



WELLNESS • RECOVERY • RESILIENCE

County of Mendocino

Health and Human Services Agency

Behavioral Health and Recovery Services

Mental Health Services Act

Three Year Reversion Expenditure Plan

Prevention and Early Intervention

Innovation

Workforce Education and Training

Capital Facilities and Technology Needs

2018-2020

Mendocino County Fiscal Accountability Certification¹

Annual Update-Reversion Plan Update

County Mental Health Director	County Auditor Controller
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I hereby certify that the Three Year Reversion Expenditure Plan 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, 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 an approved plan and that MHSA funds will only be used for programs specified in the Mental Health Services Act.

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

 Jenine Miller, Psy.D. _____
 Mendocino County Behavioral Health and Recovery Services Director Date

I hereby certify that for the fiscal year ended June 30, 2017, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated September 11, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS 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 MHS funds may not be loaned to a county general fund or any other county fund.

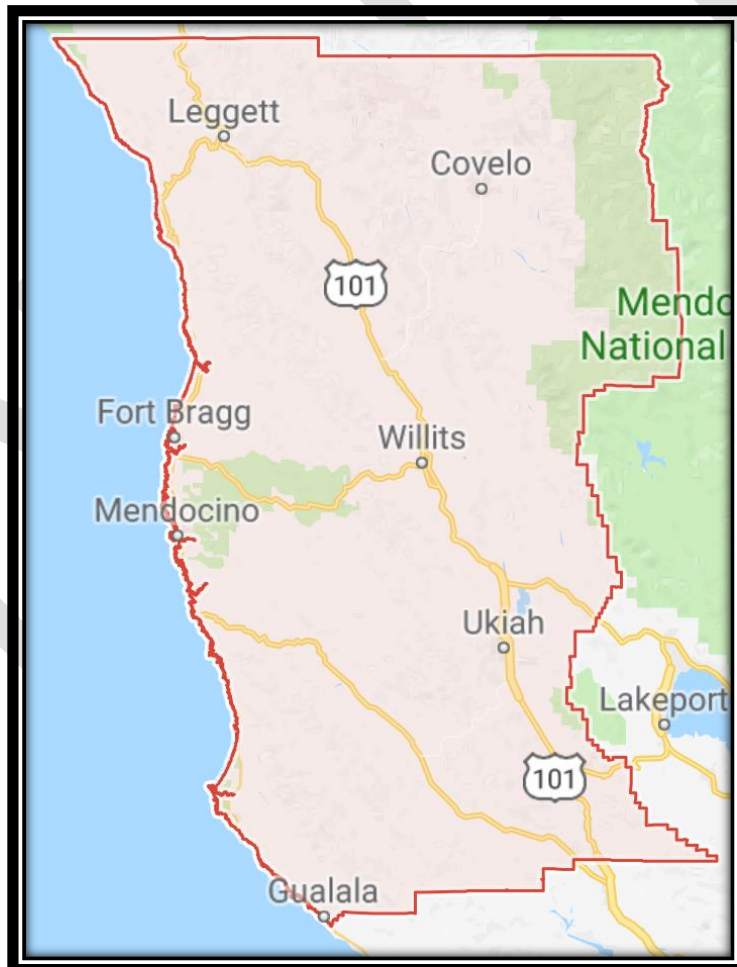
I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

 Lloyd B. Weer, _____
 Mendocino County Auditor Controller Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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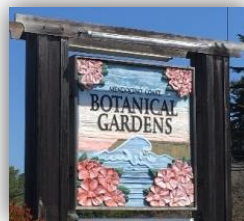


Introduction

In accordance with AB114 (Chapter 38, Statutes of 2017), effective July 10, 2017, and Department of Health Care Services Information Notice 17-059, California counties must prepare a report identifying the amounts of Mental Health Services Act Funds subject to reversion as of July 1, 2017. Funds not spent in earlier years can be spent in the same program (component) areas as originally allocated, upon State approval of the County's plan to spend. Each county must prepare a plan to spend the reallocated funds. The plan must be posted to the County's website by July 1, 2018, with a link sent to Department of Health Care Services. The Plan must be adopted by the County's Board of Supervisors within 90 days of posting to the county website.

Mendocino County identified \$679,476 of Prevention and Early Intervention (PEI) and \$1,235,040.30 of Innovation (INN) funds that were subject to Reversion as of July 1, 2017. Additionally, Mendocino County identified up to \$209,000 of Workforce Education and Training (WET) funds which were slated for expenditures or reversion by the end of the 2017-2018 Fiscal Year. Any Capital Facilities and Technology (CFTN) funds which are not expended within the required timeframe and are subject to reversion are also included in this plan. Mendocino County plans to expend any and all WET and CFTN funds over the next two years in accordance with Department of Health Care Services Information Notice 17-059 instructions that "CFTN or WET funds that were not spent within ten years, will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended." Programs proposed for funding through this Reversion plan were suggested or supported by Mendocino County MHSA stakeholders in the Community Planning Processes for the Three Year Program and Expenditure Plan and Annual Update development.

The Mendocino County MHSA Reversion Plan, due July 1, 2018, was posted for review by the public on the county website <https://www.mendocinocounty.org/government/health-and-human-services-agency/mental-health-services/mental-health-services-act> beginning on May 2, 2018. Copies of the plan were distributed to the Behavioral Health Advisory Board and stakeholders for review at their April 18, 2018 meeting. A public comment hearing was held May 16, 2018 for feedback regarding the MHSA Reversion Plan. Paper copies of the plan were made available at County Mental Health buildings. An email was sent to all Mendocino County MHSA stakeholders notifying them of the Reversion Plan and where to review it.



Prevention and Early Intervention Reversion Plan

Mendocino County identified \$679,476 of Prevention and Early Intervention (PEI) reverted and reallocated funds. Mendocino County prioritized projects that had been proposed for funding during the Three Year Program and Expenditure planning process. The prioritized projects were supported through the ongoing stakeholder processes; however funding was not available at the time to fund the projects. Additional reverted funding not allocated below will be spent on programs currently approved in the Three Year Program and Expenditure Plan and Annual Update.

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

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

- a. **Population served:** Parents and caregivers of children up to age 16 residing in Mendocino County.
- b. **Services Provided:** Six (6) one-hour seminars per year will be provided through local Family Resource Centers, targeting parents of children up to age 16. Eight (8) 8-week groups per year of Triple P classes will be provided annually, to parents of children under age 16. Supervision and support to partnering agencies maintaining quality and consistency in the implementation of the program will be provided.
- c. **Program Goals:** To improve parenting skills, increase sense of competence in parenting priorities, improve self-awareness of parenting issues, reduce parental stress, improve the mental health outcomes for children and parents, and improve parent-child relationships.
- d. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program will implement pre- and post- Parent Scale and pre- and post- Depression, Anxiety, Stress Scale (DASS). The program will provide number of groups held, number of attendees of each group, and location of each group quarterly for annual program evaluation.
- e. **Estimated Budget:** \$120,000 over two years.

2. **Stigma and Discrimination Reduction Programs: Old Coast Café Training Program:**

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

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

- a. **Population served:** Participants with mental health conditions that are developing work skills. Participants may be referred to the program through Welfare to Work, Mendocino College, MCHC, and other agencies serving clients who are or have been homeless.
 - b. **Services Provided:** Flexible training elements will allow for people to participate in adaptable and individualized ways which relate to their needs and goals. “Soft work skills” modules, including resume building will be offered. Additionally, completion of college modules, and completion of in-house taught modules for individuals needing support in specific areas.
 - c. **Program Goals:** The program will provide vocational training to those in need, and support them on their own path towards self-sufficiency. To improve the community culture by contributing to a vibrant neighborhood.
 - d. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program will measure the number of trainings provided, the number of individuals trained at each training, demographic information about those trained, and the number of individuals moving to permanent employment at the end of the training program.
 - e. **Estimated Budget:** \$100,000 over two years.
3. **Programs for Access and Linkage to Treatment: Targeted Access to Tribal Government Communities for Increasing Access and engagement in Behavioral Health Services:**
Mendocino County will partner with Consolidated Tribal Health to engage each Mendocino County Tribal Government community in consultation and conversation about strategies to improve access and engagement to their members.
- Status of MHSAs Funding: New program funded with PEI Reversion through FY 19/20.**
- a. **Population served:** Each Tribal Government Community will be consulted to provide input on Access and Linkage strategies needed to address the unique engagement needs of their members.
 - b. **Services Provided:** Expand outreach and engagement services to tribal government and tribal community members. Outreach and engagement strategies will be informed by and targeted toward each individual tribal community’s needs as identified by the tribal government.
 - c. **Program Goals:** To increase the number of tribal members that are accessing and engaging with behavioral health services.
 - d. **Program Evaluation Methods:** The program staff will conduct evaluation activities that meet PEI requirements. The program will provide quarterly data on the number of outreach/consultation sessions with tribal government. The program will provide quarterly data on the number of trainings/educational sessions conducted each quarter. The program will provide quarterly data on all services provided including number of referrals made, where individuals were referred to, numbers of referrals that were successfully followed through, and time frames for follow through.
 - e. **Estimated Budget:** \$200,000 over two years.

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

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

- a. **Population served:** Mendocino county residents, in particular those that are of a cultural group that experiences disparities in behavioral health services. These can include cultural groups based on ethnicity, age, gender identity, or other cultural identities.
- b. **Services Provided:** Improve the format of the Cultural Diversity Committee (CDC) Meetings utilizing Key Informant input from cultural leaders in the community. Test and practice strategies suggested by Key Informants and collect feedback from meeting participants about the success of strategies. Conduct at least three trainings per year on reducing disparities and promoting equity in behavioral health services in Mendocino County. Trainings will be made available for both providers and consumers of behavioral health services. Provide a stipend for individuals providing information and education based on their lived experience in Mendocino County. Culturally relevant food will be provided at these meetings.
- c. **Program Goals:** Improve attendance and participation by the community in CDC meetings by making them more relevant to consumers. Identify an increased number of strategies to improve equity in behavioral health services. Identify increased opportunities to train behavioral health providers in community informed and evidence-based culturally responsive practices.
- d. **Program Evaluation Methods:** The program staff will conduct evaluation activities that meet the PEI requirements. The program will provide the County with data on the number of trainings completed, the number of committee meetings held, the number of Key Informant interviews conducted, the number of attendees at trainings/meetings, the results of satisfaction surveys completed following trainings/meetings, the number of stipends for cultural experts/cultural brokers, and the demographic composition of training participants.
- e. **Estimated Funding:** \$250,000 over 2 years.



Innovation Reversion Plan

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

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

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

- a. **Population served:** Mendocino County specialty mental health recipients, in particular those on Lanterman-Petris-Short (LPS) Conservatorships, those stepping down from higher levels of care, or the most isolated and difficult to engage of Full Service Partners.
 - b. **Innovative Idea:** Advancing the social rehabilitative model further by testing strategies that further consumer development beyond engagement of social activities in service venues toward independent development of lasting friendships and relationships.
 - c. **Program Goals:** Increase the quality of mental health services. Strategies would include building weekend activities, evening social groups, and activities that occur in housing venues, and testing whether these activities can move from program/service initiated activities to consumer initiated and sustained activities. Improve consumer report of sense of isolation. Improve consumer report of lack of programming after business hours. Improve consumer report of self-advocacy and self-determination. Reduce return of consumers to higher levels of care.
 - d. **Program Evaluation Methods:** Measure changes in consumer isolation, sense of self-advocacy, sense of self-determination. Measure changes in participation of consumers in developing projects. Measure levels of higher level of care utilization.
 - e. **Estimated Funding:** \$1,334,000 over two years.
2. **Computer Program and Virtual Reality Applications for Services to Youth:** This project would explore the applications of gaming systems, and possibly virtual reality, in providing mental health rehabilitation services for youth. These interventions are being tested at university hospitals and in the medical field, but have not been utilized in the public mental health field.

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

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



Workforce Education and Training Reversion Plan

Mendocino County identified up to \$209,000 of Workforce Education and Training (WET) funds that were slated for expenditures or reversion by the end of the 2017-2018 Fiscal Year. Mendocino County plans to spend any unspent funds over the next two years in accordance with Department of Health Care Services Information Notice 17-059 instructions that “CFTN or WET funds that were not spent within ten years will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended.” Mendocino County prioritized projects that had been supported for funding during the Three Year Program and Expenditure planning process or through the ongoing stakeholder processes.

Workforce Development and Collaborative Partnership Training: Mendocino County will continue to provide consultation and training resources to improve the capacity of Mendocino County’s mental health plan staff and contracted providers, consumer and family members, and partnering agencies. Consultation and training will prioritize:

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

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

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

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

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

Capital Facilities and Technology Needs Reversion Plan

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

Increase the Technological Capacity and Accessibility of the Mental Health System:

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

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



Reversion Expenditure Plans

Reverted-Reallocated Funds Table:

Mendocino	PEI	INN
FY 2005-06	--	--
FY 2006-07	--	--
FY 2007-08	120,793	--
FY 2008-09	343,482	181,400
FY 2009-10	215,201	181,400
FY 2010-11	--	301,826
FY 2011-12	--	75,870
FY 2012-13	--	154,070
FY 2013-14	--	135,652
FY 2014-15	--	204,822.30
Total	679,476.00	1,235,040.30

Public Comment

Date & Time: 5/16/18 11:30 AM

Location: 472 E. Valley Road, Willits, Held in conjunction with the Behavioral Health Advisory Board Meeting.

Public Comment Period: May 2, 2018 - June 1, 2018

Questions:

1. Was the feedback provided by the Behavioral Health Advisory Board added to this draft?
 - Yes. The draft that the Behavioral Health Advisory Board reviewed was edited to include the approved comments prior to release for 30-day Public Comment.
2. I am requesting clarification in terms of funding; the funds for this are available for a two year period correct? And it is old money right?
 - Yes. Funding that is distributed to MHSA has specific timelines in which it needs to be spent. If unspent within the time frame, the funding is meant to revert to the State of California. The Department of Health Care Services issued an Information Notice in December of 2017 (Information Notice 17-059) which provided guidance on the amount of funds subject to reversion, and the plan for funds subject to be reverted to be considered reallocated to the Counties in the original MHSA component. The Information Notice instructs counties to develop a plan to spend reallocated fund by July 1, 2018, and the funds must be included in a separate plan or included as an update to the County's Three –Year Program and Expenditure Plan.
 - The funding that is subject to reversion in the Prevention and Early Intervention component was allocated in Fiscal Years 07/08 through 09/10. The funding subject to reversion in the Innovation component was allocated in fiscal years 08/09 through 14/15 for Innovation. Innovation projects funded with reverted and reallocated funds still need to be approved by the Mental Health Services Oversight and Accountability Commission. The Workforce Education and Training was allocated in Fiscal Years 07/08 and 08/09. The Capital Facilities and Technology Needs funds subject to reversion were allocated in Fiscal Years 07/08 and 08/09; they were expected to be spent by the end of fiscal years 16/17 and 17/18 and we are on track to expend them as planned.
3. Why is there no mention of the dollar amount for Capital Facilities and Technology Needs in the MHSA Reversion Plan?
 - At this time, we anticipate that all Capital Facilities and Technology Needs funds will be spent within the timeline allotted by the State of California. We do not anticipate that any will be subject to reversion and reallocation. We included a section in Capital Facilities and Technology needs to allow for the contingency, that if all funds are not spent, they can be considered reverted and reallocated for use in the Capital Facility and Technology Needs component for purposes outlined in that section.

Comments:

1. I am pleased to see the Innovation project Friends for Health/Weekend Wellness. I like the funding being available for that; it feels very needed to me.
2. Regarding the Workforce Education and Training Section, Collaborative Partnership on page ten, number four, Wellness resiliency and recovery partnerships: I would like to see partnership with doctors. I would like to see a training considered on information coming out on diet and gut health in relation to mental health, cognition, and behaviors. Along with exercise and good sleep habits. I'd like to see the information made available to doctors, physician's assistants and those working with mental health clients. Some of the help could be preventative, and may fit in other components as well.
3. I'd like to thank the Board [Behavioral Health Advisory Board] for considering Positive Parenting to be considered in the Reversion funding.
4. I'd like to make a recommendation in Innovation. Because it took 4 years for the last innovation plan to be reviewed and approved, it was recommended that a consultant be hired for Innovation. Can we consider that to occur: consider hiring a consultant to help the Innovation plans be approved in the first draft.
 - o Behavioral Health and Recovery Services does have a contract with an individual, Nancy Callahan, to consult regarding Innovation projects. She has been consulted regarding these proposals, and it is the intent to continue to consult regarding the development of the Innovation plans.