



WELLNESS • RECOVERY • RESILIENCE

COUNTY OF MENDOCINO

BEHAVIORAL HEALTH AND RECOVERY SERVICES

MENTAL HEALTH SERVICES ACT THREE YEAR PROGRAM AND EXPENDITURES PLAN 2017-2020

Table of Contents

Table of Contents	2
Message from the Behavioral Health Director	4
Introduction	7
History of the Mental Health Service Act	7
MHSA Vision	7
MHSA Components	8
Three Year Program & Expenditure Plan.....	9
Three Year Plan Summary	9
County Demographics	11
Community Program Planning	18
Stakeholder Description	18
Local Stakeholder Process.....	19
MHSA Stakeholder Forums	20
MHSA Joint Stakeholder Meetings.....	21
MHSA Program/Fiscal Meetings	21
Behavioral Health Advisory Board Meetings	21
County Mental Health Services Act Website	21
Quality Improvement Meetings.....	22
Consumer Feedback Events.....	22
MHSA Issue Resolution Process.....	22
MHSA Annual Summary	23
Public Review.....	23
Community Priorities Identified.....	23
30-Day Public Comment & Public Posting.....	23
Community Services and Supports Philosophy and Priorities	25
Integrated Care Coordination Service Model.....	25
Goals for the MHSA 2017-2020 Plan	26
Recovery Oriented Consumer Driven Services.....	26
Integrated Intensive Care Management.....	27
Integrated Efficient Care	27
Quality Improvement.....	28
Collaboration with Community Partners	28
Community Services and Support Programs (CSS)	30
Children & Family Services Programs.....	30
Transition Age Youth Programs.....	31
Adult Services Programs	33
Older Adult Services Programs	34
Programs that Cross the Lifespan.....	35
Summary of Targeted Population Groups	41

MENDOCINO COUNTY MHSA THREE YEAR PROGRAM AND EXPENDITURE PLAN FY 2017/18 - FY2019/20

Table of Contents (Continued)

Prevention and Early Intervention (PEI)	42
Prevention Programs.....	42
Early Intervention Programs.....	45
Outreach Programs	46
Stigma and Discrimination Reduction Programs	48
Programs for Access and Linkage to Treatment	51
Programs to Improve Services for Underserved Populations.....	53
Suicide Prevention Programs.....	55
Workforce Education and Training (WET)	58
WET Training Coordination and Support	59
Workforce Development & Collaborative Partnership Training	60
Scholarship & Loan Assumption.....	62
Workgroup and Subcommittees	63
Capital Facilities and Technology Needs (CFTN)	64
Innovation Plan (INN)	67
Budget Expenditure Plans	108
Appendix A: Three Year Plan Public Comment	118

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:

- Approval and initiation of MHS Innovation Project with Mental Health Services Oversight and Accountability Commission.
- Started planning and development on the MHS Housing project.
- Expanded Community Services and Supports programs to include additional culturally targeted programs in the outlying areas.
- Creation of 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 new Three Year Plan 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,



Jenine Miller, Psy.D.
Behavioral Health Director,

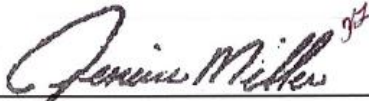
County Mental Health Director Name: Jenine Miller Telephone Number: (707) 472-2341 E-mail: millerje@mendocinocounty.org	Project Lead Name: Karen Lovato, Acting Deputy Director Telephone Number: 707-472-2342 E-mail: lovatok@mendocinocounty.org
Mailing Address: Mendocino County Health and Human Services 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 Three Year Plan, including stakeholder participation and non-supplantation requirements.

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 Three Year 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 Three Year Plan and Expenditure Plan, attached hereto, 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

12/28/17

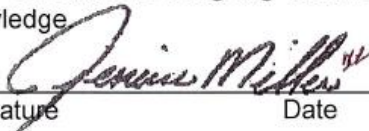
Date

County Mental Health Director Name: Jenine Miller Telephone Number: (707) 472-2341 E-mail: millerje@mendocinocounty.org	Auditor/Controller Name: Lloyd B. Weer, Auditor/Controller Telephone Number: (707) 234-6860 E-mail: weerl@mendocinocounty.org
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 Three Year 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 or update 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 update/report is true and correct to the best of my knowledge.

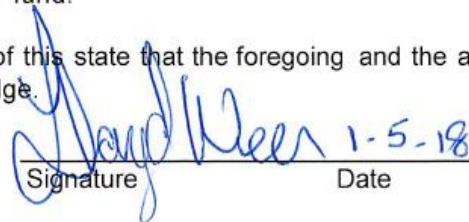
Jenine Miller, Psy.D.
Local Mental Health Director/Designee

 12/28/17
Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, 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 2016 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, 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
(Print)

 1-5-18
Signature Date

*Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

Introduction

History of the Mental Health Service Act

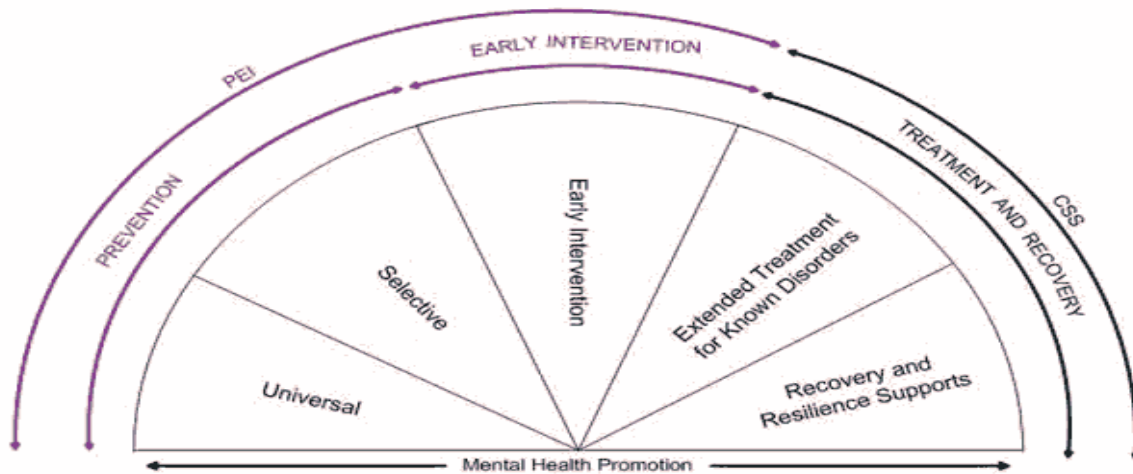
More than 2 million children, adults, and seniors are affected by potentially disabling mental illnesses every year in California. Forty years ago, the State of California shut down many state hospitals for people with severe mental illnesses without providing adequate funding for community mental health services. Many people became homeless. 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 tax on incomes above \$1 million. Since that time, it has generated approximately \$8 billion.

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. However, according to the Mental Health Services Oversight and Accountability Commission (MHSOAC), the economy took a severe downturn soon after Proposition 63 passed, and instead of experiencing a growth in the continuum of services, in many cases service levels could only be sustained since Proposition 63 money was often the only stable source of funds (MHSOAC. *Proposition 63 History*. Retrieved from: mhsaac.ca.gov/history). Proposition 63 began as approximately 10% of the entire public mental health budget; it now comprises approximately 24% (MHSOAC. *Proposition 63 History*. Retrieved from: mhsaac.ca.gov/history)

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:



MHSA Components

Proposition 63, also known as the Mental Health Services Act (MHSA), is made up of five funding streams: 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 component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated services experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component.

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 family members in the development of PEI projects and programs.

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. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

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.

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component is 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 are able to work collaboratively to deliver client-and family-driven services, provide outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and include the viewpoints and expertise of clients and their families/caregivers.

Three Year Program and Expenditure Plan

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.

Three Year Plan Summary

Mendocino County's MHSA Three Year plan for Fiscal Years 2017-2020 was created with input from many stakeholders and approved by the Mendocino County Board of Supervisors on November 7, 2017. In this Three Year Plan, Mendocino County is fortunate to be able to leverage a portion of MHSA funds through the Whole Person Care grant. The Whole Person Care Grant includes mental health elements which can extend services in the MHSA components of CSS, PEI, and CFTN. Outcomes of this will be reported in future Annual Summaries of the 2017-2020 Three Year Program and Expenditure Plan.

The Community Services and Supports component changes in this plan include leveraging Whole Person Care Grant funding for Programs. In addition, Action Network is now funded through CSS under Child and Family Programs Parent Partners, which is a change from being funded through PEI in previous years.

The Prevention and Early Intervention component had the most significant changes. The narrative was rewritten to follow the format of the new PEI regulation categories of: Prevention, Early Intervention, Outreach for Recognitions of Early Signs, Stigma and Discrimination Reduction, Access and Engage to Treatment, and Suicide

Prevention. The former categories were Prevention, Early Intervention, and Education. Changes to programs include leveraging alternate funding to support the Senior Peer Counseling Programs, Friendly Visitors Programs, and the Family Resource Centers. New programs in this Three Year Plan include: Safe Passage, NAMI Education and Support Program, Mobile Outreach and Prevention Services Program, Coastal Seniors Community Suicide Prevention, Discharge Linkage and Referral, and Whole Person Care Programs.

The Workforce Education and Training component has been refined and edited to be more concise and clear. Fiscal Year 2017-2018 is the last year to expend WET funds.

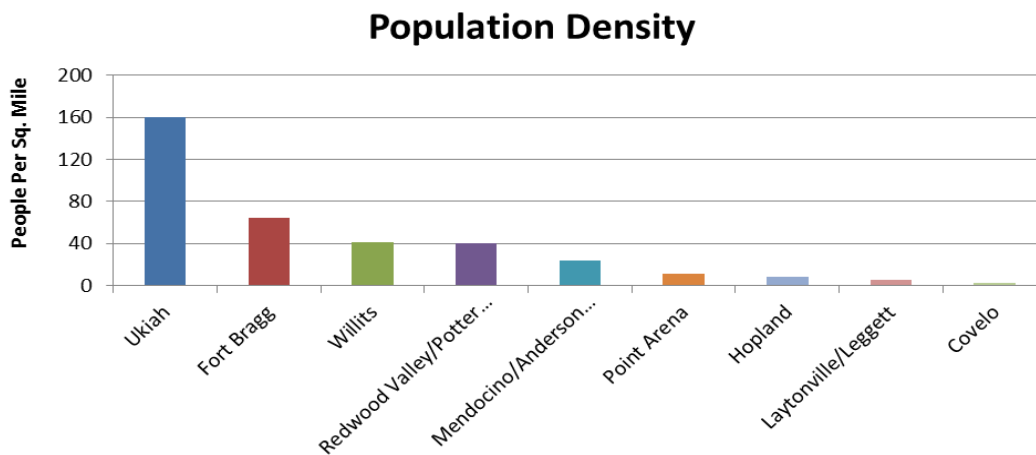
The Capital Facilities and Technology Component has been updated to reflect changes in the progress toward Meaningful Use Standards. Additional edits were made to more clearly define this component and the planned expenditures. Fiscal Year 2017-2018 is the last year to expend WET funds.

The Innovation component was moved to the end of the Three Year Plan document as it includes the entirety of the proposed Round Valley Crisis Response Project. In addition, the Innovation component includes the intent to begin development of a second Innovation Project during this Three Year Plan cycle.

COUNTY DEMOGRAPHICS

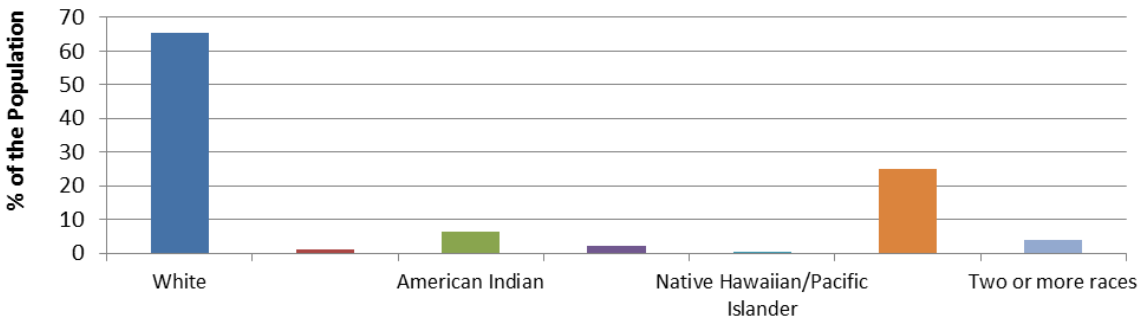
Mendocino County is 3,878 square miles, which is larger than the size of Delaware and Rhode Island combined. Mendocino County is located in Northern California spanning 84 miles from north-to-south and 42 miles east-to-west³, it is also the 15th largest by area of California's 58 counties.¹ Mendocino 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.³ Mendocino County's terrain is mostly mountainous with elevations rising over 6,000 feet and containing redwood, pine, fir, and oak forest. The valleys accommodate agricultural and urban uses including: timber and fishing industries, wine, viticulture, cattle and dairy farms, and visitation and recreation.¹ In addition, the County agricultural industry includes cannabis. The Mendocino County Board of Supervisors passed a resolution on July 12, 2016 to adopt medicinal cannabis regulations.

The US Census of 2010 provides the following data on population trends; Mendocino County had a population of 87, 841 in 2010 with an estimated current population of 87,628 in 2016. Mendocino County is the 38th largest county by population of California's 58 counties.² 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, Willits.³ Of these, Ukiah, Fort Bragg, and Willits are the most populated. Statistical Atlas, a website providing detailed data from the US Census Bureau and other sources, divides Mendocino County's population density in each of the nine subdivisions. These nine subdivisions vary sizably, with the most dense being Ukiah, the County Seat, which is 160 people per square mile excluding water areas, and the least dense being Covelo at 3 people per square mile.⁷



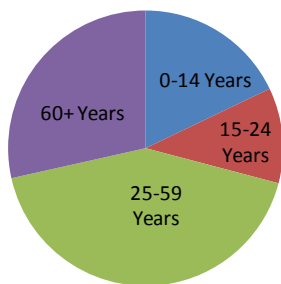
The US Census estimated data of 2016 reflects 65.5% of Mendocino County’s population identify as White, 25% Hispanic or Latino, 1.0% African American, 6.3% American Indian/Alaska Native, 2.1% Asian, 0.2% Native Hawaiian or Pacific Islander, and 4% identify as belonging to two or more ethnicities. Please note, that this exceeds 100% as the percentages overlap in some categories. The US Census data shows that 49.7% of the population is male and 50.3% female.² Mendocino County has ten federally recognized and 1 non-recognized tribal governments, the 4th most in California.⁶

Percentage of the Population by Race

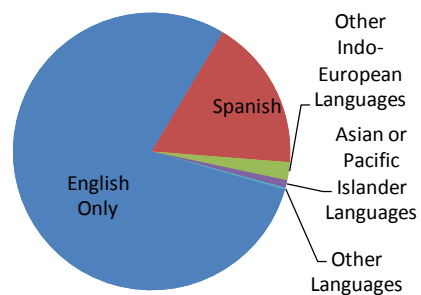


The Census data for age ranges does not match our Full Service Partnership (FSP) age categories. The 2016 population estimates show that in Mendocino County 17.9% of the population are children 0-14 years of age, 11.2% are Transition Age Youth 15-24 years of age, 42.4% are Adults 25-59 years of age, and 28.5% are Older Adults 60 years of age and older. The majority of the population, at 79.1%, identify as English speaking only, with 20.9% speaking languages other than English. Of the individuals who identify as speaking languages other than English, 17.7% speak Spanish, 2.1% speak other Indo-European languages, 0.9% speak Asian & Pacific Islander languages, and 0.2% speak other languages.²

Population by Age Range

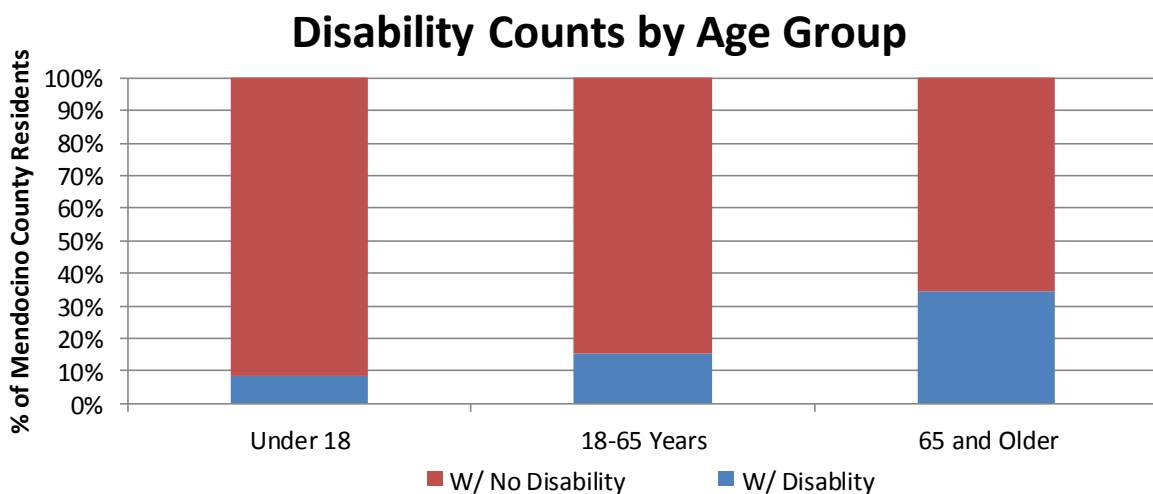


Languages Used in the County



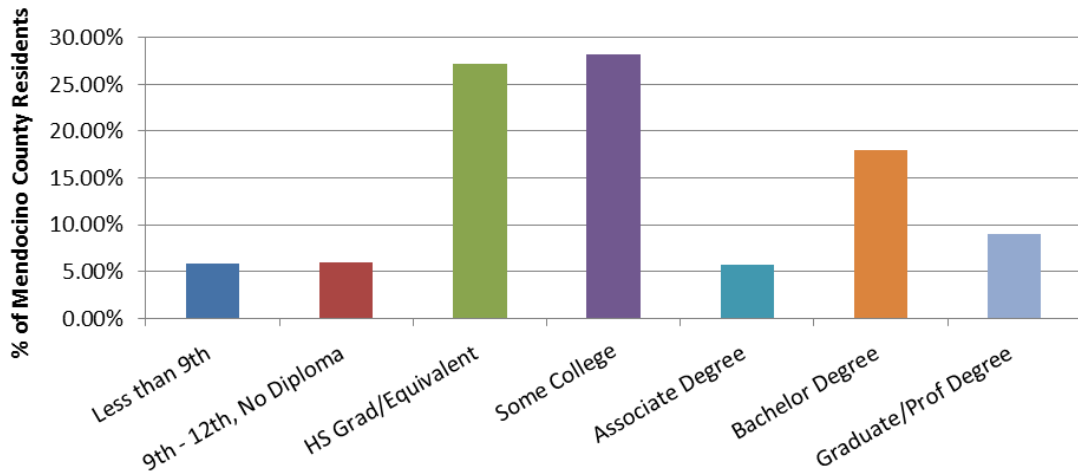
For people in Mendocino County, access to services can be challenging in the outlying areas. The primary resources for services are in the cities of Ukiah, Willits, and Fort Bragg. Traveling from an outlying area to one of the main cities can take over two hours. For example, travelling from Covelo it would take approximately 1 hour to reach Willits,¹¹ a distance of only 42 miles, and it can take over 2.5 hours to reach Fort Bragg¹⁰, a distance of approximately 104 miles. Traveling from Gualala has similar challenges with it taking about 1.5 hours to reach Fort Bragg⁹, 59 miles away, and around 2 hours to get to Ukiah⁸, 65 miles away. The distance of travel coupled with the mountainous terrain and often less than ideal road conditions, can affect the ability to access services for the more rural and remote areas of the county. Adding to the challenge of accessing services, is that there is very limited public transportation options within the county. No bus routes go farther north than Willits or Fort Bragg. In addition, the Mendocino Transit Authority schedules have limited times that they run.

The US Census Bureau provides other indicators of interest in the socio-economic environment through the American Community Survey (ACS). The ACS provides this data annually, however the previous year’s data is not released until September of the following year, making the 2015 data the most current available at this time. The 2015 data indicates that Mendocino County’s total Civilian Non-institutionalized population (individuals not in an institution including penal, mental facilities, or homes for the aged, or on active duty in the armed forces) consists of 86,694 people, and that the percentage of those with a disability is 17.6%. Of the percentage of civilian non-institutionalized population that are under age 18, 8.2% have a disability; of those between 18-65 years of age, 15.3% have a disability, and of the population that is 65 years of age or older, 35% have a disability.⁴



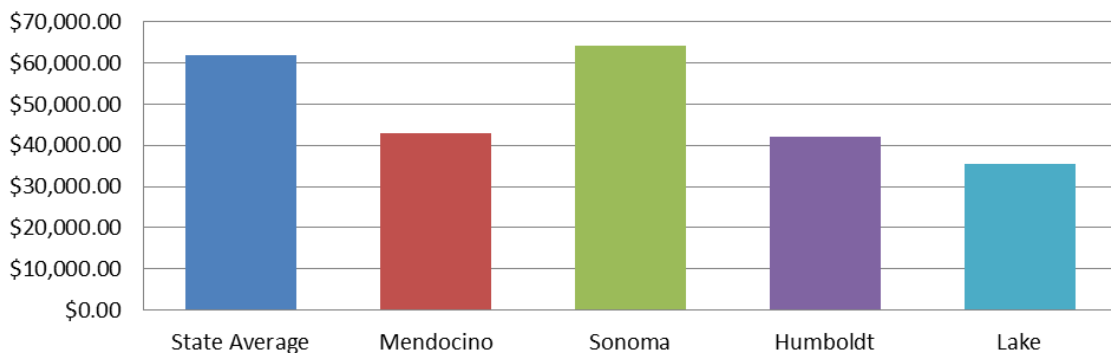
The US Census Bureau and ACS also estimates, based on the data from 2015, that 88.0% of Mendocino County residents were high school graduates or equivalent. Of those who graduated high school, 27.0% obtained a bachelor’s degree or higher. Additionally, the data indicates that 5.9% have less than a 9th grade education, 6.0% have a 9th-12th grade education but no diploma, 27.2% are high school graduates or equivalent, 28.2% have some college but no degree, 5.7% have an associate’s degree, 18.0% have a bachelor’s degree and 9.0% have a graduate or professional degree.⁴

County Education Completion Rates



The US Census Bureau and the ACS define a household as consisting of one or more persons, which may or may not be related, that are living in the same house, condominium, or apartment. The data collected in 2015, the median household income in Mendocino County was estimated to be \$42,980, which is 30% lower than the state median of \$61,818. Compared to surrounding counties, Mendocino County’s median household income is 33% lower than Sonoma County’s, but 2% higher than Humboldt County, and 17% higher than Lake County.

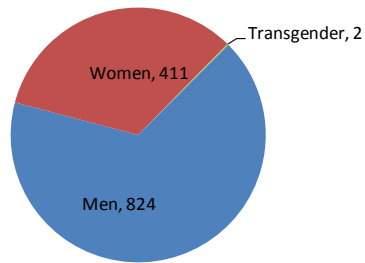
Median Household Income



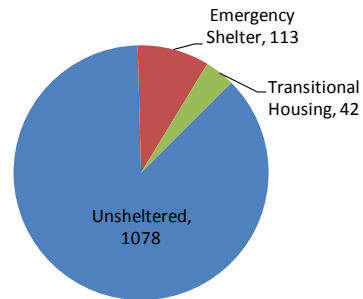
Mendocino County Continuum of Care for the Homeless (CoC), coordinated by the Homeless Services Planning Group (a collaborative of over thirty-one organizations) convened and facilitated by the Adult and Older Adult System of Care of the Mendocino County Health and Human Services Agency conducts a Point in Time (PIT) Count survey of the homeless biannually. 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, 824 were male, 411 were female and 2 were transgendered. For a more detailed breakdown of the homeless subpopulations in Mendocino County, please visit:

<http://www.healthymendocino.org/index.php?module=ResourceLibrary&controller=index&action=view&id=113135820860582735&forceshow=1>.⁵

Homeless Population by Gender



Homeless Population Sheltered/Unsheltered



References:

1. Center for Economic Development, California State University, Chico. *Mendocino County Economic and Demographic Profile*. Chico Research Foundation, 2011. Web: 7 August 2017.

< <http://edfc.org/wp-content/uploads/2013/12/MendocinoWebProfile02-11.pdf> >

2. United States Census Bureau. Mendocino California Quick Facts. U.S. Department of Commerce, 2016. Web: 8 February 2017.

<<http://www.census.gov/quickfacts/table/PST045215/06045> >

3. *Mendocino County, California*. Wikipedia the Free Encyclopedia, last modified 13 July 2017. Web. 7 August 2017.

< http://en.wikipedia.org/wiki/Mendocino_County,_California >

4. United States Census Bureau. Mendocino County Selected Social Characteristics in the United States, 2015 American Community Survey 1-Year Estimates. U.S. Department of Commerce, 2015. Web: 7 August 2017.

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_DP02&prodType=table >

5. Healthy Mendocino, Resource Library, Point in Time Count 2017 for Mendocino County. Web: 23 August 2017.

<<http://www.healthymendocino.org/index.php?module=ResourceLibrary&controller=index&action=view&id=113135820860582735&forceshow=1>>

6. United States Department of the Interior, Indian Affairs, Reservation Map, last modified October 2014. Web: 22 August 2017

<<https://www.bia.gov/WhoWeAre/RegionalOffices/Pacific/index.htm>>

7. Statistical Atlas, Population of Mendocino County, Population by County Subdivision in Mendocino County, last modified 17 April 2015. Web: 22 August 2017

<<https://statisticalatlas.com/county/California/Mendocino-County/Population>>

8. Google. Google Maps directions from Gualala to Ukiah. 2017. Web: 23 August 2017
<<https://goo.gl/maps/64z1TzdNPWp>>
9. Google. Google Maps directions from Gualala to Fort Bragg. 2017. Web: 23 August 2017
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10. Google. Google Maps directions from Covelo to Fort Bragg. 2017. Web: 23 August 2017
<<https://goo.gl/maps/mAzNJULWxuG2>>
11. Google. Google Maps directions from Covelo to Willits. 2017. Web: 23 August 2017
<<https://goo.gl/maps/Ay1t7b9yv972>>

COMMUNITY PROGRAM PLANNING

Mendocino County's Community Program Planning (CPP) process for the development of the Mental Health Services Act (MHSA) Three Year Plan for Fiscal Years (FY) 2017-2018 through 2019-2020 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 our CPP processes to improve and expand the methods with which we collect stakeholder feedback.

Stakeholder Description

Mendocino County stakeholders are individuals with mental illness include 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 and determined based on community members, providers, and consumers interested in participating.

Some of our dedicated agency stakeholders include:

- Action Network
- Alliance for Rural Community Health Clinics (ARCH)
- Anderson Valley School District
- The Arbor
- 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 Public Health
- Mendocino County Health and Human Services
- Mendocino County Sheriff's Department
- Mendocino County Youth Project
- NAMI Mendocino
- Native Connections
- Nuestra Alianza
- Pinoleville Band of Pomo Indians/Vocational Rehabilitation Program
- Point Arena School District
- Project Sanctuary
- Raise and Shine Mendocino County
- 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. Mendocino County's MHSAs team adapts our stakeholder processes to ensure that our stakeholders reflect the diversity and demographics of the Mendocino County, including, but not limited to geographic location, age, gender, and 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 rural and outlying areas. In developing our MHSAs Three Year Plan for Fiscal Years 2017-2018 through 2019-2020 we have included the following:

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

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. Fliers are posted in MHSA funded programs, mental health service delivery locations, county buildings, and other popular stakeholder locations with information regarding Forums. Those who can't 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 change 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 (time of day, location, day of week, providing food, length of meeting, etc.) attending. The Mendocino County MHSA team has implemented a survey at the end of Forums 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 incorporation into Annual Plan Update planning. Suggestions that require more substantive program or funding allocations that cannot be accommodated within an Annual Plan Update are collected for consideration during the 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) will join 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 teleconferencing to improve access.

MHSA Joint Stakeholder Meetings

The MHSA Joint Stakeholder meetings occur as needed and are for the MHSA team to attend the Behavioral Health Advisory Board meeting to obtain input on the development of the MHSA Three Year Plan or Annual Updates. In the development of this Three Year Plan, there were a series of 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. The Joint Stakeholder meetings allow for review and advisory feedback on MHSA activities.

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. A representative from the Behavioral Health Advisory Board participates in these meetings monthly.

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. The Behavioral Health Advisory Board MHSA ad hoc committees work closely with specific areas of mental health services. Behavioral Health Advisory Board meetings are held in various locations throughout the County to improve access to remote stakeholders.

County Mental Health Services Act Website

The County 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 bi-monthly regarding all mental health services. The Quality Improvement Committee meetings coordinate quality improvement activities throughout the 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. In an effort to make more efficient use of stakeholder time, in Fiscal Year 17/18 MHSA Forums and Quality Improvement Committee stakeholder meetings will be combined and additional options for participation will be available, such as teleconferencing and other options will be explored.

Consumer Feedback Events

Consumer Feedback Events are designed to obtain consumer 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 will be 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 issues are 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 will review the MHSA activities of the preceding year. The Summary will provide 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 or Annual Update Report is prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests 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 16/17

The Community Planning Processes allow 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

The MHSA Three Year Plan for Fiscal Years 2017-2018 through 2019-2020 was posted for over 30 days from September 21, 2017 to October 21, 2017. Written and verbal comments are collected and consolidated during the Public Comment Period, as well as during a Public Hearing, November 2, 2017. Public Comment can be mailed, emailed, dropped off, telephoned, 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 Three Year Plan or Annual Update.

A copy of the MHSA Three Year Plan was posted on the County MHSA website with an announcement of the thirty (30) day Public Review and Comment period. Public Hearing information was 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.

The Mendocino County MHSa website link is:

<https://www.mendocinocounty.org/government/health-and-human-services-agency/mental-health-services/mental-health-services-act>

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

Copies of the MHSa Three Year Plan were 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 were asked to review and open dialogue with consumers and family members during meetings/groups/client counsel activities. A copy of the Three Year Plan was 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. A copy of the Three Year Plan was also made available on the website. Hard copies were made available at the Public Hearing.

Public Hearing & Stakeholder Committee Meeting

Mendocino County held a Public Hearing to obtain input from interested stakeholders. The Public Hearing was held on November 2, 2017.

Public Comments on the Three Year Plan & Responses

See Appendix A for Public Comments.

COMMUNITY SERVICES AND SUPPORTS (CSS) Plan

Through the MHSA Three Year Plan for Fiscal Years 2017-2018 through 2019-2020, 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 the consumer and the quality and efficiency of the service system. Mendocino County uses the following assessment tools: 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. This data 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 Three Year 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 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 the services of specialty mental health services and 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 Three Year Plan for FY 17/18 through FY 19/20

- Create a continuum of services that include a primary care health home, which treats/coordinates care for the entire person and coordinates services between primary care and behavioral health.
- Participate in pilot projects through mental health contract providers designed to improve outcome measures, consumer satisfaction, and improved coordinated care.
- Reduce stigma and discrimination surrounding mental health treatment.
- Develop relationships with new partners, including volunteers.
- Position Mendocino County to be eligible for new funding opportunities.
- Explore regional opportunities for service delivery, and 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, county staff, and community partners.
- Further develop supportive housing.

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 our community.
- 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 outcome measures and efficiency standards to improve cost effectiveness of services. Outcome measure reports shall be delivered by Full Service Partnership (FSP) 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 and 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, understanding of needs, improved communication about services and awareness, and to encourage trust among the members of the community.

COMMUNITY SERVICES AND SUPPORT 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 will include the implementation of an outcome measurement for all mental health contract providers. The use of outcome measure tools will 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 five (5) FSP at a time receive an array of services to support wellness and promote the recovery from a serious emotional disturbance (SED). These services are provided by a network of mental health contract Providers, dedicated to working with the SED youth; helping to overcome barriers, to identify children and families in need, and to engage them in services. Outreach and Engagement will be utilized where needed.

- 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 shall be 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 wraparound, 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 reduce 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 will conduct evaluation activities which meet MHSA FSP requirements. This includes collecting demographic information on each individual person receiving services. In addition, information on the type of service delivered and frequency and duration of services provided. Perception of Care surveys will be 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). Data is reported to the MHSA Team at least quarterly.

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.

- 1. Population Served:** Children, youth, and families in rural communities.
- 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 will conduct evaluation activities and provide 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 will be used to determine the overall success of the program annually and at the end/termination of services. Data is reported to the MHSA Team quarterly.

Transition Age Youth Programs (TAY)

TAY Programs provide services to the Transition Age Youth (TAY) 16-25, through FSP which include supported housing and wraparound components. Priority is given to culturally sensitive services to the county’s underserved Native American and Latino communities and remotely located communities through mental health contract providers. This type of CSS program will include evaluation 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 will be utilized where needed.

- 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 wraparound, 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 will conduct evaluation activities which 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 is also collected. 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). Data is reported to the MHSA team at least quarterly.

TAY Wellness Program: Supported Housing Program for eligible TAY (16-25) FSP youth.

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.
2. **Services Provided:** Supported housing, educational development and vocational development, finance management, life skills training, maintain a clean productive housing environment, access to 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 will conduct evaluation activities which 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). For FSP clients, the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team at least quarterly.

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.

- 1. Population Served:** Community youth ages 16 -25.
- 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 will 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 will be completed annually. Data is reported quarterly to the MHSA team on all services provided.

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 independence. Services include FSP, Wellness and Recovery Centers, and Integration with Primary Care. This segment of the CSS program will include the 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 forty (40) FSPs can be served at one time with these services. 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 will be utilized where needed.

- 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 wraparound, 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 will 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 at least quarterly.

Older Adult Services Programs

Older Adult Service Programs provide services for meeting the needs of 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 will be utilized where needed. This segment of the CSS program will include 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 will be utilized as needed. Priority is given to the underserved Native American and Latino communities, with the goal of reducing disparities within these communities.

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 wraparound, 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 will conduct evaluation activities which 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 at least quarterly.

Programs that Cross the Lifespan

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

Outreach and Engagement Activities: All Mendocino County contract providers will 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 health symptoms, but are unable or unwilling to seek out services and support. The Outreach and Engagement services through CSS will 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 jail.

- 1. Population Served:** Mendocino County residents that meet the criteria for serious mental illness (SMI). Priority will be given to underserved priority populations.
- 2. Services Provided:** Outreach and engagement activities to help individuals access the appropriate level of care.
- 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 can be 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 will track the clients served, and will 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 higher intensity therapeutic services 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 will be given to underserved Native American and Latino communities.
- 2. Services Provided:** Outreach, engagement, and therapeutic services. Services are provided by culturally and linguistically responsive providers.
- 3. Program Goals:** Improve access and engagement with services for underserved cultural populations with mental health needs.
- 4. Program Evaluation Methods:** Mental health contract providers will track the clients served and will 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 and team comprised of Superior Court, 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 will provide mental health services for those most at risk for incarceration, and when participants complete the program they will be 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 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 wraparound, 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 will conduct evaluation activities which 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 at least quarterly.

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 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 outreach centers.

1. **Population Served:** Adults over the age of 18.
2. **Services Provided:** Linkage to counseling, mental health and other support services, life skills training, nutritional and exercise education and support, financial management support, patient navigation, dual diagnosis support, vocational education, educational support, health management support, self-esteem building, and developing healthy social relationships.

3. **Program Goals:** To build resiliency and promote well-being, stability, independence, and recovery.
4. **Program Evaluation Methods:** These programs will provide quarterly program data on all services provided. This includes collecting information 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 annually.

MHSA Housing Program: The MHSA Housing Program is supported housing, and includes provision of FSP “whatever it takes” wraparound supportive services for the tenants. Support services will be provided by mental health contract providers. Willow Terrace, our flagship MHSA supported Housing Program, is in its developmental stage. Rural Community Housing Development Corporation (RCHDC) plans to begin construction in 2018. Whole Person Care may build additional supported housing resources.

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).
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 wraparound, 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 collected will include 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 is reported to the MHSA team at least quarterly.

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 will promote a healthy, balanced

lifestyle, free of alcohol and other drug abuse. Whole Person Care provides the opportunity to expand dual diagnosis resources.

- 1. Population Served:** Adults over the age of 18 who experience co-occurring serious mental illness and substance use disorders.
- 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 health and substance use who endeavor to maintain a healthy lifestyle free of alcohol and other drugs.
- 4. Program Evaluation Methods:** The program will conduct evaluation activities to document the number of persons served, including demographics, number of groups provided, and perception surveys. Data is reported quarterly on all services provided. Data will be 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 will be 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. Those clients that do not meet the nine criteria for AOT, will be triaged and linked to appropriate outpatient and community services by the AOT Coordinator.

- 1. Population Served:** Adults over 18 years of age with SMI and meet nine (9) AOT criteria.
- 2. Services Provided:** Referral screening, outreach, and triage for referred clients. For those that meet the nine criteria, court monitored treatment planning and specialty mental health services. Treatment planning and care include pre and post crisis support, wraparound 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 for 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 will provide quarterly data on all services provided. The program will monitor participation in outpatient treatment, reduction in danger to self and danger to others behavior, increased participation in prosocial, and recovery oriented behaviors.

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 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 to safely return to independent living following a mental health crisis.
- 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 prosocial, and recovery oriented behaviors.

Summary of Targeted Population Groups

Mendocino County MHSAs seek to serve unserved and underserved persons of all ages who have a SED or SMI, or have acute symptoms that may necessitate use of 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 will report services and outcome measures by the above stated age categories (Child, TAY, Adult, and Older Adult).

Services will be provided to all ethnicities, with an emphasis on reaching out to Latino and Native American communities, which are identified as underserved populations in Mendocino County. Mental Health contract providers will 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. MHSAs CSS services will be integrated with all types of service provision and include care coordination to address medical health home and whole health needs. The Integrated Care Coordination Model Mental Health Services includes potential resource of last resort funding for a number of positions in the spectrum of MHSAs 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.

The Mental Health Services Oversight and Accountability Commission finalized new Prevention and Early Intervention regulations. The revised regulations became effective on October 6, 2015 and are required to be fully implemented by December 30, 2017. This PEI Plan reflects adherence to these new regulations. Programs providing services in the MHS plan are expected to provide data to the County on a quarterly and annual basis, in accordance with the regulations.

Prevention and Early Intervention services are designed to prevent mental illnesses from becoming serious, severe, and persistent. The program shall emphasize improving timely access to services, in particular for underserved populations.

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

1. Prevention Program
2. Early Intervention Program
3. Outreach for Increasing Recognition of Early Signs of Mental Illness Program
4. Stigma and Discrimination Reduction Program
5. Access and Linkage to Treatment Program – including Programs to Improve Timely Access to Services for Underserved Populations
6. Suicide Prevention Program

Prevention Programs: These programs are focused on activities designed to identify and reduce risk factors for developing a potentially serious mental illness and to build protective factors. Prevention programs can include relapse prevention for individuals in recovery from a mental illness and serve individuals at risk of a mental illness. Prevention includes providing family support for the 0-15 age range to support development of protective factors.

1. **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 are designed to build protective factors and reduce the negative outcomes related to untreated mental illness.

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

- a. **Population Served:** Individuals and their families, who are suffering first break, or other severe symptoms of mental illness in Mendocino County.
 - b. **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. Also, 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. In addition, 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.
 - c. **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.
 - d. **Program Evaluation Methods:** The program will provide quarterly demographic data on the number of persons who attend the trainings. An effectiveness survey will be implemented for trainings provided to determine the overall success of the program. Program will report data quarterly to the County on the demographics of the persons served, and the number of trainings classes provided. A log of all calls to the Warm Line will be submitted quarterly.
2. **Adolescent School Based Prevention Services:** Mendocino County Behavioral Health and Recovery Services, Substance Use Disorder Treatment (SUDT) Program will provide outreach, prevention, intervention, and counseling programs that enhance the internal strengths and resiliency of children and adolescents with emotional disturbances, while addressing patterns of mental health and co-occurring substance use symptoms. These programs will include prevention and education groups, individual and group mental health, substance use treatment counseling, and a variety of clean and sober health activities, and community service projects.

Status of MHSA Funding: Funded from previous three year plan. Program will be funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. **Population Served:** Up to 150 children and youth with mental health symptoms who are between the ages of 10 and 20, who have also 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.

- b. Services Provided:** School based intervention programs to enhance youth's internal strengths and resiliency while addressing patterns of substance use.
 - c. 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, emergency department use, and reduced substance related crisis and deaths.
 - d. Program Evaluation Methods:** The program will conduct evaluation activities which meet PEI requirements. This includes collecting information on demographics, service type, frequency, and duration of services for all individuals receiving services. Perception of Care surveys will be collected annually and at the end of services. Information on timeliness of services and referrals to community services will be collected. Data will be reported to the County quarterly.
- 3. Whole Person Care Integrated Screening and Referral:** An Integrated Care Specialist for the Whole Person Care project will connect clients with mental health concerns to the appropriate level of service.

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

- a. Population Served:** Mendocino County Residents aged 18 and older who are participants of the Whole Person Care project.
- b. Services Provided:** Assures assessments for individuals are completed, and links individuals to appropriate services such as hospitals, clinics, specialty mental health providers, and other appropriate services.
- c. Program Goals:** Improve linkage of adults with mental illness to the appropriate level of service and ensure engagement in those services.
- d. Program Evaluation Methods:** Program will provide quarterly data on clients served. Data will include demographic information, numbers of referrals made, programs individuals referred to, and the number of individuals that successfully followed through with referrals.

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

Status of MHSA Funding: Funded from previous three year plan. Proposed future funding will be funded in part with other funding and may include MHSA funding for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. **Population Served:** Mendocino County residents over the age of 60 that are at risk for depression, isolation, and other risk factors as a result of isolation, medical changes, and ongoing triggers related to aging.
- b. **Services Provided:** Peer support including volunteer visitors and/or senior peer counselors.
- c. **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, risk for psychiatric hospitalizations, and to identify and appropriately refer clients showing signs of suicide risk.
- d. **Program Evaluation Methods:** The program will provide quarterly data on clients served. The program will collect demographic information on persons served as well as utilize evidence based practice tools. Effectiveness surveys will be collected annually and upon discharge from the program.

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 its emergence. These programs can 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 with early onset of a mental illness.

1. **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) to provide early intervention services and treatment services to children and youth in the Anderson Valley area. These services will be focused on promoting recovery and provide early intervention for children and youth with early mental health symptoms.

Status of MHSA Funding: Funded from previous three year plan. Program will be funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. 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.
- b. Services Provided:** The program will offer paraprofessional (non-clinical) groups for skills development and education in the school setting. The groups are led by school staff that are supervised by an MFT or other licensed professional. The focus of each group is to provide students with the skills they need to navigate through a variety of personal, social, and school related situations. In the group, students are encouraged to build on their sense of self-worth and self-esteem. They work on communication and collaboration skills, decision making, negotiating, and compromising. They also learn to manage and regulate their emotions in a small group setting. Students identified in the classroom groups as having symptoms or risk factors for SED will be referred to clinicians for individual therapy and group rehabilitation to support resiliency and protective factors. Program will hold up to 16 groups per quarter.
- c. 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.
- d. Program Evaluation:** AVUSD will conduct evaluation activities which meet PEI requirements. This includes collecting demographic information on each individual receiving service. In addition, information on group services is collected. Information on timeliness of services and referrals to community services is also collected. Data is reported to the county at least quarterly. Outcomes are collected at the beginning and end of services to demonstrate the effectiveness of services. AVUSD will utilize an evidence based evaluation tool, such as the Eyberg Behavioral Inventory, that demonstrates measurements on clients served both pre and post service. The results of the County approved tool will be provided to the County quarterly in order to evaluate the effectiveness of the program annually.

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.

1. **California Mental Health Services Authority (CalMHSA):** CalMHSA, formed as a Joint Powers Authority (JPA), is a governmental entity formed 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 in prevention and early intervention activities.

Status of MHSA Funding: Funded from previous three year plan. Program will be funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. **Population Served:** All individuals that reside in Mendocino County that are interested in mental health services.
- b. **Services Provided:** The program supports counties in their efforts of implementing mental health services and educational programs at the state, regional, and local levels. Currently programs that are implemented are State Hospital Bed Services, The Statewide Prevention & Intervention Project, Know the Signs, and Each Mind Matters.
- c. **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.
- d. **Program Evaluation Methods:** CalMHSA has the capacity to collect data as necessary. For example, for the Statewide Prevention & Early Intervention Project, CalMHSA contract with the RAND Corporation to conduct outcome evaluations of our implemented programs, and require that all of the contractors who implement programs as part of the Statewide PEI Project collect data as relevant to their programs – since the Statewide PEI Project is primarily focused on general outreach and education campaigns (not services or trainings), CalMHSA measures outreach through web hits and materials disseminated, therefore it is very difficult to capture demographic information. The program will report to the County data on the different toolkits that are handed out,

number of materials, where materials were handed out, and date the materials were handed out. Demographic data and number of calls received will be provided. The program will also provide data on website visits quarterly.

2. **Mental Health Awareness Activities:** Mendocino County Behavioral Health and Recovery Services engage in multiple activities to increase awareness of mental health symptoms, treatment, and available services that decrease stigma associated with mental illness. These activities include speaker events, bringing awareness materials to Farmer's Markets, maintaining the MHSA website, sharing Public Service Announcements, and other targeted events related to increasing awareness of mental health symptoms and services, and increasing likelihood that individuals in need will access those services.

Status of MHSA Funding: Funded from previous three year plan. Program will be funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. **Population Served:** All individuals in Mendocino County with an attempt to reach those who may need resource materials about mental health symptoms, services, and treatment.
- b. **Services Provided:** Approximately 1-3 speaker 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.
- c. **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 of service, accessing services through increased awareness, and efforts toward stigma reduction.
- d. **Program Evaluation Methods:** Mendocino County MSHA team will track the number, location, and types of awareness activities and events provided or attended. For each event, Mendocino County MHSA team will report 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 designed to 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 shall be culturally congruent with the population for whom they are intended. Stigma and Discrimination Reduction programs will report available numbers of individuals reached and, when available, demographic indicators. Programs will 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.

- 1. School Based Peer Support Programs- Point Arena:** The project is designed to effectively respond 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 intern provide education, peer counseling, crisis counseling, family support, and referrals to needed supports. 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: Funded from previous three year plan. Program will be funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. Population Served:** PASD has the capacity to serve up to 60 students from age 11 to 17 in Point Arena Schools.
- b. Services Provided:** Youth workers screen up to 20 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 will be provided 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.
- c. Program Goals:** Reduce negative perception and/or discrimination for youth in PASD.
- d. Program Evaluation Methods:** The program will provide the County data on the number of screenings and presentations offered. Data will include 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. Program data will be provided to the County quarterly.

2. **Breaking the Silence:** Mendocino County Youth Project provides services to effectively 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: Funded from previous three year plan. Program will be funded for the entirety of the MHSa Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. **Population Served:** The program will serve 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.
 - b. **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.
 - c. **Program Goals:** To reduce negative perception and/or discrimination for youth in Ukiah, Willits, Redwood Valley, Point Arena, Fort Bragg, and Laytonville schools that are diagnosed and/or in need of mental health services.
 - b. **Program Evaluation Methods:** The program will provide the county data on screenings and presentations offered. Data will include the 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. The program will provide program data to the County quarterly.
3. **Round Valley Family Resource Center Native Connections:** The Round Valley Indian Health Center/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: New program for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. 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.
- b. 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 will be provided annually.
- c. Program Goals:** To increase knowledge 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.
- d. Program Evaluation Methods:** The program will provide quarterly data on all services provided. This data will include number of groups, number of attendees, and demographic data as available. Program will provide results from evaluation tools used in each curriculum and reported quarterly. Program will provide data on number of classes, number of participants, and locations of classes for all Native American programs.

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 have a primary focus on screening, assessment, referrals, mobile, and telephone help lines.

- 1. Mobile Outreach and Prevention Services (MOPS):** Mobile Outreach and Prevention Services is a collaboration between Mendocino County Behavioral Health and Recovery Services and the Mendocino County Sheriff's Department for outreach to individuals at risk of going into mental health crisis in outlying target areas of the county. These areas are remotely distant from emergency rooms and crisis services. The program focuses on the team connecting clients with local and larger area resources prior to meeting 5150 criteria and thereby reducing the duration of untreated mental illness, and dependency on emergency services for preventable service needs. The targeted outreach areas are North County, South Coast, and Anderson Valley. The program consists of three teams which 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 and Intergovernmental Transfer Grant funding. Program will be funded in part for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. **Population Served:** Adults over 18, in the identified targeted areas that are experiencing mental health symptoms or concerns and have been referred by a health provider, law enforcement, specialty mental health provider, community member, or themselves for urgent intervention.
- b. **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.
- c. **Program Goals:** Triage risk, assess immediate client needs, and to 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.
- d. **Program Evaluation Methods:** 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.

2. **Jail Discharge Linkage and Referral Services:** Facilitation of referrals to appropriate mental health and/or co-occurring services will be 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.

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

- a. **Population Served:** Adults over 18, scheduled for release from jail that are experiencing mental health or co-occurring substance use symptoms.

- b. 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.
- c. 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.
- d. Program Evaluation Methods:** 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 health symptoms, as early as practicable, to refer individuals to services, as appropriate. The programs will target services to those communities that have been identified as underserved priorities for MHS: Native American, Latino, homeless, and at risk for the criminal justice system.

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

Status of MHS: Funding: Funded from previous three year plan. Program will be funded for the entirety of the MHS: Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. Population Served:** Spanish speaking children and families with mental health symptoms in the Willits and surrounding areas.
- b. Services Provided:** Outreach, linkage, and engagement to the Latino population. Support services that focus on issues such as depression and suicide prevention. Referrals to therapeutic counseling.
- c. Program Goals:** Increasing awareness of depression and suicide to the Latino population, and connection to appropriate treatment services.
- d. Program Evaluation Methods:** The program will provide quarterly data on all services provided. Data will include number of referrals made, where the client was referred to, number of bus passes handed out for transportation aid, and count of clients that followed through with the referral.

2. **Whole Person Care Peer Support:** Whole Person Care Peer Support will build on the peer counseling and peer support models to provide peer support to individuals that are not adequately connecting with community resources. Peer Support staff will assist individuals with connecting to community resources.

Status of MHA Funding: New program for the entirety of the MHA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. **Population Served:** Mendocino County residents aged 18 and older participating in the Whole Person Care project.
 - b. **Services Provided:** Peer support and extension of services not covered through specialty mental health services to support resilience and recovery.
 - c. **Program Goals:** Increase the likelihood of recovery and resilience for those at risk for higher levels of care.
 - d. **Program Evaluation Methods:** The program will conduct evaluation activities which meet PEI requirements. This includes collecting information on demographics, service type, frequency, and duration of services for all individuals receiving services. Effectiveness surveys will be collected annually and at the end of services.
3. **Resource and Referral Services through Safe Passage Family Resource Center:** Safe Passage Family Resource Center will provide resources, classes, and other services to the community. Safe Passage Family Resource Center will enable a Latino Family Advocate to serve as a liaison between school staff and Spanish speaking parents to become the “connector” for those in need of mental health counseling.
 - a. **Population Served:** Program will serve 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.
 - b. **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 insure that individuals are connected to referrals.
 - c. **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.
 - d. **Program Evaluation Methods:** The program will provide quarterly data on all services provided. Data will include number of referrals made, where the client was referred to, number of bus passes handed out for transportation aid, and count of clients that followed through with the referral.

Suicide Prevention Programs: Organized activities that seek to prevent suicide as a consequence 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 will report available numbers of individuals reached and when available, demographic indicators. Programs will 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.

- 1. Mendocino County Suicide Prevention Project:** Mendocino County Behavioral Health and Recovery Services will maintain a relationship with North Bay Suicide Prevention Hotline to maintain a regional suicide prevention hotline. Mendocino County Behavioral Health Recovery Services will provide 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: Funded from previous three year plan. Program will be funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. Population Served:** The program will provide 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 in Mendocino County over the course of each year. North Bay Suicide Prevention Hotline will also be available to all individuals in Mendocino County.
- b. 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, and outreach materials such as Speak Against Silence wrist bands and other awareness raising materials that are printed with the North Bay Suicide Prevention Hotline number and/or the Mendocino County Access line number, and that are disseminated at awareness raising events. The Mendocino County MHSA Coordinator 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 during the Three Year Plan cycle. The MHSA team has made special efforts to invite and

provide these trainings to culturally diverse groups. The program provides outreach and education, regarding suicide awareness and suicide intervention.

- c. Program Goals:** Increase the awareness of signs and symptoms of suicidal thinking, increase awareness of suicide prevention skills and resources, and decrease suicides locally.
 - d. Program Evaluation Methods:** The program will provide 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 will provide data on all calls received from the hotline.
- 2. Coastal Seniors- Community Suicide Prevention:** Coastal Seniors will provide Suicide Prevention Community Education for all community members who are interested in the reduction of community suicides.

Status of MHSA Funding: Funded from previous three year plan. Program will be funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20.

- a. 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 in the south coast area.
 - b. Services Provided:** Community Education and resource referrals regarding risk and protective factors for suicide. Community forums are held at the Coastal Seniors' center once per quarter. Mental health information is provided to Coastal Seniors clients once per month during a luncheon held at the center.
 - c. Program Goals:** Increase the awareness of signs and symptoms of suicidal thinking, increase awareness of suicide prevention skills and resources, and decrease suicides in the south coast area.
 - d. Program Evaluation Methods:** The program will collect demographic information on persons receiving Suicide Prevention Education. Data will include number and types of services provided. That data will be submitted quarterly to allow the County to evaluate for effectiveness.
- 3. Whole Person Care Suicide Prevention Screening:** Participants of the Whole Person Care project will be screened for suicide risk factors and referred to appropriate services when identified as being at risk.

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

- a. **Population Served:** Mendocino County residents ages 18 and older that are participants in the Whole Person Care project.
- b. **Services Provided:** Screening for suicide risk factors.
- c. **Program Goals:** Identify individuals at risk for suicidal ideation and triage them to appropriate services.
- d. **Program Evaluation Methods:** The program will collect demographic information on persons screened. Data will be collected on the number of individuals that screen positive for suicide risk, and what referrals were offered.

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 earlier identification and treatment of mental illness, as well as preventing mental illness from becoming a severe and detrimental part of the individual's life.

Mendocino County has Prevention and Early Intervention funding that was eligible for reversion. The MHSA team will apply to utilize those funds through a separate process in accordance with SB 192, now amended sections of Welfare and Institutions Code Sections 5891, 5892, 5892.5, and 5892.3.

WORKFORCE EDUCATION AND TRAINING (WET)

Mendocino County's Workforce Education and Training component of the Three Year Plan works toward addressing the shortage of qualified individuals who provide services in the County's mental health system. This includes community based organizations and individuals in single or small group practices who provide publicly funded mental health services to the County's mental health system workforce.

This WET component is consistent with, and supportive of, the vision, values, mission, goals, and objectives of the County's current MHSA Community Services and Supports component. This component utilizes stakeholder Community Program Planning (CPP) processes. Actions to be funded through the WET component supplement state administered workforce programs. Core values of the WET component are to develop a licensed and non-licensed professional workforce that includes diverse racial, ethnic, and cultural community members underrepresented in the mental health system, and mental health consumers, including primary care doctors, nurses, teachers, and family/caregivers with the skills to:

1. Provide treatment, prevention, and early intervention services that are culturally and linguistically responsive to diverse and dynamic needs.
2. Promote wellness, recovery, resilience, positive behavioral health, mental health, substance use, nutrition, and primary care outcomes.
3. Work collaboratively to deliver individualized, strengths-based, consumer, and family driven services.
4. Use effective, innovative, community identified, and evidence based practices.
5. Outreach to and engage with unserved, underserved, and inappropriately served, and isolated populations.
6. Promote inter-professional care by working across disciplines.

All proposed education, training, and workforce development programs and activities contribute to developing and maintaining a culturally responsive workforce. This includes individuals with lived experience that are capable of providing client and family driven services that promote wellness, recovery, resiliency, leading to measurable, and values driven outcomes.

Mendocino County continues to support the findings, recommendations, and WET Five Year Plan of the Office of Statewide Health Planning and Development that covers 2014-2019. Fiscal Year 2017/2018 will be the final year that the WET funds will be available to counties.

Coordination and Support

Description: Coordinate the planning and development of the WET component, including implementation of actions in the WET Plan, reporting requirements, and evaluation of impact of workforce actions on identified needs.

Objectives: The WET component plan will support the expense of the MHSA Coordinator position providing WET Coordination activities as listed below:

1. Provide ongoing development and operation of workforce programs.
2. Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service, including medical providers, law enforcement, educators, and others who encounter individuals with mental health issues.
3. Develop cultural responsiveness of staff throughout the mental health system.
4. Improve coordination of training efforts through the mental health system.
5. Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements.
6. Ensure that consumers, family members, and underserved populations are included as both trainers and participants.
7. Incorporate consumer and family member viewpoints and experiences in all training and educational programs.
8. Coordinate and disseminate information on federal, state, and local loan forgiveness programs. (Mental Health Loan Assumption Program (MHLAP)).
9. Integrate the WET Plan with other MHSA components.
10. Oversee all activities of Workforce Development Programs and scholarship programs.

11. Participate in statewide trainings as required or recommended in relation to carrying out WET activities.

Workforce Development and Collaborative Partnership Training

Description: 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 partner agencies to better deliver services consistent with the fundamental principles of the Mental Health Services Act. These include expanding our capacity to provide services that support wellness, recovery, and resilience. Training resources will be culturally and linguistically competent, client and family driven, and provide integrated service experience for consumers and their family members. This action was prompted by an identified need to “grow our own” qualified and diverse staff with the capacity to respond to the community’s service needs.

The Workforce, Education and Training work group meets as a part of MHSA Forums, with special subcommittees called as needed to insure that consumers, family members, and all other stakeholders have an opportunity to participate in developing WET Plan activities that supports the goal of developing a “grow our own” level of education,

recruitment, and retention of qualified individuals to provide Mental Health services.

Objectives: Provide education and training for all individuals who provide support or services in the mental health system. Develop and implement a system of cross training for Mendocino County staff, contract providers, partner agencies, stakeholders, consumers, and family members on topics including:

1. Consumer/Family Member Driven Services

- a. Develop and expand Peer support programs.
- b. Access training resources through e-learning websites.
- c. Expand financial incentive programs for the mental health system workforce to include unserved, underserved, and inappropriately served populations and meet the needs of those populations.

2. Cultural Competency and Sensitivity

- a. Expand awareness and outreach efforts to effectively recruit culturally and linguistically diverse individuals.
- b. Enhance curricula to improve cross cultural communication, including self-

awareness.

- c. Provide culturally responsive training on issues related to diverse populations (e.g. LGBTQ, rural poor, older adults, TAY, ethnic minorities).
- d. Develop services that incorporate spirituality.

3. Community Partnerships and Collaborations

- a. Deliver first responder training (e.g. Crisis Intervention Team and collaboration with the Stepping Up Initiative).
- b. Coordinate mental health and forensic services and promote collaboration with criminal justice, including awareness of gang culture.
- c. Provide training on suicide prevention/risk identification.
- d. Provide training to staff and community providers on Tarasoff, confidentiality, and mandated reporting.
- e. Provide training on recognition of early onset mental health behavior in educational settings.
- f. Develop career pathways for individuals entering and advancing across professions in the mental health system.
- g. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the mental health system workforce.

4. Wellness, Resiliency and Recovery

- a. Develop tools for delivering effective care management (person in environment, Strengths Based Care Planning).
- b. Provide training on pre-crisis recognition and evidence-base intervention strategies.
- c. Provide training on harm reduction skills.

5. Evidence Based Practices Training

- a. Interviewing techniques (e.g. Motivational Interviewing).
- b. Co-occurring disorders.

- c. Violence de-escalation training (e.g. Professional Assault Crisis training).

6. Quality Improvement

- a. Provide training on all components of quality assurance activities including support and technical assistance.
- b. Increase retention of trained, skilled, and culturally responsive workforce.

Scholarships and Loan Assumption in support of education related to Mental Health Services:

Funds from this component will provide scholarships and loan assistance to those willing to make a commitment to work with the local mental health system. Funded coursework must be applicable to a certificate or degree related to the mental health field (e.g. human services, counseling, social work, psychology, etc.). Students receiving scholarships or loan assistance will commit to seeking work with the County Health and Human Service Agency or with a nonprofit agency contracted with the County to provide mental health consumer services. Internships required for the degree will be accomplished in one of the settings mentioned above. Anyone employed with behavioral health service organizations in Mendocino County may apply for assistance. Priority will be given to consumers and family members, persons of Latino or Native American descent, those currently working directly with cultural and bilingual populations, and/or those working in remote and rural communities. This component was prompted by our identified need to encourage local people to enter and advance in fields related to mental health.

Objectives:

1. Expand the mental health system in a manner that supports the number of diverse, qualified individuals to remedy the shortage of providers.
2. Enhance evaluation of mental health workforce, education, and training efforts to identify best practices and systems change.
3. Expand the involvement of consumers and family members, the promotion of staff from within the system, in a manner that supports cultural responsiveness.
4. Develop career pathways for individuals entering and advancing across professions in the mental health system.
5. Develop and sustain new and existing collaborations and partnerships to strengthen recruitment, training, education, and retention of the mental health system workforce.

6. Establish procedures for scholarship application, selection, payment, follow up, and tracking the fulfillment of student obligations.
7. Provide outreach and publicity about scholarship availability including committee and meetings to review.

Work Group and Subcommittees

The WET Coordinator will convene a regular work group meeting with community stakeholders and parties interested in mental health workforce development and will assist the work group in identifying training priorities. Workgroup meetings occur as a part of MHSA Forums in order to include all geographic areas in the Community Planning Process. The workgroup will establish subcommittee(s) as needed to carry out targeted projects or special actions of the WET component plan explained as follows:

1. **Training for Co-Occurring Disorders:** Review, evaluate, and select presentations.
2. **Scholarship and Loan Assumption:** Develop application and interview scoring, develop marketing and outreach plan to priority population of consumers/family members, persons of Latino/Native American descent, employees of mental health systems including community partners; recruit screening panel and finalize approval process.
3. **Electronic Resources:** Evaluate existing effectiveness of the County's MHSA webpage; establish objectives for providing web based WET information to consumers, community partners, and county staff, and determine role of electronic learning for informational hub of the community.
4. **Peer Navigator Programs:** Continuation of trainings which are focused on navigating systems of care, and furthering care collaboration.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

Capital Facilities and Technological Needs Component is designed to increase the County infrastructure to support the goals of MHSA and the provision of MHSA services. It is also intended to produce long term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, and expansion of opportunities for accessible community based services for clients and their families which promote reduction in disparities to underserved groups.

This component plan will provide an overview of the current technological needs in the mental health program that will be required to meet Meaningful Use Standards as set by the Goals of California Health Information Technology (HIT) Executive Order. The Centers for Medicare and Medicaid Services (CMS) established an Electronic Health Record (EHR) incentive program to encourage medical providers to meet the standard requirements for quality and efficient electronic records. The California Health Information Technology Executive Order of 2004 established a plan for the United States to improve the efficiency and safety of care through the improvement of computer hardware and software that deals with storage, retrieval, sharing, and use of health care information.

The goal of this Capital Facilities and Technological Needs (CFTN) plan is to assess and address the needs and issues facing the Mendocino County Behavioral Health and Recovery Services Program (BHRS). During FY 15/16 a timeline for implementation was established and implementation of the Electronic Health Records (EHR) is in process. In FY 17/18, Mendocino County MHSA intends to complete all projects identified in the timeline, as FY 17/18 will be the final year that CFTN funds will be available to counties.

The identified need for use of CFTN was for system redevelopment to include an overhaul of the electronic health record and subsequent billing system of Mendocino County. The County has contracted with XPIO, and they have conducted an assessment of the entire EHR, billing and reporting system to determine the County’s needs to meet the Meaningful Use requirements.

1. Record Demographics	Fully Implemented
2. Record Smoking Status	Fully Implemented
3. Patient Clinical Summaries of Visit	System is capable of providing

4. Patient Electronic EHR-Authorization of disclosures of EHR	Planning
5. Summary of Care at Transitions of Care	System is capable of providing
6. Active Medication Allergy List	Partially Implemented
7. Lab Test Results	Planning
8. Medication Reconciliation	Planning
9. Patient Specific Education	System is capable of providing
10. Problem List	System is capable of entering information
11. Record Vital Signs	System is capable of entering information
12. Patient Lists	Fully Implemented
13. Clinical Patient Summary	System is capable of providing
14. CMS Quality Measures	System is capable of entering information
15. Patient Reminder List	System is capable of providing
16. Record Vital Signs	Partially Implemented
17. Exchange Clinical Information	Planning
18. E-Prescribing	Planning

Requirements: In FY 16/17, the County had implemented its Clinical Work Station (CWS) by Modeling an Adult and Child Biopsychosocial Assessment, Client Treatment Plan, The Child and Adolescent Needs and Strengths Assessment (CANS), The Adult Needs and Strengths

Assessment (ANSA) within the County's EHR. The clinical staff started using The Scheduling component with MyAvatar. The County's psychiatrist and the nurses were trained to use the electronic Medical Progress Notes alongside the Scheduler.

Needs and Assessments: Currently the Mental Health and Substance Use Disorder Treatment (SUDT) are working toward increasing integration as one Behavioral Health and Recovery Services unit for better provision of integrated and coordinated services. Substance Use Disorder Treatment uses WITS as their data system. With the current changes to the SUDT billing and reporting by the State, the agency had to determine if the current functionality of WITS can support the new billing and reporting requirements. The review identified billing setup issues, and it has been determined that SUDT will migrate to MyAvatar.

In April 2016, the Department implemented strategies to improve EHR communication between the County and the Mental Health Administrative Service Organization (ASO). This included implementing the Extensible Markup Language (XML) upload of the Service delivery from the Mental Health ASO's data system, EXYM, directly into the County's MyAvatar's system. Client services are exported out of EXYM using XLM formatting and imported directly into MyAvatar's Client Charge Input.

The County is in the planning stage of The Health Information Exchange of client clinical information to be imported into the MyAvatar system, in the same XLM format as the Service information from the EXYM system.

The County is in partnership with other local physical health agencies to work on a collaborative whole person care project. One of the key elements for successful collaborative care is the ability to exchange predetermined health elements with all the participating care providers.

Additional or remaining resources in this component will go towards furthering information, technology, communication, and other infrastructural needs of the Mental Health Plan, contract providers, and Mental Health Services Act providers.

INNOVATION

The Innovation component of the MHSA Three Year Plan is intended to increase learning to all counties in the State of California about the best way to provide mental health services. Innovation projects are intended to 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. Funding assigned to Mendocino County for Innovation cannot be accessed until the Innovation project is approved by the MHSOAC.

Mendocino County's first Innovation project is in the process of being presented to the MHSOAC. During this Three Year Plan, Mendocino County MHSA team will begin development on a second Innovation project.

MENDOCINO COUNTY INNOVATION WORK PLAN

Round Valley – Crisis Response Services Mendocino County Innovation Plan #1, New

1. Brief description of the Community Program Planning Process for development of the Innovation Work Plan.

Mendocino County Behavioral Health and Recovery Services Mental Health Services Act team moved through several phases Community Program Planning Processes for the Innovative Project over the course of several years in order to develop and refine the project. MHSA Stakeholder Forums are held throughout the County annually and special Innovative Planning meetings were held to brainstorm community Innovative ideas. These meetings are hosted by local community based organizations which serve and represent diverse stakeholders. They are held in various geographic locations throughout the county to insure that stakeholders from various communities have an opportunity to learn about the MHSA programs available in each small community and to provide feedback on services provided in each community. Each of these meetings are advertised in local media, fliers are posted in MHSA funded service providers, and invitations are emailed to all stakeholder participants that have provided email addresses. Refining stakeholder project prioritization and needs to Innovation requirements has taken some time.

PHASE I: This particular Innovation Project idea began with targeted Project Planning Meetings to select a general need and focus for the Innovation Project from July 2013 to January 2014. General innovation project ideas were collected,

discussed, and refined to a selection of the top 10 suggested broad project topics. These top ten community generated topics were voted on in a County wide survey which asked participants to rank each idea in highest priority. The general topic of crisis respite was selected as top priority, with second place as care management services to outlying areas.

PHASE 2: The next phase, from January 2014 to July 2015, was to have an Innovation Task Force Committee refine the topic to meet Innovation requirements. Because Crisis respite and response in itself, is not an innovative topic, the Task Force explored options of using peer providers, traditional healers and tele-health options were discussed to make the project more innovative and determined that the true objective of the program is to find a working crisis respite/response solution for one of the outlying areas of Laytonville, Covelo, or Point Arena.

During this time we sought advice from the Mental Health Services Oversight and Accountability Commission (OAC). With the OAC support, we were able to refine the project to be a learning project about how one of our unique remote, rural, communities with limited resources, and heavily populated by underserved ethnic populations works to address and try to resolve the crisis respite needs, would be our Innovative Project.

PHASE 3: The Innovation task force selected the community of Covelo, as the community to learn in first. Innovation Task Force meetings were moved to Covelo/Round Valley. Focused planning sessions there included more local stakeholders and local community feedback to refine the learning objectives and project challenges. These meetings have occurred from July 2015 to present.

PHASE 4: Finalization of draft plan proposal by the OAC, and feedback on refinement, and eventual approval. The plan will go through a 30 day public review process prior to approval by the Board of Supervisors.

PHASE 5: Project implementation. Implement regular review and measurement by the community and all involved providers. Measurements will include trust of providers, communication between providers, success of collaboration, success of models attempted, and awareness of the project in the community, and other feedback on how the community works with specialty mental health providers on this project.

PHASE 6: Project Evaluation and Sustainability. During this phase we will compile the results of the feedback and measurements obtained through project implementation. Community feedback will again be collected on the overall learning from the project, and things that could have made the project more successful. Depending on the success of the project, develop plans for sustainability, and begin either terminating or transitioning the project. Complete the final report to the OAC.

2. Stakeholder entities involved in the Community Program Planning Process include but are not limited to:

- Action Network
- Anderson Valley School District
- The Arbor – TAY Resource Center
- Community Care/Area Agency on Aging
- Consolidated Tribal Health Project, Inc.
- Ford Street Project
- Hospitality House
- Integrated Care Management Services
- Interfaith Shelter Network
- Laytonville Healthy Start
- Love In Action
- 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 Board
- Mendocino County Office of Education
- Mendocino County Probation Department
- Mendocino County Public Health
- Mendocino County Sheriff's Department
- Mendocino County Youth Project
- NAMI of Mendocino County
- Nuestra Alianza
- Pinoleville Band of Pomo Indians/Vocational Rehabilitation Program
- Project Sanctuary
- Raise and Shine Mendocino County/First Five Program
- Redwood Community Services
- Redwood Coast Regional Center
- Redwood Coast Senior Center
- Redwood Quality Management Corporation
- Round Valley Indian Health Center
- Round Valley Family Resource Center
- Round Valley Tribal TANF
- Round Valley Tribal Council
- Round Valley Unified School District
- ICWA
- Tribal Courts
- Native Connections
- American Indian Women Domestic Violence Advocacy (AIWVA)
- Senior Peer Counseling
- Tapestry Family Services
- Ukiah Police Department
- Ukiah Senior Center
- Willits Community Center
- Yuki Trails Health and Human Services

Local Round Valley Organizations participating in the Innovation Planning Process

- Round Valley Tribal Police
- Round Valley Indian Health Center
- Round Valley American Indian Women – Domestic Violence Advocacy(AIWVA)
- Round Valley Native Connections
- Round Valley Community Members
- Round Valley Tribal Council
- Tribal TANF
- Building Horizons, After School Program
- Round Valley Tribal Housing Authority
- Round Valley Unified School District
- Round Valley ICWA
- Round Valley Tribal Courts
- Mendocino Community College
- Yuki Trails Health and Human Services

Participants in the Stakeholder Community Program Planning Process reflect the diversity of Mendocino County including clients and family members, transition age youth, Behavioral Health and Recovery Services administration, providers with program and line staff experience, community-based and organizational providers of local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent unserved, underserved, Native American, and rural communities, as well as Mental Health Board Members.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

There was a 30-day Review and Public Comment period with the review of the Mental Health Services Act Plan Annual Update from: April 25, 2016-May 25, 2016

A Public Hearing was held on:

Date: May 23, 2016

Time: 10:30-12:00

Place: 1120 South Dora St. Ukiah, with video Conference with offices in Willits and Fort Bragg

Copies of the MHSA Innovation Plan are available in conjunction with the MHSA Plan Annual Update to all stakeholders and interested parties through the following methods:

- Electronic format: Mendocino County Behavioral Health and Recovery Services, Mental Health, MHSA website: www.co.mendocino.ca.us/hhsa
- Printed format: Behavioral Health and Recovery Services, 1120 S. Dora, Ukiah, CA 95482
- Fliers outlining Public Review and Comment details are mailed to locations throughout the county, including MHSA Programs, public libraries, health care clinics, tribal organizations, senior centers, and other public formats.

- Plans are e-mailed or mailed to anyone who requests a copy.
- All stakeholders are emailed a flier with information about obtaining a copy, where and how to make comments and the date and location of the Public Hearing.
- Announcements are placed in the local Newspapers with information regarding the plan's availability, where to obtain a copy, and where to make comments.

During the public review period comments will be received in a variety of way, including, e-mail, written and delivered, phone calls, and verbally collected at the Public Hearing.

Purpose of Proposed Innovation Project

X INCREASE ACCESS TO SERVICES

Our goal for this project is to increase access to services, in particular to our underserved groups, through the promotion of improved interagency communication and collaboration. Mendocino County is a geographically large county with several isolated, rural, communities which often lack supportive resources, such as hospitals, pharmacies and access to Specialty Mental Health Services. These communities are often more heavily populated by underserved and under-represented cultural groups, such as Native Americans and/or Latinos, who, due to the language and cultural barriers, historical trauma and institutional distrust, and the stigma of Mental Illness, are often apprehensive about seeking assistance outside their community.

The Round Valley, Covelo Community learning goals are: How does the Round Valley community identify and develop culturally appropriate, client driven trauma-informed care for crisis response in the Round Valley community?

- Will Community members in Round Valley accept crisis intervention/suicide prevention support from “Natural Helpers” (trained peer support and community responders) in a local respite setting, more readily than through the existing “institutional” County Health and Human Services, Behavioral Health and Recovery crisis response resources?
- Will a local, grass roots community crisis response team lead to increased use of crisis intervention and respite support services compared to the conventional local and county Behavioral Health Services?
- How do more “institutional” type helpers and local helpers work together to overcome historical mistrust to develop the identified and desired programs?
- Are “Natural Helpers, working as an integrated part of the crisis response/suicide prevention team able to provide increased and improved use of short-term support in this geographically isolated community?

The Round Valley community is predominantly Native American, with a long history of cultural trauma. The community has a considerable lack of resources and high rates of poverty. There is no public transit within the community which is remote and rural, and no public transportation to the larger community making

access to services in larger communities almost impossible for those without transportation.

The American Indian and Alaska Native Population: 2010 a Census Brief issued in January of 2012, shows the 2015 Census data indicates that the Covelo population includes 1,346 people, 31.8% of whom identify as American Indian/Alaskan Native. The rest of the population is composed of 70.4% that identify as white, 1.0% that identify as Black/African American, 0.2% that identify as Asian, 3.5% that identify as having two or more races, and 19.8% that identify as persons of Hispanic or Latino origin of any race. 2015 Census data also indicates that 51.5% of the population is female and the median age is 32.8 years old. The poverty level identified as \$23,850 for a household of 4. Covelo 2010 Census Quick Facts indicate that 24-35% of households have incomes ranging from \$10,000-\$24,999.

California Department of Mental Health Office of Suicide Prevention 2009 data showed Mendocino County suicide rate at 23.8, compared to the California rate of 9.7 deaths per 100,000 population. Health Mendocino Data from 2012-2014 shows the rate is maintained at 23.9, through North Bay Suicide Prevention. The California Department of Mental Health office of Suicide Prevention data shows that the Mendocino County suicide death rate is higher among males (36.8 rate), youth 12-24 (44.4 rate), and adults 45-54 (38.9 rate). Among ethnic groups in Mendocino County Native American suicide death rates are at 17.7 per 100,000, White at 24.9 rate, Hispanic suicide death rate of 21.4 per 100,000 population. Preliminary suicide rate data for 2016 from the Mendocino County Coroner indicate that of the 19 suicides in Mendocino County (with two investigations still pending), one in Covelo.

Mendocino County MHSA team proposes to work with the Round Valley, Covelo community to develop relationships, brainstorm solutions to the crisis response/respice needs, test various crisis respice response options, and monitor the satisfaction of the local community. This would be a community collaboration that would attempt to address the persistent challenge of crisis response to an outlying area, as well as the seemingly intractable challenge of improving trust, and therefore, access to mental health services among our Native American communities.

Our hope is that by engaging in this project we will learn what strategies are needed to respond to crisis needs in this uniquely remote community that result in favorable responses of trust and confidence in services. We hope to explore and refine techniques for engaging with local community providers, and develop and refine techniques for coordinating services between local community resources and specialty mental health providers, if that is the desire of the community. If successful, we will build the service capacity of the community and the mental health system in the county.

Success of this program should result in an increase in trust and use of crisis response services provided by trained Round Valley Community Members, Natural Helpers and of specialty mental health providers, when necessary. We would hope to develop a sustainable program that supports the local community in reducing the level of crisis and suicide rates in the valley.

This Innovation program explores a community driven practice or approach to resolving crisis needs, and anticipates that the solution will be found in non-mental health settings. The focus will be on how the mental health programs and community members and programs work together to solve the persistent and seemingly intractable challenge of institutional distrust and isolation existing between Round Valley residents and crisis services provided by specialty mental health providers. We hope the project will result in new education and training opportunities for providers working in the Round Valley community. With the possibility of new services and interventions, this may contribute to increased outreach, community development and capacity building, and the incorporation of non-traditional practitioners into the system of care.

The following is an educated perspective of Round Valley historic, cultural trauma from Round Valley Tribal members:

“When evaluating and assessing crisis response in Round Valley, trauma is a foundational determinate that cannot be ignored. Trauma affects our minds, bodies and genes. Trauma is at work in our neuroendocrine system. That is to say, “our genes carry memories of trauma experienced by our ancestors and can influence how we react to trauma and stress.” (Pember M. A., 2015). The trauma and stress response of Native peoples in the rural, mountainous regions of coastal northern California, as elsewhere in Native North America, thread back to indictment that “the origins of trauma begin in genocide” (Brave Heart, Chase. AIHEC Behavioral Health Institute, 2014).

Mary Annette Pember, an editorial Journalist of the University of Wisconsin-Madison, explains that our endocrine system is “strongly influenced by experience.” Consider the trauma experience of Native Americans: it has been and remains pervasive, it is historical and embedded in the contemporary culture of Native communities, it manifests as alcoholism, chronic excessive drug abuse, suicide rates higher than the national average, domestic violence and other mental health issues. Today, trauma is thought to be directly linked to illness. It is enlightening to recognize that “American Indians have an adult trauma exposure rate of 62.4% to 69.8% to at least one traumatic event; a substantial proportion of these entail death of a loved one (Manson, Beals, Klein, Croy, & AI-SUPERPFP Team, 2005). There now exists a strong possibility that our genes may “switch on” adverse reactions and negative

responses to stress and trauma. The now famous 1998 ACES study conducted by the Centers for Disease Control (CDC) and Kaiser Permanente showed that such adverse experiences could contribute to mental and physical illness. (Pember M. A., 2015). Considering the fact that “epigenetics is beginning to uncover scientific proof that intergenerational trauma is real. Historical trauma, therefore, can be seen as a contributing cause in the development of illnesses such as PTSD, depression...”

In April 2014, a fact sheet was published by the National Indian Child Welfare Association, the Child, Adolescent and Family Branch (CAFB), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA) entitled: “Trauma-Informed Care Fact Sheet”. This fact sheet briefly outlines trauma in Indian Country highlighting the research of the Indian Country Childhood Trauma Center (ICCTC). Important research that addresses trauma as the specific conditions and experiences of American Indians/Alaska Natives as a “unique individual experience associated with a traumatic event or enduring conditions, which can involve an actual death or other loss, serious injury, or threat to a child’s well-being, often related to the cultural trauma, historical trauma and intergenerational trauma that has accumulated in AI/AN communities through centuries of exposure to racism, warfare, violence and catastrophic disease.” As logic will dictate, traumatized AI/AN children will grow into traumatized AI/AN adults. These adults will continue to perpetuate the insidious cycle of self-destruction fueled by historical trauma, prolonged and unresolved grief, psychological distress and under-resourced mental health services and facilities.”

A synopsis of Round Valley history from Round Valley tribal member:

“Initially, the Round Valley Reservation was established as the Nome Cult Farm in 1856; hence, Round Valley Indian Tribes is historically one of the earliest examples of systemized forced removals of Native people by the U. S. Federal government in a concerted effort to make way for Euro-American settlers. Round Valley Indian Tribes is comprised of six member tribes, none of which are linguistically related to the original people of the area, the Yuki; historically most of the tribes had cultural ties to the area, but retained separate and distinct tribal identities.”

In Benjamin Madley’s recently published, “*An American Genocide: The United States and the California Indian Catastrophe*,” (2016), he proclaims, “Between 1846 and 1873, perhaps 80% of all California Indians died...mass death silenced thousands of California Indian voices...” (pg.10). Round Valley Indian Tribes is a direct result of this well documented collective trauma. The Yuki people were nearly annihilated, as were many of the now member tribes that were subsequently relocated by forced marches to Round Valley. The tribal people of Round Valley suffered under intolerable physical and psychological conditions engendering a deep and pervasive historical trauma. This trauma remains a lingering corrosive wound that has historically preyed upon tribal families and their social structures, and a wound that still haunts the individual and collective psyche of the Valley. From the Gold Rush to

approximately 1880, California Indian peoples suffered through a violent crescendo of brutal and relentless assaults upon their lifeways, bodies and mental states. Unparalleled loss of homeland, culture, of natural and human resources occurred throughout the Round Valley bioregion, resulting in devastated native populations. Throughout California, the native population experienced a decrease of 90% of the estimated population of 300,000 to approximately 15,000 at the turn of the century. Generations of Round Valley tribal people during these times and the subsequent century has simply endeavored to survive. Current expressions of historical trauma include depression, suicide, alcoholism, domestic violence, chronic grief and loss, in addition to an even wider spectrum of mental health issues.

Much scholarly research and best-practice approaches have contributed to national and local grass-roots models that have produced important examples of tribally invested projects. Success of these projects is perhaps attributable to an innovative embrace of well-intended therapeutic services based in a tribal perspective while expertly incorporating professional mental health treatment paradigms. Native communities have a long history of identifying and putting into service “natural healers,” in combination with the strength found in cultural knowledge and traditional perspectives. A shared commitment to capacity building results in success and increased healing over time. Balance and well-being is a yearning innate to every human being, although untenable and out of reach for those suffering from traumatic experience. Just as innate is the need to create safety for each other, regretful such opportunities are too few, or are mired in institutionalized rigidity and suffer from a lack of creativity and vision.” – Frank Tuttle, Yuki-Concow, Doctoral Candidate, Ph.D

We intend to learn through cooperation and collaboration within this community, how to best use the available resources to improve trust, knowledge of and access to crisis response and referral support to other Behavioral Health and Recovery Services when necessary.

We hope that the knowledge gained from this project will not only help to improve the substantial gaps in Crisis Response communication and provision for this very rural native community, it will offer the County an opportunity to learn better ways to build on community strengths, such as:

- How to best build services in economically challenged, rural communities, populated by Native Americans with historical trauma.
- How to develop the best strategies to collaborate, communicate and work together to build the most effective service modalities in communities of this type.

Evaluation and demonstration of outcome measures:

The project will test and learn about:

- Enhancement of respectful communication between County providers and Tribal Community members
- New outreach and engagement strategies and approaches
- New capacity building approaches: Sustainability, Social Model Detox to reintroduce healthy lifestyles
- Potential new treatment and recovery collaborations for services and interventions

The community members propose to explore whether it would improve outcomes to offer Social Model rehabilitation support opportunities to any and all persons who are in crisis, including detox models as the rate of Alcohol and Drug use is very high in this area, and is a contributing factor in many crisis situations. The members of this community also would like to learn whether offering support to the native population in regard to healing from historical trauma by offering traditional healing practices and using “natural helpers” in the community might decrease the need for law enforcement, hospitalizations, and incarcerations. Some proposed models to build from is the “Welbriety: Journey to Forgiveness” a movement facilitated by White Bison and charitable organizations supporting wellness and recovery among Native American/Alaskan Native communities nationwide.

In addition we will use simple outcome measure tools to determine that the services provided through our strategies are showing improvement. We plan to use the Patient Health Questionnaire-2 (PHQ2) and Patient Health Questionnaire-9 (PHQ9) to develop baseline data and measure improvement in individuals who seek support services along with beneficiary satisfaction surveys, and other outcome and evaluation tools, such as SAMHSA measures provided by the “Kiosk” assessment tool, being used by the local Indian Health Center. They are using the results to support improved mental health for those who report struggling with behavioral health issues.

The timeline for this plan is as follows:

- 36 months for operational testing
- 6 months for assessment and evaluation and reporting to stakeholders

Key Milestones:

- 0-3 months: Consistent stakeholder participation, maintain core group with expected growth
- 1-6 months: Gathering of community support, recruitment of Natural Helper expertise.
- 1-18 months: Monitoring for consistent positive response of collaboration, local collaboration of core stakeholders, improved trust responses. Monitored at least once every six months.
- 1-18 months: Planning, developing and training for Crisis response plan models

- 6-36 months: Implementation and testing of Crisis response plan proposal. Monitored at least once every six months.
- 30-36 months: Evaluation of Crisis response plan sustainability
- 30-36 months: Evaluation of Crisis response and Suicide Prevention, ongoing training and education

Proposed Questions & Strategies for Measuring Successful Collaboration

Identification of Community Crisis needs:

- What is the current rating of trust and mutual respect with outside agencies? Proposed strategy survey and community feedback meetings.
- What are existing crisis resources in Round Valley? Proposed strategy: Meetings & Forums with community members.
- What are specialty mental health service needs that exist elsewhere in the County that are lacking in Round Valley? Proposed strategy: review of service providers?
- What are the primary barriers to crisis resources, resolution, and trust of those services?
- Are all Round Valley Resources represented in the Innovation project Task Force?
- What is the best way to reach out to unrepresented Round Valley crisis Resources?
- Are all specialty mental health services represented in the Innovation project Task Force?
- What is the best way to include unrepresented specialty mental health service providers in the Project Task Force in a way that is inclusive and respectful of the community?

Communication:

- How, where, how frequent, to whom should communication between County, SMI providers and the Community occur? Proposed Method: Meeting/Forum (face to face)
- Development and implementation of measurement tools to collect response on success of trust, method, frequency, location, and target audience of communication. Proposed method: Survey
- What do we call this project/service that is both representative of the project and is inclusive and inviting to the community?
- When we hit challenges or trust concerns along this project, what processes will be put in place to resolve them, and prevent further development of mistrust/doubt?

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Attachments:

- A. Proposed and Draft Measurement Tools
 - i. Round Valley Kiosk Questionnaire Tool
 - ii. PHQ2
 - iii. PHQ9 (English and Spanish)
 - iv. Proposed Innovation Evaluation Survey
- B. Proposed Project Budget
- C. Project Logic Models
- D. Project Planning Tool (Provided by Deborah Lee)
- E. Mendocino County Board of Supervisor Minutes Approving MHSA 3 Year Plan Annual Update program and expenditure plan (Agenda Item 5E)
- F. Public Response to the MHSA Innovation Plan 30 day Public Comment Period
- G. Mendocino County Behavioral Health Advisory Board Letter of Support

Round Valley Kiosk Questionnaire Tool

ROUND VALLEY INDIAN HEALTH CENTER HEALTH CARE MAINTENANCE SCREENING QUESTIONNAIRE

WHY DO WE ASK THESE QUESTIONS?

Your Health Center is concerned about all matters that affect your health. To substantially improve the quality of health care for our patients we are including these screenings.

Depression Screen:

How often do you feel down, depressed or hopeless?

- I Hardly ever feel down or not at all
- Several days in the past week
- More than half the days in the past week
- Nearly every day

How many days a week do you have little interest in daily activities?

- This is not a problem for me.
- Several days in the past week.
- More than half the days in the past week.
- Nearly every day

What is your tobacco use?

- Current Smoker (cigarettes, cigars) How much do you use each day? _____
- Previous Smoker: Date of last use _____
- Current Smokeless Use (Tobacco chew) How much do you use each day? _____
- Previous Smokeless: Date of last use _____
- Ceremonial use only: _____ How many times a year _____
- Never used tobacco products.

Alcohol Screen:

For Women: When was the last time you had more than 4 alcohol drinks in one day?

For Men: When was the last time you had more than 5 alcohol drinks in one day?

Domestic Violence Screen:

	YES	NO
Are you presently a victim of domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a victim of domestic violence in the past?	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to answer this question at this time	<input type="checkbox"/>	

Patient Name _____ Date _____

Provider _____ Date _____

PHQ2

STABLE RESOURCE TOOLKIT

The Patient Health Questionnaire-2 (PHQ-2) - Overview

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is not to establish final a diagnosis or to monitor depression severity, but rather to screen for depression in a “first step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Clinical Utility

Reducing depression evaluation to two screening questions enhances routine inquiry about the most prevalent and treatable mental disorder in primary care.

Scoring

A PHQ-2 score ranges from 0-6. The authors¹ identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes and stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

Psychometric Properties¹

Major Depressive Disorder (7% prevalence)				Any Depressive Disorder (18% prevalence)			
PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)	PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)
1	97.6	59.2	15.4	1	90.6	65.4	36.9
2	92.7	73.7	21.1	2	82.1	80.4	48.3
3	82.9	90.0	38.4	3	62.3	95.4	75.0
4	73.2	93.3	45.5	4	50.9	97.9	81.2
5	53.7	96.8	56.4	5	31.1	98.7	84.6
6	26.8	99.4	78.6	6	12.3	99.8	92.9

* Because the PPV varies with the prevalence of depression, the PPV will be higher in settings with a higher prevalence of depression and lower in settings with a lower prevalence.

1. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care* 2003, (41) 1284-1294.

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

PHQ9 (English and Spanish)

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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A2662B 10-04-2005

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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Patient Health Questionnaire PHQ-9
 Nine Symptom Checklist (Spanish)

Nombre _____ Médico _____ Fecha De Hoy _____

Durante las últimas 2 semanas, ¿cuan qué frecuencia le han molestado los siguientes problemas?

	Nunca 0	Varios días 1	Más de la mitad de los días 2	Casi todos los días 3
a. Tener poco interés o placer en hacer las cosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sentirse desanimado/a, deprimido/a, o sin esperanza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Con problemas en dormirse o en mantenerse dormido/a, o en dormir demasiado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sentirse cansado/a o tener poca energía	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tener poco apetito o comer en exceso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sentir falta de amor propio – o que sea un fracaso o que decepcionara a si mismo/a su familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Se mueve o habla tan lentamente que otra gente se podría dar cuenta – o de lo contrario, esta tan agitado/a o inquieto/a que se mueve mucho más de lo acostumbrado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Se le han ocurrido pensamientos de que sería mejor estar muerto/a o de que haría daño de alguna manera*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Si usted se identificó con cualquier problema en este cuestionario, ¿cuan difícil se le ha hecho cumplir con su trabajo, atender su casa, o relacionarse con otras personas debido a estos problemas?

Nada en absoluto Algo difícil Muy difícil Extremadamente difícil

11. Si estos problemas le han causado dificultad, ¿le han causado dificultad por dos años o más?


Sí, he tenido dificultad con estos problemas por dos años o más.
 No, no he tenido dificultad con estos problemas por dos años o más.

*Si tiene pensamientos de que es mejor estar muerto/a o hacerse daño en alguna manera, favor de hablar con su médico, ir a una sala de emergencia o llamar al 911.

Number of symptoms: _____ Total score: _____

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Proposed Innovation Evaluation Survey


DRAFT MHSA Innovation Planning Evaluation Survey

The MHSA Innovation Planning Evaluation survey is a tracking tool used by the County MHSA team to evaluate the progress or the need for improvement in select areas. It will be also be used to determine if this survey is valuable during the MHSA Innovation Plan learning process.

1. What ethnicity do you identify with? (Please mark all that apply)

African American / Black
 Asian / Pacific Islander
 White / Caucasian
 Latino / Hispanic
 Native American
 Other

2. What age group do you fit in?

0 - 15
 16 - 24
 25 - 59
 60 +

3. What is your gender?

Male
 Female
 Transgender
 Other
 Prefer not to answer

4. I identify as: (Please mark all that apply)

Consumer
 Family Member
 Community Member
 Health Care Provider
 Spiritual Leader
 Law Enforcement
 Other

5. Prior to the Innovation Project was communication satisfactory between the County MHSA team and the Round Valley community?

Strongly Agree
 Agree
 Uncertain
 Disagree
 Strongly Disagree

Comments:

Continued on the back

6. Is historical trauma a factor with challenges in communication?
Please rate 0 as the least amount of effect to 5 having the most effect.

0 1 2 3 4 5

Please add any other reason:

7. Was the timeliness of the planning process effective?
Please rate 0 as the least amount of effect to 5 having the most effect.

0 1 2 3 4 5

If rating is below 3 please add your suggestions for solutions:

8. Currently, do you feel that the County MHSA team and the Innovation Planning group of Round Valley are working well together through the learning process of the innovation Project?

Strongly Agree
 Agree
 Uncertain
 Disagree
 Strongly Disagree
 Comments:

9. Currently, do you feel that there is a collaborative trust in confidence building among the County MHSA team and the Innovation Planning group of Round Valley?

Strongly Agree
 Agree
 Uncertain
 Disagree
 Strongly Disagree

10. Currently, do you feel that the County MHSA team is respectful of the Tribal hierarchy during the project planning?

Strongly Agree
 Agree
 Uncertain
 Disagree
 Strongly Disagree

11. Currently, do you feel that the MHSA team has followed through with the Innovation planning process in an effective manner?

Strongly Agree
 Agree
 Uncertain
 Disagree
 Strongly Disagree

12. Currently, do you feel that the MHSA team respects the cultural aspects of the Round Valley Native Americans?

Strongly Agree
 Agree
 Uncertain
 Disagree
 Strongly Disagree

13. What other community members do you recommend be involved in the Innovation Planning Project?

14. Any additional comments?

Thank you for taking the time to complete this survey.

Proposed Project Budget

New Innovative Project Budget By FISCAL YEAR (FY 2017/18-2019/20)					
EXPENDITURES					
PERSONNEL COSTs (salaries, wages, benefits)		FY 2017/18	FY 2018/19	FY 2019/20	Total
1.	Salaries				
2.	Direct Costs	\$ 215,568	\$ 226,346	\$ 237,664	\$ 679,578
3.	Indirect Costs	\$ 45,000	\$ 47,250	\$ 49,613	\$ 141,863
4.	Total Personnel Costs	\$ 260,568	\$ 273,596	\$ 287,277	\$ 821,441
OPERATING COSTs		FY 2017/18	FY 2018/19	FY 2019/20	Total
5.	Direct Costs	\$ 29,000	\$ 31,900	\$ 33,350	\$ 94,250
6.	Indirect Costs	\$ 45,600	\$ 50,160	\$ 52,440	\$ 148,200
7.	Total Operating Costs	\$ 74,600	\$ 82,060	\$ 85,790	\$ 242,450
NON RECURRING COSTS (equipment, technology)		FY 2017/18	FY 2018/19	FY 2019/20	Total
8.	Direct Costs	\$ 3,500	\$ -	\$ -	\$ 3,500
9.	Indirect Costs	\$ 4,100	\$ -	\$ -	\$ 4,100
10.	Total Non-recurring costs	\$ 7,600	\$ -	\$ -	\$ 7,600
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 2017/18	FY 2018/19	FY 2019/20	Total
11.	Direct Costs	\$ 16,880	\$ 17,745	\$ 18,177	\$ 52,802
12.	Indirect Costs				\$ -
13.	Total Operating Costs	\$ 16,880	\$ 17,745	\$ 18,177	\$ 52,802
BUDGET TOTALS		\$ 359,648	\$ 373,401	\$ 391,244	\$ 1,124,293
Direct Costs (add lines 2, 5 and 11 from above)		\$ 261,448	\$ 275,991	\$ 289,191	\$ 826,630
Indirect Costs (add lines 3, 6 and 12 from above)		\$ 90,600	\$ 97,410	\$ 102,053	\$ 290,063
Non-recurring costs (line 10)		\$ 7,600	\$ -	\$ -	\$ 7,600
TOTAL INNOVATION BUDGET		\$ 359,648	\$ 373,401	\$ 391,244	\$ 1,124,293

Expenditures By Funding Source and FISCAL YEAR (FY 2017/18-2019/20)

A.	Estimated total Mental Health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 2017/18	FY 2018/19	FY 2019/20	Total
1.	Innovative MHSAs Funds	\$ 260,568	\$ 273,596	\$ 287,277	\$ 821,441

3.	1991 Realignment				
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5.	Other funding*				
6.	Total Proposed Administration	\$ 260,568	\$ 273,596	\$ 287,277	\$ 821,441

Evaluation:

B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 2017/18	FY 2018/19	FY 2019/20	Total
1.	Innovative MHSAs Funds	\$ 99,080	\$ 99,805	\$ 103,967	\$ 302,852
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Evaluation				

TOTAL:

C.	Estimated TOTAL Mental Health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 2017/18	FY 2018/19	FY 2019/20	Total
1.	Innovative MHSAs Funds	\$ 359,648	\$ 373,401	\$ 391,244	\$ 1,124,293
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Expenditures	\$ 359,648	\$ 373,401	\$ 391,244	\$ 1,124,293

*If "Other funding" is included, please explain.

Mendocino County Round Valley Innovation Project Proposed Logic Models

What is the problem: The Round Valley community has experienced (recent) historical trauma that contributes to institutional distrust.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect: (Change in measures)	And we want: (short term outcome goals)	And we hope: (Long term outcome goals)
•	•	•	•	•

What is the problem: The Round Valley Community is extremely remote and rural making it difficult for providers to get to the community.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect: (Change in measures)	And we want: (short term outcome goals)	And we hope: (Long term outcome goals)
•	•	•	•	•

What is the problem: Institutional Crisis services do not include traditional or spiritual healing practices as options for crisis resolution.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect:	And we want:	And we hope:
•	•	•	•	•

What is the problem: We haven't identified the crisis response/respite modalities that are the most desired and effective.

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect:	And we want:	And we hope:
•	•	•	•	•

What is the problem: If we experience challenges/increased institutional distrust, how will we respond to address and improve trust?

Inputs	Outputs	Outcomes		
If we have:	And we do:	Then we expect:	And we want:	And we hope:
•	•	•	•	•

Innovation Project Plan Refinement Process

Service Need	<ul style="list-style-type: none"> • Crisis & Respite Response • Covelo and other outlying area strong need • Services needed that target outreach to Native American Groups while still serving the total population
What do we know about that service need?	<ul style="list-style-type: none"> • Crisis services have never been offered in Covelo beyond 911 • It can take several hours for Law Enforcement to respond to Covelo • It takes several hours to get to the Emergency Department from Covelo • There is a noted number of suicide attempts and completed suicides in our remote areas, in recent years in particular • Traditional crisis response is felt by the Round Valley Community to be Insufficient • The community believes that there is higher need than is represented in crisis statistic, as they believe many residents to not call based on fear of having Law Enforcement response, stigma around accessing crisis services, transportation challenges, and the response time • Significant institutional and governmental distrust impacts the Round Valley community's willingness to access "institutional services" • Specialty mental health services are have an underrepresentation of ethnic diversity and bilingual services • Specialty mental health services are not currently offering Traditional healing practices
Innovative ideas around the service need (What don't we know about Crisis need in Covelo?)	<ul style="list-style-type: none"> • How current and ongoing interactions between the community and SMI providers are continuing to impact institutional trauma and mistrust • What are the best methods to communicate with one another • How to repair and build trust • What crisis modalities will work in the community? • What resources are currently available in the community and which will need to be built, trained, and/or brought in. • What are the best strategies to train and bring services into the community that don't negatively impact trust • How do we identify trust issues as they occur, and develop new strategies to address and improve trust • What crisis services will be the most utilized, effective, and sustainable in such a small remote area?
What Outcome Measures will we use to track changes and improvements?	<ul style="list-style-type: none"> • Surveys or focus groups to collect feedback on level of trust • PHQ9 • Community Readiness tool • Front Desk Kiosk • Satisfaction Surveys • Testimonials • Program Participation increasing over time
Project Summary	<p>How the Round Valley Community can work together with specialty mental health providers to develop a Crisis Response model that is trusted and utilized by the local Native American population but available to all cultural groups in the area that can attempt to address:</p> <ul style="list-style-type: none"> • Serve people in emotional mental health crisis to include: suicidal thought, trauma, and decompensation • Serve people in need of substance use that may contribute to crisis • Social model rehabilitation including detox that allows people in need to be locally • Support transitioning back to Round Valley from SUDT services, 5150 hospitalization, prison, jail, or other out of area rehabilitation services • Provide integrated services that address the co-occurrence of Substance use and mental health or other needs as they so often occur together. • Consider residential needs of community • Consider need for warm line/ call line for resource support • Addresses the best possible interface with Law Enforcement and EMTs to reduce trauma, stigma, and further distrust • Collaboration with spiritual, and faith based practices • Incorporate available traditional healing practices such as healers, sweat lodge, dances, and other community events

Mendocino County Board of Supervisor Minutes Approving MHSA Three Year Plan Annual Update program and expenditure plan (Agenda Item 5E)

CARRE BROWN
1st District
Supervisor

JOHN MCCOWEN
2nd District
Supervisor
Vice-Chair

TOM WOODHOUSE
3rd District
Supervisor

DAN GJERDE
4th District
Supervisor
Chair

DAN HAMBURG
5th District
Supervisor



CARMEL J. ANGELO
Chief Executive Officer/
Clerk of the Board

KATHARINE L. ELLIOTT
County Counsel

COUNTY ADMINISTRATION CENTER
501 Low Gap Road, Room 1070
Ukiah, CA 95482
(707) 463-4441 (t)
(707) 463-5649 (f)
cob@co.mendocino.ca.us

MENDOCINO COUNTY BOARD OF SUPERVISORS

ACTION MINUTES – July 12, 2016

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF MENDOCINO - STATE OF CALIFORNIA
FAIR STATEMENT OF PROCEEDINGS
(PURSUANT TO CALIFORNIA GOVERNMENT CODE §25150)**

AGENDA ITEM NO. 1 – OPEN SESSION (PLEDGE OF ALLEGIANCE AND ROLL CALL – 9:07 A.M.)

Present: Supervisors Carre Brown, John McCowen, Tom Woodhouse Dan Gjerde and Dan Hamburg. Chair Gjerde presiding.

Staff Present: Ms. Carmel J. Angelo, Chief Executive Officer/Clerk of the Board; Ms. Katharine L. Elliott, County Counsel; and Ms. Karla Van Hagen, Deputy Clerk of the Board.

Pledge of Allegiance: Mr. Louis Bigfoot.

AGENDA ITEM NO. 3 – PUBLIC EXPRESSION

Presenter/s: Ms. Uta Telfor, Legal Secretary, County Counsel; Mr. Thomas Allman, Sheriff; Ms. Chemisse Amata; Mr. Christopher Shaver, Deputy Chief Executive Officer; Executive Office; and Ms. Mariah Montanos.

AGENDA ITEM NO. 4 – APPROVAL OF CONSENT CALENDAR

Board Action: Upon motion by Supervisor McCowen, seconded by Supervisor Woodhouse, and carried unanimously, IT IS ORDERED THAT CONSENT ITEMS 4(a); 4(c); and 4(e) - 4(v) are approved as follows:

4A) CLAIM OF WILLIAM HENDRICKSON

Denied;

4C) ADOPTION OF TWO (2) RESOLUTIONS ESTABLISHING THE PROPOSITION 4 GANN SPENDING LIMIT APPROPRIATIONS FOR FISCAL YEAR 2016-17 – SPONSOR: TREASURER – TAX COLLECTOR

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-076, 16-077

4E) APPROVAL OF INSURANCE REIMBURSABLE AGREEMENT WITH BELFOR RESTORATION SERVICES IN AN AMOUNT NOT TO EXCEED \$600,000 FOR PROPERTY REMEDIATION AND RESTORATION SERVICES AT THE MENDOCINO COUNTY MUSEUM – SPONSOR: EXECUTIVE OFFICE

Approved;

Enactment No: BOS Agreement 16-051

4F) APPROVAL OF RECOMMENDED APPOINTMENTS/REAPPOINTMENTS

Approved;

4G) APPROVAL OF AGREEMENT WITH UKIAH SENIOR CENTER, INC., IN THE AMOUNT OF \$57,300 TO PROVIDE SENIOR HEALTH AND WELFARE OUTREACH, INFORMATION AND REFERRAL, AND FINANCIAL SERVICES FOR ADULT PROTECTIVE SERVICES REFERRALS IN FISCAL YEAR 2016-17 - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Approved;

Enactment No: Resolution 16-052

4H) APPROVAL OF PURCHASE OF DESK SYSTEM/WORK STATION FOR ENVIRONMENTAL HEALTH ADMINISTRATION IN THE AMOUNT OF \$7,333.04; APPROVAL OF APPROPRIATION TRANSFER FROM BUDGET UNIT 86-4360 TO BUDGET UNIT 86-4370; AND ADDITION OF ITEM TO THE FIXED ASSET LIST - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Approved;

4I) ADOPTION OF RESOLUTION AUTHORIZING SALARY GRADE ADJUSTMENT TO THE CLASSIFICATION OF COOK AS FOLLOWS: FROM SALARY GRADE S21D TO SALARY GRADE S23D - SPONSOR: HUMAN RESOURCES

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-078

4J) APPROVAL OF AGREEMENT WITH NEOGOV IN THE AMOUNT OF \$58,081 FOR FISCAL YEAR 2016-17 AND \$47,081 RECURRING ANNUALLY THEREAFTER, TO PURCHASE ADDITIONAL ONLINE EMPLOYMENT SERVICES SOFTWARE AND LICENSING OF INSIGHT ENTERPRISE EDITION, PERFORM, AND POSITION CONTROL INTEGRATION TO INCLUDE RECRUITMENT, SELECTION, APPLICANT TRACKING, REPORT AND ANALYSIS, HR AUTOMATION SERVICES, UNLIMITED CUSTOMER SUPPORT, PROVISIONING, TRAINING, SETUP AND IMPLEMENTATION SERVICES, TO ENHANCE INSIGHT ENTERPRISE EDITION AND GOVERNMENTJOBS.COM, THE SOFTWARE PROGRAM CURRENTLY BEING UTILIZED BY HUMAN RESOURCES FOR PERSONNEL MANAGEMENT AND SUBSCRIPTION WITH GOVERNMENTJOBS.COM FOR UNLIMITED JOB POSTINGS AND ADVERTISEMENT - SPONSOR: HUMAN RESOURCES

Approved and Chair is authorized to sign same;

Enactment No: Resolution 16-053

4K) ADOPTION OF RESOLUTION APPROVING CHANGES OF DEPUTY CLERK OF THE BOARD OF SUPERVISORS TO DEPUTY CLERK OF THE BOARD OF SUPERVISORS I; AND SENIOR DEPUTY CLERK OF THE BOARD OF SUPERVISORS TO DEPUTY CLERK OF THE BOARD OF SUPERVISORS II; AND CHANGES TO THE POSITION ALLOCATION TABLE AS FOLLOWS: BUDGET UNIT 1010 - DELETE ONE (1) FTE SENIOR DEPUTY CLERK OF THE BOARD OF SUPERVISORS, ONE (1) FTE DEPUTY CLERK OF THE BOARD OF SUPERVISORS, AND ONE (1) FTE ADMINISTRATIVE ANALYST II; ADD THREE (3) FTE DEPUTY CLERK OF THE BOARD OF SUPERVISORS II - SPONSOR: HUMAN RESOURCES

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-079

4L) AUTHORIZATION OF THE ISSUANCE OF ADMINISTRATIVE COASTAL DEVELOPMENT PERMIT NO. CDP_2015-0020 (SEARS) TO PARTITION THE INTERIOR OF AN EXISTING DETACHED 598 SQUARE FOOT STRUCTURE (41600 COMPTCHE-UKIAH ROAD, APN 121-180-03), AS APPROVED BY THE COASTAL PERMIT ADMINISTRATOR - SPONSOR: PLANNING AND BUILDING SERVICES

Approved;

4M) ADOPTION OF PROCLAMATION RECOGNIZING JULY 17 - 23, 2016, AS PROBATION SERVICES WEEK IN MENDOCINO COUNTY - SPONSOR: BROWN AND PROBATION

Adopted;

4N) ADOPTION OF RESOLUTION AUTHORIZING REVENUE AGREEMENT WITH STATE OF CALIFORNIA, DEPARTMENT OF TRANSPORTATION (CALTRANS) IN THE AMOUNT OF \$215,000 FOR FISCAL YEARS 2016-17 AND 2017-18 TO PROVIDE ONE CORRECTIONAL DEPUTY TO SUPERVISE COUNTY INMATE CREWS PERFORMING CERTAIN ROADSIDE MAINTENANCE AND REPAIR WORK SPECIFIED BY CALTRANS - SPONSOR: SHERIFF-CORONER

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-080, BOS Agreement16-054

4O) APPROVAL OF AMENDMENT TO REVENUE AGREEMENT NO. 11-147 WITH LEGACY INMATE COMMUNICATIONS TO UPDATE INMATE TELEPHONE RATES WITHIN THE ORIGINAL AGREEMENT IN ACCORDANCE WITH AND TO COMPLY WITH THE FEDERAL COMMUNICATIONS COMMISSION (FCC) ORDER NO. 15-136 - SPONSOR: SHERIFF-CORONER

Approved and Chair is authorized to sign same;

Enactment No: BOS Agreement 11-147 A1

4P) APPROVAL OF THE 2016 EDWARD BYRNES JUSTICE ASSISTANCE GRANT (JAG) AWARD FROM THE U.S. DEPARTMENT OF JUSTICE IN THE AMOUNT OF \$20,222 - SPONSOR: SHERIFF-CORONER

Approved;

4Q) ADOPTION OF RESOLUTION APPROVING PARCEL MAP FOR MINOR SUBDIVISION (MS) NUMBER 03-2015 (SNYDER) AND ACCEPTING ON BEHALF OF THE PUBLIC, ITEM (A) OF THE OWNER'S STATEMENT FOR THE PURPOSES SPECIFIED THEREON AND SPECIFICALLY REJECTING ITEM (B) OF THE OWNER'S STATEMENT, LOCATED AT 420 LAKE MENDOCINO DRIVE; ASSESSOR'S PARCEL NUMBER (APN) 169-080-10 (UKIAH AREA) - SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-081

4R) ADOPTION OF RESOLUTION AUTHORIZING THE DIRECTOR OF TRANSPORTATION TO ACT AS THE LITTLE RIVER AND ROUND VALLEY AIRPORTS SPONSOR'S OFFICIAL REPRESENTATIVE AND TO SIGN FEDERAL AVIATION ADMINISTRATION (FAA) ENTITLEMENT TRANSFERS FROM EITHER COUNTY AIRPORT TO NEVADA COUNTY AIRPORT UP TO THE AMOUNT OF \$300,000 ON BEHALF OF MENDOCINO COUNTY (LITTLE RIVER AND ROUND VALLEY AREAS) - SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-082

4S) ADOPTION OF RESOLUTION APPROVING DEPARTMENT OF TRANSPORTATION (DOT) AGREEMENT NO. 160058, PROFESSIONAL SERVICES AGREEMENT WITH QUINCY ENGINEERING, INC. (QUINCY), IN THE AMOUNT OF 55,000 AND AUTHORIZING AN ADDITIONAL CONTINGENCY AMOUNT OF \$5,500, FOR CONSTRUCTION MANAGEMENT SERVICES FOR THE BAECHEL CREEK BRIDGE REPLACEMENT OVER BAECHEL CREEK AT MUIR MILL ROAD, COUNTY ROAD (CR) 301C, (WILLITS AREA) - SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution16-083, BOS Agreement16-056

4T) ADOPTION OF RESOLUTION APPROVING DEPARTMENT OF TRANSPORTATION (DOT) AGREEMENT NO. 160059, PROFESSIONAL SERVICES AGREEMENT WITH QUINCY ENGINEERING, INC. (QUINCY), IN THE AMOUNT OF \$50,000 AND AUTHORIZING AN ADDITIONAL CONTINGENCY AMOUNT OF \$5,000, FOR CONSTRUCTION MANAGEMENT SERVICES FOR THE SEISMIC RETROFIT OF THE MOORE STREET BRIDGE OVER THE RUSSIAN RIVER, COUNTY ROAD (CR) 229B, (CALPELLA AREA) - SPONSOR: TRANSPORTATION

Adopted and Chair is authorized to sign same;

Enactment No: Resolution 16-084, BOS Agreement 16-057

4U) APPROVAL OF OUTDOOR FESTIVAL APPLICATION FOR THE ART IN THE REDWOODS FESTIVAL, TO BE HELD AUGUST 11-14, 2016, IN GUALALA, CALIFORNIA - SPONSOR: TREASURER-TAX COLLECTOR

Approved;

4V) APPROVAL OF THE OUTDOOR FESTIVAL APPLICATION FOR NORTHERN NIGHTS MUSIC FESTIVAL TO BE HELD JULY 15-17, 2016, AT THE COOKS VALLEY CAMPGROUND IN PIERCY, CALIFORNIA - SPONSOR: TREASURER-TAX COLLECTOR

Approved;

4B) APPROVAL OF THE CERTIFICATION OF THE JUNE 7, 2016, PRESIDENTIAL PRIMARY ELECTION - SPONSOR: BOARD OF SUPERVISORS

Board Directive: BY ORDER OF THE CHAIR a future item be scheduled with the Auditor/Clerk-Recorder to explore options (if any) to speed up the process of tallying and providing election results.

Board Action: Upon motion by Supervisor McCowen, seconded by Supervisor Woodhouse and carried unanimously, IT IS ORDERED that the Board of Supervisors approves the Certification of the June 7, 2016, Presidential Primary Election.

5E) DISCUSSION AND POSSIBLE ADOPTION OF THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL PLAN UPDATE FOR FISCAL YEAR 2016-17 AND AUTHORIZATION FOR THE MENTAL HEALTH DIRECTOR AND AUDITOR-CONTROLLER TO SIGN AND SUBMIT THE ANNUAL PLAN UPDATE TO THE STATE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION - SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Presenter/s: Ms. Tammy Moss Chandler, Director, Health and Human Services Agency; Ms. Jenine Miller, Behavioral Health Director, Health and Human Services Agency; Ms. Camille Schraeder; Ms. Chandra Gonzales; and Ms. Karen Lovato, Acting Behavioral Health Program Manager, Health and Human Services Agency.

Public Comment: Ms. Nancy Sutherland.

Board Action: Upon motion by Supervisor McCowen, seconded by Supervisor Woodhouse, IT IS ORDERED that the Board of Supervisors adopt the Mental Health Services Act (MHSA) Annual Plan Update for Fiscal Year 2016-17 and authorizes the Mendocino County Mental Health Director and Mendocino County Auditor-Controller to sign and submit the Annual Plan Update to the State Mental Health Services Oversight and Accountability Commission. The motion carried by the following vote:

Aye: 5 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, Chair Gjerde, and Supervisor Hamburg

5F) DISCUSSION AND POSSIBLE ACTION REGARDING THE STATUS OF ADULT MENTAL HEALTH SERVICES TRANSITION AND RELATED ACTIVITIES AND THE KEMPER CONSULTING GROUP MENTAL HEALTH SERVICES REVIEW – SPONSOR: HEALTH AND HUMAN SERVICES AGENCY

Presenter/s: Ms. Tammy Moss Chandler, Director, Health and Human Services Agency and Ms. Jenine Miller, Behavioral Health Director, Health and Human Services Agency.

Public Comment: None.

Board Action: No action taken.

6B) DISCUSSION AND POSSIBLE ADOPTION OF A POLICY FOR THE FORMATION AND GOVERNANCE OF MUNICIPAL ADVISORY COUNCILS (MAC) - (SPONSOR: GENERAL GOVERNMENT COMMITTEE)

Presenter/s: Mr. Christopher Shaver, Deputy Chief Executive Officer, Executive Office.

Public Comment: Ms. Sheilah Rogers.

Board Action: Upon motion by Supervisor Woodhouse, seconded by Supervisor McCowen, IT IS ORDERED that the Board of Supervisors incorporate Supervisor McCowen's changes into a clean draft MAC policy; distribute to the local area MAC's for comment; and bring forward as a Consent Agenda item to a future meeting (should there not be criticism from local MAC's); otherwise it will be placed as a Regular Agenda item. . The motion carried by the following vote:

Aye: 4 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, and Chair Gjerde
No: 1 - Supervisor Hamburg

5H) NOTICED PUBLIC HEARING - ADOPTION OF ORDINANCE AMENDMENT OA_2015-0003, AMENDING THE COUNTY COASTAL ZONING CODE (TITLE 20, DIVISION II) MODIFYING THE PERMITTING PROCESS FOR CERTAIN TYPES OF WIRELESS COMMUNICATION FACILITIES AND ADOPTION OF RESOLUTION AUTHORIZING PLANNING AND BUILDING SERVICES TO SUBMIT A LOCAL COASTAL PROGRAM AMENDMENT TO THE CALIFORNIA COASTAL COMMISSION TO CERTIFY THE UPDATES PROPOSED BY THIS AMENDMENT - SPONSOR: PLANNING AND BUILDING SERVICES

Presenter/s: Mr. Andy Gustafson, Chief Planner, Planning and Building Services; Ms. Julia Acker, Planner II, Planning and Building Services.

Public Comment: Ms. Randi Dalton.

Board Action: Upon motion by Supervisor Hamburg, seconded by Supervisor McCowen, IT IS ORDERED that the Board of Supervisors adopts Ordinance Amendment No. OA 2015-0003, to amend the Coastal Zoning Code (Title 20, Division II) and modify the permit process for certain types of wireless communication facilities as recommended by the Planning Commission finding that: (1) An Initial Study has been prepared for the project in accordance with the California Environmental Quality Act; and that a Negative Declaration be adopted, and (2) The proposed amendment is consistent with the applicable goals and policies of the Local Coastal Plan. Adopt a resolution authorizing Planning and Building Services to submit a Local Coastal Program Amendment to amend Title 20, Division II for the authorized changes approved under Ordinance OA_2015-0003; and authorizes Chair to sign same. The motion carried by the following vote:

Aye: 5 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, Chair Gjerde, and Supervisor Hamburg.

Enactment No: Ordinance 4358

5G) PRESENTATION OF EMPLOYEE SERVICE AWARDS TO MENDOCINO COUNTY EMPLOYEES WITH 15-35 YEARS OF SERVICE

Presenter/s: Ms. Heidi Dunham, Director, Human Resources; Ms. Shari Schapmire, Treasurer/Tax Collector; Ms. Julie Forrester, Assistant Treasurer/Tax Collector; Ms. Cathy Harpe, Deputy Treasurer/Tax Collector; Mr. Lloyd Weer, Auditor; Ms. Chris Oldham; Mr. Bruce Mordhurst, Director, Child Support Services; Ms. Melanie Rafanan, Accounting Specialist, Child Support Services; Mr. Rick Welsh, Assistant District Attorney; Mr. Kevin Bailey, Chief District Attorney Investigator, District Attorney; Mr. Andrew Alvarado, Supervising District Attorney Investigator; District Attorney; Mr. Butch Gupta; Mr. Alan D. Flora, Assistant Chief Executive Officer; Ms. Bekki Emery, Deputy Director, Health and Human Services Agency; Mr. Art Davidson, Deputy Director Health and Human Services Agency; Ms. Sandra Enzler, Senior Community Health Worker, Health and Human Services Agency; Debra Lovett, Program Administrator, Health and Human Services Agency; Ms. Gloria Nordyke, Senior Program Specialist, Health and Human Services Agency; Ms. Susan Glass, Social Worker Assistant II, Health and Human Services Agency; Ms. Chrystine Sullivan, Eligibility Worker II, Health and Human Services Agency; Mr. Steve Dunicliff, Director, Planning and Building Services; Ms. Linda Thompson, Public Defender; Mr. Thomas Allman, Sheriff; Mr. Howard Dashiell, Director, Transportation; and Ms. Carmel J. Angelo, Chief Executive Officer.

Board Action: No action taken.

ADJOURNED TO LUNCH RECESS: 12:16 P.M.

RECONVENED IN OPEN SESSION 1: 35 P.M.

5C) DISCUSSION AND POSSIBLE ACCEPTANCE OF PRESENTATION FROM PACIFIC, GAS AND ELECTRIC (PG&E) REGARDING COMMUNITY PIPELINE SAFETY INITIATIVE TO INCLUDE TREE REMOVAL AND REPLACEMENT AND PUBLIC OUTREACH EFFORTS – SPONSOR: EXECUTIVE OFFICE

Presenter/s: Mr. Christopher Shaver; Assistant Chief Executive Officer; Mr. Darin Cline, Government Relations Representative, Pacific, Gas & Electric; and Ms. Leslie Horak, Public Affairs Representative, Pacific Gas and Electric.

Public Comment: None.

Board Action: No action taken.

5D) DISCUSSION AND POSSIBLE ADOPTION OF RESOLUTION TO PRESENT TO THE VOTERS OF THE COUNTY A MEASURE ADDING CHAPTER 6.23 OF TITLE 6 TO THE MENDOCINO COUNTY CODE ESTABLISHING CANNABIS BUSINESS LICENSE TAXES AND ORDERING CONSOLIDATION OF SAID ELECTION WITH THE CONSOLIDATED GENERAL ELECTION CALLED FOR NOVEMBER 8, 2016; AND INTRODUCTION AND WAIVE READING OF AN ORDINANCE ADDING CHAPTER 6.23 TO THE MENDOCINO COUNTY CODE IMPOSING A CANNABIS BUSINESS TAX ON COMMERCIAL CANNABIS BUSINESSES

Supervisor Hamburg recused himself from this item due to a conflict with a family member involved in the County's 9.31 Medical Cannabis Program.

SUPERVISOR HAMBURG ABSENT: 1:48 P.M.

Presenter/s: Ms. Carmel J. Angelo, Chief Executive Officer; Mr. Alan D. Flora, Assistant Chief Executive Officer; Mr. David McPherson, Principal, HdL Companies; and Ms. Shari Shapmire, Treasurer/Tax Collector.

Public Comment: None.

Board Action: GENERAL CONSENSUS OF THE BOARD that this item shall be continued to the July 19, 2016, Board of Supervisors meeting.

BOARD RECESS: 3:17 P.M. - 3:32 P.M.

SUPERVISOR HAMBURG PRESENT 3:32 P.M.

5K) DISCUSSION AND POSSIBLE ADOPTION OF RESOLUTION TO PRESENT TO THE VOTERS OF THE COUNTY A MEASURE ADDING CHAPTER 5.160 OF TITLE 5 TO THE MENDOCINO COUNTY CODE IMPOSING A COUNTY TRANSPORTATION TRANSACTIONS (SALES) AND USE TAX COLLECTED IN THE UNINCORPORATED AREAS OF THE COUNTY AND ORDERING CONSOLIDATION OF SAID ELECTION WITH THE CONSOLIDATED GENERAL ELECTION CALLED FOR NOVEMBER 8, 2016, AND INTRODUCTION AND WAIVE READING OF AN ORDINANCE ADDING CHAPTER 5.160 OF TITLE 5 TO THE MENDOCINO COUNTY CODE IMPOSING A COUNTY TRANSPORTATION TRANSACTIONS (SALES) AND USE TAX (COUNTYWIDE) – SPONSOR: TRANSPORTATION

Presenter/s: Supervisor Gjerde and Mr. Howard Dashiell, Director, Transportation.

Public Comment: None.

Board Action: No action taken.

5J) TRANSPORTATION DIRECTOR'S REPORT

Presenter/s: Mr. Howard Dashiell, Director, Transportation.

Public Comment: None.

Board Action: No action taken.

6C) DISCUSSION AND POSSIBLE DIRECTION TO STAFF REGARDING A DRAFT MEDICAL CANNABIS CULTIVATION ORDINANCE, DRAFT MEDICAL CANNABIS CULTIVATION SITE ZONING REGULATION AND COMMENCING A CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) PROJECT DESCRIPTION AND INITIAL STUDY - SPONSOR: GENERAL GOVERNMENT COMMITTEE

Supervisor Hamburg recused himself from this item due to a conflict with a family member involved in the County's 9.31 Medical Cannabis Program.

SUPERVISOR HAMBURG ABSENT: 3:57 P.M.

Presenter/s: Ms. Sarah Dukett, Administrative Analyst II, Executive Office; Mr. Chuck Morse, Agricultural Commissioner; and Mr. Andy Gustavson, Chief Planner, Planning and Building Services.

Public Comment: Mr. Don Adams.

Board Action: No action taken.

4D) APPROVAL OF SETTLEMENT AGREEMENT AND MUTUAL RELEASE OF CLAIMS BETWEEN PAUL SEQUEIRA AND THE COUNTY OF MENDOCINO - SPONSOR: DISTRICT ATTORNEY

Presenter/s: Ms. Kathryn Cavness, Senior Department Analyst; District Attorney; and Ms. Katharine L. Elliott, County Counsel.

Public Comment: None

Upon motion by Supervisor Brown, seconded by Supervisor Woodhouse, IT IS ORDERED that the Board of Supervisors Approves the Settlement Agreement and Mutual Release of Claims between Paul Sequeira and the County of Mendocino; and authorizes Chair to sign same. The motion carried by the following vote:

Aye: 5 - Supervisor Brown, Supervisor McCowen, Supervisor Woodhouse, Chair Gjerde, and Supervisor Hamburg

5I) INFORMATIONAL UPDATE ON THE STATUS OF THE MENDOCINO TOWN LOCAL COASTAL PLAN AMENDMENT (LCPA) AND POSSIBLE DIRECTION OR CONSIDERATION OF COASTAL COMMISSION COMMENTS REGARDING THE SUBMITTED MENDOCINO TOWN LCPA - SPONSOR: PLANNING AND BUILDING SERVICES

Presenter/s: Mr. Andy Gustavson, Chief Planner, Planning and Building Services.

Public Comment: None.

Board Action: No action taken.

5A) CHIEF EXECUTIVE OFFICER'S REPORT

Board Action: Withdrawn.

5B) DISCUSSION AND POSSIBLE ACTION INCLUDING REVIEW, ADOPTION, AMENDMENT, CONSIDERATION OR RATIFICATION OF LEGISLATION PURSUANT TO THE ADOPTED LEGISLATIVE PLATFORM

Board Action: No action taken.

6A) SUPERVISORS' REPORTS REGARDING BOARD SPECIAL ASSIGNMENTS, STANDING AND AD HOC COMMITTEE MEETINGS, AND OTHER ITEMS OF GENERAL INTEREST - SPONSOR: BOARD OF SUPERVISORS

Board Action: No action taken.

THERE BEING NOTHING FURTHER TO COME BEFORE THE BOARD, THE MENDOCINO COUNTY BOARD OF SUPERVISORS ADJOURNED AT 5:38 P.M.

Attest: KARLA VAN HAGEN
Deputy Clerk of the Board

DAN GJERDE, Chair

NOTICE: PUBLISHED MINUTES OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS MEETINGS

- Effective March 1, 2009, Board of Supervisors minutes will be produced in “action only” format. As an alternative service, public access to recorded Board proceedings will be available on the Board of Supervisors’ website in indexed audio format
- LIVE WEB STREAMING OF BOARD MEETINGS is now available via the County’s YouTube Channel. If technical assistance is needed, please contact The Mendocino County Executive Office at (707) 3463-4441.
- Minutes are considered draft until adopted/approved by the Board of Supervisors
- The Board of Supervisors’ action minutes are also posted on the County of Mendocino website at: www.co.mendocino.ca.us/bos
- To request an official record of a meeting of the Mendocino County Board of Supervisors, please contact the Executive Office at (707) 463-4441
- Please reference the departmental website to obtain additional resource information for the Board of Supervisors and Clerk of the Board: www.co.mendocino.ca.us/bos

Thank you for your interest in the proceedings of the Mendocino County Board of Supervisors

**Public Hearing Responses to the MHSa Innovation Plan 30 day Public
Comment Period**

**Mendocino County
Behavioral Health & Recovery Services
Public Comment on the Innovation Plan and Responses**

Facilitated by Robin Meloche and Jan McGourty | Held in Covelo on 08/01/2017 and Ukiah on 08/07/2017

1. Will it be a drop-in style facility?

- a. We anticipate, based on current stakeholder input, that the project will include a drop in option for those individuals that are actively seeking crisis prevention and recovery services.

2. What are the services we can do out of this center and how is it going to benefit our community?

- a. Because this is a learning project, throughout the development of the project, we will work on trial and testing of which services are able to be provided in the community, by the community. We hope to successfully include:
 - i. Learning how County mental health programs, community members, and community programs work together to overcome the persistent challenges of institutional distrust and isolation.
 - ii. Using community members as natural helpers for building services and support.
 - iii. Testing various crisis response strategies.
 - iv. 5150 assessment and triage.
 - v. Respite needs.
 - vi. Option of traditional Native American healing practices.
 - vii. Resources and triage for alcohol and drug detox needs in collaboration with the Round Valley Indian Health Center.
 - viii. Other services added as needed as prioritized by stakeholders and community.
- b. Benefits
 - i. We anticipate the project will improve trust between the Round Valley community, service providers, and specialty mental health providers.
 - ii. We anticipate the project will provide local access to crisis services.
 - iii. We anticipate the project will reduce the necessity to involve law enforcement in crisis intervention.
 - iv. We anticipate the project will reduce the need for traveling out of the valley to address crisis needs.
 - v. We anticipate a number of employment opportunities to the local community/residents of the Round Valley community.
 - vi. Seek to improve the conditions caused by historical trauma from the forced systematic relocation of the six tribes into Round Valley.

3. **We have a lot of people who you may not want to come sit on your furniture as they may be in need of a shower and basic hygiene things. Is this something they can come and access here or do you have to have a mental health crisis?**
 - a. The intention at this time is to serve all who are requiring or seeking services to work on their recovery needs. Services may or may not include showers and basic hygiene services based on stakeholder input.

4. **We do feel like this is an important project and we do need the resources to manage it, but we need to figure out the sustainability and making sure we have all of the resources to make that happen. Is DrugMedi-Cal going to be the answer?**
 - a. The initial funding for the project is limited to three years for the learning project. The funding that may be available to sustain the project will depend on the services that are developed throughout the learning process. There are multiple possibilities for sustainability, such as Medi-Cal, Mental Health Services Act (MHSA) funding, and/or grant funding. Consistent community participation will be indicative of the longevity of the project.

5. **Will this project be able to provide a patient advocate?**
 - a. The development of a formal patient advocate role can be proposed and tested in the learning process.
 - b. It is our intention that every employee, voluntary or otherwise, involved in the project will provide advocacy for those in need.

6. **In the budget, there is a budget line item for a County Mental Health Liaison:**
 - a. **What would that be for?**
 - i. The MHSA team will be responsible for monitoring outcome measurements, tracking data, and the evaluation of the Innovation project. The MHSA team will also continue to be a liaison between the Round Valley Project Team and the Mental Health Services Oversight and Accountability Commission, and between the Round Valley Project Team and the specialty mental health providers.
 - b. **Is evaluation and monitoring by the liaison a requirement by the MHSA?**
 - i. Yes, evaluation and monitoring by the liaison is required during the full three years that the Innovation funding is provided for state reporting purposes.
 - c. **Serving as a liaison to whom?**
 - i. The MHSA team will be serving as a liaison between the Round Valley project and the Mental Health Services Oversight and Accountability Commission, and between the Round Valley Project Team and the specialty mental health providers.
 - d. **At \$45,000, is that for a FTE or is it full time for the job position?**
 - i. The \$45,000 in the Innovation project plan represents the use of MHSA staff time for developing, evaluating, and measuring effectiveness of the project.

e. **Would they be hiring additional staff or would this be coming from existing staff?**

- i. At this time, the evaluation piece is anticipated to be completed by existing MHSA staff that track their time to the Innovation project. Only time spent on the Innovation project would be billed to the project budget.

7. Questions regarding the liaison position for the Innovative project:

a. **Are we using this money just to supplement a county position?**

- i. The County is responsible for designing evaluation methods and conducting the evaluations as to the effectiveness and feasibility of the Innovation Project.

b. **If this could be a local person, what would the requirements be, and if the county has to have oversight can a local resident be trained?**

- i. Throughout the funding period of the Innovation project, the liaison duties will be performed by existing MHSA team members.

8. I would like to know essentially, if it is approved, do you feel like all of the contributing parties are prepared to start with the initial implementation of the project?

- a. The MHSA Team believes that the stakeholder planning discussions to this point have us prepared to begin implementation of the project. The plan is to do a step by step startup.

The first six months of the project are dedicated to developing consistent stakeholder and community member participation and building community stakeholder support while identifying natural helpers. Stakeholder input will be reviewed with a focus on communication and trust, the development of a working plan for decision making, and the development of the testing tools to be both culturally appropriate and useful. Utilizing the current crisis team, the goal is to create a process to connect clients that meet the 5150 criteria to relevant level of care services.

Our goal is to develop a drop-in center where consumers can speak with someone about their needs and be triaged for appropriate services. The intention is to have our natural helpers trained and ready to handle crisis calls and triage as soon as possible. Details will be developed over time with stakeholder input, and testing of whether this strategy is successful.

9. For people that are already getting services from Yuki Trails, is there anything written about what that looks like, do they have to actively be seeing a counselor or attending groups?

- a. Stakeholder discussions up to this point have not put restrictions on access to the crisis response services, the project is intended to serve anyone seeking crisis or recovery support services, including both Tribal and non-Tribal members. Because this is a learning project, a large part of the project will be testing which strategies are most successful in the community, as well as how we build from community needs and resources to implement those strategies.

10. Have they purchased a van for transport for this project? If not, is it in the budget?

- a. A vehicle has not been purchased, as the plan and budget have not been approved by the Mental Health Services Oversight and Accountability Commission at this time, but there is a vehicle allocated in the budget.

11. Can you think of anything that the Round Valley Indian Health Center are not prepared to handle within the initial implementation, that any of the providers would be able to help with?

- a. Psychiatric services is the area that will need additional support. It is expected that the Round Valley project will easily liaise with Redwood Community Crisis Center as needed for out of county psychiatric hospitalizations.

12. How could an apprenticeship, for people who are already living in the Round Valley community, be developed for a local individual to gain the job skills that would make them eligible for a trade position?

- a. An apprenticeship process is not a part of the current Innovation project. The stakeholders and community members will analyze which specific skills are needed for crisis response, and strategies to build the necessary skills of local providers may be tested as a part of the project.

13. How can we help to deal with intertribal prejudices and personal differences between all parties involved?

- a. The project hopes to work towards mitigating the impacts of Native American historical trauma and improving relationships and communication between all parties involved. We plan to gather input from all participating stakeholders and community members regarding what is believed to contribute to barriers and impediments, and to test strategies to overcome them. This includes intertribal challenges, not just challenges that exist between the County/governmental services and the Round Valley community.

14. How can we offer unconditional support concerning the adverse effects of intertribal conflict?

- a. Planning processes to this point have suggested putting together some activities that are inclusive to multiple tribes, bringing the tribes together to interact with one another in Native traditional ways. This may be one of our initial strategies of gathering community support and identifying natural helper expertise and resources.

15. How long was the Transitional Living Center in Round Valley open prior to it shutting down?

- a. The building that is being provided for the Innovation project by the Round Valley Indian Health Center was previously used for the Transitional Living Center for 8 years prior to closing.

16. Will this project be able to be sustained after the period of the county funding has ended?

- a. The successful components of the project will help determine the means in which the program can maintain sustainability. A minimum of a six month operating period will be required to determine which indicators will need to be addressed. There are multiple ways to develop financial sustainability for this project after those three years have passed, such as but not limited to Medi-Cal reimbursable services with the potential of being eligible for MHSA funding.

Comments:

1. **Comment:** Some things in the early planning process appear to have changed. It seems to be a little more focused on the suicide prevention program, in the objectives. This is good, as it would mean sustainability. We are also working on creating a Crisis Intervention team, so it could be the same team that we would create. I was thinking more along the lines that people could come to this place for help. In the early planning process, it listed several things you could not do when going to the facility, and not what we could do at the facility.
2. **Comment:** The spirit in which this project was presented, on behalf of our committee, is not encapsulated in the current iteration of the project. Part of the problem is the templates required by the state are not very empowering to the community. We give you all of our feedback and you try to put it in these boxes. Another problem is that we asked to speak to the state people directly and were not allowed. When we finally were able to, we were told the specific criteria for the project, but it differed from what we believe the county relayed to us. We didn't feel that we were totally included in the process. We received all kinds of extra information that we did not receive from those we were working with directly. The Indian communities have been "Needs Assessment'd out". Our health center that oversees Yuki Trails is open to the whole public and has been from day one in 1968. We were told the on reservation population was not enough to justify a health center, but the Board of Supervisors said that we could include the whole population of Round Valley. The need has always been here in the community since day one. If we are going to meet these needs then we have to take these things into consideration.
3. **Comment:** I don't understand why the state board does not find this innovative, this could set a model for the whole entire state. This was an issue prior to the turnover with the Oversight and Accountability Commission.
4. **Comment:** I see a service that is needed for our community. It is very hard when consumers come in and say that they need something and do not have the money to send them to where they need to go. If people can go in and learn to take better care of their children or themselves, this is what we need.
5. **Comment:** Seeing this project from the Indian prospective would really show how innovative and needed this project is. It may not be innovative to the state, but it is very innovative to this community and to this county. Again, it is a service that is needed and it has to have some form of sustainability. We definitely do not want to start something that we have to close down the road because there is no money to run it. That is my biggest concern.
6. **Comment:** The reason that this room is not full today is because nothing ever happens. It is like a game of attrition, the state will outlast us until everyone gets discouraged. People feel like their input does not matter.
7. **Comment:** With the proposal that is on the table, we are looking at funding staff for this respite house. We can all see that this is developmental and we will find out exactly how things are going to work. However, at the same time Round Valley Indian Health Center is bringing a doctor on full time. The Round Valley community struggle is that we try to take on these programs, but we are just struggling to see how we are going to be able to fund these doctors. There is a doctor that is retiring from the VA clinic in Ukiah and coming to Round Valley Indian Health Center, which could be a good resource for this project. He is interested and will be coming on right after Labor Day.
8. **Comment:** Sustainability is becoming difficult with the cutbacks that are expected under this administration.

9. **Comment:** I understand that MHSA has to go through red tape too, but people in this community are getting very discouraged.
10. **Comment:** I hope this project can have an advocate for the people in need that will help them to reach the next step and work through issues that arise. This could be done through the providers and natural helpers. We need someone who is well versed regarding these issues who can provide insight and answers.
11. **Comment:** I feel excited and hopeful for this project.
12. **Comment:** It does not matter how we get there, as long as we get there.
13. **Comment:** It is important that we have made it this far and that it will be going in front of the OAC.
14. **Comment:** Spirituality is very important in this project and Frank Tuttle is vital to this process.
15. **Comment:** I think that it would be beneficial for Mr. Russ to attend the Presentation to the OAC; he has a lot that he can share.
16. **Comment:** If the budget was broken down all the way by line item, we would be able to understand where all the money is going. We talked about some startup cost for the building, but it is not really delineated here.
17. **Comment:** One of the things that we were asked to do was to make projections, so we turned in a budget, which was kind of a template. We were looking at operating cost for the building from when it was still a 10-bed group home. We wanted an accurate, realistic cost projection and the staffing costs. This is one of the things we were asked to do and it looks like it was used as a basic template for this, but lacking the detail.
18. **Comment:** People are really frustrated that it has been 4 years and nothing has happened.
19. **Comment:** There are very limited housing options and access to water on properties is limited in certain areas. Four Corners and Round Valley share similar obstacles.
20. **Comment:** Transportation will be important in order to provide access to out of the area services that are unavailable in the Round Valley community currently. There is no MTA bus service in Covelo.
21. **Comment:** There is historical trauma that exists in the community. Historically the parents had no choice in their children going to the boarding schools. Many parents were arrested and sent to Alcatraz for resisting this law. There are 6 tribes in Round Valley. Many people were taken to the missions in the early part of the 1700s, these missions became boarding schools.
22. **Comment:** I recommend that all parties that are part of this project read the book, "Genocide – the Tragic History of California Indians" as an excellent resource to learn about Northern Californian Native American historic trauma.
23. **Comment:** The younger generation knows the history, genealogy, and details of their tribe and families very well. They tend to have an extreme pride for their specific heritage and tribal history.

Mendocino County Behavioral Health Advisory Board Letter of Support



Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"
Tammy Moss Chandler ♦ HHSA Director



Behavioral Health and Recover Services

Jenine Miller, Psy.D. ♦ Behavioral Health Director
Providing Mental Health and Substance Use Disorders Treatment Services

Mendocino County Behavioral Health Advisory Board

1120 S. Dora Street, Ukiah CA 95482 ♦ (707) 472-2310 Fax (707) 472-2331

February 21, 2017

Mental Health Services Oversight & Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Mendocino County Innovation Plan

Dear Mental Health Services Oversight & Accountability Commission Members,

This letter is to support our Behavioral Health Department's Mental Health Services Oversight & Accountability Commission Innovation Plan. Mendocino County is a rural county with few mental health services. Any additional services would be an innovation here, regardless of whether they had been implemented elsewhere. However, there are some unique aspects to our county that make this plan truly innovative statewide due to the unique features of the population.

The location of this Innovation Plan is Round Valley in Mendocino County. This bucolic valley is very isolated with no public transportation available. It is the original site of the "Nome Cult Farm," established in 1856 as an extension of the Nome Lakee Reservations located on the Northwestern edge of the Sacramento area. It is now federally recognized as the Round Valley Indian Reservation.

The Nome Cult Farm became the destination of a forced march of multiple Native American tribes who were herded there to clear the Sacramento Valley for white settlers - California's own "Trail of Tears." The result was an assemblage of Native peoples with different languages, different ceremonies,

and many of these tribes had been longtime rivals. To make matters even more difficult, White settlers also moved into the valley in spite of the fact that it was designated as a reservation for the

Native people. One cattle baron in particular terrorized the community which was already ravaged with murder and mayhem. Life was further complicated for the native people by legislative acts from Washington DC which compromised their titles to land ownership.

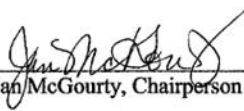
Today, 161 years later, the poverty and tension still exist as well as the remainders of intergenerational trauma. Suicide rates are high for the Native American people in this region, as is substance abuse/dependency, violence, poverty and unemployment. Yet there is also a strong Native American community in Round Valley, as evident by the many stakeholders who came together in the process of creating this Innovation Plan with the hope of making life better.

The stakeholders advocated for Native American Healer(s) who could help decrease the above rates by instilling hope, teaching alternatives to violence and abuse/dependency of substances and by healing wounds. This can be done through Native American ceremony and/or working with individuals, families, groups and neighbors.

The Mendocino County Behavioral Health Advisory Board heartily supports their efforts and emphatically appeals to the OAC to grant this petition with the funding to make it possible.

Sincerely,

MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD


Jan McGourty, Chairperson

Budget Expenditure Plans

DRAFT - FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan							
Funding Summary							
County: Mendocino					Date:		9/14/17
	MHSA Funding						
	A	B	C	D	E	F	G
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Housing	Prudent Reserve
A. Estimated FY 2017/18 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	1,376,593	1,506,976	1,600,444	225,000	487,697	1,341,868	
2. Estimated New FY 2017/18 Funding	3,379,283	844,759	222,305				
3. Transfer in FY 2017/18 ^{a/}	0			0	0	0	0
4. Access Local Prudent Reserve in FY 2017/18	0	0					0
5. Estimated Available Funding for FY 2017/18	4,755,876	2,351,735	1,822,749	225,000	487,697	1,341,868	
B. Estimated FY 2017/18 MHSA Expenditures	3,895,494	1,144,397	359,648	225,000	487,697	1,341,868	
C. Estimated FY2018/19 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	860,382	1,207,338	1,463,101	0	0	0	
2. Estimated New FY 2018/19 Funding	3,436,518	859,252	225,990				
3. Transfer in FY 2018/19 ^{a/}	0			0	0	0	0
4. Access Local Prudent Reserve in FY 2018/19	0	0					0
5. Estimated Available Funding for FY 2018/19	4,296,900	2,066,590	1,689,091	0	0	0	
D. Estimated FY 2018/19 Expenditures	3,907,977	1,276,085	373,404		0	0	
E. Estimated FY 2019/20 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	388,923	790,505	1,315,687	0	0	0	
2. Estimated New FY 2019/20 Funding	3,436,518	859,252	225,990				
3. Transfer in FY 2019/20 ^{a/}	0			0	0	0	0
4. Access Local Prudent Reserve in FY 2019/20	82,536						(82,536)
5. Estimated Available Funding for FY 2019/20	3,907,977	1,649,757	1,541,677	0	0	0	
F. Estimated FY 2019/20 Expenditures	3,907,977	1,276,085	391,244	0	0	0	
G. Reversion Funds - held as part of 3 year reversion regulation	0	367,983	0	0	0	0	
H. Estimated FY 2019/20 Unspent Fund Balance	0	5,689	1,150,433	0	0	0	
a/Per 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.							
H. Estimated Local Prudent Reserve Balance							
1. Estimated Local Prudent Reserve Balance on June 30, 2016		2,194,679					
2. Contributions to the Local Prudent Reserve in FY 2017/18		0					
3. Distributions from the Local Prudent Reserve in FY 2017/18		0					
4. Estimated Local Prudent Reserve Balance on June 30, 2018		2,194,679					
5. Contributions to the Local Prudent Reserve in FY 2018/19		0					
6. Distributions from the Local Prudent Reserve in FY 2018/19		0					
7. Estimated Local Prudent Reserve Balance on June 30, 2019		2,194,679					
8. Contributions to the Local Prudent Reserve in FY 2019/20		0					
9. Distributions from the Local Prudent Reserve in FY 2019/20		(82,536)					
10. Estimated Local Prudent Reserve Balance on June 30, 2020		2,112,143					

**DRAFT - FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Mendocino Date: 9/14/17

	Fiscal Year 2017/18					
	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
FSP Programs						
1. Child & Family Programs	20,438	20,438				
2. Transition Age Youth	716,640	325,438	391,202			
3. Adult Programs	1,162,601	998,990	163,611			
4. Older Adult Programs	76,205	57,094	19,111			
5. Programs that cross the life span	808,200	808,200				
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					
Non-FSP Programs						
1. Child & Family Programs	32,875	32,875				
2. Transition Age Youth	63,625	63,625				
3. Adult Programs	665,994	665,994				
4. Older Adult Programs	38,062	38,062				
5. Programs that cross the life span	539,000	539,000				
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					
CSS Administration	345,778	345,778				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,469,418	3,895,494	573,924	0	0	0
FSP Programs as Percent of Total	71.5%					

	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
FSP Programs						
1. Child & Family Programs	20,438	20,438				
2. Transition Age Youth	716,640	325,438	391,202			
3. Adult Programs	1,162,601	998,990	163,611			
4. Older Adult Programs	76,205	57,094	19,111			
5. Programs that cross the life span	808,200	808,200				
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					
Non-FSP Programs						
1. Child & Family Programs	32,875	32,875				
2. Transition Age Youth	63,625	63,625				
3. Adult Programs	665,994	665,994				
4. Older Adult Programs	38,062	38,062				
5. Programs that cross the life span	539,000	539,000				
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					
CSS Administration	358,261	358,261				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,481,901	3,907,977	573,924	0	0	0
FSP Programs as Percent of Total	71.2%					

	Fiscal Year 2019/20					
	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
FSP Programs						
1. Child & Family Programs	20,438	20,438				
2. Transition Age Youth	716,640	325,438	391,202			
3. Adult Programs	1,162,601	998,990	163,611			
4. Older Adult Programs	76,205	57,094	19,111			
5. Programs that cross the life span	808,200	808,200				
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					
Non-FSP Programs						
1. Child & Family Programs	32,875	32,875				
2. Transition Age Youth	63,625	63,625				
3. Adult Programs	665,994	665,994				
4. Older Adult Programs	38,062	38,062				
5. Programs that cross the life span	539,000	539,000				
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					
CSS Administration	358,261	358,261				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	4,481,901	3,907,977	573,924	0	0	0
FSP Programs as Percent of Total	71.2%					

DRAFT - FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan						
Unencumbered Housing (HOU) Component Worksheet						
County:	Mendocino					Date: 9/14/17
	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated HOU Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
HOU Program						
1. Willow Terrace Housing Project	1,341,868	1,341,868				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Total HOU Program Estimated Expenditures	1,341,868	1,341,868	0	0	0	0

**DRAFT - FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Mendocino Date: 9/14/17

	Fiscal Year 2017/18					
	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
PEI Programs						
1. Prevention	271,025	271,025				
2. Early Intervention	54,700	54,700				
3. Outreach for Recognition of Early Signs	47,000	47,000				
4. Stigma & Discrimination Reduction	130,790	130,790				
5. Access & Linkage to Treatment	260,442	260,442				
6. Suicide Prevention	73,000	73,000				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Administration	307,440	307,440				
Total PEI Program Estimated Expenditures	1,144,397	1,144,397	0	0	0	0

	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
PEI Programs						
1. Prevention	316,025	316,025				
2. Early Intervention	54,700	54,700				
3. Outreach for Recognition of Early Signs	47,000	47,000				
4. Stigma & Discrimination Reduction	130,790	130,790				
5. Access & Linkage to Treatment	337,785	337,785				
6. Suicide Prevention	73,000	73,000				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Administration	316,785	316,785				
Total PEI Program Estimated Expenditures	1,276,085	1,276,085	0	0	0	0

	Fiscal Year 2019/20					
	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
PEI Programs						
1. Prevention	316,025	316,025				
2. Early Intervention	54,700	54,700				
3. Outreach for Recognition of Early Signs	47,000	47,000				
4. Stigma & Discrimination Reduction	130,790	130,790				
5. Access & Linkage to Treatment	337,785	337,785				
6. Suicide Prevention	73,000	73,000				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Administration	316,785	316,785				
Total PEI Program Estimated Expenditures	1,276,085	1,276,085		0	0	0

**DRAFT - FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Mendocino Date: 9/14/17

	Fiscal Year 2017/18					
	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
WET Programs						
1. Wet Coordination Support	47,812	47,812				
2. Workforce Development	95,625	95,625				
3. Scholarship Assitance	47,813	47,813				
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					
WET Administration	33,750	33,750				
Total WET Program Estimated Expenditures	225,000	225,000	0	0	0	0

DRAFT - FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan						
Capital Facilities/Technological Needs (CFTN) Component Worksheet						
County:	Mendocino					Date: 9/14/17
	Fiscal Year 2017/18					
	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
CFTN Programs - Capital Facilities Projects						
1.	Structural Changeover & Special Expense	45,000	45,000			
2.		0				
3.		0				
4.		0				
5.		0				
6.		0				
7.		0				
8.		0				
9.		0				
10.		0				
CFTN Programs - Technological Needs Projects						
11.	Data Processing Services	70,000	70,000			
12.	Education & Training	70,000	70,000			
13.	Information Tec	302,697	302,697			
14.		0				
15.		0				
16.		0				
17.		0				
18.		0				
19.		0				
20.		0				
CFTN Administration						
		0				
Total CFTN Program Estimated Expenditures		487,697	487,697	0	0	0

**DRAFT - FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Mendocino Date: 9/14/17

IN PLANNING PROCESS	Fiscal Year 2017/18					
	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
INN Programs						
1. Round Valley Crisis Response Services	314,648	314,648				
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					
INN Administration	45,000	45,000				
Total INN Program Estimated Expenditures	359,648	359,648	0	0	0	0

IN PLANNING PROCESS	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
INN Programs						
1. Round Valley Crisis Response Services	326,151	326,151				
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					
INN Administration	47,250	47,250				
Total INN Program Estimated Expenditures	373,401	373,401	0	0	0	0

	Fiscal Year 2019/20					
	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
INN Programs						
1. Round Valley Crisis Response Services	341,631	341,631				
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					
INN Administration	49,613	49,613				
Total INN Program Estimated Expenditures	391,244	391,244	0	0	0	0

Appendix A: Public Comment for Mendocino County MHSA Three Year Plan for FY 17/18-19/20

MHSA 3-Year Plan Public Comment 11/02

1. **Comment:** I appreciate all the effort that has gone into the creation of this document.
2. **Comment:** You have knowledge of the state and county issues which I am not as familiar with, as a family member I am dependent on the agency to really go in and prepare the document.
3. **Facilitating community collaboration, usually the family is not included in the budget process, and should be. Can consumers and family members be added to the budget planning process? (pg. 7)**
 - a. We will look into the possibility of adding a process to our planning that includes more budget discussion that includes family and consumers to gather feedback.
4. **In regards to the To Create Individual and Family Driven Program bullet point, is there a practical way to do this where all are included? (pg.7)**
 - a. Regarding the individual program planning, consumers who are identified as Full Service Partners are able to identify family and other natural supports that are their partners in wellness and can be contributors to their care plans.
 - b. Regarding program planning within MHSA programs, the MHSA team along with stakeholders is continuously testing strategies to improve client and family member participation. Strategies that we have implemented thus far include adjusting the time of day the meetings are held to include lunch or end of day, providing snacks, holding stakeholder planning activities at consumer friendly environments, and adding consumer-focused events that are less formal and more socially focused. We recognize that we are not getting the amount of attendance that we would like at these meetings and we are continuing to work on strategies to improve.
5. **In regards to the Adopt a Wellness, Recovery, and Resilience Focus bullet point, this is currently based on medication, which can takes away a person's ambition and self-esteem, in what ways can we change that mode? (pg. 7)**
 - a. Client Care Plans are designed to be client driven and use goals that are identified by the client, such as more holistic methods to treatment, if the client identifies holistic goals, the treatment team will honor those choices.
6. **In regards to the To Facilitate Integrated Service Experience bullet point, how can we get more outreach workers? (pg.7)**
 - a. We are constantly working on expanding outreach; Prevention and Early Intervention has a category for programs that are specifically for Outreach Programs for Increasing Recognition of Signs of Mental Illness. See page 46-

48. In addition, the Wellness Centers are constantly trying new strategies to increase outreach and access to Wellness Centers.
7. **In regards to the To Design Outcomes Based Programs bullet point, there is a lack of Job training or placement for any real opportunity, if we were designing outcome based programs, how can we provide a portion of mental health clients' with tax paying jobs while still maintaining their benefits? (pg. 7)**
 - a. Manzanita Services Wellness Center provides vocational training in conjunction with Buckelew and these services are available for all Manzanita consumers. Additionally, Full Service Partnerships data collection includes regularly reviewing consumers employment status and whether employment is a consumer goal.
 8. **Regarding the diagram at the top of page 8, where can doctor, medical, and family education be integrated into the diagram? (pg. 8)**
 - a. Education for medical providers and family can be integrated throughout the diagram. Prevention or Early Intervention programs may provide education as a strategy of recognizing and responding to early signs of mental illness. In addition, Community Services and Supports treatment providers may educate family and medical providers on specific consumer treatment and recovery supports.
 9. **Comment:** With the Innovation program, we need to increase the quality of services for the next project. (pg. 8)
 10. **There was a great effort to get information from stakeholders, but how can we have an equally great effort for clients and family to be a part of the process? (pg. 9)**
 - a. The MHSA team, along with stakeholders, is continuously testing strategies to improve client and family member participation. Strategies that we have implemented thus far include adjusting the time of day the meetings are held, to include lunch or end of day, providing snacks, holding stakeholder planning activities at consumer friendly environments, and adding consumer-focused events that are less formal and more socially focused. We recognize that we are not getting the amount of attendance that we would like at these meetings that we are continuing to work on improvements.
 11. **I strongly suggest that we have professional education for doctors and teachers about mental health issues and recovery, including exercise, diet, basic nutrition, meditation training, or anything that could be suggested to a troubled student/patient, how can that happen? (pg. 10)**
 - a. We can explore with our Outreach Programs for Increasing Recognition of Early Signs of Mental Illness providers how to offer education for medical providers and educators.

12. **I very much liked the senior peer counseling program, how can that be expanded to all adults? In particular, adult populations have a tendency to feel left out (can't work computers, cell phone, etc.), they feel isolated. I would like to see it go down to age 21. (pg. 45)**
- a. The peer provider model is currently implemented by the Resource and Wellness Center providers. We see the value in this type of service provision and it is an important part of what goes into consideration when planning and preparing for future projects. A new program that is funded within this 3-Year Plan is the NAMI Peer to Peer program, which incorporates these types of programs.
13. **We have a fairly active suicide prevention program, but I think high school teachers have a special training usually, how can we offer courses for teachers and students to help with suicide prevention starting at 9th grade and make it required?**
- a. We offer Suicide Alertness For Everyone (SAFE) Talk and the Applied Suicide Intervention Skills Training (ASIST), which are both available for students 16 and older, as well as the educators, upon request. The potential for a required suicide education course would be a decision of the individual school districts for that particular area.
14. **Comment:** I appreciate all the efforts towards getting more housing, and there was mention of trying to pair roommates so that they could get an apartment together. Getting a regular apartment and having support to do that is great thing.
15. **Comment:** I don't know how someone with SSI can get a job and still keep the SSI and Medi-Cal.
16. **Can there be a cooperative business setup, where the earnings would go to the cooperative and participating individuals could draw on it for special needs?**
- a. The Fort Bragg Hospitality Wellness and Resource Center is in the process of developing a cooperative business that would also provide employment training. We will discuss your suggestion in the context of this project proposal.
17. **Comment:** I suggest incentivizing people to attend the public feedback meetings, preferably using money.
18. **Comment:** I would like to see more socializing activities (movies, ice cream socials, etc.) at the provider's locations during the weekends.
19. **Comment:** I have reviewed the 3 yr. plan for MHSA and have concerns about PEI and the Round Valley Family Resource Center, Native Connections funding. It states on page 48 C. Round Valley Family Resource Center Native Connections #2. Services Provided- It does not state that ASIST can and will be provided as part of the suicide alertness trainings as Frank Tuttle and myself are ASIST Facilitators and #3. Program Goals- To increase knowledge of mental illness and to reduce the effects of mental

illness. The staff at the FRC and Native Connections are not mental health therapists nor are any of them counselors, the concern that I have is that they may be viewed as something they are not.

20. **Comment:** There are a lot of good ideas for the 3 year plan, but it is overwhelming for this reader to follow. It would be easier to read in an outline format.
21. **The Quality Improvement Meetings section, states that the QIC meets two times a month, but only “periodically” assess client care and fiscal outcomes. What are they meeting about if they only periodically review services and costs?**
 - a. The Quality Improvement Committee (QIC) meeting is a bimonthly meeting, which in this case means every other month, to assess client care and fiscal outcomes. QIC monitors and evaluates the quality of the specialty mental health services being provided. QIC also reviews Mendocino County BHRS progress towards goals that are set annually in the Quality Improvement Work Plan.
22. **Comment:** I strongly suggest that the plan is simplified, not so wordy, perhaps a synopsis of the plan so that it can be printed in local newspapers in the county which would include the Spanish language newspaper.

Also, the radio stations, English and Spanish in Mendocino County should also be included to announce the review of the annual MHSA.

The Community Planning Forum, the ones I have attended, the attendees have been the contractors and subcontractors that attended. I would not define them as “the community”

23. **It sounds like the “programs” are monitoring and evaluating the “programs”. Doesn’t the QIC monitor and evaluate?**
 - a. MHSA and Administrative Service Organizations (ASO) evaluate the data that the MHSA programs provide to assess program efficacy, quality, consumer satisfaction, and to ensure MHSA requirements are being met. QIC monitors and evaluates the quality of the specialty mental health services being provided . MHSA programs do not require the same level of medical necessity as specialty mental health program.
24. **Comment:** “No wrong door”. I would like to see “no doors”. I continue to meet on the streets many people who I have known for years who suffer from mental illness and who are not receiving services. This brings up the concept of outreach. Outreach defined as mental health staff going into the community to work for people who are on the streets and who are suffering from a chronic mental illness.

25. **Comment:** In the Recovery Oriented Consumer Driven Services section on page 26, this section makes me think that staff want to develop an avenue for consumers to take for their recovery.
26. **Comment:** The following is CASRA definition of wellness and recovery

Wellness

The concept of wellness is a positive approach to life and health that maximizes the individual's potential. It implies a movement toward health rather than away from illness. Wellness implies balance, harmony and health. The mind body connection is emphasized and the person is empowered by choice.

Recovery

The concept of recovery is rooted in the simple, yet profound, realization that people who have been diagnosed with mental illness are human beings.”

[Pat Deegan, Ph.D.](#)

The concept of recovery has been defined primarily through the writings of people who have been diagnosed with a mental illness. Pat Deegan and [Esso Leete](#) were among the first to write about their experiences and their belief that recovery is possible. They defined recovery as a deeply personal, non-linear experience, which begins with acceptance of the illness and occurs as the individual develops a new sense of self, which incorporates the reality of having a severe mental illness. Professionals such as [William Anthony, Ph.D](#) define recovery as a deeply personal and unique process whereby individuals with psychiatric disabilities change their life goals, attitudes and feelings by incorporating the illness.

27. **Comment:** The full service partners' program evaluation needs to have better measurements; numbers. How many have graduated and to what have they graduated to, how many returned to hospitals, found housing, lost housing, became employed and the individual cost of each partner.
28. **Comment:** Thank you and to your staff who worked so hard on the three-year MHSA plan. I request that funding be considered to increase prevention and intervention services for young children and for families with young children. In the current Three-Year MHSA plan, there are little prevention/intervention dollars being spent on those first critical years between 0-5. Early intervention and investment is a key in healthy, thriving communities and our children deserve nothing less.

I understand at this time there were not enough funds available for the Positive

Parenting Program, or Triple P. Triple P has been recognized by the American Academy of Pediatrics (AAP) and the Substance Abuse and Mental Health Services Administration (SAMSHA) as an effective, evidence-based practice that reduces the incidence of mental health issues arising or becoming worse. This is just one reason why we feel it is an appropriate use of MHSA funds. It was explained that when the fiscal policy is considered in 2018, that there would potentially be funds available at that time.

Since 2007, FIRST 5 Mendocino has invested over \$2.4 million to train over 1,200 people in Triple P. Our grant funding has allowed us to offer these trainings at no cost to our community. Some providers use the tool in their agencies but many providers are unable to use this with families because there is no compensation for them to do so. We are in a situation where we have individuals trained but they are not using it and families are not benefiting from it except for the groups that FIRST 5 Mendocino's two staff and three contracted facilitators are able to offer. Funds are needed to compensate more facilitators to do groups with parents to discuss important issues such as how to engage positively with their child and how to build a strong nurturing parent-child bond. This is critical for the child's healthy social-emotional development and for the parent's mental and emotional well-being.

We realize that locally, MHSA funds have been identified for higher level mental health needs after the first psychotic break. Our proposal is to get ahead of this by preventing the first psychotic break by easing parent and child stress. Prevention will save our county money. It is imperative that we make sure young children, ages 0-5, in Mendocino County are healthy and that we address all aspects of their development including their mental health and their caregiver's mental health. Although FIRST 5 Mendocino is doing our part to address mental health needs for young children, we have identified a need for additional resources to further this work.

I appreciate the opportunity to provide this public comment and I trust that when the fiscal revision policy is written, that Triple P will be well considered and funded. I look forward to reviewing the final MHSA version and continually contributing any help I can offer in providing supportive evidence for Triple P throughout Mendocino County.

29. Comment: I always look forward to hearing you, and I thank you for all of the fantastic information you send to me.

Something caught my eye as I was reading the report. RACE is a social construct - it is not based on reality. There is no biological nor genetic marker to differentiate

people. Yes, there are different cultures, hence ethnicities, but that is all. For our government to continue polarizing people based on something man-made and erroneous is harmful. IT IS NOT YOU. I AM SIMPLY SHARING THIS INFO. WITH YOU.

What Scientists Mean When They Say 'Race' Is Not Genetic | HuffPosthttp://www.huffingtonpost.com/entry/race-is-not-biological_us_56b8db83e4b04f9b57da89ed

Thank you.