incarcerated, and Chair McGourty and Mental Health Director Dr. Jenine Miller have pushed to keep it current. Stepping-Up requires multi-agency collaboration; mental health, law enforcement, probation, courts, etc. This had been difficult, but reaching out to Court Administrator Kim Turner turned around the progress of this initiative. Regular meetings are now being held and a public meeting for greater awareness is being planned for 2019.

### **New BHAB Member Handbook**

The Handbook for BHAB members was very outdated, with much information dating back to 2010. Chair McGourty took it upon herself to revise the Handbook and, with the help of BHRS staff, a reformatted and updated Handbook was presented to members in January of 2018.

### **MHSA Reversion Plan 2018-2019, 2019-2020**

BHRS staff was required to create a plan for spending unspent County MHSA dollars in order to avoid fiscal reversion to the state. The BHAB carefully reviewed the plan with public input and was able to approve it in a timely fashion.

### **Advisement**

One of the primary jobs of mental health boards, as stated in the Mental Health Services Act, is to advise our Board of Supervisors (BOS) on issues and concerns regarding mental health in our county. With this responsibility in mind, the BHAB conducted an in-depth study of the report prepared by the Kemper Consulting Group, *Mendocino County Behavioral Health System Program Gap Analysis & Recommendations for Allocation of Measure B Revenues*, in depth. The report itself was general in its recommendations regarding program services, action and policy, so after many hours of consultation we clarified a number of details for the BOS to consider. (See Addendum )

The BHAB needs to work with the Board of Supervisors to establish an effective way to share our recommendations regularly. We are excited to know that we are scheduled to appear before the BOS in February 2019.



## **BHAB 2018 Recommendations to the BOS**

**1. Create a policy for County employees to participate on boards as part of their job description.**

We have several Board members who work full-time. If they are not in an administrative position with the flexibility to attend meetings such as ours, they must take personal vacation time to attend. We lost one board member this year because of this. We recommend that the county encourage its employees to participate in the community by joining advisory boards such as hours by including it in regular job duties so the time and expense of participating is covered financially.

**2. Become the vanguard in California in demanding insurance parity for mental health.**

There is still much disparity between services provided by MediCal and private insurance companies. County services provided by subcontractors only serve the severely mentally ill (SMI) and those who qualify for Medicare. Those without such insurance, for example the indigent or people with private insurance are only marginally served by county providers with “patch” funds, i.e. non-reimbursable realigned state funds. Those who can qualify for Medicare are assisted by staff since their services are reimbursable. However, those with private insurance have few or no services available to them. We recommend the BOS contact state legislatures and state organizations to pursue this goal of parity.

**3. Pressure state legislature to review the Innovation component of the Mental Health Services Act.**

Our county had great difficulty preparing first MHSA Innovation Plan (four years later) and continues to struggle to comply with the state’s idea of innovation. In addition, there seems to be a bias favoring larger counties and technology in general. For example, Los Angeles submitted a technology plan that was vaguely worded and hardly innovative by the MHSAOAC’s own standards, which was changed in implementation and again goes against the regulations of MHSA Innovation. We recommend the BOS contact state legislatures to oversee the OAC’s Innovation actions for accountability.

**4. Implement all recommendations of the 2018 Kemper Report.**

**5. Implement the BHAB’s specific recommendations regarding the 2018 Kemper Report.**  
See Attached.

## Meet the Board Members

### District 1 (Carre Brown)

**Jan McGourty:** Joined the Mental Health Board in 2014 after retiring from teaching. She is an active NAMI member, serving on the NAMI Mendocino Board and as a Family-to-Family Facilitator. Ms. McGourty holds a Master's degree in public administration and infrequently attends the MHSA Oversight and Accountability Commission meetings.

**Denise Gorny:** Ms. Gorny has been a member of the BHAB since 2012. From her early childhood experience with a mother periodically institutionalized for mental illness, and her experiences both a single mother and foster parent, she developed a passion for advocating for the mentally ill, the disabled and the disadvantaged. She has done this professionally by serving at both state and local organizations. Currently she works for the State Council on Developmental Disabilities and continues to advocate for disabled rights, services and systemic change.

**Lois Lockart:** Ms. Lockart, a.k.a. *Redwood Flower*, joined the BHAB in 2017. A First Nations tribal elder, she holds an associate degree in business administration. She retired after working many years as a licensed cosmetologist/hairdresser and cosmetology instructor, and as a tribal administrator. Ms. Lockart is informed in all tribal government issues and has collaborated with federal, state and local governments on such issues as education, housing, transportation, law enforcement, and all aspects of health and welfare. She is particularly conscious of the spiritual and environmental components of our community and is concerned about the state of the world for following generations.

### District 2 (John McCowan)

**Dina Ortiz:** Dina Ortiz was appointed to the Mental Health Board in 2014. Ms. Ortiz is a Licensed Clinical Social Worker with a specialty in nephrology mental health. She has been working in the mental health field for over 30 years. She is currently employed at the Dialysis Clinic where she educates and supports patients and their families. Besides serving on the BHAB, Ms. Ortiz volunteers at Plowshares and Red Cross as a mental health provider.

**Michelle Rich.** Michelle Rich joined the Behavioral Health Advisory Board in 2018. She brings with her a background in non-profit development and grant writing. She holds a B.A. in Linguistics and a M.A. in English Literature. She is employed by the Community Foundation of Mendocino County where she is currently the Director of Grants & Programs. Ms. Rich chairs Healthy Mendocino Steering Committee and helped create their website. She is an alumna of Leadership Mendocino Class XXV.

### **District 3 (Georgeanne Croskey/John Haschak)**

#### **Richard Towle**

Richard Towle moved to Mendocino County in 2012 after a rewarding career in healthcare I.T. at Alta Bates/Sutter Health in the Bay Area. He left work after being diagnosed with a rare form of adult onset Muscular Dystrophy that led to his ongoing major depression and generalized anxiety. He is seeing a Psychiatrist in Santa Rosa and a local therapist/LCSW. He had been living as a recluse until April of 2018 when he started volunteering in various capacities at the insistence of his therapist. We are so happy he joined the BHAB in 2018.

**Amy Buckingham:** Amy joined the BHAB in 2018. She is a Mendocino County native, having been born and raised in Covelo. Presently she works as the Director of Emergency Services at the Adventist Health Howard Memorial Hospital.

#### **Meeka Ferretta**

Meeka joined the BHAB late in 2017. She is a third generation resident of the most northern part of the 3rd district of Mendocino County. She holds a B.A. in Psychobiology from UC Santa Cruz. She served on the Shelter Cove Resort Improvement, District #1 in Southern Humboldt County for four years and has worked with children at Camp Winnerainbow in Laytonville. Ms. Ferretta is currently in a Master's program in Marriage and Family Therapy at Northcentral University and plans to serve as an LMFT in this county.

### **District 4 (Dan Gjerde)**

**Emily Strachan:** Emily Strachan joined the BHAB in May of 2015. She has retired from work in the Bay Area as an Information Systems Manager and has extensive experience managing large organizations. She holds an MA in Political Science and worked overseas in business. She is an active volunteer on the coast, serving on the board of the Mendocino Volunteer Fire District, and also volunteers as a crisis worker for Project Sanctuary.

**Lynn Finley, RN, MPA:** Lynn joined the BHAB late in 2018. She has been involved in healthcare since 1988 when she began her healthcare path in Anderson Valley as a volunteer on the Ambulance Service. She attended the Nursing Program at the Fort Bragg campus of College of the Redwoods. Her path took her to Sonoma County and then to Colorado where she got to experience different Healthcare systems and experiences which she brought home to Mendocino County. Finley has a Business Associate degree in Business Management, as well as a Master's in Public Administration with an emphasis in Healthcare. She is passionate about bringing the services we need to our communities.

**Tammy Lowe:** Tammy joined the BHAB in April of 2013. She holds a degree in Business Management from Colorado Mountain College and is employed as a home health worker. She is a community volunteer for the Paul Bunyan Day Association and serves as volunteer outreach for families navigating the mental health system.

**District 5 (Dan Hamburg/Ted Williams)**

**Patrick Pekin:** Patrick Pekin is an attorney who currently practices Criminal Defense. He often runs into mental health issues while serving his clients. Mr. Pekin has worked overseas as an English teacher, and is a volunteer firefighter with the Mendocino Volunteer Fire District. He joined the BHAB in 2016.

**Flinda Behringer:** Flinda Behringer was seated in September, 2017. She comes to us from the east coast, where she holds a MPA and a MS in Social Work. She is a LCSW and has worked as a SUDT and VA counselor, has supervised primary care for the VA, and has developed educational programs for a variety of mental health venues. She volunteers with the Littleriver Environmental Action Group and the Mendocino Community Library, and previously volunteered as president of the board of directors for Hospice Care in New Hartford, New York.

**Martin Martinez:** Mr. Martinez also joined the BHAB in 2017. He is currently the Director of the Social Service Department of the Redwood Valley Rancheria and has served in many tribal positions. He holds an associate degree in Alcohol & Drug Program and has served in various local and state committees representing his community and creating policy in mental health and substance abuse. He is recognized as a spiritual advisor, facilitates the Red Road program for sobriety and is active in preserving many Pomo traditions. Mr. Martinez speaks the central Pomo language.

# ADDENDA

# **RECOMMENDATIONS**

Mendocino County Behavioral Health System  
Program Gap Analysis & Recommendations  
for Allocation of Measure B Revenues

by Kemper Consulting Group  
August 2018

## **MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY COMMITTEE**

Jan McGourty, Chair  
November 14, 2018  
Amended December 17, 2018

## KEMPER'S RECOMMENDATIONS FOR PROGRAM SERVICES (page 41)

*	Service	Details	Consultative Results for Recommendations
1	PHF or other inpatient psychiatric care	Ave. 3-5 days Max. 30 days	☛:Put out a detailed RFI (Request for Information) for all pre-crisis and crisis facilities including staffing and maintenance requirements for each type of facility
2	Crisis Residential Treatment (CRT)	3 mos. maximum	☛: It is imperative to create a CSU/CRT facility in Fort Bragg that can serve pre-crisis and 5150 holds in collaboration with coast community and agency partners.
	Types of Involuntary MH Holds 5150 - 72 hours 5250 - + 14 days 5270 - + 30 days		☛: Create a multiple use facility to consolidate staffing needs
3	Crisis Stabilization Unit (CSU)	24 hrs. <i>pending legislation to extend 72 hrs. (??)</i>	☛: Explore other venues besides RCS Orchard Street Project and old Howard Hospital
4	Expanded outreach	3 mobile teams: 4 days/week 8:00 a.m. - 6:00 p.m.	☛: Expand the Mobile Outreach Program Services (MOPS) to serve more locations with more hours.  ☛: Verify that each MOP team has two persons (sheriff tech & MH employee)
5	Outlying/Remote areas of county		☛: Mendocino County should take the lead in promoting legislation to provide private insurance parity with mental health Medi-Cal services.  ☛: Focus on collaboration with clinics around the county for MPS/RQMC continuation of care, using teleconference service if necessary.

# KEMPER'S RECOMMENDATIONS FOR PROGRAM SERVICES CONTINUED

*	Service	Details	Consultative Results for Recommendations
6	Expand support programs & wellness efforts	<ul style="list-style-type: none"> <li><i>med management</i></li> <li><i>employment services</i></li> <li><i>family support</i></li> </ul>	<p>☛: Create common definitions for “wellness” and “cultural competency.”</p> <p>☛: Expand existing TAY (Transitional Age Yourth) services to include adult care.</p> <p>☛: Encourage and support employers and physicians to integrate physical, emotional and spiritual personal wellness so health needs are met.</p> <p>☛: Expand hours of wellness coaches to navigate MH system into outlying areas</p> <p>☛: Provide more family support, particularly non-traditional methods.</p>
7	Day Treatment	<p><i>Definition:</i></p> <ul style="list-style-type: none"> <li><i>Licensed facility</i></li> <li><i>BH treatment</i></li> <li><i>outpatient care</i></li> <li><i>MD supervision</i></li> <li><i>written client plan</i></li> </ul>	<p>☛: Include a Day Treatment in any facility's program</p>
8	Supportive Housing		<p>☛: Build a range of integrated supportive and inclusive housing throughout the county.</p> <p>☛: Fund fiscal barriers for housing.</p>
9	Partial hospital care Rehabilitative care Board and Care		<p>☛: Build at least one board and care facility that is Medi-Cal billable.</p>
10	Expansion SUDT		<p>☛: Hire more counselors, particularly in outlying areas.</p> <p>☛: Collaborate with schools for prevention, particularly in tribal communities,.</p>
11	5-Year Plan <i>Develop continuum of care</i>		<p>☛: Review the proposed 5-year plan of continuum of care by all stakeholders and collaborative partners.</p>



## KEMPER'S RECOMMENDATIONS FOR ACTION & POLICY (page 43)

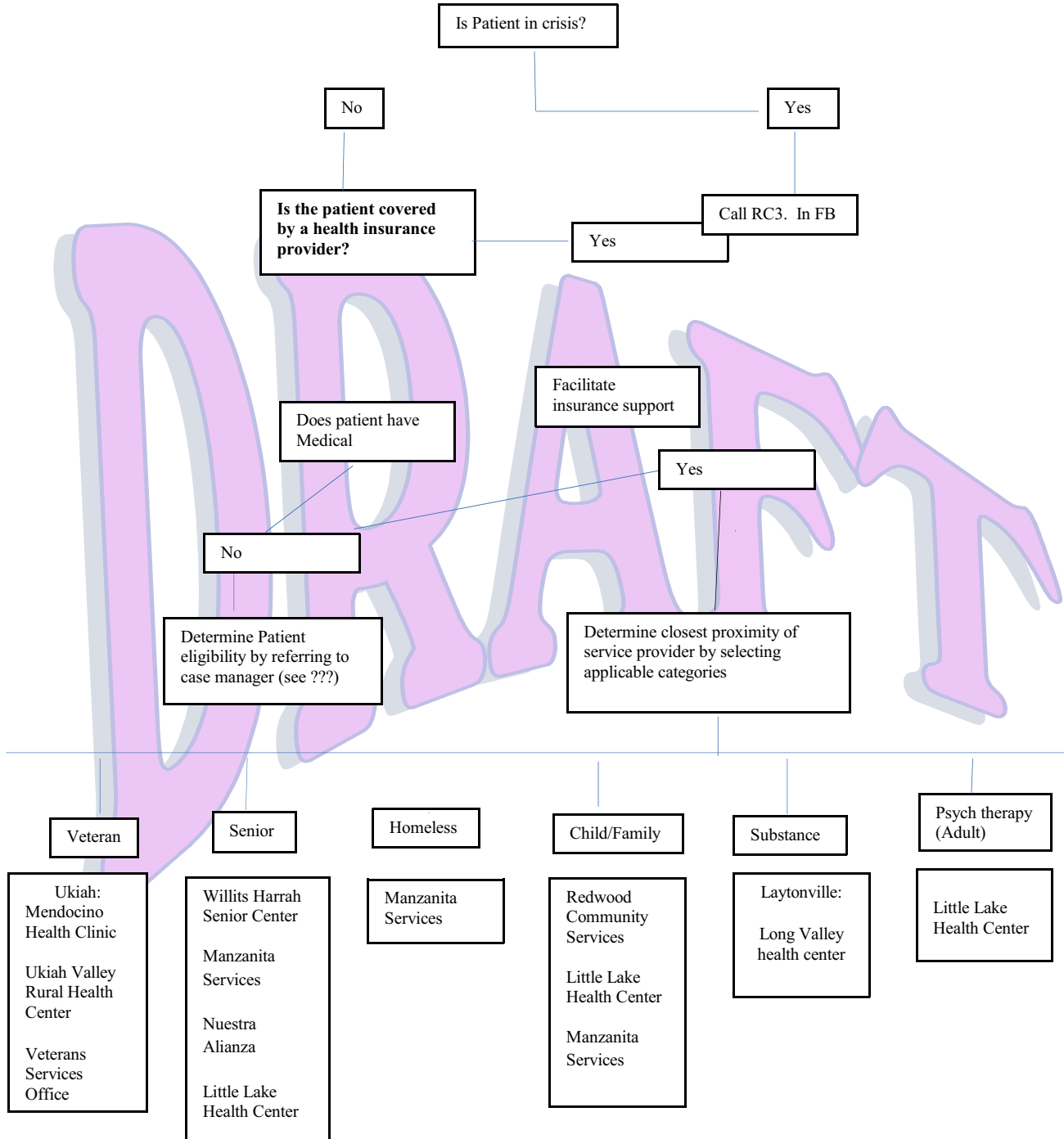
1	Supplement services NOT supplant services	☞: Hire a dedicated Project Manager to oversee implementation of Recommended Actions on Measure B and manage all contracts.
2	Biannual Review Process	☞: Review the progress of services and their cost every six months, noting any barriers to service.
3	Prudent Reserve of Measure B Funds for years 6-10	
4	Separate annual accounting of Measure B revenues/ expenditures	☞: Collaborate annual Measure B accounting with Project Manager and County Auditor.
5	10-Year Strategic Plan	☞: Plan for future sustainability.  ☞: Annual review of plan with flexibility for amendment.
6	Restructure data provided by BHRS, RQMC & subcontractors	☞: Report data by program & region in both children and adult systems of care.  ☞: Monitor trends quarterly.

\* Key:

Administrative	Services	Facility
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# WILLITS

## Obtaining County Mental Health Services



## CO-OCCURRENCE DISORDERS

Submitted by Dina Ortiz, LCSW  
1/2019

### I Definitions/Key Concepts:

**Co-Occurrence disorder-** the occurrence of mental health disorders and substance abuse and/or dependence (alcohol and/or drug abuse or dependence) at the same time.

Dual Diagnosis- refers to cases in which the individual has both a substance use disorder (also referred to as a chemical dependency or addiction) and a coexisting psychiatric illness, such as depression, schizophrenia, borderline personal disorder, anxiety and other mental illnesses.

Individuals who have this syndrome in various combinations are found throughout the substance abuse and mental health systems. They may also drift outside the systems and are seen in the homeless population and the criminal justice system.

Sciacca (1996) has developed acronyms that define the idea range of dual disorders. The following two terms are most helpful in diagnosing and treating dual diagnose disorders:

**MICAA:** Mentally Ill, Chemical Abuser/ Addicted. This term refers to a person with severely mentally ill chemical abusers. These individuals have a co-existing mental disorder which can be diagnosed according to the DSM diagnostic criteria.

**CAMI:** Chemical Abusing Mentally Ill: Refers to chemical abuse or dependence co-existing with personality disorders, does not have a severe mental illness.

**Dual Diagnosis disorders** are characterized by the following:

- Severe/major mental illness and a substance disorder(s)
- Substance disorder(s) and a personality disorder(s)
- Substance disorder(s), personality disorder(s) and substance induced acute symptoms that may require psychiatric care.
- Substance abuse, mental illness, and /or organic syndromes in various combination. Organic syndromes maybe a result of substance abuse or independent of substance abuse.

### II. Statistics/Prevalence

Documentation and literature on overall percentages of people diagnosed with a mental illness and suffering with a substance disorder vary from 29%, 51% to 80%.

37% of individuals with an alcohol disorder also have a mental disorder

53% of individuals with a drug disorder other than alcohol also have a mental disorder

Dual diagnosed clients frequently have a lower adherence to treatment as well as poorer outcomes than the clients with single disorders. However, many clients do stop ingesting mind altering substances, but may still suffer from mental illness.

### III. Problem Statement

1. Defining the dual diagnosis treatment dilemma
  - a. Historical separation of the diagnosis and treatment for substance abuse disorders and mental disorders
  - b. Professionals with diverse education, training backgrounds and philosophy of treatment
  - c. Different treatment models
  - d. Diverse funding sources
2. Difference in philosophy and treatment of disorders
  - a. Mental health professionals may tend to view substance abuse as a result of a deeper psychological or mental disorder, as separate physiological/genetic disorder needing treatment. Mental health professionals may deny the primacy importance of addressing substance abuse thereby unknowingly enabling or colluding in their client's substance abuse/dependence.

Historically, mental health professionals have been trained to believe that if a neurosis or psychosis is thoroughly analyzed and treated in insight-oriented psychotherapy; then other secondary symptoms such as impulsive/destructive acting-out or addictions will naturally drop out.

Another-view is that a person can stop using if he or she “really wants to”. And furthermore, the person will not be treated by mental health professionals until she/he stops ingesting alcohol or other mind altering substances.

- b. Substance Abuse professionals tend to see mental disorders as the result of or consequence of substance abuse. Substance abuse is viewed as the primary disorder which causes or elicits acute symptoms of mental illness. This approach grossly underestimates the prevalence of true underlying mental disorder.

### 3. Treatment models

- a. Parallel model involves the client receiving treatment for his/her psychiatric disorder in one system and treatment for his/her substance disorder in another system at the same time.

This model can work, but there are too many variables (different philosophies, developing relationships with two different treatment professionals and /or teams, the different geographic locations and the different expectations of the two treatment agencies) that may end up being barriers to treatment.

- b. Sequential model focuses on stabilizing the most acute disorder first ~~than~~ then addressing the other disorder. The issue with this model is it is not an easy task to distinguish between primary and secondary disorders. There have been successful outcomes with this model once the person is stable from psychiatric symptoms and ~~are~~ is participating in a structured drug/alcohol rehabilitation program with minimal support and attention ~~on~~ to the psychiatric symptoms.

- c. Integrated model involves clients receiving treatment by the same treatment team that addresses both disorders as well as the interaction between the disorders. This approach reduces the chances that an untreated disorder may increase the vulnerability of relapse of other disorders.

- d. Integrated treatment approach

- i. Based on a cultural competency approach. Culture is often thought of in terms of race or ethnicity, but culture also refers to other characteristics such as age, gender, geographical location, or sexual orientation and gender identity. Behavioral health care practitioners can bring about positive change by understanding the cultural context of their clients and by being willing and prepared to work within that context. This means incorporating community-based values, traditions, and customs into work plans and project evaluations
- ii. No time line
- iii. Assertive outreach
- iv. Never give up on the patient
- v. Develop a strong supportive relationship with the client
- vi. May use group and individual counseling

- vii. Uses education, motivational interviewing, behavior strategies and peer staff
- viii. The approach is recovery orientated; the client is the “leader” in the process of recovery.
- ix. The goals are
  - (1) Reduce hospitalization
  - (2) Reduce interaction with legal system
  - (3) Symptoms to remission or reduction
  - (4) Improve cognitive, behavioral and interpersonal coping skills
  - (5) Reduce or eliminate risky sexual behavior
  - (6) Develop a support system
  - (7) Become part of the family

**Recommendations:**

1. Develop a dual diagnosis program that will involve both County Public Health AODP and county mental health department.
2. The County will provide resources, support and ongoing training for the clinicians who will be working in this program.
3. Develop a system that will track the successes and the failures of each participants
4. Develop and support peer only 12-step dual diagnosis groups throughout the county.

January 2019



## California Association of Local Behavioral Health Boards and Commissions

### CALBHB/C Update

#### Advice for Advisory Boards:

**Posting Agendas:** All board/commission and standing committee agendas should be posted on the local agency's internet website 72 hours in advance for regular meetings, 24 hours in advance for special meetings (special meetings have additional requirements).

See [www.calbhbc.com/brown-act.html](http://www.calbhbc.com/brown-act.html)

**New Member Orientation:** How can we acclimate new members?

1. Provide a "[Member Guide](#)" (Sample).
2. Present a [New Member Orientation PowerPoint](#) to new members (edit to fit your local board/commission). Need technical assistance with PowerPoint slides - contact us!
3. Have one or two of your members meet with new member(s) to review the "Member Guide" and/or review the duties as listed in WIC 5604.2. This is also provided in CALBHB/C Newsletters and at: <https://www.calbhbc.com/duties.html>
4. Send new members to Mental Health Board trainings. Schedule of upcoming trainings at: [www.calbhbc.com/meetings-and-training.html](http://www.calbhbc.com/meetings-and-training.html)

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#### Frequently Asked Questions

Check out our new "FAQs" page.

[www.calbhbc.com/faqs.html](http://www.calbhbc.com/faqs.html)

[Annual Reports](#)

[Committees](#)

[Expenses](#)

[Fiscal MHSA Info](#)

[New Member Orientation](#)

[Recruitment of Members](#)

[Recruitment of MH/BH Director](#)

Role/Requirements of MH/BH Director  
Site Visits

Don't see desired topic? Check out the  
Best Practices Handbook or contact us!

**On-Line Training, Handbooks & More:**  
[www.calbhbc.com/resources.html](http://www.calbhbc.com/resources.html)  
**Meetings & Trainings:**

**South:** 1/18/19, San Diego (Training 1/19)  
Registration Agenda

**Bay Area:** 3/16/19, Oakland  
Registration

**All State Meeting & Training:**  
4/9/19 and 4/10/19 (Capitol Day), Sacramento

*Additional opportunities below.*

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**Data and Performance**

**Past:** Want to know what small, medium or large counties have reported? We encourage you to view past Data Notebooks and EQRO Data. *Boards/commissions are encouraged to share completed Data Notebooks with CALBHB/C.*

**Present:** The 2018 Data Notebooks (from the CA Behavioral Health Planning Council) were sent out at the end of the year. We encourage boards/commissions to take the lead in completing these (with the help of staff). They are due March 30th.

**Future:** Rumor has it that the 2019 Data Notebook will focus on children/youth school-based services. As we gear up for this, we call attention to resources collected on our website, to include: "Headspace", "Triple P Parenting Program" and "Integration leads to Co-Location and Coordination".

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**Legislative Advocacy**

SB 10 - Peer Provider Certification: CALBHB/C's Governing Board unanimously voted to support SB10. CALBHB/C advises local boards/commissions to advise your Board of



Supervisors regarding legislation that you recommend supporting. More information and a sample letter at <https://www.calbhbc.com/peer-supports.html>.

CALBHB/C's Principles for Support & Advocacy are on our [website](#). Five principles guide CALBHB/C's support and advocacy efforts, encompassing:

1. Community Input
2. Performance Data
3. Resources
4. Prevention
5. Parity

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#### **Statewide Opportunities:**

Webinar I: Mental Health 101 for Diverse Learners and Communities, NAMI CA, January 30, 1:30 pm. Webinar includes characteristics of culturally diverse audiences relevant to learning, pitfalls to engaging culturally diverse audiences, and strategies to characterize learning needs, engage culturally diverse audiences, and manage common challenges when discussing race relations/diversity issues. [More](#) [Info](#)

Birth - An Intersection between Maternal and Mental Health. February 18, 2019, Los Angeles. 2020 Mom Annual Event. [More](#) [Info](#)

Multicultural Symposium - Celebrating Strengths, Empowering Voices from Diverse Communities: March 7, 2019, Los Angeles, NAMI CA [More](#) [Info](#)

Evidence-Based Practices Symposium, Bold Ideas for a Shared Vision between Behavioral Health and Criminal Justice Systems, April 15, Burbank, CIBHS [More](#) [Info](#)

#### **National Opportunity**

Consider joining a mental health research study at NIMH and help researchers transform the understanding and treatment of mental illnesses. [More Info](#)

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Thanks for serving on (or supporting) a local board/commission!  
You are integral to helping local communities provide effective mental/behavioral health programs.

**How do I pronounce “CALBHBC?”**

You can run out of breath saying “California Association of Local Behavioral Health Boards and Commissions.” Saying “CALBHBC” does not help either. There is a solution. Say “CAL – BH – BC.”



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[CALBHBC Website](#)



[Twitter](#)



[Instagram](#)

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*CALBHB/C is a statewide organization supporting the work of California's 59 local mental and behavioral health boards and commissions.*

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# MENDOCINO COUNTY: DATA NOTEBOOK 2018

## FOR CALIFORNIA

### BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



*Prepared by California Behavioral Health Planning Council, in collaboration with:  
California Association of Local Behavioral Health Boards/Commissions*

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resiliency and wellness of Californians living with severe mental illness.

Mendocino County

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Your County: Evaluation of Services, Barriers to Access, and Unmet Needs

Mental Health Services Act (MHSA) and its Program Components

Questionnaire: How Did Your Board complete this Data Notebook?

Reminder: Where to submit your Data Notebook before March 31, 2019

Appendix

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## **Introduction: Purpose and Goals**

What is the “Data Notebook?”

The Data Notebook is a structured format for reviewing information and reporting on specific mental health services in each county. The goal of our 2018 Data Notebook is to survey types of services and needs in the behavioral health systems of care for children, adults, and older adults. This topic follows our yearly practice of focusing on different parts of the behavioral health system. However, this year we are taking a survey approach to collect data as the foundation for an overall needs review.

Local behavioral health boards/commissions are required annually to review performance data for mental health services in their county and to report their findings to the CBHPC. To provide structure for the report and to make the reporting easier, each year we create a Data Notebook for local behavioral health boards to complete and submit to the CBHPC. Afterward, the responses are compiled and analyzed by our staff to create a yearly report for policy makers, stakeholders and the general public.

The Data Notebook structure and questions are designed to meet important goals:

- To assist local boards to meet their legal mandates<sup>1</sup> to review performance data for their county mental health services and report on performance every year,
- To serve as an educational resource on behavioral health data for local boards,
- To obtain opinion and thoughts of local mental health boards on specific topics,
- To identify unmet needs and make recommendations.

We encourage members of all local behavioral health boards to participate in reviewing and developing the responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify critical issues that are most important to your county. Your work will help inform county and state leadership plans for behavioral health programs.

We thank everyone for your interest and continued participation.

We are taking a somewhat different approach for the 2018 Data Notebook (DN). The 2018 DN does not include county-specific data but rather is a brief general survey about mental health services and needs in the counties to guide our advocacy in the coming year. It is anticipated that we will resume our practice of presenting county-specific data in the 2019 Data Notebook.

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<sup>1</sup> W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

## **System of Care: What BH Services are CA Counties Required to Provide?**

California's Welfare and Institutions Code (WIC) sets forth a number of definitions, responsibilities and requirements for the public mental health system. Below are a few excerpts from the WIC to provide context for some questions in this Data Notebook.

### **WIC Section 5600.1**

The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

### **WIC 5600.4**

Community mental health services should be organized to provide an array of treatment options in the following areas, to the extent resources are available:

- (a) **Precrisis and Crisis Services.** Immediate response to individuals in precrisis and crisis and to members of the individual's support system, on a 24-hour, seven-day-a-week basis. Crisis services may be provided offsite through mobile services. The focus of precrisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.
- (b) **Comprehensive Evaluation and Assessment.** Includes, but is not limited to, evaluation and assessment of physical and mental health, income support, housing, vocational training and employment, and social support services needs. Evaluation and assessment may be provided offsite through mobile services.
- (c) **Individual Service Plan.** Identification of the short- and long-term service needs of the individual, advocating for, and coordinating the provision of these services. The development of the plan should include the participation of the client, family members, friends, and providers of services to the client, as appropriate.
- (d) **Medication Education and Management.** Includes, but is not limited to, evaluation of the need for administration of, and education about, the risks and benefits associated with medication. Clients should be provided this information prior to the administration of medications pursuant to state law. To the extent practicable, families and caregivers should also be informed about medications.



(e) Case Management. Client-specific services that assist clients in gaining access to needed medical, social, educational, and other services. Case management may be provided offsite through mobile services.

(f) Twenty-four Hour Treatment Services. Treatment provided in any of the following: an acute psychiatric hospital, an acute psychiatric unit of a general hospital, a psychiatric health facility, an institute for mental disease, a community treatment facility, or community residential treatment programs, including crisis, transitional and long-term programs.

(g) Rehabilitation and Support Services. Treatment and rehabilitation services designed to stabilize symptoms, and to develop, improve, and maintain the skills and supports necessary to live in the community. These services may be provided through various modes of services, including, but not limited to, individual and group counseling, day treatment programs, collateral contacts with friends and family, and peer counseling programs. These services may be provided offsite through mobile services.

(h) Vocational Rehabilitation. Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

(i) Residential Services. Room and board and 24-hour care and supervision.

(j) Services for Homeless Persons. Services designed to assist mentally ill persons who are homeless, or at risk of being homeless, to secure housing and financial resources.

(k) Group Services. Services to two or more clients at the same time.

#### WIC Section 5600.5

The minimum array of services for children and youth meeting the target population criteria established in subdivision (a) of Section 5600.3<sup>2</sup> should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty-four-hour treatment services.

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<sup>2</sup> See attached Appendix for presentation of the full definition of the target population criteria set forth in Welfare and Institutions Code Section 5600.3.

(f) Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.

#### WIC 5600.6

The minimum array of services for adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

- (a) Precrisis and crisis services.
- (b) Assessment.
- (c) Medication education and management.
- (d) Case management.
- (e) Twenty-four-hour treatment services.
- (f) Rehabilitation and support services.
- (g) Vocational services.
- (h) Residential services.

#### WIC 5600.7

The minimum array of services for older adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

- (a) Precrisis and crisis services, including mobile services.
- (b) Assessment, including mobile services.
- (c) Medication education and management.
- (d) Case management, including mobile services.
- (e) Twenty-four-hour treatment services.
- (f) Residential services.
- (g) Rehabilitation and support services, including mobile services.

**Your County: Evaluation of Services, Barriers to Access, and Unmet Needs**

Below we ask a series of questions about the above services in your county regardless of fund source. We ask whether there are barriers to service access, unmet needs, or lack of continued or sustainable funding for a particular service or program.

**1) Please indicate (X) any service areas for which your county has identified that persons are substantially underserved or experience substantial unmet BH needs.**

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult

**2) What are the major barriers to BH service access for persons who are in need of these services? Indicate any reasons; mark as many as apply.**

For each age Group:

- A: Lack of Program Funding
- B: Lack specialized prof. expertise
- C: Lack BH workforce/providers
- D: Clients dispersed outlying areas
- E: Transportation problems (bus, etc.)
- F: Lack available appointment times
- G: Fear government involvement
- H: Linguistic needs (translation, etc.)
- J: Culturally relevant needs
- K: Other barrier, specify\_\_\_\_\_

Child	TAY (age 16-25)	Adult	Older Adult

**3) Please indicate (X) any areas for which your county has implemented new programs within the last 3 years.**

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult

**4) Indicate (X) whether any of the following services are funded with temporary (one-time, time-limited) funding for which you are seeking a sustainable fund source to continue services?**

For each age Group:

- (a) Pre-crisis and crisis services.
- (b) Assessment
- (c) Medication education & management
- (d) Case management
- (e) Twenty-four-hour treatment services
- (f) Rehabilitation and support services
- (g) Vocational services
- (h) Residential services

Child	TAY (age 16-25)	Adult	Older Adult

**5) If you could have one new program or facility or resource within the next three years, what would be your highest priority need?  
Please limit your response to 25 words or less.**

## **Mental Health Services Act (MHSA) Components**

Background and Definitions of the MHSA (below) are excerpted from a description contained in the Executive Summary<sup>3</sup> of a 2018 Report by NAMI California.

Proposition 63, the Mental Health Services Act, was passed by voters in 2004. At the time, California was struggling to meet the mental health needs of its residents. A 2003 report by the California Mental Health Planning Council estimated that as many as 1.7 million Californians were not receiving the mental health services they needed. As many as 80% of children with mental health needs were undiagnosed or unserved. The consequences of untreated mental illness were seen through health systems, school systems, and the criminal justice system. Therefore, the Act was designed to reduce homelessness, incarceration, and preventable hospitalizations, and to increase access to behavioral health services.

The Act imposes a 1% tax on personal income over \$1 million and places revenues into the Mental Health Services Fund. Counties receive annual distributions from the Fund, and are responsible for providing community-based mental health services. Program expenditures align with the five core components of the Act:

Community Services and Support (CSS) is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, and wellness focus. This programming applies concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component. [Full Service Partnerships are another example of CSS-funded programs].

Prevention and Early Intervention (PEI) is intended to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

Innovation (INN) projects aim to increase access to underserved groups, increase the quality of services, and promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

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<sup>3</sup> 2018 MHSA County Programs: Services That Change Lives. A report created by NAMI California 2018, pages iii-iv. Downloaded from:  
[https://static1.squarespace.com/static/5ab2d59489c1724bd8a2ca78/t/5b7de7d370a6adca27a8a959/1534978017856/NAMI+CA+2018+MHSA+Rept\\_072318\\_03\\_FINAL.pdf](https://static1.squarespace.com/static/5ab2d59489c1724bd8a2ca78/t/5b7de7d370a6adca27a8a959/1534978017856/NAMI+CA+2018+MHSA+Rept_072318_03_FINAL.pdf)

Capital Facilities and Technological Needs (CFTN) works toward the creation of facilities that are used for the delivery of MHSA services to mental health consumers and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and most cost-effective services and supports for clients and their families.

Workforce Education and Training (WET) is intended to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes. They work collaboratively to deliver client- and family-driven services, provide outreach and services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

The CSS, PEI and INN components are funded through ongoing revenue into the MHSA Fund. Per provisions of the MHSA, the Workforce Education and Training, Capital Facilities and Technological Needs components were initially funded up front in the early years and are not currently actively funded through MHSA revenues. Although counties can transfer some CSS funds for these purposes each year, essentially, the availability of that upfront funding for Workforce Education and Training, Capital Facilities and Technological Needs ended on June 30, 2018.

**6) Is there still a need for any of these three components in your county?**

**Yes\_\_\_ No\_\_\_.**

**If yes, please rank the following in priority order of need, #1 being highest.**

- \_\_\_ **Workforce Education and Training**
- \_\_\_ **Capital Facilities**
- \_\_\_ **Technological Needs**

**Optional: In 25 words or less, please specify what those needs are.**

- 7) Do you have a particularly successful program funded by CSS, Innovation, or PEI funds that you would like to share with us? Yes\_\_\_ No\_\_\_.**

**If yes, please describe briefly (maximum one paragraph, 150 words or less).**

## QUESTIONNAIRE: How Did Your Board Complete the Data Notebook?

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Mental Health Planning Council. Questions below ask about operations of mental health boards, behavioral health boards or commissions, regardless of current title. Signature lines indicate review and approval to submit your Data Notebook.

**(a) What process was used to complete this Data Notebook? Please check all that apply.**

- ☐ MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.
- ☐ MH Board completed majority of the Data Notebook
- ☐ County staff and/or Director completed majority of the Data Notebook
- ☐ Data Notebook placed on Agenda and discussed at Board meeting
- ☐ MH Board work group or temporary ad hoc committee worked on it
- ☐ MH Board partnered with county staff or director
- ☐ MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
- ☐ Other; please describe: \_\_\_\_\_.

**(b) Does your Board have designated staff to support your activities?**

Yes ☐ No ☐

If yes, please provide their job classification \_\_\_\_\_

**(c) What is the best method for contacting this staff member or board liaison?**

Name and County: \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

Other (optional): \_\_\_\_\_

**(d) What is the best way to contact your Board presiding officer (Chair, etc.)?**

Name and County: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # \_\_\_\_\_

Signature: \_\_\_\_\_



**REMINDER: Please submit this Data Notebook by March 31, 2019.**

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for next year. As always, we welcome your input.

**Please submit your Data Notebook report by email to:**

**[DataNotebook@CMHPC.ca.gov](mailto:DataNotebook@CMHPC.ca.gov)** .

**For information, you may contact the email address above, or telephone:**

**(916) 327-6560**

Or, you may contact us by postal mail to:

- Data Notebook
- California Mental Health Planning Council
- 1501 Capitol Avenue, MS 2706
- P.O. Box 997413
- Sacramento, CA 95899-7413



## APPENDIX

### WIC 5600.3

To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a)(1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, “seriously emotionally disturbed children or adolescents” means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and determined to have an emotional disturbance, as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations .

(b)(1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part, “serious mental disorder” means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude

persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B)(i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.



Mendocino County Behavioral Health and Recovery Services  
Behavioral Health Advisory Board General Ledger  
FY 18/19  
February 12, 2019

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD	2019/02/000182	08/09/2018	193.92	072118	4287751	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2019/03/000081	09/07/2018	92.49	85006 081818	4289348	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2019/05/000045	11/01/2018	152.62	101318	4293037	SAFEWAY	ACCT 85006
MHB	862080	FOOD	2019/06/000717	12/20/2018	125.02	111018	4296088	SAFEWAY	85006
MHB	862080	FOOD	2019/07/000135	01/04/2019	84.01	120818	4296551	SAFEWAY	ACCT 85006
<b>FOOD Total</b>					<b>\$648.06</b>				
MHB	862150	MEMBERSHIPS	2019/07/001413	1/25/2019	\$600.00	DUES 18/19	4297612	CALBHB/C	J. MILLER ANNUAL DUES FY18
<b>MEMBERSHIPS TOTAL</b>					<b>\$600.00</b>				
MHB	862170	OFFICE EXPENSE	2019/02/000228	08/09/2018	111.61	1144338	4287560	FISHMAN SUPPLY COMP	
MHB	862170	OFFICE EXPENSE	2019/03/000545	09/17/2018	89.99			AMZN MKTP 59180	AUG P-CARD
MHB	862170	OFFICE EXPENSE	2019/03/000935	09/27/2018	39.03	1151382	4290738	FISHMAN SUPPLY COMP	
MHB	862170	OFFICE EXPENSE	2019/04/001205	10/26/2018	7.99				1Q 1819 USE TAX PCARD AUGUST
MHB	862170	OFFICE EXPENSE	2019/06/000646	12/17/2018	4.91			WALMART.CO 83830	
MHB	862170	OFFICE EXPENSE	2019/06/000719	12/20/2018	39.03	1165480	4295760	FISHMAN SUPPLY COMP	
<b>OFFICE EXPENSE Total</b>					<b>\$292.56</b>				
<b>RNTS &amp; LEASES BLD GRD Total</b>					<b>\$0.00</b>				
MHB	862250	TRNSPRTATION & TRAVEL	2019/03/000152	09/07/2018	87.86	8/16/18	4289263	MCGOURTY JAN	LOCAL 8/16/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/03/000689	09/20/2018	70.84	8/14/18	4290382	MARTINEZ MARTIN D	LOCAL 8/14/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/03/000689	09/20/2018	41.42	8/15/18	4290554	STRACHAN EMILY	LOCAL 8/15/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/04/000470	10/12/2018	68.67	9/13/18	4291742	STRACHAN EMILY	LOCAL 9/13/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/04/001023	10/25/2018	46.87	10/17/18	4292503	MARTINEZ MARTIN D	LOCAL 10/17/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/05/000938	11/29/2018	44.14	10/17/18	4294070	BEHRINGER FLINDA	LOCAL 10/17/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/05/000938	11/29/2018	44.14	10/17/18A	4294070	BEHRINGER FLINDA	LOCAL 10/17/18A
MHB	862250	TRNSPRTATION & TRAVEL	2019/05/000938	11/29/2018	26.71	11/14/18	4294070	BEHRINGER FLINDA	LOCAL 11/14/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/05/000938	11/29/2018	26.71	11/14/18A	4294337	BEHRINGER FLINDA	LOCAL 11/14/18A
MHB	862250	TRNSPRTATION & TRAVEL	2019/05/000938	11/29/2018	20.71	11/14/18	4294337	MARTINEZ MARTIN D	LOCAL 11/14 - 11/1
MHB	862250	TRNSPRTATION & TRAVEL	2019/06/000040	12/06/2018	33.79	11/14/18	4294770	MCGOURTY JAN	LOCAL 11/14/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/06/000040	12/06/2018	58.31	10/17/18	4294770	MCGOURTY JAN	LOCAL 10/17/18
MHB	862250	TRNSPRTATION & TRAVEL	2019/06/000040	12/06/2018	43.60	11/14/18	4294892	STRACHAN EMILY	LOCAL
<b>TRNSPRTATION &amp; TRAVEL Total</b>					<b>\$613.77</b>				
MHB	862253	TRAVEL & TRSP OUT OF COUNTY	2019/03/000310	09/13/2018	238.47	7/26/18	4289573	MCGOURTY JAN	SACRAMENTO 7/26/18
<b>TRAVEL &amp; TRSP OUT OF COUNTY Total</b>					<b>\$238.47</b>				
<b>Grand Total</b>					<b>\$2,392.86</b>				

Summary of Budget for FY 18/19

OBI	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,800.00	648.06	1,151.94
862150	Memberships	600.00	600.00	0.00
862170	Office Expense	500.00	292.56	207.44
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	5,800.00	613.77	5,186.23
862253	Out of County Travel	2,770.00	238.47	2,531.53
Total Budget		\$11,500.00	\$2,392.86	\$9,107.14

## Profile

Sergio

First Name

Fuentes

Last Name

Full/Legal Name (if different than name provided above)

sergio@fuenteslaw.net

Email Address

## Voter Registration Address

917 Sanel Drive Ukiah, CA 95482

917 Sanel Drive

Street Address

Suite or Apt

UKIAH

City

CA

State

95482

Postal Code

## Mailing Address (if different than Voter Registration or Street address)

515 S. SCHOOL STREET

Home: (707) 489-8866

Primary Phone

Business: (707) 463-8866

Alternate Phone

## Which Boards would you like to apply for?

Behavioral Health Advisory Board: Submitted

District 2

Which position, seat, or representational category would you prefer?

## Availability to Attend Meetings

☒ Night Meetings

Availability to Attend Meetings (Other)

## Interests & Experiences



### Special Expertise, Experience, or Interest in This Area?

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I wish to give back to my community.

[SergioResume\\_Mendocino\\_County\\_Behavioral\\_Board.doc](#)

Upload a Resume

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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### Certification

Please read the following statements and indicate your acceptance thereof.

---

I hereby certify that I am a registered voter in the State of California, County of Mendocino, a citizen of the United States, and will be at least 18 years of age at the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

---

☒ I Agree \*



# Sergio Fuentes

15 South School Street Ukiah, CA 95482

sergio@fuenteslaw.net • (707) 499-0800

## EDUCATION:

SANTA CLARA UNIVERSITY, SANTA CLARA, CA  
*Bachelor of Science: Economics, Minor: Biology*  
EMPIRE SCHOOL OF LAW, SANTA ROSA, CA  
*Juris Doctorate: Law*

1997-2001

2003-2008

### Related Courses:

- Employment Law • Moot Court • Professional Responsibility • Criminal Law • Evidence • Criminal Procedure
- Constitutional Law • Economics and Law • Remedies • Management Information Systems
- Advanced Legal Research • Legal Research and Writing • Alternative Dispute Resolution • Statistics and Analysis

## WORK EXPERIENCE:

ATTORNEY AT LAW, COUNTY OF MENDOCINO, UKIAH, CA

2012-PRESENT

- Currently working as an Attorney, Sole Practitioner
- Processing Non-Immigrant and Immigrant visa petitions, Deferred Action applications
- Immigration and Deportation Defense
- Working on Criminal Defense, Bankruptcy, Social Security Disability, and Family Law cases

DEPUTY DISTRICT ATTORNEY, COUNTY OF MENDOCINO, UKIAH, CA

2009-2012

- Trial Attorney, prepared numerous cases for trial, Prosecuted 7 trials, with 6 convictions
- Charged hundreds of criminal cases, performed over 30: Preliminary and 1538.5 Hearings
- Assigned to respond to misdemeanor appeals

VICTIM ADVOCATE/STAFF ASSISTANT II, OFFICE OF THE DISTRICT ATTORNEY, UKIAH, CA

2001-2009

- Prepared victims of crime as to what to expect from the criminal justice system
- Assisted victims of crime in obtaining various local, state, and federal services
- Assisted Native American victims of crime in Mendocino County
- Updated and informed victims of crime with the status and/or disposition of their cases
- Translated letters being sent to victims of crime from English to Spanish
- Provided transportation and court support for victims of crime
- Assisted Deputy District Attorneys with interpretation for Spanish speaking victims of crime
- Provide computer and clerical support for Victim/Witness Assistance staff

ASSISTANT SUPERVISOR (PERSONNEL/SHIPPING), ALEX R. THOMAS CO, UKIAH, CA

SUMMER 2000

- Interviewed and hired new applicants to work for Alex R. Thomas Companies
- Coordinated orientation and safety training sessions for all employees (English and Spanish sessions)
- Monitored workers hours to ensure minors worked legal hours per day and week; processed time cards
- Provided transportation to clinics and hospitals for injured employees; Interpreted for doctors
- Interpreted for Spanish speaking employees
- Processed and ensured all relevant parties received proper paperwork for all shipments
- Assisted in maintaining an accurate inventory
- General office duties and data entry; Including creating bills of lading

CAMP COUNSELOR, BEARSKIN MEADOW CAMP, KINGS CANYON NTL PARK, CA

SUMMER 1998 AND 1999

- Received special training on diabetes
- Assisted children, ages 7-16, in regulating and controlling their intake of carbohydrates
- Encouraged children to inject their own insulin on the most effective area on their body, the stomach
- Maintained a regular reading for my designated children's blood/glucose level

## LEADERSHIP EXPERIENCE:

VICE-PRESIDENT OF THE LATINO COALITION, MENDOCINO COUNTY, UKIAH, CA

2001-2003

- Was acting president of the Latino Coalition
- Conducted and Facilitated meetings; Scheduled monthly meetings
- Advocated for the concerns of the Latino Community; Related concerns to the appropriate agencies
- Reviewed grant petitioners propositions and goals; wrote letters of support when approved

## VOLUNTEER EXPERIENCE:

SANTA CLARA UNIVERSITY ORGANIZATION CHE (CHICANOS/LATINOS IN HEALTH EDUCATION)

1997-2000

- Officer of publicity for three years; Duty was to advertise club meetings and club-sponsored events
- Involved in forming the Dia de los Muertos Conference; A joint project between Bay Area CHE's
- Representative to the meetings that dealt with the planning and coordination for this annual event
- Provided free blood/glucose testing at My Lady of Guadalupe Church



- Assisted in planning and executing hands-on chemistry experiments for elementary schools  
HOMELESS SHELTER TUTOR, HOMELESS SHELTER, SAN JOSE, CA SPRING OF 1999  
PROJECT OPEN HAND, SAN FRANCISCO, CA ACADEMIC YEAR 97/98 & 00/02
- Delivered hot meals to home prone HIV diagnosed patients in San Francisco  
MENDOCINO COUNTY MOCK TRIAL 2010-PRESENT
- Assisted in coaching the Fort Bragg Mock Trial team year 2010 and 2011
- Coached the New Beginnings, MCOE Alternative Education team for 2012
- Currently coaching the Ukiah High School Mock Trial Team, from 2013 to present
- Participated in grading the mock trial performances for two years
- BOARD OF DIRECTORS FOR PROJECT SANCTUARY 2013-PRESENT
  - Attend the monthly and annual meetings to assist in deciding the direction of the program
  - Volunteer and assist in the planning of fundraising, i.e. Dine for a Change and P.S. We Love You Dinner
  - Vote on all matters that need a vote from the Board of Directors, in order to take action
- BOARD OF DIRECTORS FOR THE ACTIVE 20-30 CLUB OF UKIAH #78 (FOUNDING MEMBER) 2013-PRESENT
  - I am a founding member of the Ukiah #78 club, I assisted in the creation of the Ukiah chapter
  - Attend the Bi-weekly and annual meetings to assist in deciding the direction of the club
  - Assist in planning of the Ukiah #78, 20-30 fundraising efforts
  - Last year our club was able to donate 500 backpacks to our local schools
  - Vote on all matters that need a vote from the Board of Directors, in order to take action
- BOARD OF DIRECTORS FOR UKIAH VALLEY ASSOCIATION FOR REHABILITATION (UVAH) 2014-PRESENT
  - Attend the monthly and annual meetings to assist in deciding the direction of the program
  - Volunteer and assist in the planning of the fundraising efforts and provide input at meetings
  - Vote on all matters that need a vote from the Board of Directors, in order to take action

**SKILLS:**

**Languages-** Fluent in Spanish

**Computers-** PC, Excel, Word, AS 400

**TRAINING:**

**Evidence** (September of 2009), **Trial Advocacy Skills** (December of 2009), **Criminal Discovery** (September of 2010), **CDAA Evidence Seminar** (February of 2012), United States Bankruptcy Court, Northern District, **CM/ECF Training** (September 2012), Law Review CLE, **Bankruptcy Hot Topics**, Pressing Issues in Chapter 7 & 13 (2012), Law review CLE, **Immigration Workshop, Family and Employment Forms**, (2012), NOSSCR, **Social Security Disability**, Four-Day Training (October 2012), AILA Annual Conference- **Immigration Law Four-Day Training**, San Francisco (June 2013), Mendocino County Public Defender Office, **Cutting Edge Issues in Criminal Law**, (October 2013), Mendocino County Public Defender Office, **Criminal Defense Litigation Issues**, (April 2015)

**HONORS:**

**Valley Scholar-** Academic Scholarship for pre-med students

## **Report to the Behavioral Health Advisory Board**

**2/13/19**

### **1. Staffing**

Staffing needs continue to be reviewed with agencies on a biweekly basis. We continue to see a need for additional bilingual/bicultural staff. Most agencies are seeking additional clinical staff, but are working hard to keep up with demand.

### **2. Audits**

We are currently the subject of an audit of medication management charts by BHRs at this time.

### **3. Meetings of Interest**

RQMC conducts regular meetings with provider agencies, county BHRS clinical staff, and hospital utilization review. We are involved with Child Welfare to support mental health services for children and youth placed out of county and to monitor children's progress. We continue to work with the county to support the Whole Person Care program

### **4. Grant opportunities**

Nothing to report

### **5. Significant Projects/brief status**

We continue to work with RCHDC and county BHRS to expand list of client referrals to the Willow Terrance Housing Project, which will be ready for occupancy in May. We will need to work with RCS crisis and adult service agencies to provide support for the clients going in there.

We continue to participate in and support the Behavioral Health Court.

We continue to support clients living in the community in supportive housing.

RCS Crisis has opened a five bed crisis respite house for those in crisis who do not meet criteria for danger to self, danger to others, or grave disability, or who are returning from psychiatric hospitalization and may not be ready to resume their former situation.

Tapestry has been training on and will be spearheading Trauma Informed Family Reunification Therapy in conjunction with Child Welfare.

## 6. Educational Opportunities

BHRS is sponsoring Critical Incident Training for first responders to crisis situations. The first of three series of three day trainings took place February 11-13. Two more trainings are scheduled for later this Spring.

## 7. LPS Conservatorships

The Haven has four conserved clients. RQMC is also responsible for oversight of Mendocino County clients under the age of 25 who are conserved and reside in mental health rehabilitation centers. There is currently one client in Canyon Manor. We meet regularly with county staff and conservator's office to coordinate services to meet the needs of conserved clients and plan for their care as levels of need fluctuate.

## 8. Contracts

We will be holding mid year contract review meetings with provider agencies very soon.

## 9. Medication Support Services

Medication Management clinics are going well. We continue to work on monitoring scheduling to improve timeliness to first service and reducing no shows to ensure efficient service provision and customer satisfaction.

Tim Schraeder MFT





Redwood Quality Management Company (RQMC) is the Administrative Service Organization for Mendocino County-providing management and oversight of specialty mental health, community service and support, and prevention and early intervention services. The following data is reported by age range, along with a total for the system of care (either youth or adult) as well as the overall RQMC total. This will assist in interpreting how different demographics are accessing service, as well as assist in providing an overall picture of access and service by county contract (youth and adult). Our goal is to provide the Behavioral Health Advisory Board with meaningful data that will aid in your decision making and advocacy efforts while still providing a snapshot of the overall systems of care.

#### AGE OF PERSONS SERVED

##### Children, Youth, & Young Adult System

##### Adult & Older Adult System

##### RQMC

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

#### Persons Admitted to...

Outpatient Services	21	25	6	4	27	27	4	
Total	56				58			114
Crisis Services	4	15	7	8	35	33	7	
Total	34				75			109

#### Unduplicated Persons...

Served in December	277	248	69	50	224	334	45	
Total	644				603			1,247
Served Fiscal Year to Date	413	417	147	90	421	526	104	
Total	1,067				1,051			2,118

#### Identified As...

Male	549	539	1,088
Female	508	510	1,018
Non-Binary and Transgender	10	2	12
White	551	850	1,401
Hispanic	276	55	331
American Indian	76	64	140
Asian	11	13	24
African American	33	22	55
Other/Undisclosed	121	46	167

#### YTD Persons by location...

Ukiah Area	1160
Willits Area	268
North County	83
Anderson Valley	24
North Coast	487
South Coast	48
OOC/OOS	48



AGE OF PERSONS SERVED

Children, Youth, & Young Adult System

Adult & Older Adult System

RQMC

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

Total Number of...

Emergency Crisis Assessments Dec	5	29	7	16	49	61	9	
Total	57				119			176

Emergency Crisis Assessments YTD	36	182	76	81	315	342	69	
Total	375				726			1,101

by location...	
Ukiah Valley Medical Center	393
Crisis Center-Walk Ins	396
Mendocino Coast District Hospital	166
Howard Memorial Hospital	115
Jail	18
Juvenile Hall	7
Schools	2
Community	4
FQHCs	

by insurance...	
Medi-Cal/Partnership	748
Private	129
Medi/Medi	126
Medicare	39
Indigent	51
Consolidated	0
Private/Medi-Cal	4
VA	4

AGE OF PERSONS SERVED

Children, Youth, & Young Adult System

Adult & Older Adult System

RQMC

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

Total Number of...

Inpatient Hospitalizations Dec	2	7	4	6	19	21	4	
Total	19				44			63

Inpatient Hospitalizations YTD	12	61	25	31	126	96	17	
Total	129				239			368

by location...	
Aurora- Santa Rosa**	45
Restpadd Redding/RedBluff**	120
St. Helena**	145
Sierra Vista**	5
John Muir**	2
San Jose BH**	10
St Marys**	5
Marin	4
Heritage Oaks	4
VA	5
Other	23

by criteria...	
Danger to Self	186
Gravely Disabled	106
Danger to Others	4
Combination	72

at discharge...	
292 Discharged to Mendocino Cnty	
247 Had a Post-Hospital Session	
Avg 0.7 days to Exit Interview	



AGE OF PERSONS SERVED

Children, Youth, & Young Adult System

Adult & Older Adult System

RQMC

0-11	12-17	18-21	22-24	25-40	41-64	65+	Total
------	-------	-------	-------	-------	-------	-----	-------

Total Number of...

Crisis Line Contacts December	10	57	13	21	135	204	18	
Total	101				357			458

\*There were 57 logged calls where age was not disclosed. Those have been added to the total.

Crisis Line Contacts YTD	61	295	108	115	976	982	97	
Total	579				2,055			2,634

by reason for call...	
Increase in Symptoms	658
Phone Support	743
Information Only	504
Suicidal ideation/Threat	437
Self-Injurious Behavior	27
Access to Services	162
Aggression towards Others	28
Resources/Linkages	75

by time of day...	
08:00am-05:00pm	1716
05:00pm-08:00am	918

YTD Calls from Law Enforcement to Crisis		
TOTAL: 293		
MCSO: 100	CHP: 4	WPD: 19
FBPD: 44	Jail: 59	UPD: 67

Total Number of...

Full Service Partners Nov	Youth	TAY	Adult	BHC	Elder	Outreach	
Total	4	21	68	10	6	37	146

Total Number of...

Full Service Partners YTD	Youth	TAY	Adult	BHC	Elder	Outreach	
Total	4	21	70	10	7	38	150

Contract Usage	Budgeted	YTD
Medi-Cal (50% FFP)	\$14,000,000.00	\$6,748,135.00
MHSA	\$1,791,450.00	\$887,215.00
ReAlignment	\$505,000.00	\$320,876.00
Medication Management	\$1,100,000.00	\$153,435.00

Estimated Expected FFP	December	YTD
Expected FFP	\$406,000.00	\$3,450,785.00



Meds Management	Dec	Dec	FY YTD	FY YTD
	Ukiah	Fort Bragg	Ukiah	Fort Bragg
Adult Unduplicated Clients	133	54	370	133
Adult Services Provided	181	67	1189	405
Youth Unduplicated Clients	60	5	184	18
Youth Services Provided	62	6	406	38

Services Provided				
Whole System of Care	Dec	Dec	YTD	YTD
Count of Services Provided	Youth	Adults	Youth	Adults
*Assessment	146	158	1014	859
*Case Management	393	606	2528	3933
*Collateral	210	2	1381	14
*Crisis	78	163	484	993
*Family Therapy	206	0	1423	10
*Group Therapy	2		64	
*Group Rehab	305	111	2154	692
*ICC	366		2055	
*Individual Rehab	461	436	3239	2484
*Individual Therapy	731	245	4355	2050
*IHBS	132		893	
*Psychiatric Services	68	206	438	1450
*Plan Development	89	75	610	478
*TBS	29		466	
<b>Total</b>	<b>3216</b>	<b>2002</b>	<b>21,104</b>	<b>12,963</b>
No Show Rate	5.70%	9.00%	8.10%	8.75%
<b>Average Cost Per Beneficiary</b>	<b>\$882</b>	<b>\$672</b>	<b>\$3,503</b>	<b>\$2,417</b>

Count of Services by Area	Dec	Dec	YTD	YTD
	Youth	Adults	Youth	Adults
South Coast	13		78	
North Coast	286	503	1,894	3,704
North County	33		231	
Ukiah	2,609	1,483	16,924	9,040
Willits	275	16	1,977	219

Behavioral Health Recovery Services  
SUDT FY 2018-2019 Budget Summary  
Year to Date as of **January 31, 2019**

			EXPENDITURES					REVENUE						
	Program	FY 18/19 Approved Budget	Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	SUDT Overhead	0		559				559				80,851	80,851	(80,292)
2	County Wide Services	90,481		16,758				16,758					0	16,758
3	Drug Court Services	(935)	98,266	1,944				100,210		76,172			76,172	24,039
4	Ukiah Adult Treatment Services	(54,203)	237,468	17,092			(2,678)	251,882		12,451		50,098	62,549	189,333
	Women In Need of Drug Free													
5	Opportunities	425	68,471	2,571				71,042		79,295			79,295	(8,253)
6	Family Drug Court	(995)	139,021	3,615				142,635				812	812	141,823
8	Friday Night Live	(213)	3,131	668				3,799					0	3,799
9	Willits Adult Services	(397)	48,533	1,011				49,544					0	49,544
10	Fort Bragg Adult Services	7,858	94,064	30,745				124,809				145	145	124,664
11	Administration	(22,347)	143,200	107,787				250,987	8,316			1,208	9,523	241,464
12	Adolescent Services	(22,056)	151,965	2,972			(16,470)	138,467				4,525	4,525	133,941
13	Prevention Services	(18,146)	61,207	18,576				79,784				7,744	7,744	72,039
a	Total YTD Expenditures & Revenue		1,045,326	203,739	0	0	(19,148)	1,230,476	8,316	167,917	0	145,383	321,616	908,859
b	FY 2018-2019 Adjusted Budget	(20,528)	2,547,909	557,520	70,000	0	(604,587)	2,570,842	1,274,472	635,393	20,000	661,235	2,591,100	(20,258)
c	Variance		1,502,583	353,781	70,000	0	(585,439)	1,340,925	1,266,156	467,476	20,000	515,852	2,269,484	



## Behavioral Health Recovery Services

	Program	FY 18/19 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Total Net Cost
1	Community Services & Support	392,999		142,660			1,631,427	1,774,087	1,545,610	228,477
2	Prevention & Early Intervention	316,367		96,637			93,260	189,897	373,927	(184,030)
3	Innovation	1,271,493		22,898				22,898	98,402	(75,504)
4	Workforce Education & Training	150,000		12,229				12,229		12,229
5	Capital Facilities & Tech Needs	175,000		28,333				28,333		28,333
a	<b>Total YTD Expenditures &amp; Revenue</b>		-	302,756	-	-	1,724,688	2,027,444	2,017,939	9,505
b	<b>FY 2018-2019 Approved Budget</b>	2,305,859	0	3,027,085	0	0	3,961,161	6,988,246	4,682,837	2,305,409
c	<b>Variance</b>		-	2,724,329	-	-	2,236,473	4,960,802	2,664,898	2,295,904

\* Prudent Reserve Balance

\* WIC Section 5847 (a)(7) - Establishment & maintenance of a prudent reserve to ensure the county continues to be able to serve during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index.

Behavioral Health Recovery Services  
Mental Health FY 2018-2019 Budget Summary  
Year to Date as of **January 31, 2019**

			EXPENDITURES					REVENUE						
	Program	FY 18/19 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	Mental Health (Overhead)	(6,003,392)	8,041	114,025	8,079,088			8,201,154			6,105,920	3,713,291	9,819,210	(1,618,057)
2	Administration	910,124	341,805	126,856				468,661				53,206	53,206	415,455
3	CalWorks	(16,628)	50,556	464				51,020				25,449	25,449	25,572
4	Mobile Outreach Program	369,193	158,707	6,312				165,018				41,322	41,322	123,696
5	Adult Services	1,264,455	279,441	16,851	2,224,593			2,520,885				183,845	183,845	2,337,040
6	Path Grant	0		(68,180)				(68,180)					0	(68,180)
7	SAMHSA Grant	0		27,782				27,782					0	27,782
8	Mental Health Board	11,500		2,393				2,393					0	2,393
9	Business Services	833,729	332,580	4,462.67				337,042				50,968	50,968	286,075
10	Children Services	0						0					0	0
11	AB109	6,861	64,562	627				65,189	59,050				59,050	6,139
12	Conservatorship	2,456,866	58,111	44,060	132,674			234,845					0	234,845
13	QA/QI	695,605	334,035	2,837				336,872				907	907	335,965
a	Total YTD Expenditures & Revenue		1,627,838	278,487	10,436,356	0	0	12,342,681	59,050	0	6,105,920	4,068,987	10,233,957	2,108,724
b	FY 2018-2019 Adjusted Budget	528,313	4,221,366	2,404,426	17,146,774	0	56,150	23,828,716	5,906,692	4,180,046	8,125,307	5,088,358	23,300,403	528,313
c	Variance		2,593,528	2,125,939	6,710,418	0	56,150	11,486,035	5,847,642	4,180,046	2,019,387	1,019,371	13,066,446	(1,580,411)

# **Behavioral Health Advisory Board Director's Report**

## **February 2019**

### **1. Board of Supervisors:**

#### a) Recently passed items or presentations:

##### i) Mental Health:

Approval of Amendment to Agreement with Community Care on Palm to Provide Mandated Residential Mental Health Treatment, Effective through June 30, 2019

##### ii) Substance Use Disorders Treatment:

- None

#### b) Future BOS items or presentations:

##### i) Mental Health:

- Approval of Amendment with FIRST 5 Mendocino to Provide the Positive Parenting Program that focuses on Strengthening Positive Parenting Communication and Managing Common Behavioral Issues and that Meets Mental Health Services Act-Prevention and Early Intervention Criteria, Effective through June 30, 2020
- Approval of Agreement with Mendocino Coast Hospitality Center – Old Coast Café to Provide Vocational Services to Clients with Mental Health Challenges Effective through June 30, 2020
- Discussion and Possible Action Including Direction Regarding Presentation from the Behavioral Health Advisory Board

##### ii) Substance Use Disorders Treatment:

- None

### **2. Staffing Updates:**

#### January:

##### a) New Hires:

Mental Health: 0

Substance Use Disorders Treatment: 0

- b) Promotions:  
Mental Health: 0  
Substance Use Disorders Treatment: 0

- c) Departures:  
Mental Health: Compliance Manager  
Substance Use Disorders Treatment: 0

### **3. Audits/Site Reviews:**

- a) Upcoming/scheduled:
  - Department of Health Care Services triennial review completed January 9-10, 2019, waiting for results.

### **4. Grievances/Appeals:**

- a) Grievances – 0
- b) Second Opinion – 0
- c) Change of Providers – 0
- d) Provider Appeals – 0
- e) Client Appeals – 0

### **5. Meetings of Interest:**

- a) MHSA Forum & Quality Improvement Committee Joint Meeting: March 28, 2019; 5 pm - 7 pm, Yuki Trails, 23000 Henderson Road, Covelo, CA 95428. Video conferenced to Mendocino Coast Hospitality Center, 101 N. Franklin St., Fort Bragg, CA 95437
- b) Cultural Diversity Committee Meeting: February 27, 2019; 3:30 pm - 5:30 pm, Willits Integrated Service Center, Atlantic Room 472 E. Valley St., Willits, CA 95490

### **6. Grant Opportunities:**

- a) No Place Like Home

## 7. Assisted Outpatient Treatment (AOT), AB 1421/Laura's Law:

### a) Updates on Program:

- William Riley AOT Coordinator is accepting and triaging referrals

Referrals to date:	46
Did not meet AOT Criteria:	38
Currently in Investigation/Screening/Referral:	7
Settlement Agreement/Full AOT	1
Other:	0

## 8. Educational Opportunities/ Information:

- MHSA Forum & Quality Improvement Committee Joint Meeting: March 28, 2019; 5 pm - 7 pm, Yuki Trails, 23000 Henderson Road, Covelo, CA 95428. Video conferenced to Mendocino Coast Hospitality Center, 101 N. Franklin St., Fort Bragg, CA 95437
- Cultural Diversity Committee Meeting: February 27, 2019; 3:30 pm - 5:30 pm, Willits Integrated Service Center, Atlantic Room 472 E. Valley St., Willits, CA 95490
- SafeTALK (suicide prevention training): March 20, 2019; 1 pm - 4 pm. Harwood Hall, Laytonville Healthy Start Family Resource Center 444000 Willis Ave., Laytonville, CA 95454
- Crisis Intervention Team Training (Three days): April 4th -6th , 2019; 8 am - 5 pm, Consolidated Tribal Health Project, 6991 N. State Street, Redwood Valley, CA 95490 (For Law Enforcement, First Responders, and Behavioral Health Providers)

## 9. Mental Health Services Act (MHSA):

- MHSA Forum & Quality Improvement Committee Joint Meeting: March 28, 2019; 5 pm - 7 pm, Yuki Trails, 23000 Henderson Road, Covelo, CA 95428. Video conferenced to Mendocino Coast Hospitality Center, 101 N. Franklin St., Fort Bragg, CA 95437

## 10. Lanterman Petris Short Conservatorships (LPS):

- Number of individuals on LPS Conservatorships = 57

## **11. Substance Use Disorder Treatment Services:**

a) Number of Substance Use Disorder Treatment Clients Served in December 2018:

- Total number of clients served = 77
- Total number of services provided = 316
- Fort Bragg: 7 clients served for a total of 32 services provided
- Ukiah: 55 clients served for a total of 236 services provided
- Willits: 8 clients served for a total of 37 services provided

## **12. Contracts in Process:**

a) None

## **13. Capital Facility Projects:**

a) **Orchard Project**

- Aka: SB 82 Wellness Grant, Crisis Residential Treatment, Crisis Center
- Agency: Redwood Community Services
- Purpose: One stop crisis campus to include Crisis Residential Treatment
- Status: Property had been purchased
- Status Update: Extension granted for use of funds through 2021.
- Next steps: Development for use
- Funding: SB82 Grant
- Possible Funding Options: California Development Block Grant (County CDBG in May) and Measure B funding (pending RFP process)

b) **Willow Terrace Project**

- Aka: MHSA Housing, Gobbi Street
- Agency: Rural Community Housing Development Corporation
- Purpose: 38 unit apartment complex
- Status: Construction is going well, Referral processes are being finalized, and preliminary FSP referral candidates are being discussed.
- Funding: MHSA Housing, Affordable Housing Program, and California Tax Credit
- Ground breaking ceremony was held on March 29, 2018

- Applications being collected and submitted to RCHDC for review and preliminary approval. 79 Applications submitted, with more collected on a regular basis
- Proposed opening: May 2019, possibly earlier depending on construction



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# County of Mendocino

Health and Human Services Agency

Behavioral Health and Recovery Services

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**Mental Health Services Act  
Three Year Program and Expenditures Plan 2017-2020  
Annual Update 2018-2019**



WELLNESS • RECOVERY • RESILIENCE



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# Message from the Behavioral Health Director

## Message from the Behavioral Health Director

Dear Community Members,

First, I would like to acknowledge the tremendous contributions of the stakeholders that participated in the development of the Mental Health Service Act Three Year Program and Expenditure Plan for FY 2017-2018 through 2019-2020. The stakeholders, Behavioral Health Advisory Board Members, contractors, and staff have worked hard to ensure a solid planning process and we appreciate the support and dedication.

We have been busy over the last three years working to implement and deliver the services in the last Three Year Program and Expenditure Plan. During the last three years, some of the highlights were:

- Approved and initiated of MHSA Innovation Project with Mental Health Services Oversight and Accountability Commission.
- Started planning and development on the MHSA Housing project.
- Expanded Community Services and Supports programs to include additional culturally targeted programs in the outlying areas.
- Created and distributed suicide awareness bracelets with the slogan "Speak Against Silence."
- Traveled throughout the community attending farmer markets and community events providing mental health awareness and education on mental health services within the community and suicide prevention.
- Provided Applied Suicide Intervention Skills Trainings and SafeTALK to the community.
- Provided an array of services to support the recovery of serious mental illness to Full Service Partners.

This Three Year Plan, and Annual Updates represents not only a recommitment to many valued programs but also brings the addition of some new programs.

Community involvement is essential in designing the wide array of services provided under the Mental Health Services Act. We look forward to the on-going participation of our stakeholders, Behavioral Health Advisory Board Members, and contractors over the next three years.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jenine Miller, Psy.D.", with a stylized flourish at the end.

Jenine Miller, Psy.D.  
Behavioral Health Director,

<b>County Mental Health Director</b> Name: Jenine Miller Telephone Number: (707) 472-2341 E-mail: <a href="mailto:millerje@mendocinocounty.org">millerje@mendocinocounty.org</a>	<b>Auditor/Controller</b> Name: Lloyd B. Weer, Auditor/Controller Telephone Number: (707) 234-6860 E-mail: <a href="mailto:weerl@mendocinocounty.org">weerl@mendocinocounty.org</a>
Mailing Address: Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

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

The Annual Update to the Three 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 Annual Plan was circulated to stakeholders and any interested party for 30-days for review and comment. In addition, the local Behavioral Health Advisory Board held a public hearing on the MHSA Three Year Plan. All input has been considered with adjustments made, as appropriate. The Annual Plan and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on XXXXX. The Three Year Plan and Expenditure Plan was adopted by the County Board of Supervisors on November 7, 2017.

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 Three Year Plan are true and correct.

Jenine Miller, Psy.D.  
Mendocino County  
Behavioral Health Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>County Mental Health Director</b> Name: Jenine Miller Telephone Number: (707) 472-2341 E-mail: <a href="mailto:millerje@mendocinocounty.org">millerje@mendocinocounty.org</a>	<b>Auditor/Controller</b> Name: Lloyd B. Weer, Auditor/Controller Telephone Number: (707) 234-6860 E-mail: <a href="mailto:weerl@mendocinocounty.org">weerl@mendocinocounty.org</a>
Mailing Address: Mendocino County Health and Human Services Agency Behavioral Health and Recovery Services 1120 S. Dora Street Ukiah, CA 95482	

I hereby certify that the Annual Plan and Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) Sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with the approved plan and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve account in accordance with the approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC Section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Jenine Miller, Psy.D.

Local Mental Health Director/Designee	Signature	Date
---------------------------------------	-----------	------

I hereby certify that for the fiscal year ended June 30, 2017, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Lloyd Weer, Auditor/Controller

County Auditor Controller / City Financial Officer	Signature	Date
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## Introduction

### **History of the Mental Health Service Act**

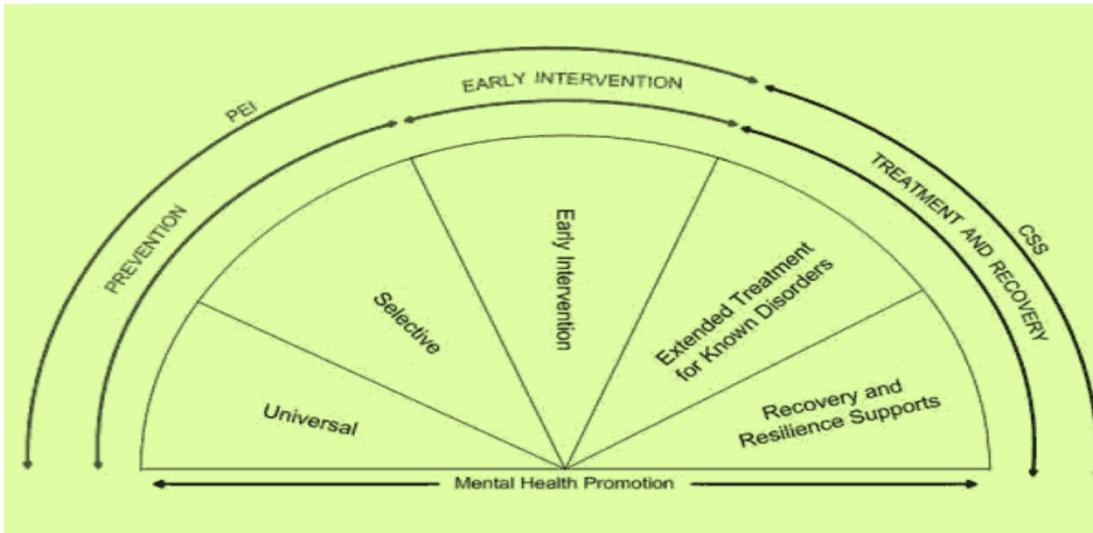
More than two million children, adults, and seniors are affected by potentially disabling mental illnesses every year in California. Forty years ago, the State of California shut down many state hospitals for people with severe mental illnesses without providing adequate funding for community mental health services. To address the urgent need for recovery-based, accessible community-based mental health services, former Assembly member Darrell Steinberg, along with mental health community partners, introduced Proposition 63, the Mental Health Services Act (MHSA). California voters approved Prop 63 in 2004 and MHSA was enacted into law on January 1, 2005 by placing a one percent (1%) tax on incomes above \$1 million.

MHSA was designed to provide a wide range of prevention, early intervention, and treatment services, including the necessary infrastructure, technology, and enhancement of the mental health workforce to support it.

### **California's MHSA Vision**

- To facilitate community collaboration
- To promote cultural competence
- To develop criteria and procedures for reporting of county and state performance outcomes
- To create individual and family-driven programs
- To adopt a wellness, recovery, and resilience-focus
- To facilitate integrated service experience
- To design outcomes-based programs

The below diagram shows the spectrum of MHSA services from prevention through treatment and recovery:



### **Three Year Program and Expenditure Plan with Annual Planning Component**

The California Welfare and Institution Code (WIC) Section 5847 states that each county mental health department shall prepare a Three Year Program and Expenditure Plan that addresses each of the five components of the Mental Health Service Act. These plans shall be updated annually to express the outcomes and expenditures for the previous year. This document presents the annual update to the planning process.

### **MHSA Components**

Proposition 63, also known as the Mental Health Services Act (MHSA), is made up of five funding components: Community Services & Support; Prevention & Early Intervention; Innovation; Capital Facilities & Technological Needs; and Workforce Education & Training.

#### **Community Services and Support**

Community Services and Support (CSS) is the largest component of the MHSA. The CSS funding stream is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service delivery experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component. No substantive changes are planned in CSS for Fiscal Year 18-19.

#### **Prevention and Early Intervention**

The goal of Prevention and Early Intervention (PEI) is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from



untreated mental illness. The PEI component requires collaboration with consumers and their family members in the development of PEI projects and programs. Four new PEI programs were added in Fiscal Year 18-19 funded through PEI reversion dollars for the remainder of the Three Year Plan.

### **Innovation**

The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration, and increase access to services through untested innovative programming. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. Two new Innovation programs were added for development in Fiscal Year 18-19 and funded through reverted Innovation funding.

### **Capital Facilities and Technological Needs**

The Capital Facilities and Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support and increase peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. CFTN funding that was scheduled to be reverted will be considered reverted and reallocated as per Department of Health Care Services Information Notice 17-059.

### **Workforce Education and Training**

The goal of the Workforce Education and Training (WET) component is to fund the development of a diverse workforce and address the shortage of licensed and non-licensed professionals. Clients and families/caregivers may also receive training to help others, to promote wellness, and other positive mental health outcomes. The funding stream focuses on improving the delivery of client-and family-driven services, providing outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and includes the viewpoints and expertise of clients and their families/caregivers. WET funding that was scheduled to be reverted will be considered reverted and reallocated as per Department of Health Care Services Information Notice 17-059.

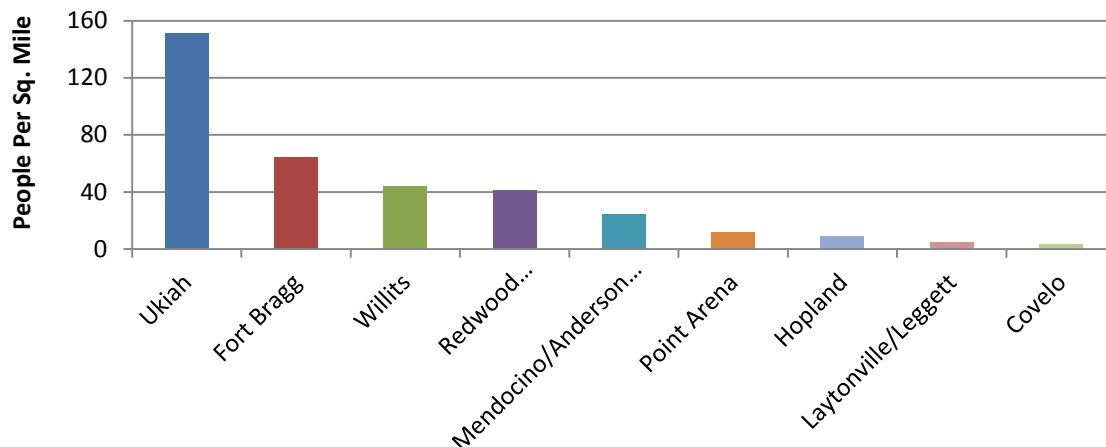


## County Demographics

Mendocino County is 3,878 square miles, and is located in Northern California spanning eighty-four (84) miles from north-to-south and forty-two (42) miles east-to-west. It is the 15<sup>th</sup> largest by area of California's counties.<sup>1</sup> Mendocino County is situated north of Sonoma County, south of Humboldt and Trinity counties, west of Lake, Glen, and Tehama counties, and is bordered on the west by the Pacific Ocean. Mendocino County's terrain is mostly mountainous with elevations rising over 6,000 feet, with lakes, fertile valleys, expansive rivers, and thick forests containing redwood, pine, fir, and oak.

The US Census Bureau provides the following data on population trends: Mendocino County had a population of 87,841 in 2010, with an estimated current population of 88,018 in 2017.<sup>2</sup> Mendocino County is the 38<sup>th</sup> largest county by population of California's counties. Mendocino County is comprised of twenty-three (23) cities, towns, and census designated places: Albion; Anchor Bay; Boonville; Brooktrails; Calpella; Caspar; Cleone; Comptche; Covelo; Fort Bragg; Hopland; Laytonville; Leggett; Little River; Manchester; Mendocino; Philo; Point Arena; Potter Valley; Redwood Valley; Talmage; Ukiah; and Willits. The county is divided into nine (9) subdivisions. These nine (9) subdivisions vary sizably, and the most densely populated area is Ukiah. Ukiah has 152 people per square mile excluding water areas. The least densely populated area is Covelo, which only has three people per square mile.<sup>3</sup>

### Population Density



In 2016, the US Census Bureau estimated that 65.5% of Mendocino County's population identify as White (not Hispanic or Latino), 25% Hispanic or Latino, 1.0% African American, 6.3% American Indian/Alaska Native, 2.1% Asian, 0.2% Native Hawaiian or Pacific Islander, and 4%

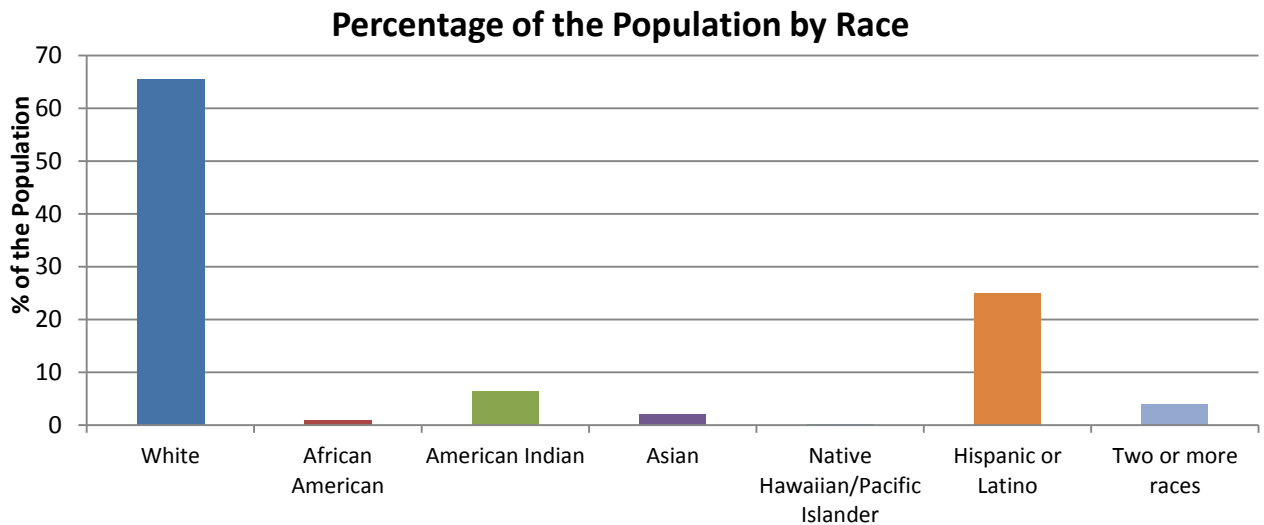
<sup>1</sup> (Center for Economic Development, 2010)

<sup>2</sup> (U.S Department of Commerce, 2016)

<sup>3</sup> (Cedar Lake Ventures Inc: Statistical Atlas, 2015)

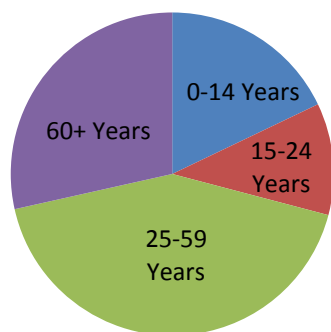


identify as belonging to two or more ethnicities. Please note, that this exceeds 100% as the percentages overlap in some categories. Furthermore, statistics show that 49.7% of the population is male and 50.3% female.<sup>4</sup>

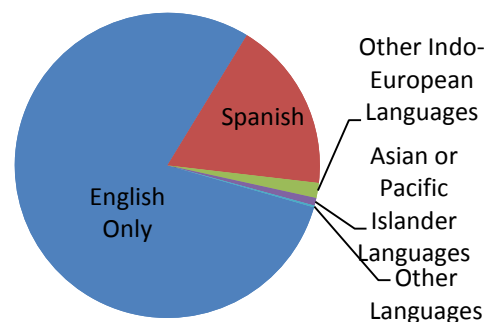


The 2016 population estimates show that in Mendocino County 17.9% of the population are children 0-14 years of age, 11.2% are Transition Age Youth 15-24 years of age, 42.4% are Adults 25-59 years of age, and 28.5% are Older Adults 60 years of age and older.<sup>5</sup> The majority of the population, at 79.2%, identify as English speaking only, with 20.8% speaking languages other than English. Of the individuals who identify as speaking languages other than English, 18.1% speak Spanish, 1.6% speak other Indo-European languages, 0.9% speaks Asian & Pacific Islander languages, and 0.2% speaks other languages.<sup>6</sup>

### Population by Age Range



### Languages Used in the County



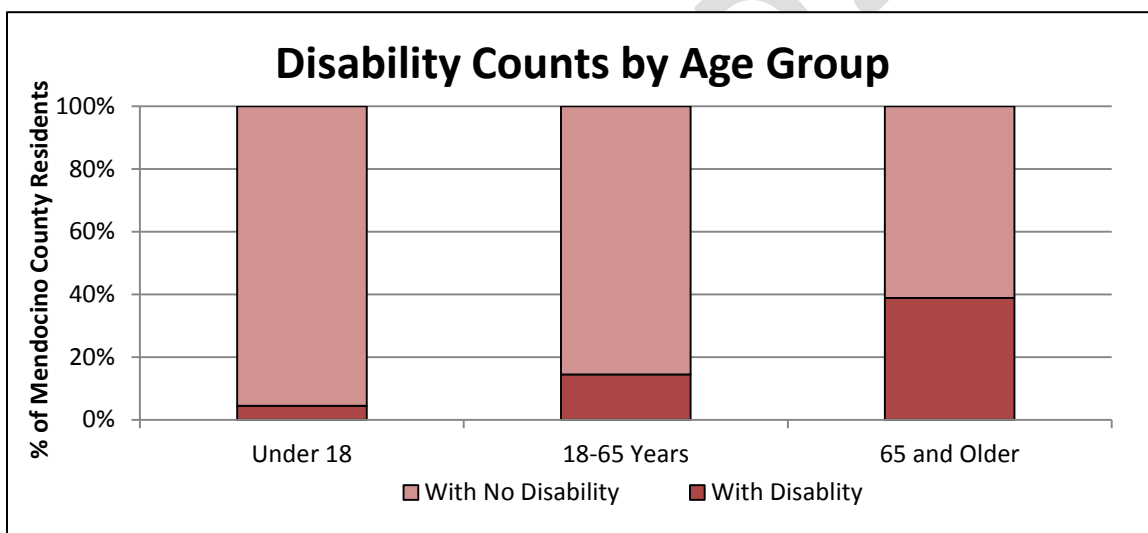
<sup>4</sup> (U.S Department of Commerce, 2016)

<sup>5</sup> It should be noted that the US Census Bureau data for age ranges does not use the same age ranges as Full Service Partnership (FSP) age categories.

<sup>6</sup> (U.S Department of Commerce, 2016)

Many individuals living in the more rural areas of the County have limited access to resources due to the vast distances to travel to more heavily populated areas. Services are located primarily in Ukiah, Willits, and Fort Bragg. The amount of time it takes to drive to an area where resources are available varies due to mountainous terrain, poor road conditions, and inclement weather. Furthermore, there are very limited public transportation options within the county. No public bus routes go farther north than Willits or Fort Bragg. In addition, the Mendocino Transit Authority has a limited number of routes. For instance, the longest route (Route 65) only leaves twice during week days from Santa Rosa to go north, and two times a week from Fort Bragg to go south.<sup>7</sup>

The US Census Bureau provides other statistics through the American Community Survey (ACS). The 2016 ACS data indicates that Mendocino County's total civilian non-institutionalized population (not including those incarcerated, in mental facilities, in homes for the aged, or on active duty in the armed forces) consists of 86,630 people, and that the percentage of those with a disability is 16.9%. Of the percentage of civilian non-institutionalized population who are under age 18, 4.4% have a disability. Those between 18-65 years of age, 14.4% have a disability, and of the population that is 65 years of age or older, 38.8% have a disability.<sup>8</sup>



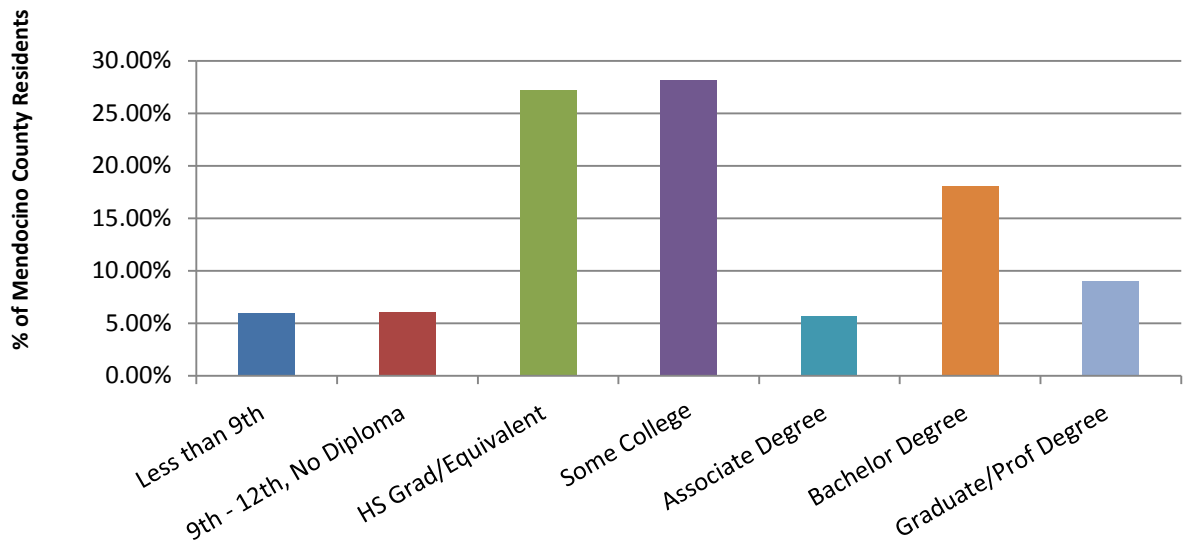
According to 2016 estimates of the US Census Bureau and ACS, 86.5% of Mendocino County residents were high school graduates or an equivalent. Of those who graduated high school, 24.1% obtained a bachelor's degree or higher. Additionally, the data indicates that 6.3% have less than a 9<sup>th</sup> grade education, 7.2% have a 9<sup>th</sup>-12<sup>th</sup> grade education but no diploma, 27.1% are high school graduates or equivalent, 30.0% have some college but no degree, 7.8% have an associate's degree, 14.7% have a bachelor's degree and 8.4% have a graduate or professional degree.<sup>9</sup>

<sup>7</sup> (Mendocino Transit Authority, 2016)

<sup>8</sup> (U.S. Department of Commerce, 2016)

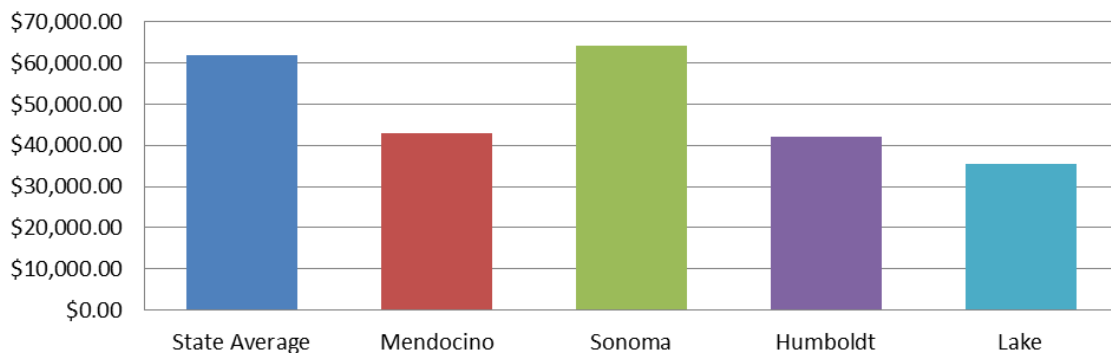
<sup>9</sup> (U.S. Department of Commerce, 2016)

## County Education Completion Rates



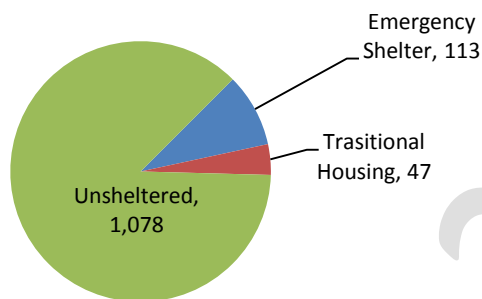
The US Census Bureau and the ACS define a household as consisting of one or more persons, related or otherwise, who are living in the same residence. According to the data collected in 2016, the median household income in Mendocino County was estimated to be \$43,809, which is 35% lower than the state median of \$67,739. Compared to surrounding counties, Mendocino County's median household income is 40.7% lower than Sonoma County's, but 1.5% higher than Humboldt County, and 4% higher than Lake County.

## Median Household Income

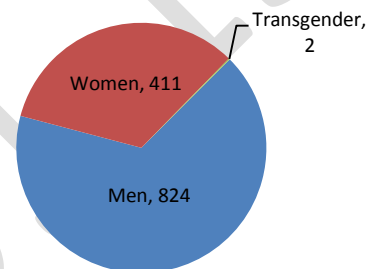


The Mendocino County Continuum of Care for the Homeless (CoC), which is convened and facilitated by the Adult and Aging System of Care of the Mendocino County Health and Human Services Agency, conducts a Point-in-Time (PIT) Count Survey of the homeless biannually pursuant to federal Department of Housing and Urban Development (HUD) instructions. The PIT census numbers show that as of January 2017 Mendocino County had 1,078 unsheltered individuals experiencing homelessness, 113 in emergency shelters, and 47 in transitional housing. Of the individuals who were experiencing homelessness, 825 were male, 411 were female and 2 were transgendered.<sup>10</sup>

### Homeless Population Sheltered/Unsheltered



### Homeless Population by Gender



<sup>10</sup> (Mendocino County Continuum of Care, 2017)

## Works Cited

Cedar Lake Ventures Inc: Statistical Atlas, 2015. *Statistical Atlas: Population of Mendocino County, California*. [Online]  
Available at: <https://statisticalatlas.com/county/California/Mendocino-County/Population>  
[Accessed 22nd January 2018].

Center for Economic Development, 2010. *City of Ukiah*. [Online]  
Available at: <http://www.cityofukiah.com/NewWeb/wp-content/uploads/2013/10/Mendocino-Econocmic-and-Demographic-Profile-2011.pdf>  
[Accessed 22nd January 2018].

Mendocino County Continuum of Care, 2017. *Point-in-Time Count CA-509 Mendocino County CoC*. [Online]  
Available at:  
[http://www.healthymendocino.org/content/sites/mendocino/chna\\_images/2017\\_PIT\\_HUD\\_HDX\\_Submission.pdf](http://www.healthymendocino.org/content/sites/mendocino/chna_images/2017_PIT_HUD_HDX_Submission.pdf)  
[Accessed 22nd January 2018].

Mendocino Transit Authority, 2016. *Mendocino Transit Authority: Route 65*. [Online]  
Available at: <http://mendocinotransit.org/routes/route-65/>  
[Accessed 22nd January 2018].

U.S Department of Commerce, 2016. *Quick Facts: Mendocino County, California*. [Online]  
Available at:  
<https://www.census.gov/quickfacts/fact/table/mendocinocountycalifornia/PST045217>  
[Accessed 22nd January 2018].

U.S. Boundary, Data, Graphs, Tools, and Services, 2018. *USBoundary.com*. [Online]  
Available at: <http://usboundary.com>  
[Accessed 11 April 2018].

U.S. Department of Commerce, 2016. *American Fact Finder: Disability Status by Age*. [Online]  
Available at:  
[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_SP\\_L\\_K201801&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_SP_L_K201801&prodType=table)  
[Accessed 22nd January 2018].



## Community Program Planning

Mendocino County's Community Program Planning (CPP) process for the development of the Mental Health Services Act (MHSA) Annual Plan for Fiscal Years (FY) 2018-2019 includes obtaining stakeholder input in a variety of ways. MHSA Forums, Stakeholder Committee Meetings, Program/Fiscal Management Group Meetings, Behavioral Health Advisory Board Meetings, and e-mailed suggestions through the MHSA website are utilized for gathering stakeholder input. Mendocino County is continuously reviewing CPP processes to improve and expand the methods with which stakeholder feedback is collected.

### **Stakeholder Description**

Mendocino County stakeholders are: individuals with mental illness including children, youth, adults, and seniors; family members of consumers with mental illness; service providers; educators; law enforcement officials; veterans; substance use treatment providers; health care providers; community based organizations; and other concerned community members. The stakeholder list is updated regularly and based on community members, providers, and consumers' interest in participating.

#### **Some of our CPP stakeholders include:**

- Action Network
- Alliance for Rural Community Health Clinics (ARCH)
- Anderson Valley School District
- The Arbor Youth Resource Center
- Coastal Seniors, Inc.
- Coast Wellness & Recovery Center
- Community Care/Area Agency on Aging
- Consolidated Tribal Health Project, Inc.
- Ford Street Project
- FIRST 5 Mendocino
- Hospitality House
- Interfaith Shelter Network
- Laytonville Healthy Start
- Manzanita Services, Inc.
- Mendocino Community College
- Mendocino Coast Clinic
- Mendocino Coast Hospitality Center
- Mendocino Community Health Clinic
- Mendocino County AIDS/Viral Hepatitis Network (MCAVHN)
- Mendocino County Behavioral Health Advisory Board
- Mendocino County Office of Education

- Mendocino County Probation Department
- Mendocino County Health and Human Services (HHSA)
- Mendocino County HHSA Public Health
- Mendocino County HHSA Behavioral Health and Recovery Services
- Mendocino County HHSA Adult Services
- Mendocino County HHSA Child Welfare Services
- Mendocino County Sheriff's Office
- Mendocino County Youth Project
- NAMI Mendocino
- Native Connections
- Nuestra Alianza de Willits
- Pinoleville Band of Pomo Indians/Vocational Rehabilitation Program
- Point Arena School District
- Project Sanctuary
- Raise and Shine
- Redwood Community Services
- Redwood Coast Medical Services
- Redwood Coast Regional Center
- Redwood Coast Senior Center
- Redwood Quality Management Company
- Round Valley Indian Health Center
- Safe Passage Family Resource Center
- Senior Peer Counseling
- State Council on Developmentally Disabled
- Tapestry Family Services
- Ukiah Police Department
- Ukiah Senior Center
- Willits Community Center
- Willits High School
- Redwood Coast Medical Services
- Yuki Trails

### **Local Stakeholder Process**

Mendocino County has an ongoing Community Planning Process (CPP). Mendocino County's MHSA team adapts stakeholder processes to ensure that stakeholders reflect the diversity and demographics of Mendocino County, including, but not limited to geographic location, age, gender, ethnic diversity, and target populations. Mendocino County endeavors to approach and engage all stakeholders, taking special effort to engage those in rural areas and the underserved populations by having meetings in consumer friendly environments including outlying areas. In developing our MHSA Annual Plan for fiscal year 2018-19, CPP included the following events/meetings:

1. MHSA Forums to discuss services for all Consumers; Children (0-15), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60 +) in conjunction with the Quality Improvement Committee meetings
2. MHSA Joint Stakeholder Committee meetings
3. MHSA Program/Fiscal Management Group meetings
4. Behavioral Health Advisory Board meetings
5. County MHSA Website
6. Special Consumer Feedback events
7. Behavioral Health Advisory Board Public Hearing on the Three Year Plan
8. Public Posting of the Plan through the 30-day local review process
9. Board of Supervisors Public Hearing

#### **MHSA Stakeholder Forums**

MHSA Forums are held throughout the fiscal year and are focused on the services and needs of each specialty population: children; transitional age youth; adults; older adults; and their families. The forum time, length, and location varies in response to requests of stakeholders. Forums are held in various locations throughout the County to improve access to remote stakeholders.

Consumers and family members are encouraged to attend and share their experiences with accessing and receiving services, and to provide feedback on successes and challenges with these programs. Service providers are invited to attend and to share information about their programs, including successes and any barriers working with their target population. The public is invited to attend to learn about MHSA programs.

Forums are advertised in local newspaper and radio media, as well as the MHSA website. Flyers are posted in MHSA funded programs, mental health service delivery locations, county buildings, and other popular stakeholder locations with information regarding forums. Those who cannot attend forums but would like to share their feedback are encouraged to email Mendocino County's MHSA team or their service provider to represent their thoughts to the group during the forum.

When Mendocino County recognizes a drop in attendance at forums we make a concerted effort to identify the source of the decreased attendance and determine if there is a change that can be made to improve convenience to stakeholders attending (time of day, location, day of week, providing food, length of meeting, etc.) The Mendocino County MHSA team distributes a survey at the end of each forum to collect anonymous input from stakeholders who may not want to express their feedback verbally. Wherever possible, suggestions from MHSA Forums are incorporated into MHSA programs as soon as they can be. Suggestions that cannot be immediately responded to are



compiled for review and consideration for the Annual Plan Update. Suggestions that require more substantive program or funding allocations that cannot be accommodated within an Annual Plan Update are collected for consideration during the next MHSA Three Year Planning process. In an effort to make more efficient use of stakeholder time, in FY 17/18 Behavioral Health and Recovery Services (BHRS) joined stakeholder MHSA Forums with Quality Improvement Committee stakeholder meetings to improve efficiency of stakeholder time, as well as add additional options for participation such as video conferencing to improve access.

#### **MHSA Joint Stakeholder Meetings**

The MHSA Joint Stakeholder meetings allow for the MHSA team and the Behavioral Health Advisory Board to meet, discuss, and obtain input on the development of the MHSA Three Year Plan or Annual Plan. In the development of this Annual Plan for 2018-19, there were meetings with the Behavioral Health Advisory Board to allow for input and feedback on the plan. The MHSA Joint Stakeholder meetings are comprised of MHSA and Behavioral Health Advisory Board stakeholders, including: consumers, consumer family members, service providers, County BHRS Staff, community based organizations, Behavioral Health Advisory Board Members, and concerned citizens.

#### **MHSA Program/Fiscal Meetings**

The MHSA Program/Fiscal meetings are comprised of Behavioral Health and Recovery Services (BHRS) staff that provides oversight to the delivery of MHSA services including but not limited to the MHSA Coordinator and Fiscal staff. This group meets regularly and is responsible for budget administration, plan development, implementation, and ongoing evaluation of the delivery of MHSA services.

#### **Behavioral Health Advisory Board Meetings**

The Behavioral Health Advisory Board meets monthly and receives public comment on agenda and non-agenda items related to general mental health services. Behavioral Health Advisory Board meetings are held in various locations throughout the County to improve access to remote stakeholders.

#### **Mendocino County Mental Health Services Act Website**

Mendocino County's Mental Health Services Act Website posts the schedules, agendas, and other announcements for each of the five (5) MHSA components, as well as communicating other MHSA related news and events. The MHSA website is continuously updated with current information and announcements, as well as links to forms, surveys, training registrations, meeting agendas, meeting minutes, MHSA Three Year Plan, and Annual Updates. The MHSA Website can be found at: <https://www.mendocinocounty.org/government/health-and-human-services-agency/mental-health-services/mental-health-services-act>

#### **Quality Improvement Meetings**

The Quality Improvement Committee Meetings occur every other month to coordinate quality improvement activities throughout the mental health continuum of care. The meetings are designed to periodically assess client care and satisfaction, service delivery capacity, service accessibility, continuity of care and coordination, and clinical and fiscal outcomes. The Quality

Improvement Committee consists of members from BHRS, Redwood Quality Management Company, Patient's Rights Advocate, direct MHSA service providers, consumers, consumer family members, and concerned community members. Stakeholders attending the Quality Improvement Committee meetings have the opportunity to provide feedback on programs, submit issues or grievance forms, and learn statistics around service provision and access.

Increasing attendance to improve consumer, family member, and provider involvement is a goal of the committee. In an effort to make efficient use of stakeholder time, in Fiscal Year 17/18 MHSA Forums and Quality Improvement Committee stakeholder meetings were combined and additional options for participation are available, such as video conferencing, with other options actively explored. Through increased PSA postings, improved opportunities for listening in through video conferencing, and strategic placement of meeting locations, an increase in participation and attendance is expected.

#### **Consumer Feedback Events**

Consumer Feedback Events are designed to obtain client feedback regarding the success of programs by soliciting the input from consumers and their family members at identified mental health resource centers within the county. Mendocino County hosts two events per year for gathering feedback. Incentives for participation are offered. Consumer and peer staff are involved in the development and facilitation of the event.

#### **MHSA Issue Resolution Process**

The Issue Resolution Process ensures that all stakeholders, consumers, and family members have an opportunity to submit their concerns regarding Mendocino County's mental health contracted providers and MHSA funded programs and services. MHSA Issue Resolution forms are available at each MHSA provider site, on the Mental Health Services Website, and at all MHSA Forums. Issue Resolutions are tracked and reviewed during MHSA Program/Fiscal Management Group meetings to identify trends and problem areas that need to be addressed. All written issues are responded to formally, in writing. Issues that are raised verbally to MHSA providers or BHRS MHSA staff are documented and tracked as if the issue was submitted in writing. When trends are identified, they are reported on during MHSA Forums.

#### **MHSA Annual Summary**

The MHSA Annual Summary presents the MHSA activities of the preceding year. The Summary provides information and details about program accomplishments and participation, as well as any available outcome data or program evaluation.

#### **Public Review**

A draft of the Three Year Plan and the Annual Update Report is prepared and circulated for review and comment for at least 30 days. A copy is provided to stakeholder groups and any interested party who has requested a copy of the draft prior to Board of Supervisors approval.

#### **Community Priorities Identified through the Community Planning Process MHSA Forums throughout FY 18-19**

The Community Planning Process allows stakeholders to provide feedback on the MHSA services currently being provided. Feedback is gathered regarding the success and challenges of existing programs and information offered on continuing needs in the community. MHSA programs incorporate the needs identified by the community into the programs best suited to fill those needs.

**30 Day Public Comment, Public Posting of the Annual Update Plan throughout the 30 day local review process and Public Hearing**

This Annual Plan was made available to the public for review and comments over a 30-day period. Written and verbal comments are collected and consolidated during the Public Comment Period from June 27, 2018 to July 27, 2018, as well as during a Public Hearing on July 18, 2018. There was an additional Public Comment period from January 31, 2019 to March 3, 2019 to review changes made to budget detail and program target detail. The Public Hearing was held February XX, 2019. Public comments can be mailed, emailed, dropped off, telephoned, and/or submitted during the Public Hearing, provided verbally, or otherwise delivered to one of the BHRS MHSA Team members. All questions and comments collected during the 30 Day Public Comment Period are responded to in writing, and are attached at the end of the Annual Plan.

A copy of the Annual Plan is posted on the County MHSA website with an announcement of the 30-day Public Review and Comment period. Public Hearing information is also posted on the County MHSA website. The website posting provides contact information allowing for input on the plan in person, by phone, email, or by mail.

Copies of the Annual Plan are made available for public review at multiple locations across the County, which included MHSA funded programs, County BHRS buildings, key service delivery sites, and Mental Health Clinics. MHSA funded programs are asked to review and open dialogue with consumers and family members during meetings/groups/client counsel activities. A copy is also distributed via email to all members of the Behavioral Health Advisory Board and any MHSA Stakeholder members that provided email addresses or requested a copy.

**Public Comments on the Annual Update Plan & Responses:**

See Appendix A for Public Comments from the July 2018 Public Comment Period.

See Appendix B for Public Comments from the January 2019 Public Comment Period.



## Community Services and Supports

Through the MHSA Annual Plan for Fiscal Year 2018-2019, the delivery of outpatient mental health services continues to be expanded through Mendocino County's transformation of specialty mental health service delivery. Service delivery is coordinated through an Integrated Care Coordination Model of mental health services. As services are increasingly integrated, more programs move from serving targeted populations, such as an age specific program, to a program that has the ability to serve consumers of all ages and needs, with a "no wrong door" approach.

Programs will monitor and evaluate effectiveness, and strive to improve and promote both the mental health and recovery of consumers and the quality and efficiency of the service system. Mendocino County uses evidence-based measurement tools including: Adult Needs and Strengths Assessment (ANSA) and Child Assessment of Needs and Strengths (CANS). Programs will use evaluation tools that demonstrate program outcomes and effectiveness. The use of evaluation tools allow for program planning and improvement. Programs will also evaluate consumer satisfaction. Data from measurement tools, evaluation tools, and consumer satisfaction surveys will be used to assess program efficiency, quality, and consumer satisfaction. Mendocino County will work with providers to refine tools and programs throughout the MHSA Annual Plan period to continually enhance the quality of mental health services to all. Data and measurements will be reported to the MHSA team quarterly and annually by unduplicated Community Supports and Services (CSS) age group categories; Children, Transitional Age Youth (TAY), Adults, and Older Adults.

### **Integrated Care Coordination Service Model**

The purpose of the Integrated Care Coordination service model is to better assist consumers with Serious Mental Illness (SMI) and Severe Emotional Disturbance (SED). The system transformation through the Administrative Service Organization (ASO) model and restructuring strategies are intended to promote focused system integration of comprehensive services across the mental health continuum of care. Mendocino County contracts with an Administrative Service Organization to facilitate and manage specialty mental health services and some Mental Health Services Act services with qualified subcontracted community based organizations. The integration of all programs including CSS promote long term sustainability and leveraging of existing resources to make the entire system more efficient, integrated, and coordinated. Priority focus of the Integrated Care Coordination service model will be on reducing high risk factors and behaviors to minimize higher levels of care needed, including hospitalization and other forms of long term care.

Underpinning the Integrated Care Coordination service model must be a "no wrong door" access to care approach, as well as program evaluation, promoting both the improved mental health and recovery of the consumer and the quality and efficiency of the service system. Mendocino County's Integrated Care Coordination of services includes leveraging and maximizing use of funding sources including specialty mental health services, MHSA funds, and other grant funding resources such as Whole Person Care.

### **Goals for the Mendocino County MHSA Annual Plan for FY 18-19**

- Reduce stigma and discrimination surrounding mental health treatment.
- Develop relationships with new partners.
- Position Mendocino County to be eligible for new funding opportunities.
- Further expand remote and rural services.
- Provide outreach, engagement, and information about mental health services and access services to consumers, schools, and families with children, remote rural areas, and the coast, through county staff, and community partners.
- Further development of supportive housing program.

**The Integrated Care Coordination mental health service model's key elements are based on collaborative and coordinated planning and include:**

**Recovery Oriented Consumer Driven Services**

Recovery is defined as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is a strength based process that includes: consumer driven goals, integrated team based problem solving, and consumer determined meaningful and productive life standard.

**Components of Recovery Oriented Consumer Driven Services are:**

- Closely work with the consumer to address their mental and physical health needs in a coordinated and integrated manner.
- Promote shared decision making, problem solving, and treatment planning.
- Maintain and promote linkages to family and support members as identified by the consumer.
- Maintain and promote Drop-In/Wellness Centers who focus on Wellness and Recovery services that support everyday life, promote resiliency and independence, utilize Peer Support and Mentoring, patient navigation and offer training for consumers to meet, retain and sustain education, employment, advocacy, and meaningful life goals.
- Promote a high quality of life for all consumers.

**Integrated Intensive Care Management**

- Decrease out-of-county placements and increase the percentage of mental health consumers living independently within their communities.

- Ensure timely follow up of contact, within an average goal of forty eight (48) hours of 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**

- Develop and implement integrated crisis services with medical Urgent Care in Ukiah and Immediate Care in Fort Bragg.
- Implement managed access to ensure all consumers enter the mental health system through a standardized triage and assessment. Screen consumers for medical necessity and refer 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.
- Support individuals to navigate through the system, utilizing the Wellness and Resource Centers, use care integration, and identify medical homes.

#### **Quality Improvement**

- Ensure that all contracts include MHSA outcome measures and efficiency standards to improve cost effectiveness of services. Outcome measure reports shall be delivered by all programs across all age categories (Child, TAY, Adult, and Older Adult). Mendocino County mental health contract providers use internal reviews and oversight to monitor quality improvement activities. External Quality Assurance/Quality Improvement processes review improvement measures over time.
- Utilize data reports to monitor and support staff productivity goals.
- Utilize the Quality Improvement Committee's data and evaluation models to improve access and quality of services.
- Finalize the process of moving mental health records to a fully electronic record system, and build improved and secure electronic record data sharing protocols between providers.
- Develop a training program for Mendocino County staff and mental health contracted providers for delivering evidence-base practices, improving customer service, and delivering culturally sensitive services.

#### **Collaboration with Community Partners**

- Continue to develop collaborations with local law enforcement and the criminal justice system department to establish services that reduce recidivism rates and ensures community re-entry. Through Mental Health Plan and MHSA contract providers, coordinate

the referral of consumers to a medical facility for medication support. Refer consumers to treatment services, community services, housing, vocational, and other resources. Provide treatment plan, follow up transportation, and care management services.

- Integration with Primary Care Centers - Mendocino County Mental Health contract providers will continue to develop and increase collaboration with medical care and primary care services providing integrated and coordinated services regarding treatment planning and care goals with identified medical home model of care, with “no wrong door” bi-directional referrals. Develop data models to monitor and improve health outcomes that increase life expectancies for the target populations.
- Deliver services in the least restrictive level of care needed to meet the client’s needs and recovery goals.
- Improve coordination and communication with the community around programs, activities, events, and resources available.
- Establish relationships and interface with natural leaders and influential community members among the more isolated and underserved groups in our community to promote expansion of services in those areas, to understand needs, to improve communication about services and awareness, and to encourage trust among the members of the community.



## Community Services and Support (CSS) Programs

### Children and Family Services Programs

The Children and Family Services Programs include services to children 0-15 years of age and their families, with a priority on underserved Latino and Native American children. Services may include family respite services, FSP, care management, rehabilitation, and therapeutic services. CSS programs include the implementation of an outcome measurement for all mental health contract providers. The use of outcome measure tools allow for evidence based decision-making and the review of treatment services, as well as identifying areas for improvement.

**Full Services Partnerships (FSP):** Up to three (3) FSP at a time receive an array of services to support wellness and promote the recovery from a severe emotional disturbance (SED). These services are provided by a network of mental health contract providers dedicated to working with the SED youth by helping to overcome barriers, identifying children and families in need, and engaging them in services. Outreach and engagement utilized where needed. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

- 1. Population Served:** Children under the age of 15 years of age with severe emotional disturbance (SED). Priority is given to the underserved Native American and Latino communities. Services provided in a culturally sensitive manner.
- 2. Services Provided:** Outreach and engagement, crisis prevention, post crisis support, linkage to individual/family counseling, rehabilitation, medication, and other necessary services. The “whatever it takes” model includes wrap-around, care management, and building client identified support systems.
- 3. Program Goals:** To support the health, well-being, and stability of the client/family and thereby reducing the risk for incarceration, hospitalization, and other forms of institutionalization through the provision of intensive support and resource building.
- 4. Program Evaluation Methods:** The program staff conducts evaluation activities that meet MHSA FSP requirements. This includes collecting demographic information on each individual person receiving services, information on the type of service delivered and frequency, and duration of services provided. Perception of Care surveys are collected annually and at the end/termination of services. Data is collected using the Child Assessment of Needs (CANS) and FSP data collection and reporting requirements, the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). This data is reported to the MHSA Team throughout the year.

**Parent Partner Program:** Mendocino’s Parent Partner Program provides services through identified Family Resource Centers. Parent Partner Programs utilize peer support, providing support for families and parents through the use of those with personal experience. Culturally and



linguistically responsive parent partners collaborate with Family Resource Centers, Tribal communities, and other resources to provide support for parents of children with risk factors in remote areas. This is a General Service Delivery program.

1. **Population Served:** Children, youth, and families in rural communities. This program aims to serve 150 youth and families per year.
2. **Services Provided:** Parenting classes and family support to those needing assistance with navigating public support systems.
3. **Program Goals:** To provide children, youth, and families with support and resources. Increase parenting skills, social supports, and other protective factors.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities and provides data to the MHSA Team. This includes collecting demographic data on each individual person receiving services, the type of service delivered, and the frequency and duration of services provided. An effectiveness survey is used to determine the overall success of the program annually and at the end/termination of services. Data is reported to the MHSA Team throughout the year.

### **Transition Age Youth (TAY) Programs**

TAY Programs provide services to the Transition Age Youth (TAY) 16-25, through FSP which include supported housing and wrap-around components. Priority is given through culturally sensitive services to the County's underserved Native American and Latino communities and remotely located communities by mental health contract providers. This type of CSS program includes evaluations to allow for evidenced based decision-making and review of treatment services, as well as identifying areas for improvement.

**Full Service Partnerships (FSP):** These services are provided by a network of mental health contract providers. Priority is given to the underserved Native American and Latino communities; with the goal of reducing disparities in these communities including reducing the likelihood of entering higher level of care, such as the criminal justice system and other institutions. Outreach and engagement utilized where needed. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

1. **Population Served:** Up to twenty-four (24) Transition Aged Youth at a time aged 16 to 25 with serious mental illness (SMI) or severe emotional disturbance (SED), with a priority for underserved Native American and Latino communities.
2. **Services Provided:** Outreach and engagement, crisis prevention, post crisis support, linkage to individual/family counseling, rehabilitation, medication, and other necessary services. The "whatever it takes" model includes wrap-around, care management, and building client identified support systems.

3. **Program Goals:** To support the mental health, physical health, well-being and stability of the client/family, improve outcomes and reduce the risk of higher levels of services, including hospitalization and/or incarceration, through the provision of intensive support services and resource building.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet MHSA FSP requirements. This includes collecting demographic information on each individual person receiving services, the type of service delivered, and the frequency and duration of services offered. Perception of Care surveys are collected annually and at the end of services. Information on timeliness of services and referrals to community services are also collected. Data is collected using the Child Assessment of Needs (CANS), Adult Needs and Strengths Assessment (ANSA) and FSP data collection and reporting requirements, the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

**TAY Wellness Program:** A supported Housing Program for eligible TAY (16-25) FSP youth. This is a General Service Development program.

1. **Population Served:** TAY, ages 16 to 25 with a serious mental illness (SMI) or severe emotional disturbance (SED), with a priority for underserved populations. This program aims to serve 24 TAY FSPs per year.
2. **Services Provided:** Supported housing, educational development and vocational development, finance management, life skills training, maintaining a clean productive housing environment, accessing mental and physical health care, and developing healthy coping and stress management tools.
3. **Program Goals:** Promote independence, improve resiliency and recovery, and develop healthy relationships, as well as healthy and strong social networks.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet MHSA FSP requirements. This includes collecting demographic information on each individual person receiving services, the type of service delivered, the frequency, and duration of services. Perception of Care surveys are collected annually and at the end/termination of services. Information on timeliness of services and referrals to community services is also collected. Data are collected using one or more of the following instruments: the Child Assessment of Needs (CANS), the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

**Youth Resource Center:** The Arbor Youth Resource Center is available to all youth aged 16-25, and provides outreach and engagement support services, as well as providing wellness and resiliency skills building. This is a General Service Development Program.

1. **Population Served:** Community youth ages 16 -25. This program aims to serve at least 350 youth per year.
2. **Services Provided:** Groups, classes, and workshops designed to promote life skills, independent living, vocational skills, educational skills, managing health care needs, and self-esteem. Services address youth and family communication, as well as parenting support. Services address both mental health and substance use issues, developing healthy social skills, and other topics relevant to youth. The Center provides a safe environment to promote healthy appropriate social relationships, peer support, and advocacy.
3. **Program Goals:** Promote independence, improve resiliency and recovery, and to develop healthy relationships and healthy and strong social networks.
4. **Program Evaluation Methods:** The program staff conduct evaluation activities to document the number of persons served, including demographic information on each individual person receiving services, the type of service delivered, the frequency, and duration of services. Perception of Care surveys are completed annually. Data is reported to the MHSA team on all services provided throughout the year.

### **Adult Services Programs**

Adult Service Programs focus on providing services for adults aged 26-59, to ensure consumers receive an array of services to support their recovery from the impacts of serious mental illness (SMI), build resiliency, and promote independent living. Services include FSP, Wellness and Recovery Centers, and Integration with Primary Care. This segment of the CSS program include implementation of outcome measures for all mental health contract providers to support evidenced based decision making and review of outcomes of treatment services, as well as identifying areas for improvement.

**Full Service Partnerships (FSP):** Up to seventy five (75) FSPs can be served at one time with these funds. FSP services are provided by a network of mental health contract providers. These services are targeted to those with SMI. Priority is given to the underserved Native American and Latino communities with the goal of reducing disparities within these communities. Outreach and engagement are utilized where needed. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

1. **Population Served:** Adults aged 26 to 59, with serious mental illness (SMI), with a priority for underserved Native American and Latino communities.
2. **Services Provided:** Outreach and engagement, crisis prevention, post crisis support, linkage to individual/family counseling, rehabilitation, medication, and other necessary services. The “whatever it takes” model includes wrap-around, care management, and building client identified support systems.

3. **Program Goals:** To support the mental health, physical health, well-being, and stability of the client; improve outcomes and reduce the risk of higher levels of services, including hospitalization and/or incarceration, through the provision of intensive support services and resource building.
4. **Program Evaluation Methods:** The program staff conduct evaluation activities which meet MHSA/CSS requirements. This includes collecting demographic information on each individual person receiving services, the type of service delivered, the frequency, and duration of services. Perception of Care surveys are collected annually and at the end/termination of services. Information on timeliness of services and referrals to community services is also collected. Data is collected using the Adult Needs and Strengths Assessment (ANSA) and FSP data collection and reporting requirements: the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

### **Older Adult Services Programs**

Older Adult Service Programs provide services for persons 60 years and older, which includes an array of services to support recovery from impacts of SMI, supporting and improving quality of life, resiliency, and maintaining independence. Outreach and engagement utilized where needed. This segment of the CSS program includes the implementation of an outcome measure for all mental health contract providers to support evidence based decision-making, as well as identifying areas for improvement.

**Full Service Partnerships (FSP):** Up to fourteen (14) FSPs are available at a time for Older Adults. These services are provided by a network of mental health contract providers. Outreach and engagement services utilized as needed. Priority is given to the underserved Native American and Latino communities, with the goal of reducing disparities within these communities. FSP services can be utilized by qualifying individuals that are indigent or uninsured.

1. **Population Served:** Older Adults, 60 years and older, with SMI with a priority for underserved Native American and Latino communities.
2. **Services Provided:** Crisis and post crisis support, linkage to individual/family counseling, and other necessary services to meet the needs of the individual. The “whatever it takes” model includes wrap-around, care management, and building client identified support systems.
3. **Program Goals:** To support the mental health, physical health, well-being and stability of the client/family, improve outcomes and reduce the risk of higher levels of services, including hospitalization, through the provision of intensive support services and resource building.

4. **Program Evaluation Methods:** The program staff conduct evaluation activities that meet MHSA FSP requirements. This includes collecting demographic information on each individual person receiving services, the type of service delivered, the frequency, and duration of services. Perception of Care surveys are collected annually and at the end/termination of services. Information on timeliness of services and referrals to community services is also collected. Data is collected using the Adult Needs and Strengths Assessment (ANSA) and FSP data collection and reporting requirements: the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

### **Programs that Cross the Lifespan**

These integrated programs provide services to more than one age group. Quarterly data reporting is categorized by age group.

***Outreach and Engagement Activities:*** All Mendocino County contract providers conduct outreach and engagement activities to identify and engage unserved, underserved, and inappropriately served populations of all ages in the community that are experiencing mental illness symptoms, but are unable or unwilling to seek out services and support. The services seek to develop rapport and engagement with consumers that, without special outreach, would likely continue to be unserved, underserved, or inappropriately served. Without services, these individuals are at risk for higher levels of care including hospitalization, long-term placement, or incarceration.

1. **Population Served:** Mendocino County residents that meet the criteria for serious mental illness (SMI). Priority is given to underserved priority populations. These programs aim to serve between 450 and 500 clients in total.
2. **Services Provided:** Outreach and engagement activities to help individuals access the appropriate level of care. These services include wraparound services to individuals in crisis to both prevent further crisis episodes, targeted outreach or supports for individuals in underserved communities, and linguistic supports for individuals that may need support to access services.
3. **Program Goals:** Support recovery, independence, and resiliency development for individuals that are not currently engaging adequately with specialty mental health services. Identify individuals that qualify for Full Service Partnerships, engage and connect them to appropriate service providers. These services may include psychiatric services to those with no other resources until FSP is established.
4. **Program Evaluation Methods:** Identify individuals that may meet criteria for Full Service Partnership, and track service through inclusion and priority criteria process in accordance with MHSA policies. Mental health contract providers track the clients served, and report data by age categories, (Child, TAY, Adult, Older Adult).

***Therapeutic Services to Latino, Native American, and /or Tribal Government Communities:***

Service providers, such as Round Valley Indian Health, Consolidated Tribal Health, and Action Network, offer outreach and engagement services, and when needed, a higher intensity therapeutic service to Latino and Native American community members and families throughout the county.

1. **Population Served:** Mendocino County residents that meet the criteria for Serious Mental Illness (SMI). Priority is given to underserved Native American and Latino communities.
2. **Services Provided:** Outreach, engagement, and therapeutic services. Culturally and linguistically responsive contracted staff provides services. These programs aim to serve between 300-400 clients.
3. **Program Goals:** Improve access and engagement of services for underserved cultural populations with mental health needs.
4. **Program Evaluation Methods:** Mental health contract providers track the clients served and report data by age categories, (Child, TAY, Adult, Older Adult) to the MHSA team quarterly.

***Behavioral Health Court (BHC):*** BHC is a collaborative therapeutic court with a team comprised of the Superior Court staff, District Attorney, Public Defender, Probation, Sheriff's Office, and County Behavioral Health professionals. This program is a FSP program for adults aged 18 and older, (TAY, Adult, and Older Adults). Up to 10 clients at a time can be served through this program.

The BHC collaborative team assesses and reviews individuals that are in the criminal justice system and their crime is believed to be related to mental health symptoms. Those that qualify for FSP are approved by the Mendocino County MHSA team. The objective of this program is to keep eligible individuals with mental illness from moving further into the criminal justice system by using a FSP model of intensive and integrated care management combined with the authority of the courts to engage in treatment, manage symptoms, develop positive supports, and reduce criminal behaviors. This program provides mental health services for those most at risk for incarceration, and when participants complete the program they are transitioned to other outpatient services.

1. **Population Served:** Adults ages 18 and older, who are identified and referred by the BHC collaborative team. Individuals in the criminal justice system who also have symptoms of mental illness impacting their behavior.
2. **Services Provided:** Mental health services, linkage to individual/family counseling, crisis and post crisis support, and other necessary services. The "whatever it takes" model includes wrap-around, care management, and building client identified support systems.
3. **Program Goals:** To support the mental health, physical health, well-being and stability of the individual, improve outcomes, and reduce the risk of higher levels of services, including hospitalization or further incarceration through the provision of

intensive support services and resource building. To increase engagement with outpatient services.

4. **Program Evaluation Methods:** The program staff conduct evaluation activities that meet MHSA FSP requirements. This includes collecting demographic information on each individual person receiving services, the type of service delivered, the frequency, and duration of services. Perception of Care surveys are collected annually and at the end/termination of services. Information on timeliness of services and referrals to community services is also collected. Data is collected using the Adult Needs and Strengths Assessment (ANSA) and FSP data collection and reporting requirements: the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

***Adult Wellness and Recovery Centers and Family Resource Centers:*** Wellness Centers are currently located in Ukiah, Willits, and Fort Bragg. Family Resource Centers are available in Willits, Fort Bragg, Laytonville, Covelo, Point Arena, and Gualala. These centers provide outreach and engagement resources for FSP and other Adults and Older Adults with serious mental illness (SMI). The centers also provide outreach and engagement services for those not already identified and engaged in services for the SMI population. The Wellness Centers provide a safe environment that promotes access to services, peer support, self-advocacy, and personalized recovery. Whole Person Care provides the opportunity to enhance services at these outreach centers. These are General Service Development programs.

1. **Population Served:** Adults over the age of 18. Wellness centers aim to serve approximately 700 clients total, with individual services varying relative the size of the community they serve.
2. **Services Provided:** Linkage to counseling, mental health, and other support services such as life skills training, nutrition, exercise education, financial management support, patient navigation, dual diagnosis support, vocational education, educational support, health management support, self-esteem building, and developing healthy social relationships. These resource centers will be located in Ukiah, Fort Bragg, Laytonville, Round Valley, Point Arena, and Gualala.
3. **Program Goals:** To build resiliency and promote well-being, stability, independence, and recovery. Wellness and Resource Centers are an added support for Full Service Partners, and will track and document the number of Full Service Partners they serve.
4. **Program Evaluation Methods:** These programs provide program data on the number of individuals receiving services, the type of services delivered (groups, trainings, etc.), the frequency, and duration of services provided. Perception of Care surveys are collected at least annually, and pre and post service delivery.

**MHSA Housing Program:** The MHSA Housing Program is permanent supported housing, and includes provision of FSP “whatever it takes” wrap-around supportive services for the tenants. Mental health contract providers will provide support services. Willow Terrace, the MHSA supported Housing Program is in its developmental stage. Rural Community Housing Development Corporation (RCHDC) plans to begin construction in 2018 with the proposed opening May 2019.

1. **Population Served:** Adults over the age of 18 and families who meet the criteria for SMI, FSP, are homeless, or at risk for homelessness, or are returning home to Mendocino County from higher levels of care (i.e. hospitals and out-of-county Board and Care). The MHSA Housing Program will aim to house 37 FSPs a year in supported housing.
2. **Services Provided:** Supported housing, crisis prevention planning, post crisis support, referrals and connection to mental health services, and other necessary services. The “whatever it takes” model includes wrap-around, care management, and building client identified support systems.
3. **Program Goals:** To build resiliency and promote well-being, stability, independence, and recovery through supported housing. To reduce the risk of homelessness, need for higher levels of mental health care, incarceration, or other types of institutionalization.
4. **Program Evaluation Methods:** Data to be collected includes the number of clients housed, Adult Needs and Strengths Assessment (ANSA), and FSP data collection and reporting requirements: the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data will be reported to the MHSA team throughout the year.

**Dual Diagnosis Program:** Mental Health and Substance Use Disorder Treatment (SUDT) services for those with a SED or SMI. Co-occurring specific group and individual services are offered, as well as assessment, treatment planning, crisis prevention and intervention, collateral sessions with family and support people, and ultimately discharge planning. The Dual Diagnosis Program promotes a healthy, balanced lifestyle, free of alcohol and other drug abuse. Whole Person Care provides the opportunity to expand dual diagnosis resources. This is an Outreach and Engagement Program.

1. **Population Served:** Adults over the age of 18 who experience co-occurring Serious Mental Illness and Substance Use Disorders. This program aims to serve up to forty (40) clients per year.
2. **Services Provided:** Mental Health and substance use disorder treatment assessment, treatment planning, crisis prevention and intervention, co-occurring disorders group, and individual counseling.



3. **Program Goals:** Support individuals with a dual diagnosis of mental illness and substance use who endeavor to maintain a healthy lifestyle free of alcohol and other drugs.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities to document the number of persons served, including demographics, number of groups provided, and perception surveys. Data is reported throughout the year on all services provided. Data is reported by CSS age categories (Child, TAY, Adult, and Older Adults).

***Assisted Outpatient Treatment (AOT) (also known as Laura's Law):*** The Assisted Outpatient Treatment program was implemented as a pilot on January 1, 2016 to determine the level of need in Mendocino County. All referred clients are screened for meeting criteria. Those that are screened and meet the nine criteria outlined in Welfare and Institutions Code 5346 are referred for assessment and investigation by a Licensed Mental Health Practitioner for formal petition to the court for court monitored treatment planning and care. Four (4) clients at a time are able to be supported with AOT housing services. Qualified AOT clients will be enrolled as Full Service Partnerships. Those clients that do not meet the nine criteria for AOT, are triaged and linked to appropriate outpatient and community services by the AOT Coordinator. Whole Person Care provides the opportunity to expand information and knowledge about AOT and increase referrals to the program.

1. **Population Served:** Adults over 18 years of age with SMI and meet nine (9) AOT criteria. This program aims to serve four (4) fully enrolled AOT clients. This program provides housing resources for those that qualify for full AOT services.
2. **Services Provided:** Referral screening, outreach, and triage for referred clients. For those that meet the nine criteria, services include court monitored treatment planning and specialty mental health services. Treatment planning and care include pre and post crisis support, wrap-around support, crisis support, transportation to medical appointments, linkage to counseling and other supportive services, and access to transitional housing when needed. Support for life skills development, education, managing finances, and other appropriate integrated services according to individual client needs.
3. **Program Goals:** Minimize risk of danger to self and community by providing intensive court monitored treatment planning to address individual client needs until the client is able and willing to engage in outpatient services without oversight of the court, or no longer meets the risk criteria.
4. **Program Evaluation Methods:** The program monitors participation in outpatient treatment, reduction in danger to self and danger to others behavior, increased participation in pro-social, and recovery oriented behaviors. Program data is collected and shared throughout the year.

**Crisis Residential Treatment (CRT) Program:** Mendocino County is working in partnership with mental health contract providers to develop a CRT facility to be funded in part through the Investment in Mental Health Wellness Grant. Additional MHSA/CSS funding along with Medi-Cal reimbursable services for crisis residential treatment will sustain this program. The CRT facility will be a general service development program that will provide a therapeutic milieu for consumers in crisis who have a serious mental health diagnosis and may also have co-occurring substance use and/or physical health challenges to be monitored and supported through their crisis at a sub-acute level.

Each individual in the program will participate in an initial assessment period to evaluate ongoing need for crisis residential services, with emphasis on reducing inpatient hospitalizations when possible, reducing unnecessary emergency room visits for mental health emergencies, reducing the amount of time in the emergency room, and reducing trauma and stigma associated with out-of-county hospitalization. This program is currently in the development phase, with plans to develop and open doors in Fiscal Year 2018/19.

1. **Population Served:** Mendocino County residents aged 18 and older that are in crisis and at risk for hospitalization.
2. **Services Provided:** Crisis Residential Treatment services to support crisis prevention needs. Support intended to return client to independent living following a mental health crisis. This program will serve up to 10 clients at a time when complete, and will aim to serve 120 clients per year.
3. **Program Goals:** Reduce the negative impacts of out-of-county hospitalization, by increasing the continuum of crisis services available in Mendocino County.
4. **Program Evaluation Methods:** The program will provide quarterly data on all services provided. The program will monitor demographic information of clients served, the number of clients served that need to be hospitalized, description of groups or activities designed to reduce danger to self and danger to others behavior or to increase participation in pro-social, and recovery oriented behaviors.

#### **Summary of Targeted Population Groups**

Mendocino County MHSA team, Behavioral Health providers, mental health plan providers, and contractors provide comprehensive services to unserved and underserved persons of all ages who have a SED or SMI, or have acute symptoms that may necessitate higher levels of care. Specialized services target the age groups of Children (ages 0-15) and their families, Transition Age Youth (ages 16-25), Adults (ages 26-59), and Older Adults (ages 60 and older). Some programs serve clients spanning two or more of these age groups and are identified as Programs that Cross the Lifespan. These programs report services and outcome measures by the above stated age categories (Child, TAY, Adult, and Older Adult).

Services are provided to all ethnicities, with an emphasis on reaching out to Latino and Native American communities, which are identified underserved populations in Mendocino County. Mental Health contract providers utilize culturally and linguistically responsive individuals to

outreach to the underserved groups. Written documentation for all services is made available in English and Spanish, Mendocino County's two threshold languages. Interpreter services are available for monolingual consumers and their families when bilingual providers are not available. MHSA CSS programs and services are integrated and include coordination of the client's care to address their medical health home and whole health needs. The Integrated Care Coordination Model of Mental Health Services includes potential resource of last resort funding for a number of positions in the spectrum of MHSA services.



## Prevention and Early Intervention (PEI)

The goal of the Prevention and Early Intervention (PEI) Programs in Mendocino County is to provide prevention, education, and early intervention services for individuals of all ages. PEI services are focused on improving symptoms early in development with the intent of reducing the impact on life domains by addressing early signs and symptoms, increasing awareness, and providing early support.

Prevention and Early Intervention services prevent mental illnesses from becoming serious, severe, and persistent. The program shall emphasize improving timely access to services, in particular for underserved populations. Programs providing services in the MHSA plan provide data to the County on a quarterly and annual basis, in accordance with the regulations. At least 51% of Prevention and Early Intervention funding will aim to serve individuals under 25 to prevent the development of severe and chronic impact of the negative outcomes of severe mental illness.

Programs funded with Prevention and Early Intervention Component funds identify as one of the following: (Title 9, Section 3510.010)

- **Prevention Program**
- **Early Intervention Program**
- **Outreach for Increasing Recognition of Early Signs of Mental Illness Program**
- **Stigma and Discrimination Reduction Program**
- **Access and Linkage to Treatment Program – including Programs to Improve Timely Access to Services for Underserved Populations**
- **Suicide Prevention Program**

### **Prevention Programs:**

These programs focus on activities designed to identify and reduce risk factors for developing a potentially Serious Mental Illness, and build protective factors. Prevention programs serve individuals at risk of a mental illness, and can include relapse prevention for individuals in recovery. Prevention includes providing family support for the 0-15 age range to promote the development of protective factors.

***NAMI Mendocino Family/Peer Outreach, Education and Support Programs:*** NAMI Mendocino is a volunteer grassroots, self-help, support, and advocacy organization consisting of families and friends of people living with mental illness, clients, professionals, and members of the community. NAMI focuses on supporting the community, specifically those that are either living with mental illness or who feel alone and isolated. NAMI also provides support to friends and family members of those living with mental illness. These activities build protective factors and reduce the negative outcomes related to untreated mental illness.

**Status of MHSA Funding:** Program funded in the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** Individuals and their families, who are suffering first break, or other severe symptoms of mental illness in Mendocino County. NAMI will aim to serve at least 52 families per year, to provide at least three outreach events/classes, and will provide designated hours toward building the warm line.
2. **Services Provided:** Outreach, advocacy, and education to individuals and/or families that are in need of mental health support. Services may be provided in the home, office, or community setting. Provide outreach and support to those consumers who are in need of services but are not eligible for Medi-Cal or who are otherwise unwilling to engage in services previously offered. Provide education and training of volunteer facilitators in all NAMI programs throughout the county. Implementation of a proposed “designated hours” Warm Line based on volunteer availability.
3. **Program Goals:** To enhance the likelihood of individuals connecting with services early through outreach and engagement, while utilizing the strength of NAMI’s peer organization in creating personal connections. To increase resilience and protective factors through advocacy, education, socialization, and support.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements, providing quarterly demographic data on the number of persons who attend the trainings, number of training classes provided, and effectiveness surveys to determine the overall success of the program. A log of all calls to the Warm Line is submitted regularly.

***Adolescent School Based Prevention Services:*** Mendocino County Behavioral Health and Recovery Services, Substance Use Disorder Treatment (SUDT) Programs provide outreach, prevention, intervention, and counseling services that enhance the internal strengths and resiliency of children and adolescents with emotional disturbances, while addressing patterns of mental illness and co-occurring substance use symptoms. These programs include prevention and education groups, individual and group mental health treatment, substance-use treatment counseling, a variety of clean and sober healthy activities, and community service projects.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** Up to 150 children and youth with mental illness symptoms who are between the ages of 10 and 20, who have been identified as having used substances and have or are at risk of developing substance use disorders, or those who have been referred by law enforcement, mental health providers, or child welfare. These services are facilitated at Ukiah High School, South Valley High School, River Community School, Pomolita Middle School, Eagle Peak Middle School, West Hills School, and the New Beginnings Campus.

2. **Services Provided:** School based intervention programs to enhance youth's internal strengths and resiliency while addressing patterns of substance use.
3. **Program Goals:** Improved level of functioning in major life domains including mental health and substance use recovery, education, employment, family relationships, social connectedness, and physical and mental well-being. Outcomes include reduced substance use, increased school attendance, reduced contact with law enforcement, reduced emergency department use, and reduced substance related crisis and deaths.
4. **Program Evaluation Methods:** The program conducts evaluation activities that meet the PEI requirements. This includes collecting information on demographics, service type, frequency, and duration of services for all individuals receiving services. Perception of Care surveys are collected regularly and at the end of services. Information on timeliness of services and referrals to community services is collected. Staff report data to the County throughout the year.

***Whole Person Care Integrated Screening and Peer Support Services:*** An Integrated Care Specialist for the Whole Person Care project screens individuals with mental health and complex co-morbid medical diagnoses and connects clients with peer support specialists that provide additional support services relating to navigating needs beyond specialty mental health services. Clients that are screened to have the most severe medical issues are supported through peer support and clinical supports

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** Mendocino County Residents aged 18 and older who are participants of the Whole Person Care project. **This program aims to serve at least 150 clients per year.**
2. **Services Provided:** Assures client assessments and peer Wellness Coaches link individuals to appropriate services such as hospitals, clinics, specialty mental health providers, and other appropriate services.
3. **Program Goals:** Improve linkage for adults with mental illness to the needed services outside specialty mental health services and ensure engagement in those services in order to improve the overall health outcomes and reduce the negative impact of mental health diagnoses.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements, such as improvement in the number of clients served that are psychiatrically hospitalized, improvement in the number of clients hospitalized for medical reasons, reduction in the in the number of emergency department visits, and improvement in the number of clients served that are housed

as a result of participation. providing quarterly data on clients served, including demographic information, numbers of mental health transition support services provided , and the number of medical respite services provided. The program monitors referrals, and the number of individuals that successfully followed through with referrals.

**Senior Peer Services:** These programs are designed to reach out to the senior population both inland and on the coast. Through volunteer peer counselors and friendly visitors, seniors engage in pro-social and health related activities that increase protective factors and decrease risk factors for developing serious mental health issues.

**Status of MHSA Funding:** Programs may be funded in part with other resources and may include MHSA funding for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** Mendocino County residents over the age of 60 that are at risk for depression, isolation, and other risk factors because of isolation, medical changes, and ongoing triggers related to aging. **Each senior peer program will aim to serve at least 20 clients per year.**
2. **Services Provided:** Peer support including volunteer visitors and/or senior peer counselors.
3. **Program Goals:** To increase protective factors such as socialization, attention to medical and other health needs, and awareness of resources. To decrease client risk factors for depression, isolation, psychiatric hospitalizations, and to identify and appropriately refer clients showing signs of suicide risk.
4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the PEI requirements. The program will provide quarterly data on clients served, collect demographic information on persons served as well as utilize evidence based practice tools. Effectiveness surveys are completed annually and upon discharge from the program.

**Positive Parenting Program (Triple P):** First 5 Mendocino will provide services using the evidence-based Positive Parenting Program (Triple P) in a multi-family support group format, at no cost to parents of children up to 16 years of age. The curriculum utilizes a self-regulatory model that focuses on strengthening the positive attachment between parents and children by helping parents develop effective communication skills and manage common childhood behavioral issues.

**Status of MHSA Funding:** New program funded with PEI Reversion through FY 19/20.

1. **Population served:** Parents and caregivers of children up to age 16 residing in Mendocino County.
2. **Services Provided:** Six (6) one-hour seminars per year will be provided through local Family Resource Centers, targeting parents of children up to age 16. Eight (8) 8-week

groups per year of Triple P classes will be provided annually, to parents of children under age 16. Supervision and support to partnering agencies maintaining quality and consistency in the implementation of the program will be provided.

3. **Program Goals:** To improve parenting skills, increase sense of competence in parenting priorities, improve self-awareness of parenting issues, reduce parental stress, improve the mental health outcomes for children and parents, and improve parent-child relationships.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program will implement pre- and post- Parent Scale and pre- and post- Depression, Anxiety, Stress Scale (DASS). The program will provide number of groups held, number of attendees of each group, and location of each group quarterly for annual program evaluation.

### **Early Intervention Programs:**

These programs provide treatment and other interventions that address and promote recovery and related functional outcomes for individuals with serious mental illness early in the emergence stage. These programs also address the negative outcomes that may result from untreated mental illness. These programs shall not exceed 18 months for any individual; with the exception of individuals experiencing a first break psychosis.

***Anderson Valley Early Intervention Program:*** The Anderson Valley Early Intervention Program is a project of the Mendocino County Behavioral Health and Recovery Services and Anderson Valley Unified School District (AVUSD) providing early intervention services and treatment services to children and youth in the Anderson Valley area. These services focus on promoting recovery and providing early intervention for children and youth with early mental health symptoms.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** AVUSD to serve up to 80 students, ages 6-17, in Anderson Valley, who exhibit early signs of severe emotional disturbance (SED). With the intent to improve access to the underserved Latino community in Anderson Valley, the program provides culturally and linguistically responsive services to children and their families.
2. **Services Provided:** The program offers paraprofessional (non-clinical) groups for skills development and education in the school setting. Groups are led by school staffs that are supervised by a Marriage and Family Therapist (MFT) or other licensed professional. The focus is to provide students with the skills they need to navigate through a variety of personal, social, and school related situations, including sense of self-worth, and self-esteem. Providers work on communication and collaboration skills, decision making, negotiating, and compromising, learning to manage, and



regulate emotions. Students identified in the classroom groups as having symptoms or risk factors for SED receive referrals to clinicians for individual therapy and group rehabilitation to support resiliency and protective factors.

3. **Program Goals:** Improve mental wellbeing of identified SED youth, reduce the risk of developing a mental illness, and reduce the severity of impact of mental health issues by addressing early signs and symptoms, increasing awareness, and increasing early support.
4. **Program Evaluation:** The program staff conducts evaluation activities that meet the PEI requirements. This includes collecting demographic information on each individual receiving service, information on group services is collected, and on timeliness of services and referrals to community services. Data is reported to the county at least quarterly. Outcome information is collected at the beginning and end of services to demonstrate the effectiveness of services. AVUSD program staff utilizes an evidence based evaluation tool for both pre and post service. Collected data reported throughout the year.

### **Outreach Programs for Increasing Recognition of Early Signs of Mental Illness:**

Programs designed to engage, encourage, educate, train, and/or learn from potential clients or responders in order to more effectively recognize and respond to early signs of potentially serious mental illness. Outreach programs for Increasing Recognition of Early Signs of Mental Illness are required to provide the number of potential responders, the settings in which the potential responders were engaged, and the type of potential responders engaged in each setting.

***California Mental Health Services Authority (CalMHSA):*** Formed as a Joint Powers Authority (JPA), is a governmental entity started on July 1, 2009. The purpose is to serve as an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels. These programs include Know the Signs (KTS) Campaign for suicide prevention materials, Each Mind Matters mental health awareness materials, and other coordinated statewide efforts.

**Status of MHSA Funding:** Programs funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** All individuals that reside in Mendocino County who are interested in mental health services. CalMHSA will provide new materials to Mendocino County each year for distribution in the County.
2. **Services Provided:** The program supports counties in their efforts of implementing mental health services and educational programs. Currently programs that are implemented under Each Mind Matters include Walk in our Shoes, and Directing Change.

3. **Program Goals:** Promoting mental health, reducing the risk for mental illness, reducing stigma and discrimination, and diminishing the severity of symptoms of serious mental illness.
4. **Program Evaluation Methods:** Cal MHSA contracts with the RAND Corporation to conduct outcome evaluations. Since these Statewide PEI Projects are primarily focused on general outreach and education campaigns (not services or trainings), CalMHSA measures outreach through web hits and materials disseminated.

***Mental Health Awareness Activities:*** Mendocino County Behavioral Health and Recovery Services engages in multiple activities to increase awareness of symptoms, treatment, and available services, and that decrease stigma associated with mental illness. These activities include speaker events, outreach activities at Farmer's Markets and other special events, maintaining the MHSA website, sharing Public Service Announcements, and other special events throughout the year.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** All individuals in Mendocino County with an attempt to reach those who may need resource materials about mental illness symptoms, services, and treatment.
2. **Services Provided:** Approximately 1-3 speakers or educational events per year. Participation in health fairs, farmers markets, and other informing events 5-10 times throughout the year. Additional educational and awareness raising activities as requested by the community or as need arises.
3. **Program Goals:** To educate the community about mental health, to provide resources, and information on wellness and recovery possibilities. To educate the community about services available in the community for mental health needs. To increase likelihood of those in need accessing services through increased awareness, and efforts toward stigma reduction.
4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the PEI requirements. Mendocino County MSHA team tracks the number, location, and types of awareness activities and events provided or attended. For each event, Mendocino County MHSA team reports separately the number of individuals that attended speaker events, count of individuals that stopped by booths, and the amount of material handed out, including a breakdown of the different type of materials provided.

### **Stigma and Discrimination Reduction Programs:**

Activities or programs reduce negative feelings, improve attitudes/beliefs/perceptions, and reduce stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or for seeking mental health services. Programs can include social marketing

campaigns, speakers' events, targeted training, and web-based campaigns. Approaches are culturally congruent with the target population. Stigma and Discrimination Reduction programs report available numbers of individuals reached and, when available, demographic indicators. Programs identify what target population the program intends to influence, which attitudes, beliefs, and perceptions they intend to target, the activities and methods used in the program, how the method is expected to make change, and any applicable changes in attitudes beliefs and perceptions following program application.

***School Based Peer Support Programs - Point Arena:*** The project effectively responds to early signs of mental illness through collaboration between a mental health contract provider and the Point Arena School District (PASD) to provide early intervention services to students at PASD. Through school and classroom based groups, para professionals supervised by a clinical supervisor provide education, peer counseling, crisis counseling, family support, and referrals to identified programming. By providing services in the school setting, the program both allows for reduction of stigma related to being sent out of the classroom for services, as well as normalizing wellness and recovery.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** PASD has the capacity to serve up to 60 students from age 11 to 17 in Point Arena Schools.
2. **Services Provided:** Youth workers screen up to 60 students and utilize the Brief Screening Survey to assist the mental health contract provider to help reduce stigma and discrimination by providing services in the school setting and by normalizing wellness and self-care. A one-hour presentation to school staff and school counselors provides for the purpose of educating staff and improving the utilization of the screening tool. Youth workers also provide individual and group services to students under the supervision of a clinical supervisor.
3. **Program Goals:** Reduce negative perception of mental illness and/or discrimination for youth in PASD.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program provides the County with data on the number of screenings and presentations offered, the number of screenings completed, the number of referrals generated from screenings, the number of presentations, the number of individuals attending each presentation, where the presentations took place, and the target audience of the presentations

***Breaking the Silence:*** Mendocino County Youth Project provides services intended to respond to early signs of serious mental illness. Peer support and education groups which include interactive educational modules are offered to the youth at the middle school level throughout Mendocino County. Because the full classroom gets the education and wellness resources, there is a

destigmatizing of mental health wellness component to the program. Presentations are given to school-wide rallies.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** The program serves up to 200 school-aged youth with focus on middle school age youth, in the largest school districts including Ukiah, Willits, Redwood Valley, Point Arena, Fort Bragg, and Laytonville.
2. **Services Provided:** Youth that may benefit from receiving additional services are offered the opportunity to participate in on-campus groups, individual mentoring, Community Day School prevention, education programs, and weekly groups. Services are offered in Spanish and English.
3. **Program Goals:** To reduce negative perception of mental illness and/or discrimination for youth in Ukiah, Willits, Redwood Valley, Point Arena, Fort Bragg, and Laytonville schools.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program provides data on screenings and presentations offered, number of screenings completed, number of referrals generated from screenings, the number of presentations, number of individuals attending each presentation, where the presentation took place, and the target audience of the presentations.

**Round Valley Family Resource Center Native Connections:** In collaboration with the Mendocino County Suicide Prevention Committee provides several evidence based practice trainings such as suicide alertness and resiliency trainings, at no cost to the participants.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** A wide range of individuals, including participants of Native Connections, Round Valley Unified School District students in the middle school and high school age range, and adults interested in prevention and early intervention of mental health issues including suicide risk.
2. **Services Provided:** Three Mental Health First Aid Trainings (MHFA) for youth and three MHFA Trainings for adults, for up to 25 people per training will be provided annually. Four SafeTALK, suicide alertness trainings for up to 25 people will be provided annually. Three sessions of each of the Sons and Daughters of Tradition, up to 20 students per session are provided annually.
3. **Program Goals:** To increase awareness of mental illness, identification of suicide risk factors and supportive resources, and Native American Traditional resiliency

practices. To reduce the effects of poverty, stigma and discrimination, mental illnesses, and improve resiliency among community members.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program provides quarterly data on all services provided, including the number of groups, number of attendees, and demographic data as available. Program staff provides results from evaluation tools used in each curriculum, number of classes, number of participants, and locations of classes for all Native American programs.

**Old Coast Café Training Program:** Mendocino Coast Hospitality Center (MCHC) will provide vocational services and recovery opportunities for people with mental health challenges in an effort to reduce stigma by demonstrating that those with mental health concerns can be productive members of the community. The participants in the program will come from a variety of backgrounds and routes into the program.

**Status of MHSA Funding:** New program funded with PEI Reversion through FY 19/20.

1. **Population served:** Participants with mental health conditions that are developing work skills. Participants may be referred to the program through Welfare to Work, Mendocino College, MCHC, and other agencies serving clients who are or have been homeless. This program will aim to serve thirty (30) clients per year.
2. **Services Provided:** Flexible training elements will allow for people to participate in adaptable and individualized ways which relate to their needs and goals. “Soft work skills” modules, including resume building will be offered. Additionally, completion of college modules, and completion of in-house taught modules for individuals needing support in specific areas.
3. **Program Goals:** The program will provide vocational training to those in need, and support them on their own path towards self-sufficiency. To improve the community culture by contributing to a vibrant neighborhood.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program will measure the number of trainings provided, the number of individuals trained at each training, demographic information about those trained, and the number of individuals moving to permanent employment at the end of the training program.

**Cultural Diversity Committee and Disparity Reduction Project:** This is a program to expand training and educational opportunities for providers of behavioral health services by increasing information and feedback provided by underserved communities. The program will prioritize improving and increasing strategies for individuals by incentivizing and reimbursing shared lived experiences.

**Status of MHSA Funding:** New program funded with PEI Reversion through FY 19/20.

1. **Population served:** Mendocino county residents, in particular those that are of a cultural group that experiences disparities in behavioral health services. These can include cultural groups based on ethnicity, age, gender identity, or other cultural identities.
2. **Services Provided:** Improve the format of the Cultural Diversity Committee (CDC) Meetings utilizing Key Informant input from cultural leaders in the community. Test and practice strategies suggested by Key Informants and collect feedback from meeting participants about the success of strategies. Conduct at least three trainings per year on reducing disparities and promoting equity in behavioral health services in Mendocino County. Provide a stipend for individuals providing information and education based on their lived experience in Mendocino County. Include discussion and consideration of the immigrant and refugee experience and it's relation to trauma.
3. **Program Goals:** Improve attendance and participation by the community in CDC meetings by making them more relevant to consumers. Identify an increased number of strategies to improve equity in behavioral health services. Identify increased opportunities to train behavioral health providers in community informed and evidence-based culturally responsive practices.
4. **Program Evaluation Methods:** The program staff will conduct evaluation activities that meet the PEI requirements. The program will provide the County with data on the number of trainings completed, the number of committee meetings held, the number of Key Informant interviews conducted, the number of attendees at trainings/meetings, the results of satisfaction surveys completed following trainings/meetings, the number of stipends for cultural experts/cultural brokers, and the demographic composition of training participants.

### **Programs for Access and Linkage to Treatment:**

Programs or activities designed to connect children, youth, adults, or seniors with screening for mental health symptoms, as early as practicable, to refer individuals to services, as appropriate. These programs focus on screening, assessment, referrals, with access to mobile and telephone help-lines.

***Mobile Outreach and Prevention Services (MOPS):*** Mobile Outreach and Prevention Service is a collaboration between Mendocino County Behavioral Health and Recovery Services and the Mendocino County Sheriff's Office focusing on outreach to individuals at risk of going into mental health crisis in outlying target areas of the county. These areas are remote, with long distances to emergency rooms and crisis services. The team connects with clients in their neighborhoods and on the street to local and larger area resources prior to meeting 5150 criteria, thereby reducing the duration of untreated mental illness, and dependency on emergency room services. The targeted

outreach areas are North County, South Coast, and Anderson Valley. The program consists of three teams that include a Rehabilitation Specialist and a Sheriff Services Technician. Each team travels to the various communities in these outlying areas and meet with referred individuals that have been identified as in need of urgent services. Mobile Outreach also includes in-reach to the jail.

**Status of MHSA Funding:** Program funded in part through Investment in Mental Health Wellness Grant, Intergovernmental Transfer Grant funding, and Whole Person Care project. Program funded, in part, for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** Adults over 18, in the identified targeted areas that are experiencing mental health symptoms and referred by a health provider, law enforcement, specialty mental health provider, community member, or themselves for urgent intervention. This program will serve at least 75 clients per year.
2. **Services Provided:** Outreach, engagement, linkage, and rehabilitation services to those with mental health symptoms toward the reduction of symptoms, connection with natural supports and local resources, and development of pro-social skills to reduce likelihood of going into a mental health crisis.
3. **Program Goals:** Triage risk, assess immediate client needs, and link clients to appropriate resources in order to reduce dependence on law enforcement as a primary response to those in mental health crisis in remote locations. Improve utilization of local and preventative resources to address mental health needs before they develop into a crisis. Refer clients to appropriate levels of care needed to overcome mental health challenges.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. Data includes demographic information, program referral source, linkage to needed services, and the number of clients that followed through with referrals.

**Jail Discharge Linkage and Referral Services:** Facilitation of referrals to appropriate mental health and/or co-occurring services coordinated by a Jail Discharge Planner, to ensure that individuals with mental health and/or co-occurring issues leaving the jail are referred to appropriate behavioral health services. Due to staffing challenges, this program was not implemented in FY 17-18.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** Adults over 18, scheduled for release from jail that are experiencing mental health or co-occurring substance use symptoms. This program will aim to serve at least 52 clients per year.

2. **Services Provided:** Jail in-reach, engagement, linkage, and rehabilitation services to those with mental health symptoms toward reducing the time between release from jail and connection with outpatient supports.
3. **Program Goals:** Reduce time from incarceration to accessing necessary behavioral health resources. Identify immediate client needs, begin to link clients to appropriate resources in order to reduce duration of untreated behavioral health issues, and have a positive impact on jail recidivism. Improve utilization of local and preventative resources to address mental health needs before they develop into a crisis or re-incarceration. Refer clients to appropriate levels of care needed to overcome mental health or co-occurring challenges.
4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the PEI requirements. The program will provide quarterly data on clients served. Data will include demographic information, program referral source, linkage to needed services, and the number of clients that followed through with referrals.

### **Programs to Improve Timely Access to Services for Underserved Populations:**

Programs or activities designed to connect children, youth, adults, or seniors with screening for mental illness symptoms, as early as practicable, to refer individuals to services, as appropriate. The programs target services to those communities identified as underserved priorities for MHSA: Native American, Latino, homeless, and at risk for the criminal justice systems.

**Nuestra Alianza de Willits:** This program focuses on providing outreach and education to underserved Latino populations in Willits and surrounding areas.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** Spanish speaking children and families with mental illness symptoms in Willits and the surrounding areas. This program will aim to serve 500 clients per year.
2. **Services Provided:** Outreach, linkage, and engagement with the Latino population. Support services that focus on issues such as depression and suicide prevention. Referrals made to therapeutic counseling.
3. **Program Goals:** Increase awareness of depression and suicide to the Latino population, and connection to appropriate treatment services.
1. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program provides quarterly data on all services provided including number of referrals made, where the client was referred to, number of bus passes handed out for transportation aid, count of clients that followed through with the referral, and how long it took the client to follow through.



***Resource and Referral Services through Safe Passage Family Resource Center:*** Safe Passage Family Resource Center provides resources, classes, and other relevant services to the community. Safe Passage Family Resource Center programming enables Latino Family Advocates to serve as a liaison between school staff and Spanish speaking parents to become the “connector” for those in need of mental health counseling.

2. **Population Served:** Program serves up to 30 Spanish-speaking families within the Fort Bragg Unified School District, in need of mental health counseling as referred by a teacher, parent, or medical professional.
3. **Services Provided:** Referrals to local and non-local support agencies for therapeutic counseling and other appropriate services, such as domestic violence programs and mental health treatment. Follow up to ensure that individuals connect to referrals.
4. **Program Goals:** To improve connection between the Latino community and needed behavioral health services. To increase referral services to Spanish speaking families in order to improve long-term health outcomes.
5. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program provides quarterly data on all services provided. Data collected includes number of referrals made, where the client referred to, number of bus passes handed out for transportation aid, count of clients that followed through with the referral, and how long it took the client to follow through.

***Targeted Access to Tribal Government Communities for Increasing Access and engagement in Behavioral Health Services:*** Mendocino County will partner with Consolidated Tribal Health Project to engage each Mendocino County Tribal Government community in consultation and conversation about strategies to improve access and engagement to their members.

**Status of MHSA Funding:** New program funded with PEI Reversion through FY 19/20.

1. **Population served:** Each Tribal Government Community will be consulted to provide input on Access and Linkage strategies needed to address the unique engagement needs of their members. This program aims to serve 33 clients per quarter and facilitate four outreach events per year.
2. **Services Provided:** Expand outreach and engagement services to tribal government and tribal community members. Outreach and engagement strategies will be informed by and targeted toward each individual tribal community’s needs as identified by the tribal government.
3. **Program Goals:** To increase the number of tribal members that are accessing and engaging with behavioral health services.

4. **Program Evaluation Methods:** The program staff will conduct evaluation activities that meet PEI requirements. The program will provide quarterly data on the number of outreach/consultation sessions with tribal government. The program will provide quarterly data on the number of trainings/educational sessions conducted each quarter. The program will provide quarterly data on all services provided including number of referrals made, where individuals were referred to, numbers of referrals that were successfully followed through, and time frames for follow through.

### **Suicide Prevention Programs:**

Organized activities that seek to prevent suicide because of mental illness. These programs provide targeted information campaigns, suicide prevention networks, capacity-building programs, culturally sensitive specific approaches, survivor informed models, hotlines, web based resources, training, and education. Suicide Prevention programs report available numbers of individuals reached and demographic indicators. Programs identify what target population the program intends to influence, which attitudes, beliefs and perceptions they intend to target, the activities and methods used in the program, how the method creates change, and any applicable changes in attitudes, beliefs, and perceptions following program application.

***Mendocino County Suicide Prevention Project:*** Mendocino County Behavioral Health and Recovery Services (BHRS) maintain a relationship with North Bay Suicide Prevention Hotline as the regional suicide prevention hotline. Mendocino County BHRS provides suicide prevention, resource trainings, activities to promote suicide-risk resource awareness, and to improve county resident knowledge of suicide prevention skills and resources.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

1. **Population Served:** The program provides SafeTALK or ASIST trainings for up to 75 individuals over the age of 16, who are interested in learning about identification and prevention of suicide behavior over the course of each year. North Bay Suicide Prevention Hotline is available to all individuals in Mendocino County.
2. **Services Provided:** Suicide Prevention resources and concerns are addressed in MHSA Forums to determine needs of the community. This project includes collaboration with the North Bay Suicide Prevention Hotline, Mendocino County's Speak Against Silence wrist bands, and statewide outreach materials such as awareness raising materials that are printed with the North Bay Suicide Prevention Hotline number and/or the Mendocino County Access Line number, and are disseminated at awareness raising events. Mendocino County has a MHSA staff person that is certified to facilitate Applied Suicide Intervention Skills Training (ASIST) and SafeTALK trainings. These are evidence based suicide intervention and prevention techniques for the community and workforce. Mendocino County is

committed to provide a minimum of three of each of these trainings per year and has made special efforts to invite and provide these trainings to culturally diverse groups.

- 3. Program Goals:** Increase the awareness of signs and symptoms of suicidal thinking, increase awareness of suicide prevention skills and resources, and decrease suicide attempts and death by suicide locally.
- 4. Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program utilizes the evidence based feedback tools from each of the SafeTALK and ASIST trainings, as well as the number of attendees, locations of the trainings, and target audience of the training. North Bay Suicide Prevention Hotline tracks all calls and provides call reports on demographics of those using the hotline.

***Coastal Seniors- Community Suicide Prevention:*** Coastal Seniors provide Suicide Prevention Community Education for all community members who are interested in the reduction of community suicides.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- 1. Population Served:** Community members of all appropriate ages in the south coast area (from Irish Beach to the Mendocino-Sonoma County line) who are interested in reducing suicide risk. This program aims to provide forums four times per year.
- 2. Services Provided:** Community education and resource referrals regarding risk and protective factors for suicide. Community forums held at the Coastal Seniors' center once per quarter. Mental health information provided to Coastal Seniors clients once per month during a luncheon held at the center.
- 3. Program Goals:** Increase the awareness of signs and symptoms of suicidal thinking, increase awareness of suicide prevention skills and resources, and decrease suicide attempts and suicides in the south coast area.
- 4. Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program collects demographic information on persons receiving Suicide Prevention Education including number and types of services provided. That data submitted quarterly to allow the County to evaluate for effectiveness.

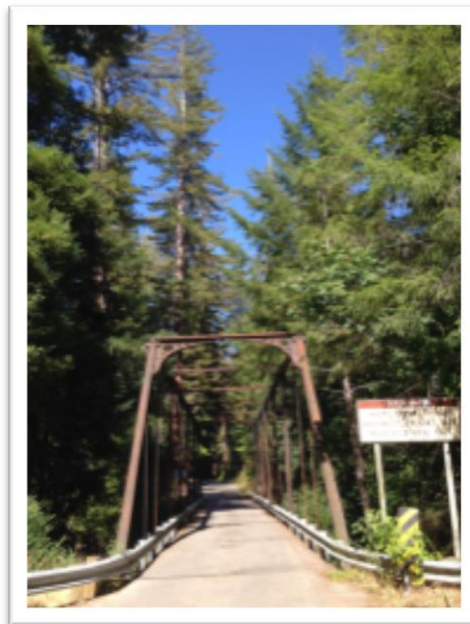
***Whole Person Care Suicide Prevention Screening:*** Participants of the Whole Person Care project with a new or recurrent diagnosis of depression and all clients seen in crisis are screened for suicide risk factors and referred to appropriate services when identified as being at risk.

**Status of MHSA Funding:** Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- 1. Population Served:** Mendocino County residents ages 18 and older that are participants in the Whole Person Care project with a diagnosis of depression. This program will aim to screen at least 25 clients per year.
- 2. Services Provided:** Screening for suicide risk factors among those that have a diagnosis of depression.
- 3. Program Goals:** Identify individuals at risk for suicidal ideation and triage them to appropriate suicide prevention services.
- 4. Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program collects demographic information on persons screened, number of individuals that screen positive for suicide risk, what services are offered to those that screen positive, and the number of individuals that are hospitalized for danger to self following screening.

### **Summary of Prevention and Early Intervention**

Prevention and Early Intervention programs expand available services to allow for earlier identification, education, and access to services with the goal of preventing mental illness from becoming a severe and detrimental part of the individual's life, reducing the stigma associated with accessing services, and improving the time it takes to receive treatment. Four new programs were added in Fiscal Year 18/19 which are funded by reverted PEI funds.



## Innovation

The intent of the Innovation Component is to increase learning to all counties in the State of California about the best ways to provide mental health services. Innovation Projects test a new strategy to either increase access to underserved groups, to increase the quality of services, to promote interagency collaboration, and/or to increase access to services. Mendocino County works with MHSA stakeholders to identify and prioritize learning projects, and to develop the projects to meet Mental Health Services Oversight and Accountability Commission (MHSOAC) standards for Innovative Projects. The approval of Mendocino County's first Innovation Project was approved by the MHSOAC in October, 2017. During this FY 18-19, Mendocino County MHSA team will begin development on a second and third Innovation project and will propose plans for spending reverted Innovation funds.

**Innovation Project #1: Round Valley Crisis Response Services:** This project is a collaboration with Round Valley Indian Health Clinic to test strategies to increase access to services for individuals in Round Valley, in particular crisis services. The primary goals of this project are to improve interagency collaboration and trust in a way that addresses historical trauma, and increase access to crisis services that have not been accessible through existing systems, or attempts at expansion through more "institutional" county modalities.

**Status of MHSA Funding:** Existing Innovation program. Approved by the MHSOAC in 2017.

1. **Population served:** Round Valley Community.
2. **Innovative Idea:** Learning from the community being served the best strategies to communicate in order to build trust within the context of historical trauma. Use the most effective trust building communication methods to develop crisis strategies that meet the unique needs of the community and increase access to crisis services.
3. **Program Goals:** To improve community trust of crisis services. To identify and develop crisis strategies and approaches that meet the Round Valley community needs by building off of available Round Valley resources and "Natural Helpers". To ensure that the crisis modalities developed are culturally responsive and include traditional and spiritual factors. Increased collaboration and integrated interventions. Sustainability of successful modalities.
4. **Program Evaluation Methods:** Measurements of community trust and confidence. Changes in number of individuals participating and accessing crisis services. Increased numbers of Round Valley providers of services. Increased trust and positive report of community members related to crisis response modalities. Identification of gaps in training needed and development of strategies to fill those gaps.

## **5. Approved Budget: \$1,124,293**

The Innovation Project, Round Valley Crisis Resource Services can be viewed in its entirety on the Mendocino County, MHSA Website at:

<https://www.mendocinocounty.org/home/showdocument?id=9653>

### **Projects Proposed for development in Fiscal Year 2018/17**

Mendocino County identified up to \$1,235,040.30 of reverted and reallocated Innovation (INN) funds. Innovation projects must be presented to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for final approval to expend the funds. Projects below will be developed and refined in more detail with stakeholders through the Community Program Planning Process prior to submission to the MHSOAC.

**Innovation Project #2: Friends for Health/Weekend Wellness:** The project would be designed for adults with serious mental health conditions, recently discharged from higher levels of placement or those who are at risk to enter these higher levels of care settings. Initially staff will develop, with input from consumers, activities to improve social opportunities and develop friendships in settings that are not associated with services.

**Status of MHSA Funding:** New program funded with INN Reversion through FY 19/20. Not yet approved by MHSOAC.

- 1. Population served:** Mendocino County specialty mental health recipients, in particular those on Lanterman-Petris-Short (LPS) Conservatorships, those stepping down from higher levels of care, or the most isolated and difficult to engage of Full Service Partners.
- 2. Innovative Idea:** Advancing the social rehabilitative model further by testing strategies that further consumer development beyond engagement of social activities in service venues toward independent development of lasting friendships and relationships.
- 3. Program Goals:** Increase the quality of mental health services. Strategies would include building weekend activities, evening social groups, and activities that occur in housing venues, and testing whether these activities can move from program/service initiated activities to consumer initiated and sustained activities. Improve consumer report of sense of isolation. Improve consumer report of lack of programming after business hours. Improve consumer report of self-advocacy and self-determination. Reduce return of consumers to higher levels of care.
- 4. Program Evaluation Methods:** Measure changes in consumer isolation, sense of self-advocacy, sense of self-determination. Measure changes in participation of consumers in developing projects. Measure levels of higher level of care utilization.
- 5. Estimated Funding:** \$1,334,000 over two years.

### **Innovation Project #3: Computer Program and Virtual Reality Applications for Services to Youth:**

This project would explore the applications of gaming systems, and possibly virtual reality, in providing mental health rehabilitation services for youth. These interventions are being tested at university hospitals and in the medical field, but have not been utilized in the public mental health field.

**Status of MHSA Funding:** New program funded with INN Reversion through FY 19/20. Not yet approved by MHSOAC.

- 1. Population served:** Mendocino County specialty mental health service recipients, in particular Transition Aged Youth (TAY). Targeted service populations may be selected to pilot the project.
- 2. Innovative Idea:** There are computer programs that exist in establishing supporting youth develop online resources to mental health services. The medical field and sports medicine fields are using virtual reality in their service delivery. The project would expand and explore how computer programming and virtual reality applications can be applied to youth rehabilitative services such as practicing social interactions, experiencing systematic desensitization in a more real way. By providing services in a technologically savvy and engaging way, we hope to improve probability of youth seeking, receiving, and continuing mental health services. The program could also have stigma reduction and educational applications to aid in helping someone understand the impacts of visual and auditory hallucinations, and other symptoms of mental illness.
- 3. Program Goals:** Increase access to and quality of mental health services. Increase consumer participation in various life domains (education, work, etc.). Increase duration of services for youth.
- 4. Program Evaluation Methods:** Measure changes in consumer symptoms and experience of mental health conditions through the use of pre- and post- evaluation tools such as Child Assessment of Needs and Strengths (CANS), Generalized Anxiety Disorder Scale (GAD 7), and Patient Health Questionnaire (PHQ-9) Scores.
- 5. Estimated Funding:** \$600,000 over two years.



## Workforce Education and Training

Mendocino County identified up to \$203,001 of Workforce Education and Training (WET) funds that were slated for expenditures or reversion by the end of the 2017-2018 Fiscal Year. Mendocino County plans to spend any unspent funds over the remaining two years of the current Three Year Plan in accordance with Department of Health Care Services Information Notice 17-059 instructions that “CFTN or WET funds that were not spent within ten years will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended.” Mendocino County prioritizes projects that have been supported for funding during the Three Year Program and Expenditure planning process or through the ongoing stakeholder processes.

**Workforce Development and Collaborative Partnership Training:** Mendocino County will continue to provide consultation and training resources to improve the capacity of Mendocino County’s mental health plan staff and contracted providers, consumer and family members, and partnering agencies. Trainings include the development of Crisis Intervention Training, a joint effort between MHSA and the Stepping Up Initiative. Consultation and training will prioritize:

1. Consumer and family member driven services
2. Cultural responsiveness and sensitivity
3. Community partnership and collaboration
4. Wellness resiliency and recovery principles
5. Evidence Based Practices
6. Quality Improvement

**Scholarships and Loan Assumption in Support of Education Related to Mental Health Services:**

Mendocino County will continue to work with the Office of Statewide Health Planning and Development (OSHPD) to support the Mental Health Loan Assumption Program for the Mendocino County public mental health workforce as long as funding remains available.

**Workgroup and Subcommittees:** Mendocino County will continue to collect input on the Workforce Education and Training component through regular community stakeholder meetings. Stakeholders will continue to have input on identifying training priorities. Existing priorities include:

1. Training for Co-Occurring Disorders
2. Scholarship and Loan Assumption
3. Electronic Resources
4. Peer Navigation and Peer Support Programs



## Capital Facilities and Technological Needs

Mendocino County's identified \$462,115 of Capital Facilities and Technology Needs (CFTN) funds that were slated for reversion by the end of the 2017-2018 Fiscal Year will be spent over the next two years in accordance with Department of Health Care Services Information Notice 17-059 instructions. "CFTN or WET funds that were not spent within ten years will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended." Mendocino County prioritized projects that had been supported for funding during the Three Year Program and Expenditure planning process or through the ongoing stakeholder processes.

**Increase the Technological needs of the Mental Health System:** Mendocino County will continue to advance the technological systems to meet the Meaningful Use Standards as set by the goals of California Health Information Technology (HIT) executive order and the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) standard requirements for quality and efficient technology records. This will continue work done with NetSmart and XPIO, contracted companies, to evaluate and improve the EHR, MyAvatar.

**Additional Capital Facilities and Technology Needs:** Additional or remaining resources in this component will go towards furthering information technology, communication, and other infrastructural needs of the Mental Health Plan.



## Budget Expenditure Plans

FY 2018/19 Mental Health Services Act Annual Update						
Funding Summary						
County: Mendocino					Date:	1/16/19
	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	806,918	1,226,142	1,459,450	203,001	462,115	
2. Estimated New FY 2018/19 Funding	3,542,762	891,357	237,932			
3. Transfer in FY 2018/19 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY 2018/19						0
5. Estimated Available Funding for FY 2018/19	4,349,680	2,117,499	1,697,382	203,001	462,115	
B. Estimated FY 2018/19 MHSA Expenditures	3,883,805	1,245,899	1,478,424	101,501	231,058	
G. Estimated FY 2018/19 Unspent Fund Balance	465,875	871,600	218,958	101,500	231,057	
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2019		2,197,777				
2. Contributions to the Local Prudent Reserve in FY 2018/19		0				
3. Distributions from the Local Prudent Reserve in FY 2018/19		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2019		2,197,777				
a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.						

FY 2018/19 Mental Health Services Act Annual Update						
Community Services and Supports (CSS) Funding						
County: Mendocino					Date: 1/16/19	
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. Full Service Partnerships	1,853,266	1,853,266				
2. Tay Wellness-FSP	230,000	230,000				
3. Haven House AOT-FSP	100,000	100,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. Parent Partner Program / Therapeutic-GSD	19,250	19,250				
2. Youth Resource Center-GSD	100,000	100,000				
3. Substance Abuse Counselor Dual Diagnosis-O&E	135,000	135,000				
4. Therapeutic Services for the underserved population/Latino/Tribal -O&E	117,000	117,000				
5. RCS Crisis Services Cross the life Span	290,000	290,000				
6. Outreach and Engagement	23,200	23,200				
7. Wellness & Recovery Center/BHC-GSD	410,000	410,000				
8. Hospitality Beds-GSD	12,000	12,000				
9. Collaboration Community based Services-Point Arena-O&E	30,000	30,000				
10. RVIHC Family Resource Center-GSD	20,000	20,000				
11. Communique-GSD	6,000	6,000				
12. Crisis Residential Treatment Program (CRT) Wellness Grant-GSD	200,000	200,000				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	338,089	338,089				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	3,883,805	3,883,805	0	0	0	0
<b>FSP Programs as Percent of Total</b>	56.2%					

FY 2018/19 Mental Health Services Act Annual Update						
Prevention and Early Intervention (PEI) Funding						
County: Mendocino					Date: 1/16/19	
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Prevention Program	311,025	311,025				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Early Intervention Program	54,700	54,700	0			
12. Outreach for Recognition of Early Signs Program	47,000	47,000				
13. Stigma and Discrimination Reduction Program	130,790	130,790				
14. Access and Linkage to Treatment Program	337,785	337,785				
15. Suicide Prevention Program	78,000	78,000				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	286,599	286,599				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	1,245,899	1,245,899	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update						
Innovations (INN) Funding						
County: Mendocino					Date: 1/16/19	
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Operating Cost	996,459	996,459				
2. Consultant Cost/Contracts	122,995	122,995				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	358,970	358,970				
<b>Total INN Program Estimated Expenditures</b>	1,478,424	1,478,424	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update						
Workforce, Education and Training (WET) Funding						
County: Mendocino					Date: 1/16/19	
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Workforce Development	84,611	84,611				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	16,890	16,890				
<b>Total WET Program Estimated Expenditures</b>	101,501	101,501	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update						
Capital Facilities/Technological Needs (CFTN) Funding						
County:	Mendocino				Date:	1/16/19
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Data Processing Services	205,552	205,552				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	25,506	25,506				
<b>Total CFTN Program Estimated Expenditures</b>	231,058	231,058	0	0	0	0

## Appendix A: Public Comments

### Public Comment June 27 – July 27, 2018 for Mendocino County MHSA Annual Plan Update for FY 18/19

1. **On page 44 [of the Annual Update] regarding the Round Valley Indian Resource Center—Family Connections, my question and concern is: the status says in the Three-Year Plan Annual Update that due to staffing changes this program may not be implemented. What happens to the funding if it is not implemented? Does that impact their Innovation funding? I don't understand why we are going into this plan already anticipating it not being implemented.**

The Native Connections program requested support in purchasing training materials for the SafeTALK, Mental Health First Aid, and Sons and Daughters of Tradition. As the 3 Year Plan was approved by the Behavioral Health Advisory Board and the Board of Supervisors, the individual who possessed the certifications to provide these trainings left the position. The materials are being held for that program and will be distributed as soon as they have a certified trainer to provide these trainings. These funds have no effect on the Innovation Project funding.

2. **Is the CIT (Crisis Intervention Training) included in the Three-Year Plan Annual Update?**

Crisis Intervention Training (CIT) is included in the Workforce Education and Training priorities.

3. **What is the definition of Innovative in the context of State regulations? I am concerned from a statement that Ms. Lovato made in a Behavioral Health Board Meeting in regards to Innovation, and I'm wondering if the State funding is concerned by technology? Does this concern of technology address generational trauma? I am worried that what we are doing is not innovative.**

The MHSA Innovation Projects are designed to increase and/or improve access to mental Health care. The MHSOAC states that, "Innovation projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals." An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to 'try out' new approaches that can inform current and future mental health practices/approaches in communities, Innovation contributes to learning in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or



- Introduces a new application to the mental health system of a promising community-driven practice/approach that has been successful in non-mental health contexts or settings.

**Innovation Project #1:** Round Valley Crisis Response Services was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in October of 2017. The learning goals are to develop and determine the most culturally appropriate, client driven, trauma informed care for crisis response in Round Valley and to improve trust related to institutional and historical trauma.

**Innovation Project #2:** Prioritized by stakeholders for the Innovation reversion plan, this project still in early development stages and not approved by MHSOAC. The project has a provisional title of Weekend Wellness and will serve adults with serious mental health conditions at risk for higher levels of placement. The innovative goals and learning project will address how to advance the use of social rehabilitative models toward social engagements that develop into friendships and other relationships.

**Innovation Project #3:** Prioritized by stakeholders for Innovation reversion plan, this project is also in early development stages and not approved by MHSOAC. The project has a provisional title of Virtual Reality and Computer applications for Transitional Age Youth. The innovative learning goal will address whether computer programs and Virtual Reality have a role in treatment of mentally ill youth.

It is our understanding that the MHSOAC is interested in projects that include the use of technology in mental health service delivery.

4. **Why is Gualala not included in the demographic information? It is the most populated of the South Coast communities at approximately 2,000.**

The demographic information cited in the plan is from the 2010 Census, in which indicates Gualala did not participate in that census.

5. **Does the Plan's Workforce Education and Training component include training for cops, deputies and supervisor McCowan? If not, it should.**

As referenced earlier, Crisis Intervention Training is a priority of the Workforce Education and Training Component. County Behavioral Health and Recovery Services is working with the Sheriff's Office on providing on a Crisis Intervention Training for law enforcement and mental health professionals.

#### **Comments:**

1. WHITE is not a race, it's an Ethnicity.
2. [Regarding the PEI section of the Three-Year Plan Annual Update] I would like the County to consider bringing Dr. Amador to Mendocino to speak and to conduct his LEAP training. It is one of the few structured approaches to working with people who have psychotic symptoms

and anosognosia. He authored the book, "I'm Not Sick, I Don't Need Help." It is a relevant training. <http://dramador.com/about-dr-amador> [/https://www.linkedin.com/pulse/im-sick-i-dont-need-help-over-6-million-seriously-mentally-amador/?published=t](https://www.linkedin.com/pulse/im-sick-i-dont-need-help-over-6-million-seriously-mentally-amador/?published=t)

3. Written Comment:

Though technically and legally not so, when the homeless say, "It's against the law to be homeless", it's TRUE.

So change city and county ordinances so it's LEGAL to sleep and live in vehicles, tents, shelters or outside. Provide designated sites at numerous public and private locations with restrooms and trash and recycle containers. Forbid cops and deputies to hassle anyone sleeping.

Don't let supervisor McCowan, cops and deputies STEAL homeless people's possessions.

Do provide secure storage for their possessions.

Train cops, deputies and others to connect the homeless and anyone with mental health issues to supports and services, and...

Under ALL circumstances to always deal with people calmly and with RESPECT.

See full letter below.

### To Eliminate Homelessness on the Coast

We all applaud the work of Hospitality House, the Hospitality Center, the Food Bank, the churches that feed the homeless, the churches that provide extreme weather shelters, the county for providing transportation to the shelters, and the work of others who give support, solace and succor to the homeless. But as laudable and critically important as these services are, they are *not enough*.

Much more can be done, affordably, to get the homeless and their few possessions into various kinds of low cost shelter in known locations, and where they can receive needed services.

Getting the homeless off the streets at night, and getting their vehicles, shopping carts and possessions to legal and secure locations, will certainly be agreeable to local merchants, as well as to those who fear, castigate and persecute the homeless in uncaring, unChristian and unhumanitarian ways, like those behind Measure U a few years ago that would have banned the homeless and organizations that serve them – including the Hospitality House and the Hospitality Center in the Old Coast Hotel – from the downtown area in Fort Bragg.

In any case, appealing to the humanitarian sensibilities of our traditionally progressive community, in a co-operative effort involving the social service and religious communities and local government, can create a strong, positive momentum to in time eliminate homelessness on the Coast. This will also suit those who hate, fear and castigate the homeless. It could even provide an excellent model of success for other communities across the state and even the nation.

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Possibilities include,

- Legal encampments in Fort Bragg including designated sections of the old mill site, and on county, state, timber company and/or other private land, all provided with trash and recycle containers, and with portapotties or city water and sewer.
- Tents and minimal low cost structures of salvaged, recycled and/or donated materials at these locations, built by volunteers and the able homeless themselves.
- Legal off-street parking at these locations for vehicles, campers, RVs and trailers, running or not, licensed or not.
- Opening vacant city-, county- and/or privately-owned buildings for shelter, with or without renovation, with or without utilities, and with trash and recycle containers and portapotties or city water and sewer.
- All locations would have rules, conditions, guidelines and contact information posted in prominent places.
- All locations would be supervised, cleaned and serviced by responsible, badged, homeless people, preferably with some kind of pay, who can call in social services, mental health services or law enforcement as needed.
- Portable, even attractive tiny homes made from recycled and/or donated materials can be built by the able homeless and volunteers.
- In time, minimal, low-cost and code-compliant integrated housing in and outside town and up and down the coast can be built. Habitat for Humanity might help. Supervised volunteers might help, including high school and college students working for credit. The Rural Communities Housing Development Corporation (RCHDC) might get on board – it has helped Parents and Friends Inc (PFI) with a senior rest home just opened in Fort Bragg, and it's working on two large affordable housing projects in Ukiah, one on East Gobbi Street, another on or near Brush Street north of Kohl's.

These are just one person's ideas. Brainstorming by others of diverse backgrounds will generate many more, and concerted community effort will in time produce results satisfactory to all.

→ Feel free to use this material in any way you see fit. ↗

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**Public Comment January 31 – March 2, 2019 for edits to the MHSA Annual Plan Update for FY 18/19**