Comment [d1]: HHSA Logo removed.

WELLNESS • RECOVERY • RESILIENCE

County of Mendocino

Comment [d2]: Font Art changed for easier reading.

Health and Human Services Agency

Behavioral Health and Recovery Services

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

Comment [d3]: Addition of Annual Update Year

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Comment [d4]: Addition of photos throughout. Updated page numbers

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DRAFT

Message from the Behavioral Health Director

Message from the Behavioral Health Director

Dear Community Members,

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

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

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

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

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

Sincerely,

Psy.D.

Jenine Miller, Psy.D.
Behavioral Health Director,

County Mental Health Director	Project Lead
Name: Jenine Miller Telephone Number: (707) 472-2341 E-mail: millerje@mendocinocounty.org	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 Annual Update to the Three Year Plan, including stakeholder participation and non-supplantation requirements.

The Annual Update to the Three Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Plan was circulated to stakeholders and any interested party for 30-days for review and comment. In addition, the local Behavioral Health Advisory Board held a public hearing on the MHSA Three Year Plan. All input has been considered with adjustments made, as appropriate. The Annual Plan and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on XXXXX. The Three Year Plan and Expenditure Plan was adopted by the County Board of Supervisors on November 7, 2017.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations, Section 3410, Non-Supplant. All documents in the attached Three Year Plan are true and correct.

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

_____ _____
Signature Date

DRAFT

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

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

Jenine Miller, Psy.D. _____

Local Mental Health Director/Designee Signature Date

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

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

Lloyd Weer. Auditor/Controller _____

County Auditor Controller / City Financial Officer Signature Date

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Introduction

History of the Mental Health Service Act

Comment [d5]: This section was edited to be reduced to the most essential information as the full description is available in the Three Year plan. Formatting changes were also made.

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. To address the urgent need for recovery-based, accessible community-based mental health services, former Assembly member Darrell Steinberg, along with mental health community partners, introduced Proposition 63, the Mental Health Services Act (MHSA). California voters approved Prop 63 in 2004 and MHSA was enacted into law on January 1, 2005 by placing a one percent (1%) tax on incomes above $1 million.

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

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

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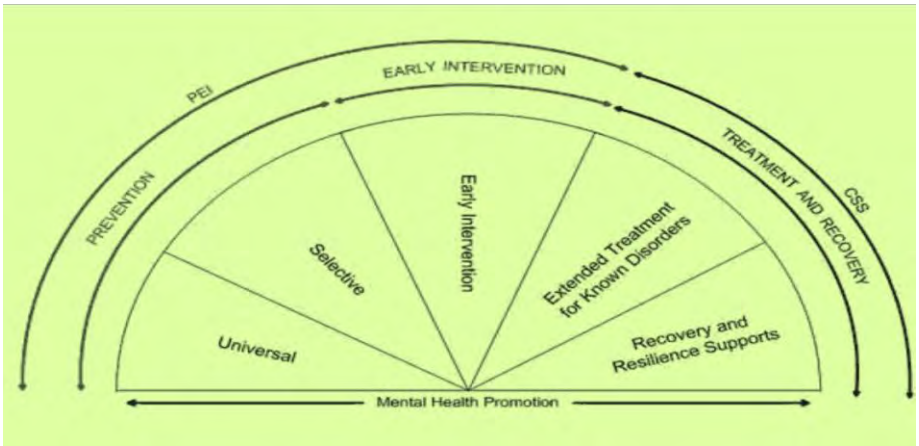
The below diagram shows the spectrum of MHSA services from prevention through treatment and recovery:



MHSA Components

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

Comment [d6]: Components replaces the word "streams" throughout the components descriptions.

Community Services and Support

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

Prevention and Early Intervention

The goal of Prevention and Early Intervention (PEI) is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and their family members in the development of PEI projects and programs. Four new PEI programs were added in Fiscal Year 18-19 funded through PEI reversion dollars for the remainder of the Three Year Plan.

Innovation

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

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support and increase peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. CFTN funding was scheduled to be spent by Fiscal Year 17-18; remaining funds will be considered reverted and reallocated as per Department of Health Care Services Information Notice 17-059.

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component is to fund the development of a diverse workforce and address the shortage of licensed and non-licensed professionals. Clients and families/caregivers may also receive training to help others, to promote wellness, and other positive mental health outcomes. The funding stream focuses on improving the delivery of client-and family-driven services, providing outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant, and includes the viewpoints and expertise of clients and their families/caregivers. WET funding was scheduled to be spent by Fiscal Year 17-18; remaining funds will be considered reverted and reallocated as per Department of Health Care Services Information Notice 17-059.

Three Year Program and Expenditure Plan with Annual Planning Component

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

Comment [d7]: Three year plan summary section removed.

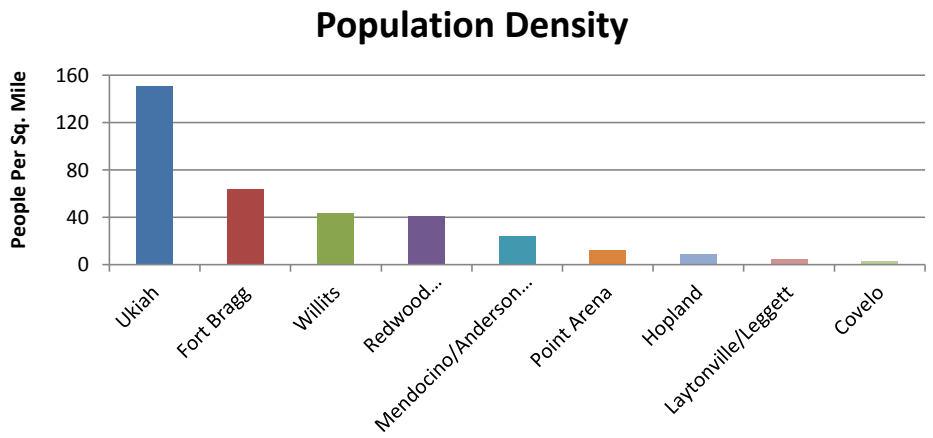
DRAFT

County Demographics

Mendocino County is 3,878 square miles, and is located in Northern California spanning eighty-four (84) miles from north-to-south and forty-two (42) miles east-to-west. It is also the 15th largest by area of California's fifty-eight (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. Mendocino County's terrain is mostly mountainous with elevations rising over 6,000 feet, with lakes, fertile valleys, expansive rivers, and thick forests containing redwood, pine, fir, and oak.

Comment [d8]: The wording and grammar of the demographics section was edited.

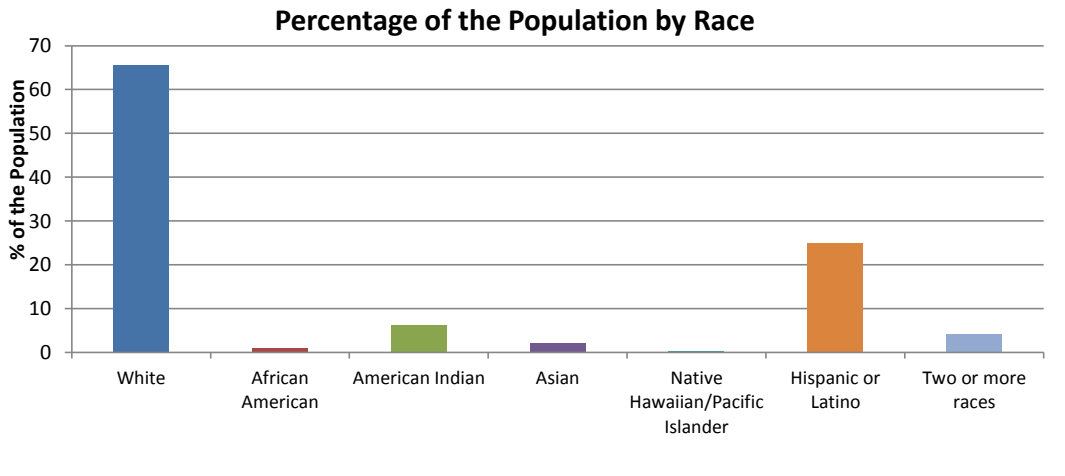
The US Census Bureau provides the following data on population trends: Mendocino County had a population of 87, 841 in 2010, with an estimated current population of 88,018 in 2017.[2] Mendocino County is the 38th largest county by population of California's fifty-eight (58) counties. Mendocino County is comprised of twenty-three (23) cities, towns, and census designated places: Albion, Anchor Bay, Boonville, Brooktrails, Calpella, Caspar, Cleone, Comptche, Covelo, Fort Bragg, Hopland, Laytonville, Leggett, Little River, Manchester, Mendocino, Philo, Point Arena, Potter Valley, Redwood Valley, Talmage, Ukiah, and Willits. The county is divided into nine (9) subdivisions. These nine (9) subdivisions vary sizably, and the most densely populated area is Ukiah. Ukiah is one-hundred-and-sixty (151) people per square mile excluding water areas. The least densely populated area is Covelo, which only has three (3) people per square mile.[3]



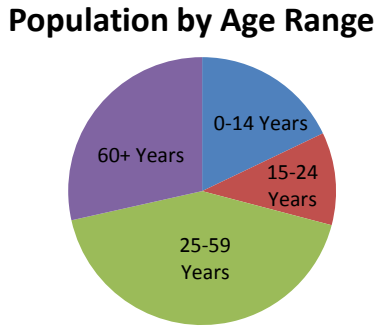
In 2016, the US Census Bureau estimated that 65.5% of Mendocino County's population identify as White (not Hispanic or Latino), 25% Hispanic or Latino, 1.0% African American, 6.3% American Indian/Alaska Native, 2.1% Asian, 0.2% Native Hawaiian or Pacific Islander, and 4%

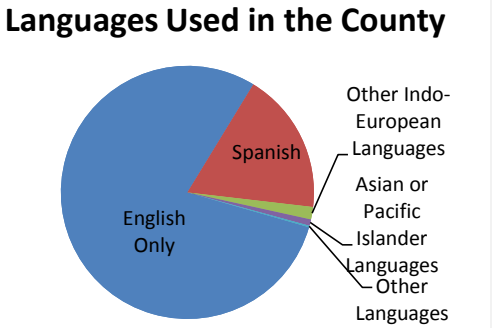
[1] (Center for Economic Development, 2010)
[2] (U.S Department of Commerce, 2016)
[3] (Cedar Lake Ventures Inc: Statistical Atlas, 2015)

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



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.[5] The majority of the population, at 79.2% identify as English speaking only, with 20.8% speaking languages other than English. Of the individuals who identify as speaking languages other than English, 18.1% speak Spanish, 1.6% speak other Indo-European languages, 0.9% speaks Asian & Pacific Islander languages, and 0.2% speaks other languages.[6]





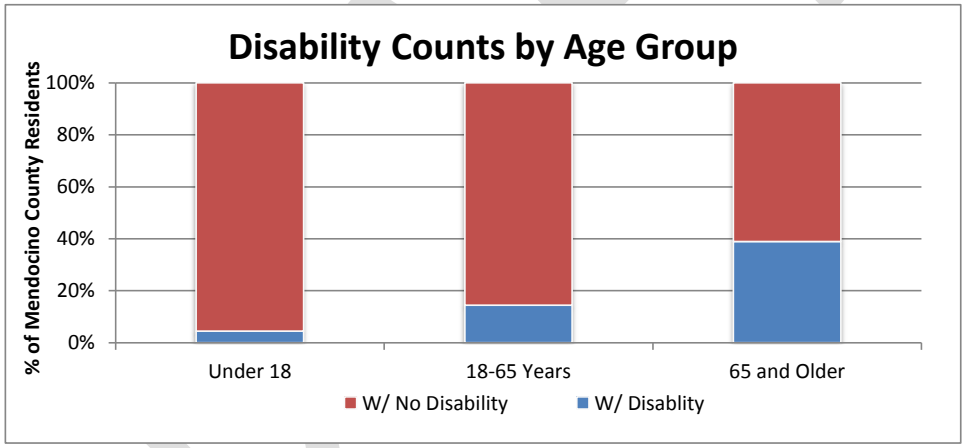
[4] (U.S Department of Commerce, 2016)

[5] It should be noted that the US Census Bureau data for age ranges does not match our Full Service Partnership (FSP) age categories.

[6] (U.S Department of Commerce, 2016)

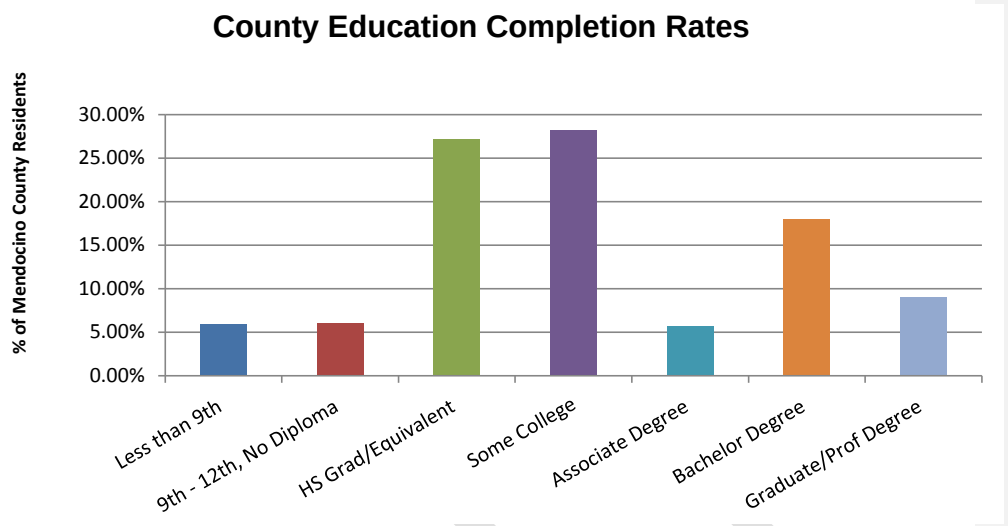
Many individuals living in the more rural areas of the County have limited access to resources due to the vast distances to travel to more heavily populated areas. The primary locations to receive services are Ukiah, Willits, and Fort Bragg. The amount of time it takes to drive to an area where resources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

The US Census Bureau provides other statistics through the American Community Survey (ACS). The 2016 ACS data indicates that Mendocino County's total Civilian Non-institutionalized population (this includes those incarcerated, in mental facilities, in homes for the aged, or on active duty in the armed forces) consists of 86,630 people, and that the percentage of those with a disability is 16.9%. Of the percentage of civilian non-institutionalized population who are under age 18, 4.4% have a disability. Those between 18-65 years of age, 14.4% have a disability, and of the population that is 65 years of age or older, 38.8% have a disability.[8]

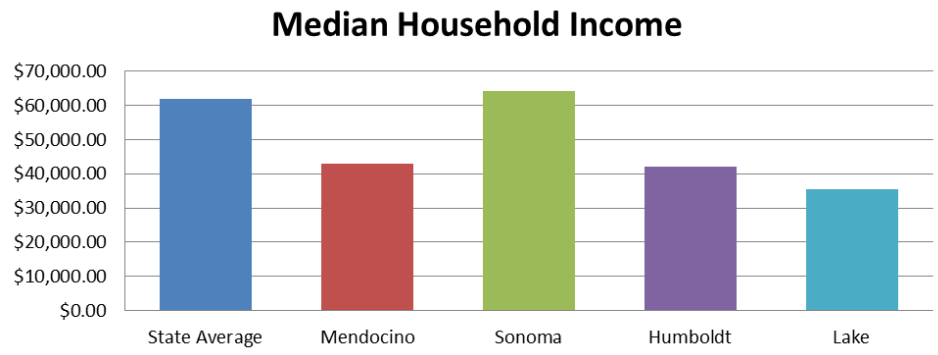


According to estimates based on the data from 2016, the US Census Bureau and ACS, 86.5% of Mendocino County residents were high school graduates or an equivalent. Of those who graduated high school, 24.1% obtained a bachelor's degree or higher. Additionally, the data indicates that 6.3% have less than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

[7] (Mendocino Transit Authority, 2016)
[8] (U.S. Department of Commerce, 2016)
[9] (U.S Department of Commerce, 2016)

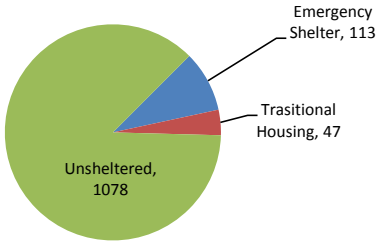


The US Census Bureau and the ACS define a household as consisting of one or more persons, related or otherwise, who are living in the same residence. According to the data collected in 2016, the median household income in Mendocino County was estimated to be $43,809, which is 35% lower than the state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

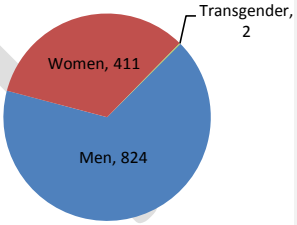


The Mendocino County Continuum of Care for the Homeless (CoC), which is coordinated by the Homeless Services Planning Group convened and facilitated by the Adult and Older Adult System of Care of the Mendocino County Health and Human Services Agency, conducts a Point in Time (PIT) Count Survey of the homeless biannually. The PIT census numbers show that as of January 2017 Mendocino County had 1,078 unsheltered individuals experiencing homelessness, 113 in emergency shelters, and 47 in transitional housing. Of the individuals who were experiencing homelessness, 825 were male, 411 were female and 2 were transgendered.[10]

Homeless Population Sheltered/Unsheltered



Homeless Population by Gender



[10] (Mendocino County Continuum of Care, 2017)

Works Cited

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

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

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

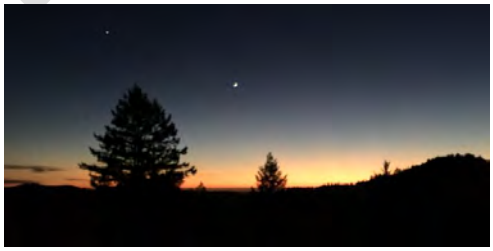
Mendocino Transit Authority, 2016. *Mendocino Transit Authority: Route 65.* [Online]
Available at: http://mendocinotransit.org/routes/route-65/
[Accessed 22nd January 2018].

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

U.S. Department of Commerce, 2016. *American Fact Finder: Disability Status by Age.* [Online]
Available at:
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_SPL_K201801&prodType=table
[Accessed 22nd January 2018].

USBoundary.com, 2018. *U.S. Boundary, Data, Graphs, Tools, and Services.* [Online]
Available at:
http://www.usboundary.com/Areas/County%20Subdivision/California/Mendocino%20County/
[Accessed 11th April 2018].

Comment [d9]: The citations were reviewed and updated, and the data reported updated to reflect current data.



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Community Program Planning

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

Stakeholder Description

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

Some of our agency stakeholders include:

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

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

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

MHSA Stakeholder Forums

MHSA Forums are held throughout the fiscal year and are focused on the services and needs of each specialty population: children, transitional age youth, adults, older adults, and their families. The forum time, length, and location varies in response to requests of stakeholders. Forums are held in various locations throughout the County to improve access to remote stakeholders. Consumers and family members are encouraged to attend and share their experiences with accessing and receiving services, and to provide feedback on successes and challenges with these programs. Service providers are invited to attend and to share information about their programs, including successes and any barriers working with their target population. The public is invited to attend to learn about MHSA programs. Forums are advertised in local newspaper and radio media, as well as the MHSA website. Flyers are posted in MHSA funded programs, mental health service delivery locations, county buildings, and other popular stakeholder locations with information regarding forums. Those who cannot attend forums but would like to share their feedback are encouraged to email Mendocino County's MHSA team or their service provider to represent their thoughts to the group during the forum. When Mendocino County recognizes a drop in attendance at forums we make a concerted effort to identify the source of the decreased attendance and determine if there is a change that can be made to improve convenience to stakeholders (time of day, location, day of week, providing food, length of meeting, etc.) attending. The Mendocino County MHSA team distributes a survey at the end of each forum to collect anonymous input from stakeholders who may not want to express their feedback verbally. Wherever possible, suggestions from MHSA Forums are incorporated into MHSA programs as soon as they can be. Suggestions that cannot be immediately responded to are compiled for review and consideration for the Annual Plan Update. Suggestions that require more substantive program or funding allocations that cannot be accommodated within an Annual Plan Update are collected for consideration during the next MHSA Three Year Planning process. In an effort to make more efficient use of stakeholder time, in FY 17/18 Behavioral Health and Recovery Services (BHRS) joined stakeholder MHSA Forums with

Quality Improvement Committee stakeholder meetings to improve efficiency of stakeholder time, as well as add additional options for participation such as video conferencing to improve access.

MHSA Joint Stakeholder Meetings

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

MHSA Program/Fiscal Meetings

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

Behavioral Health Advisory Board Meetings

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

Mendocino County Mental Health Services Act Website

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

Quality Improvement Meetings

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

Consumer Feedback Events

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

MHSA Issue Resolution Process

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

MHSA Annual Summary

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

Public Review

A draft of the Three Year Plan and the Annual Update Report is prepared and circulated for review and comment for at least 30 days 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 18-19

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

This Annual Plan is available to the public for review and comments over a 30-day period. Written and verbal comments are collected and consolidated during the Public Comment Period from June XX, 2018 to July XX, 2018, as well as during a Public Hearing on July XX, 2018. Public comments can be mailed, emailed, dropped off, telephoned, and/or submitted during the Public Hearing, provided verbally, or otherwise delivered to one of the BHRS MHSA Team members. All questions and comments collected during the 30 Day Public Comment Period are responded to in writing, and are attached at the end of the Annual Plan.

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

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

Public Comments on the Annual Update Plan & Responses:

See Appendix A for Public Comments.

Community Services and Supports

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

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

Integrated Care Coordination Service Model

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

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

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

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

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

Recovery Oriented Consumer Driven Services

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

Components of Recovery Oriented Consumer Driven Services are:

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

Integrated Intensive Care Management

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

- Ensure timely follow up of contact, within an average goal of forty eight (48) hours of post-discharge for all mental health consumers with acute care discharges (psychiatric and medical).
- Increase access to housing for the most vulnerable consumers.

Integrated Efficient Care

- Develop and implement integrated crisis services with medical Urgent Care in Ukiah and Immediate Care in Fort Bragg.
- Implement managed access to ensure all consumers enter the mental health system through a standardized triage and assessment. Screen consumers for medical necessity and refer consumers to services. Enroll consumers in appropriate levels of care.
- Develop a coordinated, seamless continuum of care for all age groups with an expanded ability to leverage funding.
- Support individuals to navigate through the system, utilizing the Wellness and Resource Centers, use care integration, and identify medical homes.

Quality Improvement

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

Collaboration with Community Partners

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

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

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

Community Services and Support (CSS) Programs

Children and Family Services Programs

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

***Full Services Partnerships (FSP)*:** Up to five (5) FSP at a time receive an array of services to support wellness and promote the recovery from a severe emotional disturbance (SED). These services are provided by a network of mental health contract providers dedicated to working with the SED youth by helping to overcome barriers, identifying children and families in need, and engaging them in services. Outreach and engagement utilized where needed.

1. **Population Served:** Children under the age of 15 years of age with severe emotional disturbance (SED). Priority is given to the underserved Native American and Latino communities. Services provided in a culturally sensitive manner.

2. **Services Provided:** Outreach and engagement, crisis prevention, post crisis support, linkage to individual/family counseling, rehabilitation, medication, and other necessary services. The "whatever it takes" model includes wrap-around, care management, and building client identified support systems.

3. **Program Goals:** To support the health, well-being, and stability of the client/family and thereby reducing the risk for incarceration, hospitalization, and other forms of institutionalization through the provision of intensive support and resource building.

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

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

communities, and other resources to provide support for parents of children with risk factors in remote areas.

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 staff conducts evaluation activities and provides data to the MHSA Team. This includes collecting demographic data on each individual person receiving services, the type of service delivered, and the frequency and duration of services provided. An effectiveness survey is used to determine the overall success of the program annually and at the end/termination of services. Data is reported to the MHSA Team throughout the year.

Transition Age Youth (TAY) Programs

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

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

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

of services, including hospitalization and/or incarceration, through the provision of intensive support services and resource building.

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

TAY Wellness Program: 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, maintaining a clean productive housing environment, accessing mental and physical health care, and developing healthy coping and stress management tools.

3. **Program Goals:** Promote independence, improve resiliency and recovery, and develop healthy relationships, as well as healthy and strong social networks.

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

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

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 staff conduct evaluation activities to document the number of persons served, including demographic information on each individual person receiving services, the type of service delivered, the frequency, and duration of services. Perception of Care surveys are completed annually. Data is reported to the MHSA team on all services provided throughout the year.

Adult Services Programs

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

***Full Service Partnerships (FSP)*:** Up to forty (40) FSPs can be served at one time with these funds. FSP services are provided by a network of mental health contract providers. These services are targeted to those with SMI. Priority is given to the underserved Native American and Latino communities with the goal of reducing disparities within these communities. Outreach and engagement are utilized where needed.

1. **Population Served:** Adults aged 26 to 59, with serious mental illness (SMI), with a priority for underserved Native American and Latino communities.

2. **Services Provided:** Outreach and engagement, crisis prevention, post crisis support, linkage to individual/family counseling, rehabilitation, medication, and other necessary services. The "whatever it takes" model includes wrap-around, care management, and building client identified support systems.

3. **Program Goals:** To support the mental health, physical health, well-being, and stability of the client; improve outcomes and reduce the risk of higher levels of

services, including hospitalization and/or incarceration, through the provision of intensive support services and resource building.

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

Older Adult Services Programs

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

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

1. **Population Served:** Older Adults, 60 years and older, with SMI with a priority for underserved Native American and Latino communities.

2. **Services Provided:** Crisis and post crisis support, linkage to individual/family counseling, and other necessary services to meet the needs of the individual. The "whatever it takes" model includes wrap-around, care management, and building client identified support systems**.**

3. **Program Goals:** To support the mental health, physical health, well-being and stability of the client/family, improve outcomes and reduce the risk of higher levels of services, including hospitalization, through the provision of intensive support services and resource building.

4. **Program Evaluation Methods:** The program staff conduct evaluation activities that meet MHSA FSP requirements. This includes collecting demographic information on each individual person receiving services, the type of service delivered, the frequency, and duration of services. Perception of Care surveys are collected

annually and at the end/termination of services. Information on timeliness of services and referrals to community services is also collected. Data is collected using the Adult Needs and Strengths Assessment (ANSA) and FSP data collection and reporting requirements: the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

Programs that Cross the Lifespan

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

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

1. **Population Served:** Mendocino County residents that meet the criteria for serious mental illness (SMI). Priority is given to underserved priority populations.
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 is established.
4. **Program Evaluation Methods:** Identify individuals that may meet criteria for Full Service Partnership, and track service through inclusion and priority criteria process in accordance with MHSA policies. Mental health contract providers track the clients served, and report data by age categories, (Child, TAY, Adult, Older Adult).

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

1. **Population Served:** Mendocino County residents that meet the criteria for Serious Mental Illness (SMI). Priority is given to underserved Native American and Latino communities.

2. **Services Provided:** Outreach, engagement, and therapeutic services. Culturally and linguistically responsive contracted staff provides services.

3. **Program Goals:** Improve access and engagement of services for underserved cultural populations with mental health needs.

4. **Program Evaluation Methods:** Mental health contract providers track the clients served and report data by age categories, (Child, TAY, Adult, Older Adult) to the MHSA team quarterly.

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

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

1. **Population Served:** Adults ages 18 and older, who are identified and referred by the BHC collaborative team. Individuals in the criminal justice system who also have symptoms of mental illness impacting their behavior.

2. **Services Provided:** Mental health services, linkage to individual/family counseling, crisis and post crisis support, and other necessary services. The "whatever it takes" model includes wrap-around, care management, and building client identified support systems.

3. **Program Goals:** To support the mental health, physical health, well-being and stability of the individual, improve outcomes, and reduce the risk of higher levels of services, including hospitalization or further incarceration through the provision of intensive support services and resource building. To increase engagement with outpatient services.

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

reporting requirements: the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data is reported to the MHSA team throughout the year.

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

1. **Population Served:** Adults over the age of 18.
2. **Services Provided:** Linkage to counseling, mental health, and other support services such as life skills training, nutrition, exercise education, financial management support, patient navigation, dual diagnosis support, vocational education, educational support, health management support, self-esteem building, and developing healthy social relationships.
3. **Program Goals:** To build resiliency and promote well-being, stability, independence, and recovery.
4. **Program Evaluation Methods:** These programs provide program data on the number of individuals receiving services, the type of services delivered (groups, trainings, etc.), the frequency, and duration of services provided. Perception of Care surveys are collected at least annually, and pre and post service delivery.

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

1. **Population Served:** Adults over the age of 18 and families who meet the criteria for SMI, FSP, are homeless, or at risk for homelessness, or are returning home to Mendocino County from higher levels of care (i.e. hospitals and out-of-county Board and Care).
2. **Services Provided:** Supported Housing, crisis prevention planning, post crisis support, referrals and connection to mental health services, and other necessary services. The "whatever it takes" model includes wrap-around, care management, and building client identified support systems.

3. **Program Goals:** To build resiliency and promote well-being, stability, independence, and recovery through supported housing. To reduce the risk of homelessness, need for higher levels of mental health care, incarceration, or other types of institutionalization.

4. **Program Evaluation Methods:** Data to be collected includes the number of clients housed, Adult Needs and Strengths Assessment (ANSA), and FSP data collection and reporting requirements: the Partnership Assessment Form (PAF), the Key Event Tracking (KET), and Quarterly Assessment Form (3M). Data will be reported to the MHSA team throughout the year.

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

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 illness and substance use who endeavor to maintain a healthy lifestyle free of alcohol and other drugs.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities to document the number of persons served, including demographics, number of groups provided, and perception surveys. Data is reported throughout the year on all services provided. Data is reported by CSS age categories (Child, TAY, Adult, and Older Adults).

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

1. **Population Served:** Adults over 18 years of age with SMI and meet nine (9) AOT criteria.

2. **Services Provided:** Referral screening, outreach, and triage for referred clients. For those that meet the nine criteria, services include court monitored treatment planning and specialty mental health services. Treatment planning and care include pre and post crisis support, wrap-around support, crisis support, transportation to medical appointments, linkage to counseling and other supportive services, and access to transitional housing when needed. Support for life skills development, education, managing finances, and other appropriate integrated services according to individual client needs.

3. **Program Goals:** Minimize risk of danger to self and community by providing intensive court monitored treatment planning to address individual client needs until the client is able and willing to engage in outpatient services without oversight of the court, or no longer meets the risk criteria.

4. **Program Evaluation Methods:** The program monitors participation in outpatient treatment, reduction in danger to self and danger to others behavior, increased participation in pro-social, and recovery oriented behaviors. Program data is collected and shared throughout the year.

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

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

1. **Population Served:** Mendocino County residents aged 18 and older that are in crisis and at risk for hospitalization.

2. **Services Provided:** Crisis Residential Treatment services to support crisis prevention needs. Support intended to return client to independent living following a mental health crisis.

3. **Program Goals:** Reduce the negative impacts of out-of-county hospitalization, by increasing the continuum of crisis services available in Mendocino County.

4. **Program Evaluation Methods:** The program will provide quarterly data on all services provided. The program will monitor demographic information of clients served, the number of clients served that need to be hospitalized, description of groups or activities designed to reduce danger to self and danger to others behavior or to increase participation in pro-social, and recovery oriented behaviors.

Summary of Targeted Population Groups

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

Services are provided to all ethnicities, with an emphasis on reaching out to Latino and Native American communities, which are identified underserved populations in Mendocino County. Mental Health contract providers utilize culturally and linguistically responsive individuals to outreach to the underserved groups. Written documentation for all services is made available in English and Spanish, Mendocino County's two threshold languages. Interpreter services are available for monolingual consumers and their families when bilingual providers are not available. MHSA CSS programs and services are integrated and include coordination of the client's care to address their medical health home and whole health needs. The Integrated Care Coordination Model of Mental Health Services includes potential resource of last resort funding for a number of positions in the spectrum of MHSA services.

Prevention and Early Intervention (PEI)

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

Comment [d10]: The paragraph about the "new" PEI regulations was removed as it is no longer new and the effective date has been established. In the Three Year Plan.

Prevention and Early Intervention services prevent mental illnesses from becoming serious, severe, and persistent. The program shall emphasize improving timely access to services, in particular for underserved populations. Programs providing services in the MHSA plan provide data to the County on a quarterly and annual basis, in accordance with the regulations.

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

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

Prevention Programs:

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

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

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

1. **Population Served:** Individuals and their families, who are suffering first break, or other severe symptoms of mental illness in Mendocino County.

2. **Services Provided:** Outreach, advocacy, and education to individuals and/or families that are in need of mental health support. Services may be provided in the home, office, or community setting. Provide outreach and support to those consumers who are in need of services but are not eligible for Medi-Cal or who are otherwise unwilling to engage in services previously offered. Provide education and training of volunteer facilitators in all NAMI programs throughout the county. Implementation of a proposed "designated hours" Warm Line based on volunteer availability.

3. **Program Goals:** To enhance the likelihood of individuals connecting with services early through outreach and engagement, while utilizing the strength of NAMI's peer organization in creating personal connections. To increase resilience and protective factors through advocacy, education, socialization, and support.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements, providing quarterly demographic data on the number of persons who attend the trainings, number of training classes provided, and effectiveness surveys to determine the overall success of the program. A log of all calls to the Warm Line is submitted regularly.

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

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

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

2. **Services Provided**: School based intervention programs to enhance youth's internal strengths and resiliency while addressing patterns of substance use.

3. **Program Goals**: Improved level of functioning in major life domains including mental health and substance use recovery, education, employment, family relationships, social connectedness, and physical and mental well-being. Outcomes include reduced substance use, increased school attendance, reduced contact with law enforcement, reduced emergency department use, and reduced substance related crisis and deaths.

4. **Program Evaluation Methods**: The program conducts evaluation activities that meet the PEI requirements. This includes collecting information on demographics, service type, frequency, and duration of services for all individuals receiving services. Perception of Care surveys are collected regularly and at the end of services. Information on timeliness of services and referrals to community services is collected. Staff report data to the County throughout the year.

Whole Person Care Integrated Screening and Referral: An Integrated Care Specialist for the Whole Person Care project connects clients with mental health concerns to the appropriate level of service.

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

1. **Population Served:** Mendocino County Residents aged 18 and older who are participants of the Whole Person Care project.

2. **Services Provided:** Assures client assessments, and links individuals to appropriate services such as hospitals, clinics, specialty mental health providers, and other appropriate services.

3. **Program Goals:** Improve linkage for adults with mental illness to the appropriate level of service and ensure engagement in those services.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements, providing quarterly data on clients served, including demographic information, numbers of referrals made, programs individuals referred to, and the number of individuals that successfully followed through with referrals.

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

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

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

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

Comment [d11]: This program is new and funded through the MHSA Reversion Plan.

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

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

Early Intervention Programs:

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

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

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

1. **Population Served**: AVUSD to serve up to 80 students, ages 6-17, in Anderson Valley, who exhibit early signs of severe emotional disturbance (SED). With the intent to improve access to the underserved Latino community in Anderson Valley, the program provides culturally and linguistically responsive services to children and their families.

2. **Services Provided:** The program offers paraprofessional (non-clinical) groups for skills development and education in the school setting. Groups are led by school staffs that are supervised by a Marriage and Family Therapist (MFT) or other licensed professional**.** The focus is to provide students with the skills they need to navigate through a variety of personal, social, and school related situations, including sense of self-worth, and self-esteem. Providers work on communication and collaboration skills, decision making, negotiating, and compromising, learning to manage, and regulate emotions. Students identified in the classroom groups as having symptoms or risk factors for SED receive referrals to clinicians for individual therapy and group rehabilitation to support resiliency and protective factors.

3. **Program Goals**: Improve mental wellbeing of identified SED youth, reduce the risk of developing a mental illness, and reduce the severity of impact of mental health issues by addressing early signs and symptoms, increasing awareness, and increasing early support.

4. **Program Evaluation**: The program staff conducts evaluation activities that meet the PEI requirements. This includes collecting demographic information on each individual receiving service, information on group services is collected, and on timeliness of services and referrals to community services. Data is reported to the county at least quarterly. Outcome information is collected at the beginning and end of services to demonstrate the effectiveness of services. AVUSD program staff

utilizes an evidence based evaluation tool for both pre and post service. Collected data reported throughout the year.

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

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

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

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

1. **Population Served**: All individuals that reside in Mendocino County who are interested in mental health services.

2. **Services Provided**: The program supports counties in their efforts of implementing mental health services and educational programs. Currently programs that are implemented under Each Mind Matters include Walk in our Shoes, and Directing Change.

3. **Program Goals**: Promoting mental health, reducing the risk for mental illness, reducing stigma and discrimination, and diminishing the severity of symptoms of serious mental illness.

4. **Program Evaluation Methods**: Cal MHSA contracts with the RAND Corporation to conduct outcome evaluations. Since these Statewide PEI Projects are primarily focused on general outreach and education campaigns (not services or trainings), CalMHSA measures outreach through web hits and materials disseminated.

Comment [d12]: The description of the Program Evaluation methods was edited to more closely match the CalMHSA evaluation language.

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

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

1. **Population Served:** All individuals in Mendocino County with an attempt to reach those who may need resource materials about mental illness symptoms, services, and treatment.

2. **Services Provided:** Approximately 1-3 speakers or educational events per year. Participation in health fairs, farmers markets, and other informing events 5-10 times throughout the year. Additional educational and awareness raising activities as requested by the community or as need arises.

3. **Program Goals**: To educate the community about mental health, to provide resources, and information on wellness and recovery possibilities. To educate the community about services available in the community for mental health needs. To increase likelihood of those in need accessing services through increased awareness, and efforts toward stigma reduction.

4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the PEI requirements. Mendocino County MSHA team tracks the number, location, and types of awareness activities and events provided or attended. For each event, Mendocino County MHSA team reports separately the number of individuals that attended speaker events, count of individuals that stopped by booths, and the amount of material handed out, including a breakdown of the different type of materials provided.

Stigma and Discrimination Reduction Programs:

Activities or programs reduce negative feelings, improve attitudes/beliefs/perceptions, and reduce stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or for seeking mental health services. Programs can include social marketing campaigns, speakers' events, targeted training, and web-based campaigns. Approaches are culturally congruent with the target population. Stigma and Discrimination Reduction programs report available numbers of individuals reached and, when available, demographic indicators. Programs identify what target population the program intends to influence, which attitudes, beliefs, and perceptions they intend to target, the activities and methods used in the program, how the method is expected to make change, and any applicable changes in attitudes beliefs and perceptions following program application.

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

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

1. **Population Served**: PASD has the capacity to serve up to 60 students from age 11 to 17 in Point Arena Schools.

2. **Services Provided**: Youth workers screen up to 60 students and utilize the Brief Screening Survey to assist the mental health contract provider to help reduce stigma and discrimination by providing services in the school setting and by normalizing wellness and self-care. A one-hour presentation to school staff and school counselors provides for the purpose of educating staff and improving the utilization of the screening tool. Youth workers also provide individual and group services to students under the supervision of a clinical supervisor.

3. **Program Goals**: Reduce negative perception of mental illness and/or discrimination for youth in PASD.

4. **Program Evaluation Methods**: The program staff conducts evaluation activities that meet the PEI requirements. The program provides the County with data on the number of screenings and presentations offered, the number of screenings completed, the number of referrals generated from screenings, the number of presentations, the number of individuals attending each presentation, where the presentations took place, and the target audience of the presentations

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

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

1. **Population Served**: The program serves up to 200 school-aged youth with focus on middle school age youth, in the largest school districts including Ukiah, Willits, Redwood Valley, Point Arena, Fort Bragg, and Laytonville.

2. **Services Provided**: Youth that may benefit from receiving additional services are offered the opportunity to participate in on-campus groups, individual mentoring, Community Day School prevention, education programs, and weekly groups. Services are offered in Spanish and English.

3. **Program Goals**: To reduce negative perception of mental illness and/or discrimination for youth in Ukiah, Willits, Redwood Valley, Point Arena, Fort Bragg, and Laytonville schools.

4. **Program Evaluation Methods**: The program staff conducts evaluation activities that meet the PEI requirements. The program provides data on screenings and presentations offered, number of screenings completed, number of referrals generated from screenings, the number of presentations, number of individuals attending each presentation, where the presentation took place, and the target audience of the presentations.

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

Status of MHSA Funding: Program funded for the entirety of the MHSA Three Year Plan, Fiscal Years 17/18 through 19/20. Due to staffing challenges, this program may not be implemented in FY 18/19.

1. **Population Served:** A wide range of individuals, including participants of Native Connections, Round Valley Unified School District students in the middle school and high school age range, and adults interested in prevention and early intervention of mental health issues including suicide risk.

2. **Services Provided:** Three Mental Health First Aid Trainings (MHFA) for youth and three MHFA Trainings for adults, for up to 25 people per training will be provided annually. Four SafeTALK, suicide alertness trainings for up to 25 people will be provided annually. Three sessions of each of the Sons and Daughters of Tradition, up to 20 students per session are provided annually.

3. **Program Goals:** To increase awareness of mental illness, identification of suicide risk factors and supportive resources, and Native American Traditional resiliency practices. To reduce the effects of poverty, stigma and discrimination, mental illnesses, and improve resiliency among community members.

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

Old Coast Café Training Program: Mendocino Coast Hospitality Center (MCHC) will provide vocational services and recovery opportunities for people with mental health challenges in an effort to reduce stigma by demonstrating that those with mental health concerns can be productive

Comment [d13]: These programs are new and are funded through the MHSA Reversion Plan.

members of the community. The participants in the program will come from a variety of backgrounds and routes into the program.

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

1. **Population served:** Participants with mental health conditions that are developing work skills. Participants may be referred to the program through Welfare to Work, Mendocino College, MCHC, and other agencies serving clients who are or have been homeless.

2. **Services Provided:** Flexible training elements will allow for people to participate in adaptable and individualized ways which relate to their needs and goals. "Soft work skills" modules, including resume building will be offered. Additionally, completion of college modules, and completion of in-house taught modules for individuals needing support in specific areas.

3. **Program Goals:** The program will provide vocational training to those in need, and support them on their own path towards self-sufficiency. To improve the community culture by contributing to a vibrant neighborhood.

4. **Program Evaluation Methods**: The program staff conducts evaluation activities that meet the PEI requirements. The program will measure the number of trainings provided, the number of individuals trained at each training, demographic information about those trained, and the number of individuals moving to permanent employment at the end of the training program.

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

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

1. **Population served:** Mendocino county residents, in particular those that are of a cultural group that experiences disparities in behavioral health services. These can include cultural groups based on ethnicity, age, gender identity, or other cultural identities.

2. **Services Provided:** Improve the format of the Cultural Diversity Committee (CDC) Meetings utilizing Key Informant input from cultural leaders in the community. Test and practice strategies suggested by Key Informants and collect feedback from meeting participants about the success of strategies. Conduct at least three trainings per year on reducing disparities and promoting equity in behavioral health

services in Mendocino County. Provide a stipend for individuals providing information and education based on their lived experience in Mendocino County.

3. **Program Goals:** Improve attendance and participation by the community in CDC meetings by making them more relevant to consumers. Identify an increased number of strategies to improve equity in behavioral health services. Identify increased opportunities to train behavioral health providers in community informed and evidence-based culturally responsive practices.

4. **Program Evaluation Methods**: The program staff will conduct evaluation activities that meet the PEI requirements. The program will provide the County with data on the number of trainings completed, the number of committee meetings held, the number of Key Informant interviews conducted, the number of attendees at trainings/meetings, the results of satisfaction surveys completed following trainings/meetings, the number of stipends for cultural experts/cultural brokers, and the demographic composition of training participants.

Programs for Access and Linkage to Treatment:

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

***Mobile Outreach and Prevention Services (MOPS)*:** Mobile Outreach and Prevention Service is a collaboration between Mendocino County Behavioral Health and Recovery Services and the Mendocino County Sheriff's Department focusing on outreach to individuals at risk of going into mental health crisis in outlying target areas of the county. These areas are remote, with long distances to emergency rooms and crisis services. The team connects with clients in their neighborhoods and on the street to local and larger area resources prior to meeting 5150 criteria, thereby reducing the duration of untreated mental illness, and dependency on emergency room services. The targeted outreach areas are North County, South Coast, and Anderson Valley. The program consists of three teams that include a Rehabilitation Specialist and a Sheriff Services Technician. Each team travels to the various communities in these outlying areas and meet with referred individuals that have been identified as in need of urgent services. Mobile Outreach also includes in-reach to the jail.

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

1. **Population Served:** Adults over 18, in the identified targeted areas that are experiencing mental health symptoms and referred by a health provider, law

enforcement, specialty mental health provider, community member, or themselves for urgent intervention.

2. **Services Provided:** Outreach, engagement, linkage, and rehabilitation services to those with mental health symptoms toward the reduction of symptoms, connection with natural supports and local resources, and development of pro-social skills to reduce likelihood of going into a mental health crisis.

3. **Program Goals:** Triage risk, assess immediate client needs, and link clients to appropriate resources in order to reduce dependence on law enforcement as a primary response to those in mental health crisis in remote locations. Improve utilization of local and preventative resources to address mental health needs before they develop into a crisis. Refer clients to appropriate levels of care needed to overcome mental health challenges.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. Data includes demographic information, program referral source, linkage to needed services, and the number of clients that followed through with referrals.

Jail Discharge Linkage and Referral Services: Facilitation of referrals to appropriate mental health and/or co-occurring services coordinated by a Jail Discharge Planner, to ensure that individuals with mental health and/or co-occurring issues leaving the jail are referred to appropriate behavioral health services. Due to staffing challenges, this program was not implemented in FY 17-18, and may not be implemented in 2018-19 program year.

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

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

2. **Services Provided:** Jail in-reach, engagement, linkage, and rehabilitation services to those with mental health symptoms toward reducing the time between release from jail and connection with outpatient supports.

3. **Program Goals:** Reduce time from incarceration to accessing necessary behavioral health resources. Identify immediate client needs, begin to link clients to appropriate resources in order to reduce duration of untreated behavioral health issues, and have a positive impact on jail recidivism. Improve utilization of local and preventative resources to address mental health needs before they develop into a crisis or re-incarceration. Refer clients to appropriate levels of care needed to overcome mental health or co-occurring challenges.

4. **Program Evaluation Methods:** The program will conduct evaluation activities that meet the PEI requirements. The program will provide quarterly data on clients served. Data will include demographic information, program referral source, linkage to needed services, and the number of clients that followed through with referrals.

Programs to Improve Timely Access to Services for Underserved Populations:

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

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

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

1. **Population Served**: Spanish speaking children and families with mental illness symptoms in Willits and the surrounding areas.

2. **Services Provided**: Outreach, linkage, and engagement with the Latino population. Support services that focus on issues such as depression and suicide prevention. Referrals made to therapeutic counseling.

3. **Program Goals**: Increase awareness of depression and suicide to the Latino population, and connection to appropriate treatment services.

1. **Program Evaluation Methods**: The program staff conducts evaluation activities that meet the PEI requirements. The program provides quarterly data on all services provided including number of referrals made, where the client was referred to, number of bus passes handed out for transportation aid, count of clients that followed through with the referral, and how long it took the client to follow through.

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

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

1. **Population Served**: Mendocino County residents aged 18 and older participating in the Whole Person Care project.

2. **Services Provided**: Peer support and extension of services not covered through specialty mental health services focusing on resilience and recovery.

3. **Program Goals**: Increase the likelihood of recovery and resilience for those at risk for higher levels of care.

4. **Program Evaluation Methods**: The program staff conducts evaluation activities that meet PEI requirements. This includes collecting information on demographics, service type, frequency, and duration of services for all individuals receiving services. Effectiveness surveys collected annually and at the end of services.

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

2. **Population Served:** Program serves up to 30 Spanish-speaking families within the Fort Bragg Unified School District, in need of mental health counseling as referred by a teacher, parent, or medical professional.

3. **Services Provided:** Referrals to local and non-local support agencies for therapeutic counseling and other appropriate services, such as domestic violence programs and mental health treatment. Follow up to ensure that individuals connect to referrals.

4. **Program Goals:** To improve connection between the Latino community and needed behavioral health services. To increase referral services to Spanish speaking families in order to improve long-term health outcomes.

5. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program provides quarterly data on all services provided. Data collected includes number of referrals made, where the client referred to, number of bus passes handed out for transportation aid, count of clients that followed through with the referral, and how long it took the client to follow through.

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

Comment [d14]: New program funded through MHSA Reversion Plan.

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

1. **Population served:** Each Tribal Government Community will be consulted to provide input on Access and Linkage strategies needed to address the unique engagement needs of their members.

2. **Services Provided:** Expand outreach and engagement services to tribal government and tribal community members. Outreach and engagement strategies will be

informed by and targeted toward each individual tribal community's needs as identified by the tribal government.

3. **Program Goals:** To increase the number of tribal members that are accessing and engaging with behavioral health services.

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

Suicide Prevention Programs:

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

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

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

1. **Population Served**: The program provides safeTALK or ASIST trainings for up to 75 individuals over the age of 16, who are interested in learning about identification and prevention of suicide behavior over the course of each year. North Bay Suicide Prevention Hotline is available to all individuals in Mendocino County.

2. **Services Provided**: Suicide Prevention resources and concerns are addressed in MHSA Forums to determine needs of the community. This project includes collaboration with the North Bay Suicide Prevention Hotline, Mendocino County's Speak Against Silence wrist bands, and statewide outreach materials such as awareness raising materials that are printed with the North Bay Suicide Prevention

Hotline number and/or the Mendocino County Access Line number, and are disseminated at awareness raising events. Mendocino County has a MHSA staff person that is certified to facilitate Applied Suicide Intervention Skills Training (ASIST) and SafeTALK trainings. These are evidence based suicide intervention and prevention techniques for the community and workforce. Mendocino County is committed to provide a minimum of three of each of these trainings per year and has made special efforts to invite and provide these trainings to culturally diverse groups.

3. **Program Goals**: Increase the awareness of signs and symptoms of suicidal thinking, increase awareness of suicide prevention skills and resources, and decrease suicide attempts and death by suicide locally.

4. **Program Evaluation Methods**: The program staff conducts evaluation activities that meet the PEI requirements. The program utilizes the evidence based feedback tools from each of the safeTALK and ASIST trainings, as well as the number of attendees, locations of the trainings, and target audience of the training. North Bay Suicide Prevention Hotline tracks all calls and provides call reports on demographics of those using the hotline.

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

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

1. **Population Served:** Community members of all appropriate ages in the south coast area (from Irish Beach to the Mendocino-Sonoma County line) who are interested in reducing suicide risk.

2. **Services Provided:** Community education and resource referrals regarding risk and protective factors for suicide. Community forums held at the Coastal Seniors' center once per quarter. Mental health information provided to Coastal Seniors clients once per month during a luncheon held at the center.

3. **Program Goals:** Increase the awareness of signs and symptoms of suicidal thinking, increase awareness of suicide prevention skills and resources, and decrease suicide attempts and suicides in the south coast area.

4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program collects demographic information on persons receiving Suicide Prevention Education including number and types of services provided. That data submitted quarterly to allow the County to evaluate for effectiveness.

***Whole Person Care Suicide Prevention Screening*:** Participants of the Whole Person Care project screened for suicide risk factors and referred to appropriate services when identified as being at risk.

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

1. **Population Served:** Mendocino County residents ages 18 and older that are participants in the Whole Person Care project.
2. **Services Provided:** Screening for suicide risk factors.
3. **Program Goals:** Identify individuals at risk for suicidal ideation and triage them to appropriate services.
4. **Program Evaluation Methods:** The program staff conducts evaluation activities that meet the PEI requirements. The program collects demographic information on persons screened, number of individuals that screen positive for suicide risk, and what referrals 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 preventing mental illness from becoming a severe and detrimental part of the individual's life, reducing the stigma associated with accessing services, and improving the time it takes to receive treatment. Four new programs were added in Fiscal Year 18/19 which are funded by reverted PEI funds.

Innovation

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

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

Comment [d15]: The Round Valley Project description was reduced as it is already approved and longer program plans are available in the three year plan and the Round Valley Innovation Project Plan.

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

1. **Population served:** Round Valley Community.
2. **Innovative Idea:** Learning from the community being served the best strategies to communicate in order to build trust within the context of historical trauma. Use the most effective trust building communication methods to develop crisis strategies that meet the unique needs of the community and increase access to crisis services.
3. **Program Goals:** To improve community trust of crisis services. To identify and develop crisis strategies and approaches that meet the Round Valley community needs by building off of available Round Valley resources and "Natural Helpers". To ensure that the crisis modalities developed are culturally responsive and include traditional and spiritual factors. Increased collaboration and integrated interventions. Sustainability of successful modalities.
4. **Program Evaluation Methods**: Measurements of community trust and confidence. Changes in number of individuals participating and accessing crisis services. Increased numbers of Round Valley providers of services. Increased trust and positive report of community members related to crisis response modalities. Identification of gaps in training needed and development of strategies to fill those gaps.
5. **Approved Budget**: $1,124,293

The Innovation Project, Round Valley Crisis Resource Services can be viewed in its entirety on the Mendocino County, MHSA Website at:
https://www.mendocinocounty.org/home/showdocument?id=9653

Projects Proposed for development in Fiscal Year 2018/17

Comment [d16]: Proposed projects 2 & 3 will be funded first with funds through the MHSA 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 with stakeholders through the Community Program Planning Process prior to submission to the MHSOAC.

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

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

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

Innovation Project #3: Computer Program and Virtual Reality Applications for Services to Youth: This project would explore the applications of gaming systems, and possibly virtual reality, in

providing mental health rehabilitation services for youth. These interventions are being tested at university hospitals and in the medical field, but have not been utilized in the public mental health field.

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

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

Workforce Education and Training

Mendocino County identified up to $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 remaining two years of the current Three Year Plan in accordance with Department of Health Care Services Information Notice 17-059 instructions that "CFTN or WET funds that were not spent within ten years will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended." Mendocino County prioritizes projects that have been supported for funding during the Three Year Program and Expenditure planning process or through the ongoing stakeholder processes.

Comment [d17]: The description for WET was significantly abbreviated as the funding remaining in this component is only what remains through the MHSA Reversion Plan.

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 Technological Needs

Comment [d18]: The description for CFTN was significantly abbreviated as the funding remaining in this component is only what remains through the MHSA Reversion Plan.

Mendocino County's Capital Facilities and Technology Needs (CFTN) funds that were slated for expenditure 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. "CFTN or WET funds that were not spent within ten years will be deemed to have been reverted and reallocated to the county of origin for the purpose it was originally intended." Mendocino County prioritized projects that had been supported for funding during the Three Year Program and Expenditure planning process or through the ongoing stakeholder processes.

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

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

Budget Expenditure Plans

FY 2018/19 Mental Health Services Act Annual Update

Funding Summary

County: Mendocino

Date: 6/13/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,394,789	1,296,717	1,419,711	203,001	462,115	
2. Estimated New FY 2018/19 Funding	3,553,098	891,357	237,932			
3. Transfer in FY 2018/19[a/]	0					
4. Access Local Prudent Reserve in FY 2018/19						0
5. Estimated Available Funding for FY 2018/19	4,947,887	2,188,074	1,657,643	203,001	462,115	
B. Estimated FY 2018/19 MHSA Expenditures	3,883,807	1,207,724	1,509,425	203,001	462,115	
G. Estimated FY 2018/19 Unspent Fund Balance	1,064,080	980,350	148,218	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	2,197,777
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	2,197,777

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

FY 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Mendocino

Date: 6/13/18

	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	34,063	34,063				
2. Transition Age Youth	389,063	389,063				
3. Adult Programs	1,664,984	1,664,984				
4. Older Adult Programs	95,156	95,156				
5. Programs that cross the life span	1,153,000	1,153,000				
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					
Non-FSP Programs						
1. Child & Family Programs	19,250	19,250	0			
2. Transition Age Youth	0	0	0			
3. Adult Programs	0	0	0			
4. Older Adult Programs	0	0				
5. Programs that cross the life span	190,200	190,200				
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					
CSS Administration	338,091	338,091				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,883,807	3,883,807	0	0	0	0
FSP Programs as Percent of Total	85.9%					

FY 2018/19 Mental Health Services Act Annual Update

Prevention and Early Intervention (PEI) Funding

County: Mendocino Date: 6/13/18

		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 - Prevention							
1.	Prevention Program	311,025	311,025				
2.		0					
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
PEI Programs - Early Intervention							
11.	Early Intervention Program	54,700	54,700	0			
12.	Outreach for Recognition of Early Signs Program	47,000	47,000				
13.	Stigma and Discrimination Reduction Program	130,790	130,790				
14.	Access and Linkage to Treatment Program	337,785	337,785				
15.	Suicide Prevention Program	78,000	78,000				
16.		0					
17.		0					
18.		0					
19.		0					
20.		0					
PEI Administration		248,424	248,424				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		1,207,724	1,207,724	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Mendocino Date: 6/13/18

	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. Operating Cost	996,459	996,459				
2. Consultant Cost/Contracts	122,995	122,995				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	389,971	389,971				
Total INN Program Estimated Expenditures	1,509,425	1,509,425	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Mendocino Date: 6/13/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Development	203,001	203,001				
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					
WET Administration	0	0				
Total WET Program Estimated Expenditures	203,001	203,001	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update

Capital Facilities/Technological Needs (CFTN) Funding

County: Mendocino Date: 6/13/18

		Fiscal Year 2018/19					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects							
1.		0					
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 Svcs/Comp Eval/Tech	462,115	462,115				
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
20.		0					
CFTN Administration		0	0				
Total CFTN Program Estimated Expenditures		462,115	462,115	0	0	0	0

Appendix A: Public Comments